
ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL 2018 ANNUAL REPORT

Kay Ivey, Governor



DECEMBER 31, 2018

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THE ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL
ESTABLISHED BY EXECUTIVE ORDER OF GOVERNOR KAY IVEY

December 31, 2018

The Honorable Kay Ivey
Governor of Alabama
Alabama State Capitol
600 Dexter Avenue
Montgomery, AL 36130

Dear Governor Ivey;

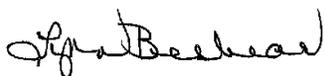
It is with pleasure that we present the end of the year report on the outstanding work of the Alabama Opioid Overdose and Addiction Council. Since the launch of The Alabama Opioid Overdose and Addiction Council in August 2017, dozens of leaders and other critical personnel from over thirty-five agencies, departments and organizations have implemented the comprehensive coordinated action plan that was presented last December. The goal to combat Alabama's opioid crisis and reduce the number of deaths and other adverse consequences is being vigorously addressed every day across the state by hundreds of committed individuals through a four-pronged approach: prevention, intervention, treatment and community response. The Council has succeeded in its efforts, but still much work remains to be done.

Below are a few of the accomplishments the Council has completed this year:

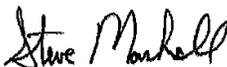
- Developed two media campaigns, **My Smart Dose** and **Courage for All** to address the stigma around opioid use disorder (OUD);
- Launched a 1-800 help line to assist persons who are in addiction as well as families. It is operational 24/7;
- Secured funding in the state's operating budget for Fiscal Year 2019 to improve the Prescription Drug Monitoring Program (PDMP), in part by making it easier to use;
- Created an opioid webpage that is comprehensive in nature, providing information on access to treatment for those who believe they are becoming addicted or are already addicted and for family members;
- A workforce sub-committee was established to provide career support and training for workers dislocated by the opioid crisis; and
- On April 4, 2018, Governor Ivey signed SB 39 into law establishing the crime of trafficking fentanyl and fentanyl analogues, amending Section 13A-12-211, 13A-12-231 Code of Alabama 1975. This action provided law enforcement the tools needed to prosecute Fentanyl related crimes more effectively.

These actions have already enabled Alabamians to strengthen communities, reduce addiction, and prevent deaths.

Respectfully submitted by the Alabama Opioid Overdose and Addiction Council and its Council Co-Chairs,



Lynn Beshear, Commissioner
Alabama Department of
Mental Health



Steve Marshall
Attorney General of
Alabama



Scott Harris, MD, MPH
State Health Officer

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2018 Action Plan

Addressing the Crisis

Recognizing the extent of the crisis, Governor Kay Ivey established the Alabama Opioid Overdose and Addiction Council on August 8, 2017 naming three co-chairs, the Commissioner of the Alabama Department of Mental Health (ADMH), the State Health Officer, and the State Attorney General, as the Council leadership. The Council was charged with the task of developing a comprehensive strategic plan to abate the opioid crisis in Alabama.

Per the Governor's order, six sub-committees were assembled to explore the problem and make recommendations. The sub-committees are identified below.

1. Data
2. Prescriber-Dispenser
3. Rescue (Naloxone)
4. Treatment-Recovery
5. Prevention-Education
6. Law Enforcement

Due to the magnitude of the opioid crisis impact on communities, community involvement is essential in resolving the problem. The Council co-chairs, thus, added an additional standing committee, Community Engagement. Each of the seven sub-committees include Council members and many additional experts and community stakeholders.

In Decemeber 2018 a Workforce sub-committee was formed. This subcommittee is charged with developing strategies to inhibit the effects of the oipoid crisis on Alaba,a's labor partipations rate.

Actions Recommended

The Council recognizes substance use disorders (SUD) as complex, multifactorial health disorders that can be prevented and treated. This plan is intended to be dynamic. As the opioid crisis evolves, the actions identified in this plan will change as needed. For this plan to be fully implemented, it will require additional resources at many levels.

The plan is designed to stabilize the issue in the short term while offering important long-term strategies. The plan focuses on five overarching goals:

1. Prevention
2. Intervention
3. Treatment
4. Community Response
5. Workforce

To achieve these goals, five top priorities were identified by the Council and approved by the Governor in December 2017. Actions related to these priorities are highlighted in yellow throughout this document.

PREVENTION

Safer Prescribing and Dispensing

Healthcare workers are required by ethics and by law to help fight the crisis of prescription drug abuse. A delicate balance must be struck between helping patients safely manage pain and deterring those who may be seeking controlled substances for illegitimate reasons, all while staying compliant with state and federal regulations and requirements for reporting on controlled substances. Two key strategies to help address this priority are:

- Increase the percentage of prescribers using the Alabama Prescription Drug Monitoring Program (PDMP).
- Reduce the volume of inappropriate and high-risk opioid prescribing through improved prescriber education and the use of safe prescribing guidelines.

Strategy 1: Leverage technology for better-informed prescribing by requesting the Governor to support and the Legislature to appropriate a \$1.1 million line-item for the Alabama Department of Public Health in the proposed 2019 budget to improve and modernize the PDMP.

Strategy 2: Encourage “self-regulation” of prescribers by encouraging all health care licensing boards that regulate controlled substance prescribing to review the Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules already adopted by the Alabama Board of Medical Examiners and adopt similar, formal regulations on opioid prescribing based on the Centers for Disease Control and Prevention (CDC) guidelines and morphine milligram equivalents (MMEs) to include mandatory opioid prescribing education.

Strategy 3: Strengthen prescription data and research capabilities.

Objective 1: Support maintaining Alabama Department of Public Health as the repository of all PDMP information.

Objective 2: Facilitate conducting legitimate PDMP research to combat the drug misuse crisis.

Objective 3: Create a unique identifier for each individual patient within PDMP.

Strategy 4: Ensure tomorrow’s prescribers are educated in opioid prescribing today by encouraging all Alabama medical schools and residency programs, osteopathy, podiatry, optometry, dentistry and veterinary science, as well as their postgraduate training programs to include opioid education as a standard part of their curriculum.

Strategy 5: Ensure future legislation does not negatively impact oncology and hospice care patients. Regulators should make exclusions for providers who are treating cancer-related pain and for patients who are receiving hospice care to avoid inappropriate restriction of appropriate pain control in these vulnerable populations.

Monitoring and Communication

A coordinated response to a public health crisis is aided by rapid access to current data. Creating a process for data sharing and analysis that addresses legal and confidentiality concerns and assesses efforts related to opioid addiction and overdose is critical in addressing the crisis.

Strategy 1: Develop a centralized data repository (CDR) to hold data and distribute results to identified agencies, thus allowing for rapid response to outbreaks of overdoses and other opioid-related events, as well as providing a framework to measure the progress of initiatives in place to address the crisis.

Objective 1: Issue a Request for Information (RFI) to determine vendor's approach to the defined needs of the CDR.

Objective 2: Identify funding to begin CDR.

Objective 3: Identify participating partners in CDR.

Objective 4: Identify vendor/agency to house data and develop dashboard, policies and procedures.

Education and Stigma Reduction

The stigma associated with opioid misuse and addiction is overwhelming and often prevents people from seeking help. A messaging campaign should be developed to destigmatize addiction and educate all Alabamians on the science of drug addiction. Opioid education and awareness messaging should be improved and its reach expanded to target populations. Alabama should develop an educational campaign for people in addiction and their families, which should focus on hope and positive outcomes.

Strategy 1: Reduce or eliminate the stigma of opioid addiction by creating a website and educational media campaign to educate Alabamians on the disease model of addiction and provide science and fact-based information for public consumption. The accompanying media campaign should enlist the State Health Officer and other medical professionals with a highly visible public profile.

Strategy 2: Create targeted messaging regarding opioids, including other mind-altering drugs and alcohol through peer-to-peer engagement. Outreach and education messaging can be enhanced in Alabama through creation of an Ambassador Corps of youth and other community stakeholders, to help young people learn about and avoid, on the front end, some of the most immediate threats to their well-being: alcohol, tobacco, and opioids.

Strategy 3: Create a powerful, hope-based and positive media and educational campaign tailored to people who are in active addiction.

Objective 1: Identify persons with Opioid Use Disorder (OUD) in recovery and enlist them in creating PSAs and create a significant media campaign that encourages and uplifts our people and motivates them to get the help they need.

Objective 2: Create website and social media pages specific to people in active addiction and their families that points them towards help – online help, help via phone, rehabilitation, and counseling. This website will contain a massive database where a user selects from a series of drop-down menus, and that database then serves them the information they need. For instance, a user could identify as a Mother (choose relationship) of a

Heroin (choose substance) user in Walker County, Alabama (choose location). Then, upon clicking submit, the user would be directed to resources available in their specific local area, geared specifically towards family members of people using a particular substance.

Strategy 4: Increase the effect and reach of opioid education and awareness messaging in Alabama.

Objective 1: Create a website and educational media campaign with resources for those who have been or may be prescribed opioids. Specifically, this website and accompanying media campaign should provide facts about the risk of addiction, the risk of overdose and the importance of adhering strictly to the guidelines of the prescribing physician. This website will be comprehensive in nature, providing information on access to advice for those who believe they are becoming addicted or ARE already addicted. Dependence is not addiction, and the State must find a way to reach those who are dependent before they become addicted. The Live the Label brand is a solution to fully bringing about the attention needed to address the opioid problem, while providing community leaders and stakeholders with access to a captivating awareness tool. The Live the Label concept is one simple message that markets an approach in educating individuals and communities to understand the danger associated with opioids, recognize the importance of not sharing opioids with friends or relatives, following their prescribing physician's orders and properly disposing of all prescription drugs.

Objective 2: Develop evidence-based opioid education curriculum for middle and high school sports coaches across Alabama and require all Alabama High School Athletic Association (AHSAA) coaches to teach this curriculum to their players. Encourage coaches to also provide oversight to athletes who are prescribed opioids after a sports-related injury.

Objective 3: Expand partnerships with all youth-based organizations across Alabama and utilize their reach to promote opioid awareness and education.

Strategy 5: Law Enforcement (LE) Officers and the Judiciary come into contact frequently with individuals and families struggling with substance misuse issues related to opioids and heroin. This issue may not be in the forefront for them and as a result LE officers and the Judiciary need training and education on addiction, how it affects the brain, and best practices for dealing with these individuals. Through a partnership with the ADMH, provide training on addiction to LE agencies and the Judiciary.

Objective 1: Provide training on addiction to new officers in the Academy.

Objective 2: Provide a Request for Proposals (RFPs) for training on addiction to the Education Committee for consideration by February 2018 to present at the judges' conference in July 2018.

Strategy 6: Increase knowledge and awareness on opioid use disorders for the purpose of bolstering support for family members.

Objective 1: Implement a traditional and social media campaign targeting adults ages 18-55.

Objective 2: Create a centralized online resource center that allows individuals with Opioid Use Disorder (OUD) and family members to access information

on opioid dependence and addiction and available resources and services in the state.

Objective 3: Increase the ability of families to access treatment for family members who have OUD.

INTERVENTION

Legislative

Currently, there are no laws that specifically prohibit trafficking in fentanyl or trafficking in carfentanil. The current trafficking statutes for opioid crimes are insufficient to address this growing problem. The weight threshold for trafficking in opioids is four grams. See Ala. Code § 13A-3-231(3). This amount is unsuitable to successfully address the dangers posed by fentanyl and carfentanil, which are much more potent than other opioids. By way of comparison, a lethal dose of heroin is approximately 30 mg, but a lethal dose of fentanyl is approximately 3 mg, 1000 times less than heroin. The disparity is even greater with carfentanil, which is as much as 100 times more lethal than fentanyl. Given the danger posed by even small amounts of fentanyl and carfentanil, new crimes should be established to confront the specific dangers presented by those drugs. Thus, the Legislature should create separate crimes for trafficking in fentanyl and trafficking in carfentanil. The threshold amounts should be far lower than the amounts listed in the opioid trafficking statutes. It is the subcommittee's recommendation that the thresholds be measured in micrograms, and the council should consider the opinions of its members as to how low the thresholds should be set.

Strategy 1: Establish the crimes of trafficking in fentanyl and trafficking in carfentanil.

Objective 1: Introduce legislation for the 2018 Legislative Session to establish the crimes of trafficking in fentanyl and trafficking in carfentanil.

Objective 2: Work to have legislation passed.

Objective 3: Notify law enforcement agencies of bill's passage.

Strategy 2: Pass legislation to expand immunity to additional classes of persons who prescribe naloxone and to certain service providers who distribute naloxone.

Objective 1: Add Physician Assistants and Nurse Practitioners to the list of prescribers afforded immunity from civil or criminal liability related to naloxone prescribing.

Justice Involved Population

Overdoses in Alabama are associated with release from incarceration. Statistics have shown opioid overdoses are more than 50 times higher for those leaving incarceration or enforced abstinence. The tolerance of these persons to opioids is lower and, as such, they are more likely to overdose when resuming their previous patterns of use.

Strategy 1: Assess the effectiveness of drug courts in engaging offenders with opioid use disorders in treatment and preventing overdoses.

Objective 1: To establish if a negative correlation or inverse relationship exists between Alabama's opioid related overdose deaths and involvement in criminal justice related treatment.

Objective 2: Establish an ongoing education and training process administered by ADMH to reduce the stigma associated with medication assisted treatment for OUD.

Strategy 2: Incarcerated individuals in the Alabama Department of Corrections (ADOC) and those leaving local jails need to be able to access Medication Assisted Treatment prior to and after release in order to remain drug free once released. The ADOC will begin a pilot program using Vivitrol (naltrexone), coupled with counseling and life skills training, and in partnership with Pardons and Paroles to help recently released inmates remain drug free after release.

TREATMENT AND RECOVERY

Assuring ready access to treatment and related recovery support services is a critical component of an effective strategy for addressing the state's opioid crisis. There are critical challenges within Alabama's system of care for opioid use disorders that hinder such accessibility, including:

- **Funding:** Alabama's public system of care for treatment and recovery of substance use disorders is significantly underfunded in relation to identified needs. The state's opioid crisis has further stressed an already overburdened system. Access to OUD treatment in Alabama can be especially problematic for individuals living in areas of the state that are without such services, and for those with no insurance or low incomes.
- **Retention:** There is currently a high treatment dropout rate for individuals receiving treatment for OUDs. More widespread use of evidence-based practices within the OUD service delivery system will likely improve both treatment engagement and retention.
- **Interagency Collaboration:** Very little collaboration exists between Opioid Treatment Programs (OTPs), state-funded substance use disorder (SUD) treatment programs, primary care physicians, office-based treatment providers, and faith-based organizations, each of which provides some aspect of care for individuals who have OUDs. Successfully addressing the holistic needs of individuals who have OUDs requires interdisciplinary care and recognition that there are many paths to recovery.
- **Workforce Readiness:** Alabama's workforce has not been consistently trained to provide evidence-based practices for OUD treatment and recovery support.
- **Service Access:** Accessing OUD treatment and recovery support can be difficult, and the process for doing so is not well known to the public.

Strategy 1: Increase Funding for Opioid Related Prevention, Treatment and Recovery Support Services.

- Objective 1:** Develop, sponsor, and pass comprehensive legislation to provide sustainable funding:
- (a) To increase the State's capacity for providing evidence-based treatment services for OUD.
 - (b) To increase supportive housing options for individuals who are undergoing or who have completed treatment for OUD.
 - (c) To increase funding for peer and other recovery support services for opioid use disorders.
 - (d) To sustain a skilled prevention, treatment, and recovery support workforce.

- Strategy 2:** Expand access to care for OUDs.
- Objective 1:** A formal collaborative process will be established between the ADMH and certification-exempt recovery support service providers to increase consumer access to a recognized continuum of quality community-based care.
- Objective 2:** Develop and implement a voucher payment system to support access to recovery support services for OUDs.
- Strategy 3:** Establish equitable access to OUD treatment in Alabama.
- Objective 1:** Promote full implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 in Alabama relative to SUD treatment
- Objective 2:** Allocate all new state funding received for treatment and recovery support services based upon assessed community needs.
- Strategy 4:** Increase the availability of qualified medical personnel to address the needs of persons with OUDs.
- Objective 1:** Support the establishment of two addiction medicine fellowships in the state of Alabama to train Alabama physicians to recognize and treat substance use disorders.
- Strategy 5:** Increase the ability of families to access treatment for family members who have OUDs.
- Objective 1:** Establish a client/patient navigator system and widely disseminate information regarding access to such.
- Strategy 6:** Promotion, expansion, and integration of Screening Brief Intervention and Referral to Treatment (SBIRT), an evidence-based practice, into public systems of care to increase the identification and treatment of SUDs and reduce the impact of related mental and physical diseases.
- Objective 1:** Build capacity for integrated treatment and systems within areas with a high prevalence of SUDs, specifically within public systems of care and targeted service areas (i.e. hospital emergency departments, primary care networks, community pharmacies, and dental programs) necessary to increase capacity to identify, reduce, and prevent SUDs.
- Objective 2:** Identify and leverage existing programs and resources to expand access to treatment and related services and support for SUDs.
- Objective 3:** Review coverage policies and plan allowances for billing SBIRT services through state health programs and provider networks.
- Objective 4:** Increase addiction competencies through proposed minimum continuing education requirements to the professional licensing boards, i. e., social work, counseling, nursing, psychology, etc.
- Objective 5:** Expand education related to SBIRT of SUDs and addiction through postsecondary/graduate curriculum content and practicum experience across professional schools, i.e., social work, counseling, nursing, psychology, etc.

COMMUNITY RESPONSE

Rescue-Naloxone

There remains a lack of public awareness that naloxone can be purchased directly from pharmacies under the state health officer's standing orders. It is unclear how many pharmacies are utilizing the standing orders.

Strategy 1: Increase access through pharmacies by expanding awareness and use of the existing standing orders.

Objective 1: Educate pharmacy students at Alabama schools of pharmacy on the existence of the naloxone standing orders.

Objective 2: Develop mechanism to create and maintain a list of all pharmacies that have adopted the State Health Officer's standing orders for naloxone and make that information available to the public.

Strategy 2: Prioritize access of naloxone to law enforcement personnel in areas where they are most likely to be first responders for overdoses (ahead of medical first responders).

Objective 1: Use data to prioritize areas where equipping law enforcement personnel with naloxone should be a priority.

Objective 2: Seek opportunities to educate law enforcement personnel on naloxone and related issues.

Strategy 3: Advocate naloxone prescribing, distribution and education as a model practice for emergency departments.

Objective 1: Develop and distribute model practice document for hospitals and emergency departments

Strategy 4: Prioritize naloxone distribution to areas where it is most needed and in ways that are likely to impact people at highest risk of overdose.

Objective 1: Make naloxone readily available to first responders who identify a need for it and who are under-resourced.

Objective 2: Conduct overdose response/naloxone training events at ADMH approved substance abuse (SA) treatment program sites, targeting people with OUD and their companions.

Objective 3: Make sure naloxone is available to appropriately trained staff in facilities where people with opioid use disorder reside or receive services, including SA treatment centers and jail and prison infirmaries.

Strategy 5: Reduce morbidity and mortality from prescription drug overdoses.

Objective 1: Develop and promote statewide guidelines to encourage naloxone co-prescribing for high-risk patients.

Objective 2: Encourage prescribing of naloxone or provide information on naloxone and how to access it to patients who have had prescription opioids discontinued due to concerns about inappropriate use or overuse.

Strategy 6: Ensure that education/training on rescue breathing is included in all overdose response education material and training.

- Objective 1:** Review known public naloxone training materials or protocols in Alabama to ensure rescue breathing is included.
- Objective 2:** Develop a strategy for promoting rescue breathing education and training targeted at areas where there is high risk of opioid overdose, prioritizing those areas where naloxone supply is scarce or unreliable.

Strategy 7: Increase general, public awareness of naloxone availability.

- Objective 1:** Develop a low-cost, grass roots social media campaign to get the word out about naloxone availability.
- Objective 2:** Use state agency and partner organization public messaging platforms to inform the public of naloxone availability.

Cohesive Communities

Greater community awareness and participation in implementing prevention strategies is required given **highly addictive and lethal opioids** are now increasingly available throughout the state.

Strategy 1: The Community Anti-Drug Coalitions of America (CADCA) model has already proven effective in communities throughout the State of Alabama. There are people with a wealth of knowledge regarding the development of CADCA model coalitions in the State of Alabama who could assist in developing these coalitions at low cost. One CADCA model coalition in each of the 41 Judicial Circuits is a reasonable starting point. Most Judicial Circuits in Alabama are already engaged with Drug Court and other specialty courts and have likely developed many of the foundational partnerships that would be instrumental in establishing broader community coalitions focused on prevention strategies. Establish CADCA Community Coalition in each Judicial Circuit; with the desired end state of establishing CADCA Model Community Coalitions at the municipal level.

Strategy 2: Ensure accurate information and effective resources get into the hands of Alabama citizens by utilizing employers, businesses, higher education institutions and private-sector networks.

- Objective 1:** Develop training materials and one-hour seminars to distribute to businesses, higher education institutions, and private-sector networks.
- Objective 2:** Develop a comprehensive, mobile friendly website with information about OUD in Alabama as well as resources for users, friends, family and employers.
- Objective 3:** Request Governor Ivey proclaim an Opioid Prevention and Awareness week, while encouraging the participation of the business and higher education communities.

Strategy 3: Encourage implementation of the Stepping Up Initiative across all 67 counties in the state. Alabama's rate of incarceration is one of the highest in the country, with co-occurring substance use and mental disorders being more common among people in jails, prisons, and other criminal justice settings than among persons in the general populations, which often results in the criminal justice system serving as a de facto mental health system. Unfortunately, there are insufficient data to inform policy makers who can develop a system-wide response. One way forward is the Stepping Up Initiative, which works to provide counties with tools to create data driven strategies to address the issue through the various parts of the booking/judicial system. Currently

eleven counties in Alabama have passed resolutions to support this initiative. An opportunity exists to galvanize communities around this initiative and encourage the remaining fifty-six counties to pass similar resolutions.

Strategy 4: Create a group to identify and develop recommendations for the Alabama veteran population both within and outside the Veterans Health Administration (VHA) health care system. Alabama is home to over 414,000 veterans who are at risk for comorbid mental and SUDs, including addiction to opioid painkillers. Use of these medications for service-related conditions are too often the beginning of SUDs. Many veterans do not use VHA health care; however, those veterans receiving VHA inpatient or outpatient services are twice as likely to die from an accidental overdose compared to the non-veteran population.

WORKFORCE (added in December 2018)

Workforce

The labor force comprises employed workers and non-employed workers between the ages of 16-64 who are employed or are actively seeking and available for work (i.e., the unemployed); persons who are neither working nor searching for work are said to be *out of the labor force*. A report by Alan Krueger, former Chairman of the White House Council of Economic Advisers, found that opioids are likely pulling prime-age workers (between ages 25 and 54) out of the labor force.

Alabama's labor force and economy are among the hardest hit by the opioid crisis. The crisis caused the total prime-age labor force participation rate in Alabama to decline by 2.6 percentage points. That translates to a loss of 46,300 workers as of 2015.

- Strategy 1:** Develop Strategies to inhibit the effects of the opioid crisis on Alabama's labor participation rate.
- Objective 1:** Amend the Alabama Opioid Action Plan and Alabama's State Combined WIOA Plan to reflect strategies adopted to reduce the effects of the opioid epidemic on Alabama's economy by June 2020.
 - Objective 2:** Develop work-based learning career pathways to train incumbent workers, dislocated workers, in-school youth and other special populations who have been affected by the opioid crisis in high demand healthcare fields by June 2020.
 - Objective 3:** Increase data collection and analysis integrated into the current data systems and included within the State Longitudinal Data System (SLDS) for use by all WF partners by June 2020.

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WSFA
AL. Dept. of Education
AL. Office of Prosecution Services
Coastal Alabama Insurance
Blue Cross/Blue Shield
AL. Medicaid
Bradford Health Systems
ADECA
AL. Dental Association
Council on Substance Abuse-NCADD

Rescue

Foster Cook (Co-Chair)

Bret Eddins
Carter English
Tawanna Morton
John Rogers
Gayle Sexton
Bobbi Jo Taylor
Dr. Darlene Traffanstedt
Nicole Walden
Dr. Mark Wilson (Chair)

University of Alabama in Birmingham Medicine

Synergy Laboratories
AL. Dept. of Mental Health
Crossroads to Intervention
ADECA
Family Advocate
University of Alabama in Birmingham
Internal Medicine Physician
AL. Dept. of Mental Health
Jefferson County Dept. of Health

Prescribers/Dispensers

Dr. Susan Alverson
Sen. Billy Beasley
Rep. Elaine Beech
Dr. Brent Boyett
Carter English
Samuel Nixon Gillespie, MD (Chair)
Dr. Jerry Harrison
Dr. David Herrick
Stefan Kertesz
Sen. Jim McClendon
Dr. Robert Moon
Edwin Rogers
John Rogers
Dr. Clay Simmons
Dr. Darlene Traffanstedt (Chair as of Dec 2018)
Rep. April Weaver
Rita Wingard
Louise Jones
Matt Hart (Co-chair)
Ann Slattery
Scott Daniel
Cristal Anderson
Dr. Scott Harris
Salisa C. Westrick, PhD, FAPhA
Brad Edmonds

AL. Board of Pharmacy
AL Senate
House of Representatives
Boyett Health
AL. Dept. of Mental Health
Family Medicine Physician
Alabama Academy of Physicians
Pain Management Physician
UAB School of Medicine
AL. Senate
AL. Medicaid
AL. Board of Medical Examiners
ADECA
Bradford Health Systems
Jefferson Public Health
House of Representatives
AL. Dept. of Mental Health
AL. Pharmacy Association
AL. Board of Medical Examiners
Children's of Alabama
Alabama State Board of Pharmacy
Alabama State Board of Pharmacy
AL Dept. of Public Health
Auburn University Harrison School of Pharmacy
Board of Dental Examiners of Alabama

Alan Miller
Brent Fox
Ashely Williams, O.D.
Dr. Christopher Jahraus, MD
Dale O'Babaon
Robert Martin
Dawn Daniel
Jamey Durham
Mathew Tucker
Nancy Bishop
Peggy Benson
Scott Nickerson
Dr. Scott Harris
Cameron McEwen

Shelby County District Attorney's Office
Auburn University Harrison School of Pharmacy
Alabama Board of Optometry
Shelby Baptist Medical Center
Alabama State Board of Veterinary Medical Examiners
Alabama State Board of Veterinary Medical Examiners
Alabama Board of Nursing
Alabama Dept. of Public Health
Addictions Forum Coalition
Alabama Dept. of Public Health
Alabama board of Nursing
Alabama Board of Nursing
Alabama Dept of Public Health
Alabama Board of Podiatry

Data

Andrea Headrick
Ann Slattery
Anne Schmidt
Barry Cambron
Brian Forster
Bill Harris
Bruce Kimble
Casey Wylie
Clay Crenshaw
Catina James
David Albright
Debbie Robbins
Diane Baugher (Chair)
Danna Howard
Dr. Darlene Traffanstedt
Dr. David Tytell
Jamey Durham
Jay Moseley
Jan Casteel
Jessica Gratz
Kim McCoy
Leighann Hixon
Lori McCulloch
Mary Harris
Nancy Bishop (Co-Chair)
Nicole Walden
Randy Helms
Scott Martin
Dr. Robert Moon
Rosemary Blackmon
Sarah Khalidi
Steve Marshall
Steven Dozier
Susan Staats Combs

AL. Dept. of Forensic Science
Children's Hospital of Alabama
Blue Cross/Blue Shield
AL. Dept. of Medicaid
ADECA
County Coroner
AL. DOC
AL. Dept. of Mental Health
Attorney General's Office
AL. Dept. of Mental Health
University of Alabama
AL. Dept. of Public Health
AL. Dept. of Mental Health
Alabama Hospital Association
Internal Medicine Physician
AL. DOC
AL. Dept. of Public Health
ALEA
AL. Dept. of DHR
Pardons and Parole
AL. Dept. of DHR
AL. Dept. of Public Health
AL. DOC
Circuit Clerk, Shelby County Alabama
AL. Dept. of Public Health
AL. Dept. of Mental Health
Administrative Office of Courts
AL. Dept. of Mental Health
AL. Dept. of Medicaid
Alabama Hospital Association
AL. Dept. of Public Health
Attorney General
AL. Dept. of Insurance
AL. Methadone Treatment Association (ALAMTA)

Vicki Walker
Yolanda Ballentine
Xuejun Shen

AL. Dept. of Public Health
AL. Dept. of Mental Health -IT
AL. Dept. of Public Health

Community Engagement

David L. Albright (Chair)

Daryl Bailey
Bob Bailey
Lynn Beshear
Derrick Cunningham
Ernest Finely
Bill Franklin
Joe Godfrey
Brian Hardin
Dr. Scott Harris
Jimmy Hill
Randall Houston
Steve Marshall

Alan Miller (Co-Chair)

Kate O’Day
Susan Short
Mark Thompson
Kandace VanWanderham
Shannon Williams
John Bowman
James Harry
Jamey Durham
Jenny Hamilton
Beverly Johnson
Robin Mackey
Susan Short

UA School of Social Work

Montgomery County DA
Montgomery Family Court Judge
AL. Dept. of Mental Health
Montgomery County Sheriff
Montgomery Police Dept.
Elmore County Sheriff
AL. Citizens Action Program
ALFA
Acting State Health Officer, AL. Dept. of Public Health
United Way
Autauga, Elmore, Chilton County DA
Attorney General

Compact 2020

CEO Gateway
ED, Covington County Children’s Policy Council
Prattville Police Dept.
Help the Hills Coalition
Student, Alabama State University
Montgomery Police Dept.
Prattville Police Dept.
AL. Dept. of Public Health
Autauga, Elmore, Chilton County DA
AL. Dept. of Mental Health
AL. Network of Family Resource Centers
Covington County Children’s Policy Council

Workforce

Fitzgerald Washington (Chair)

Ed Castile (Co-chair)

Nick Moore
Betty Ruth
Brandon Glover
Pamela Butler
Clay Simmons
Dr. David Albright
Dr. Katherine Pickens
Faye Nelson
Natasha Marvin
Susan Staats-Combs

AL Dept. of Labor

AIDT
Governor’s Office
Alabama Serve
Alabama Power Foundation
AL Dept. of Mental Health
SHCC
UA School of Social Work
AL Dept. of Mental Health
AL Dept. Of Human Resources
AL Dept. of Mental Health
ALAMTA

FUNDING CONSIDERATION

Below is a description of each action item displayed in a column (left column) that denotes the ability to put this strategy in play with no additional funding or whether there is a requirement for additional funding (right column) before the strategy can become a reality. The **yellow highlights** are the top five (5) priorities for 2018 and the **blue** indicated the progress for each item.

Additional Funding NOT Required	Additional Funding Required
<p>Encourage “self-regulation” of prescribers by encouraging all health care licensing boards that regulate controlled substance prescribing to review the Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules already adopted by the Alabama Board of Medical Examiners and adopt similar, formal regulations on opioid prescribing based on the Centers for Disease Control and Prevention (CDC) guidelines and morphine milligram equivalents (MMEs) to include mandatory opioid prescribing education.</p> <p>Responsible Sub-Committee – Prescribers/Dispensers The committee has been working with all prescribing boards in Alabama to develop mitigation strategies. Medicine: Complete/Strategies implemented Dentistry: Complete/Strategies implemented Nursing: Complete/Strategies implemented Optometry: In progress – due July 2019 Podiatry: In progress - due July 2019 Veterinary: In progress -due July 2019</p>	<p>Leverage technology for better-informed prescribing by requesting the Governor to support and the Legislature to appropriate a \$1.1 million line-item for the Alabama Department of Public Health in the proposed 2019 budget to improve and modernize the PDMP.</p> <p>Responsible Sub-Committee – Prescribers/Dispensers Governor Ivey secured funding in the state’s operating budget for Fiscal Year 2019 to improve the Prescription Drug Monitoring Program (PDMP), in part by making it easier to use. This was a direct recommendation from the Opioid Council.</p>
<p>Strengthen prescription data and research capabilities.</p> <p>Objective 1: Support maintaining Alabama Department of Public Health as the repository of all PDMP information.</p> <p>Objective 2: Facilitate conducting legitimate PDMP research to combat the drug misuse crisis.</p> <p>Objective 3: Create a unique identifier for each individual patient within PDMP.</p> <p>Responsible Sub-Committee – Prescribers/Dispensers The legislature approved \$1.1 million as a line item for operating and improving the PDMP in the FY19 budget. Senate Bill 200 was signed into law in March 2018 and creates the Information Release Review Committee. This committee is charged with reviewing statistical, research, or educational requests for information, departmental research requests, or department requests regarding publication of information from the PDMP controlled substance database.</p>	<p>Develop a centralized data repository (CDR) to hold data and distribute results to identified agencies, thus allowing for rapid response to outbreaks of overdoses and other opioid-related events, as well as providing a framework to measure the progress of initiatives in place to address the crisis.</p> <p>Responsible Sub-committee – Data Alabama Department of Mental Health (ADMH) was awarded a Bureau of Justice Assistance (BJA), grant for establishment of the CDR. It is a three-year grant for one million dollars. RFP issued, and vendor awarded. The vendor is the University of Alabama.</p>

<p>It was determined that technical and logistic challenges could not be overcome to create a unique identifier for each individual patient within the PDMP.</p>	
<p>Pass legislation to expand immunity to additional classes of persons who prescribe naloxone and to certain service providers who distribute naloxone.</p> <p>Objective 1: Add Physician Assistants and Nurse Practitioners to the list of prescribers afforded immunity from civil or criminal liability related to naloxone prescribing.</p> <p>Responsible committee: Rescue Legislation to be introduced for 2019 session.</p>	<p>Reduce or eliminate the stigma of opioid addiction by creating a website and educational media campaign to educate Alabamians on the disease model of addiction and provide science and fact-based information for public consumption. The accompanying media campaign should enlist the State Health Officer and other medical professionals with a highly visible public profile.</p> <p>Responsible Committee: Prevention and Education ADMH with assistance from this committee developed two media campaigns: My Smart Dose and Courage for All. These two campaigns are available on ADMH website. To date, the My Smart Dose campaign has reached hundreds of students at multiple universities and local businesses throughout the state. Currently more than twenty (20) businesses statewide have partnered and utilized the My Smart Dose materials within their establishments in proximity to college campuses. Sporting venues have yielded the reach of hundreds to include students, family members and an expansion of coordinated efforts with the college and universities. The campaign presence has yielded a website https://www.mysmartdose.com/. Within the website students, family members and friends have access to information as it relates to prescription drug and opioid misuse. Included is a listing of prevention and treatment providers resources, downloadable public service announcements, posters, digital/social media banners, self-assessment, and a 24/7 Helpline. Current campaign results: Mobile on App Impressions received 530,489, Facebook Video Impressions received 427,487, Video views 8,688, Display Impressions received 521,499.</p> <p>To date, the Courage for All campaign has reached hundreds of people at multiple universities and local businesses throughout the state. Currently more than forty-one (41) businesses statewide are partnering and utilizing the Courage for All materials within their establishments throughout the communities in Alabama. This translates into approximately 246,000 impressions. Sporting venues have yielded the reach of hundreds to include students, family members. The campaign's website, www.courageforall.com, houses many resources designed to educate families, friends, co-workers, and community agencies about opioid misuse and provide strategies for locating</p>

	<p>services. Included is a listing of treatment providers resources, downloadable public service announcements, posters, digital/social media banners, self-assessment, and a 24/7 Helpline. Current campaign results: Facebook Video Impressions received 48,202; Digital Display Impressions received 256, 185; Alabama Press Association - print impressions 1, 544, 790 newspapers on a two-week circulation; 2,703,382 on a two-week readership. Additionally, this includes 356,414 impressions from APA newspapers that offer online content.</p>
<p>Establish the crimes of trafficking in fentanyl and trafficking in carfentanil.</p> <p>Objective 1: Introduce legislation for the 2018 Legislative Session to establish the crimes of trafficking in fentanyl and trafficking in carfentanil.</p> <p>Objective 2: Work to have legislation passed.</p> <p>Objective 3: Notify law enforcement agencies of bill's passage.</p> <p>Responsible Committee – Law Enforcement On April 4th, 2018, Governor Ivey signed SB 39 into law establishing the crimes of trafficking fentanyl and fentanyl analogues amending Section 13A-12-211, 13A-12-231 Code of Alabama 1975.</p>	<p>Create targeted messaging regarding opioids, including other mind-altering drugs and alcohol through peer-to-peer engagement. Outreach and education messaging can be enhanced in Alabama through creation of an Ambassador Corps of youth and other community stakeholders, to help young people learn about and avoid, on the front end, some of the most immediate threats to their well-being: alcohol, tobacco, and opioids.</p> <p>Responsible committee – Prevention and Education No activity.</p>
<p>Law Enforcement (LE) Officers and the Judiciary come into contact frequently with individuals and families struggling with substance abuse issues related to opioids and heroin. This issue may not be in the forefront for them and as a result LE officers and the Judiciary need training and education on addiction, how it affects the brain, and best practices for dealing with these individuals. Through a partnership with the ADMH, provide training on addiction to LE agencies and the Judiciary.</p> <p>Objective 1: Provide training on addiction to new officers in the Academy.</p> <p>Objective 2: Provide a Request for Proposals (RFPs) for training on addiction to the Education Committee for consideration by February 2018 to present at the judges' conference in July 2018.</p> <p>Responsible Committee – Law Enforcement In January of 2018 ADMH and NAMI submitted to APOST an 8-hour block of curricular entitled BEING PREPARED: Behavioral Health Issues that addresses not only individuals in a mental health crisis but also those encountering a substance abuse crisis. This curriculum</p>	<p>Create a powerful, hope-based and positive media and educational campaign tailored to people who are in active addiction.</p> <p>Objective 1: Identify persons with Opioid Use Disorder (OUD) in recovery and enlist them in creating PSAs and create a significant media campaign that encourages and uplifts our people and motivates them to get the help they need.</p> <p>Objective 2: Create website and social media pages specific to people in active addiction and their families that points them towards help – online help, help via phone, rehabilitation, and counseling. This website will contain a massive database where a user selects from a series of drop-down menus, and that database then serves them the information they need. For instance, a user could identify as a Mother (choose relationship) of a Heroin (choose substance) user in Walker County, Alabama (choose location). Then, upon clicking submit, the user would be directed to resources available in their</p>

<p>has been used in all law enforcement academies. This block of instruction was in addition the current 6-hour class on drug enforcement and vice that also addresses opioid abuse related issues. APOST certifies between 24 and 28 law enforcement academies a year. In addition, a 4-hour curriculum was developed by ADMH and NAMI to train seasoned law enforcement officers on being prepared for behavioral health issues they face daily.</p>	<p>specific local area, geared specifically towards family members of people using a particular substance.</p> <p>Responsible committee – Prevention and Education ADMH with assistance from this committee developed two media campaigns: My Smart Dose and Courage for All. These two campaigns are available on ADMH website. In addition to the media campaigns an opioid webpage was developed to be a one stop shop for families, providers, person seeking treatment etc. ADMH also launched an 1-800 number that is operational 24/7 where anyone needing assistance can call and received assistance. 1-844-307-1760</p>
<p>Assess the effectiveness of recovery in engaging offenders with opioid use disorders in treatment and preventing overdoses.</p> <p>Objective 1: To establish if a negative correlation or inverse relationship exists between Alabama’s opioid related overdose deaths and involvement in criminal justice related treatment.</p> <p>Objective 2: Establish an ongoing education and training process administered by ADMH to reduce the stigma associated with medication assisted treatment for OUD.</p> <p>Responsible committee - Treatment and Recovery This continues to be ongoing. A member of AOC will be added to this committee in order to achieve this goal.</p>	<p>Increase the effect and reach of opioid education and awareness messaging in Alabama.</p> <p>Objective 1: Create a website and educational media campaign with resources for those who have been or may be prescribed opioids. Specifically, this website and accompanying media campaign should provide facts about the risk of addiction, the risk of overdose and the importance of adhering strictly to the guidelines of the prescribing physician. This website will be comprehensive in nature, providing information on access to advice for those who believe they are becoming addicted or ARE already addicted. Dependence is not addiction, and the State must find a way to reach those who are dependent before they become addicted. The Live the Label brand is a solution to fully bringing about the attention needed to address the opioid problem, while providing community leaders and stakeholders with access to a captivating awareness tool. The Live the Label concept is one simple message that markets an approach in educating individuals and communities to understand the danger associated with opioids, recognize the importance of not sharing opioids with friends or relatives, following their prescribing physician’s orders and properly disposing of all prescription drugs.</p> <p>Objective 2: Develop evidence-based opioid education curriculum for middle and high school sports coaches across Alabama and</p>

	<p>require all Alabama High School Athletic Association (AHSAA) coaches to teach this curriculum to their players. Encourage coaches to also provide oversight to athletes who are prescribed opioids after a sports-related injury.</p> <p>Objective 3: Expand partnerships with all youth-based organizations across Alabama and utilize their reach to promote opioid awareness and education.</p> <p>Responsible committee – Prevention and Education ADMH with assistance from this committee developed two media campaigns: My Smart Dose and Courage for All. These two campaigns are available on ADMH website. In addition to the media campaigns an opioid webpage was developed to be a one stop shop for families, providers, person seeking treatment etc. ADMH also launched an 1-800 number that is operational 24/7 where anyone needing assistance can call and received assistance. 1-844-307-1760</p>
<p>Incarcerated individuals in the Alabama Department of Corrections (ADOC) and those leaving local jails need to be able to access Medication Assisted Treatment prior to and after release in order to remain drug free once released. The ADOC will begin a pilot program using Vivitrol (naltrexone), coupled with counseling and life skills training, and in partnership with Pardons and Paroles to help recently released inmates remain drug free after release.</p> <p>Responsible Committee – Law Enforcement Work continues on a pilot program being created by the Department of Corrections at the St. Clair Facility. This pilot program will deliver MAT to inmates enrolled at the institution. The MAT will target opioid addicted inmates. After program completion, eligible released inmates will continue community MAT to assist in their recovery. Memorandums defining the pilot project and engaging stakeholders are being reviewed by the Department’s legal division.</p>	<p>Increase knowledge and awareness on opioid use disorders for the purpose of bolstering support for family members.</p> <p>Objective 1: Implement a traditional and a social media campaign targeting adults ages 18-55.</p> <p>Objective 2: Create a centralized online resource center that allows individuals with Opioid Use Disorder (OUD) and family members to access information on opioid dependence and addiction and available resources and services in the state.</p> <p>Objective 3: Increase the ability of families to access treatment for family members who have OUD.</p> <p>Responsible committee – Treatment and Recovery Support Prevention and Education ADMH with assistance from this committee developed two media campaigns: My Smart Dose and Courage for All. These two campaigns are available on ADMH website. In addition to the media campaigns an opioid webpage was developed to be a one stop shop for families, providers, person seeking treatment etc. ADMH also launched an 1-800 number that is operational 24/7 where anyone needing assistance can call and received assistance. 1-844-307-1760</p>

Create a group to identify and develop recommendations for the Alabama veteran population both within and outside the Veterans Health Administration (VHA) health care system. Alabama is home to over 414,000 veterans who are at risk for comorbid mental and SUDs, including addiction to opioid painkillers. Use of these medications for service-related conditions are too often the beginning of SUDs. Many veterans do not use VHA health care; however, those veterans receiving VHA inpatient or outpatient services are twice as likely to die from an accidental overdose compared to the non-veteran population.

Responsible Sub-committee – Community Engagement Team composed. Team leader selected. Team tasked to develop proposal for Task Force approval. The Alabama Task Force on Veterans and Opioids was established as part of this initiative. Two (2) subcommittees have been formed to work on identifying needs of the military and veteran communities and identifying resources statewide. The Treatment and Recovery Support chair and co-chair are on the Alabama Task Force on Veterans and Opioids.

Increase Funding for Opioid Related Prevention, Treatment and Recovery Support Services.

- Objective 1:** Develop, sponsor, and pass comprehensive legislation to provide sustainable funding:
- (a) To increase the State’s capacity for providing evidence-based treatment services for OUD.
 - (b) To increase supportive housing options for individuals who are undergoing or who have completed treatment for OUD.
 - (c) To increase funding for peer and other recovery support services for opioid use disorders.
 - (d) To sustain a skilled prevention, treatment, and recovery support workforce.

Responsible Committee – Treatment and Recovery Support

Since receiving CURES/STR funding which covers the cost of Medication Assisted Treatment (MAT) for people who are unable to afford the medication and counseling services due to lack of financial resources including being uninsured or underinsured, 2,460 individuals have received services. This is in addition to individuals who qualified for services under other funding sources. Treatment for MAT has been expanded through the use of CURES funds. This was made possible by providing traditional agencies, who were not previously able to provide medications or doctor visits, with the funding to cover these services. As of today, 25 agencies have added MAT to their roster of services. This represents 47% of the ADMH certified agencies who had not previously provided MAT. Of the 21 opioid treatment programs, 14 have received CURES funding which has allowed them to provide services to individuals who could not previously afford the medications. This number represents 70% of the opioid treatment programs.

Increase the availability of qualified medical personnel to address the needs of persons with OUDs.

- Objective 1:** Support the establishment of two addiction medicine fellowships in the state of Alabama to train Alabama physicians to recognize and treat substance use disorders.

Responsible Committee – Treatment and Recovery Support

Expand access to care for OUDs.

- Objective 1:** A formal collaborative process will be established between the ADMH and certification-exempt recovery support service providers to increase consumer access to a recognized continuum of quality community-based care.
- Objective 2:** Develop and implement a voucher payment system to support access to recovery support services for OUDs

<p>This task will be addressed by the Prescribers and Dispensers sub-committee.</p>	<p>Responsible committee – Treatment and Recovery Support</p> <p>Past plans were reviewed; however, this goal was established prior to the STR/CURES grant and the State Opioid Response (SOR) grant. Both of these grants allowed for funding of peer services outside of a substance use treatment provider organization. In addition, the SOR grant allowed for the payment of recovery housing opportunities for individuals on MAT.</p>
<p>Increase access through pharmacies by expanding awareness and use of the existing standing orders.</p> <p>Objective 1: Educate pharmacy students at Alabama schools of pharmacy on the existence of the naloxone standing orders.</p> <p>Objective 2: Develop mechanism to create and maintain a list of all pharmacies that have adopted the State Health Officer’s standing orders for naloxone and make that information available to the public.</p> <p>Responsible Committee – Rescue</p> <p>Auburn and Samford Pharmacy Schools have begun to educate students on the existence of naloxone standing orders for Alabama pharmacies.</p>	<p>Increase the ability of families to access treatment for family members who have OUDs.</p> <p>Objective 1: Establish a client/patient navigator system and widely disseminate information regarding access to such.</p> <p>Responsible committee – Treatment and Recovery Support</p> <p>ADMH launched a 1-800 number that is operational 24/7 where anyone needing assistance can call and receive assistance. The number is 1-844-307-1760 and is located on ADMH’s opioid web page.</p>
<p>Prioritize naloxone distribution to areas where it is most needed and in ways that are likely to impact people at highest risk of overdose.</p> <p>Objective 1: Make naloxone readily available to first responders who identify a need for it and who are under-resourced.</p> <p>Objective 2: Conduct overdose response/naloxone training events at ADMH approved substance abuse (SA) treatment program sites, targeting people with OUD and their companions.</p> <p>Objective 3: Make sure naloxone is available to appropriately trained staff in facilities where people with opioid use disorder reside or receive services, including SA treatment centers and jail and prison infirmaries.</p> <p>Responsible Committee – Rescue</p> <p>Volunteer Fire Departments, Rescue Squads, and Local Law Enforcement Departments across the state have been contacted about the availability of naloxone. As of December 3, 2018, entities in 57 Alabama counties have requested naloxone (Narcan nasal spray).</p>	<p>Promotion, expansion, and integration of Screening Brief Intervention and Referral to Treatment (SBIRT), an evidence-based practice, into public systems of care to increase the identification and treatment of SUDs and reduce the impact of related mental and physical diseases.</p> <p>Objective 1: Build capacity for integrated treatment and systems within areas with a high prevalence of SUDs, specifically within public systems of care and targeted service areas (i.e. hospital emergency departments, primary care networks, community pharmacies, and dental programs) necessary to increase capacity to identify, reduce, and prevent SUDs.</p> <p>Objective 2: Identify and leverage existing programs and resources to expand access to treatment and related services and support for SUDs.</p> <p>Objective 3: Review coverage policies and plan allowances for billing SBIRT services through state health programs and</p>

<p>As of December 3, 2018, a total of 9060 kits have been distributed from the ADMH stock of Narcan nasal spray as follows: 3140 to other Law Enforcement/Fire Departments; 4095 Substance Abuse Treatment Providers; 1825 to Jefferson Co. Dept. of Health (JCDH), which has dispensed kits via local substance abuse treatment programs, addiction recovery community events/groups, small fire departments, and 200 Jefferson County Sheriff deputies; additionally, the JCDH assisted with distribution in Walker, Montgomery and Madison Counties. ADMH has committed an additional 550 kits to entities across the state. (These numbers do not include the Evzio brand of naloxone obtained and distributed independently by ADPH.) This number also includes kits distributed to substance abuse treatment programs.)</p>	<p>provider networks.</p> <p>Objective 4: Increase addiction competencies through proposed minimum continuing education requirements to the professional licensing boards, i. e., social work, counseling, nursing, psychology, etc.</p> <p>Objective 5: Expand education related to SBIRT of SUDs and addiction through postsecondary/graduate curriculum content and practicum experience across professional schools, i.e., social work, counseling, nursing, psychology, etc.</p> <p>Responsible Committee – Treatment and Recovery Support</p> <p>SBIRT team, along with other state committees, is working to identify workforce needs. SBIRT team, along with other state committees, is working to identify barriers. SBIRT team, along with other state initiatives, is working to progress the HIE of SUD patients in Alabama. Expansion of services into ADPH is in the planning phase with a 2019 implementation date.</p>
<p>Prioritize access of naloxone to law enforcement personnel in areas where they are most likely to be first responders for overdoses (ahead of medical first responders).</p> <p>Objective 1: Use data to prioritize areas where equipping law enforcement personnel with naloxone should be a priority.</p> <p>Objective 2: Seek opportunities to educate law enforcement personnel on naloxone and related issues.</p> <p>Responsible Committee – Rescue</p> <p>A brochure on equipping law enforcement with naloxone was produced. Bret Eddins of the Rescue Committee spoke and distributed the brochure at the Alabama Chiefs of Police Conference and Alabama Sheriffs Association Conference.</p>	<p>Ensure accurate information and effective resources get into the hands of Alabama citizens by utilizing employers, businesses, higher education institutions and private-sector networks.</p> <p>Objective 1: Develop training materials and one-hour seminars to distribute to businesses, higher education institutions, and private-sector networks.</p> <p>Objective 2: Develop a comprehensive, mobile friendly website with information about OUD in Alabama as well as resources for users, friends, family and employers.</p> <p>Objective 3: Request Governor Ivey proclaim an Opioid Prevention and Awareness week, while encouraging the participation of the business and higher education communities.</p> <p>Responsible Committee – Treatment and Recovery Prevention/Education</p> <p>There have been over 35 training session conducted With various businesses, higher education institutions and in the private sector to educate them on resources</p>

	<p>regarding opioid use disorders. An opioid page and two media campaigns have been developed and is locate on ADMH website.</p>
<p>Advocate naloxone prescribing, distribution and education as a model practice for emergency departments.</p> <p>Objective 1: Develop and distribute model practice document for hospitals and emergency departments.</p> <p>Responsible Committee – Rescue A pilot naloxone distribution program was initiated with the UAB Emergency Department whereby high risk patients in the E.D. are given naloxone kits to take home. Since February 2018, 143 kits from the Jefferson Co. Dept. of Health have been dispensed from the UAB E.D. to high risk patients.</p>	<p>Increase general, public awareness of naloxone availability.</p> <p>Objective 1: Develop a low-cost, grass roots social media campaign to get the word out about naloxone availability.</p> <p>Objective 2: Use state agency and partner organization public messaging platforms to inform the public of naloxone availability.</p> <p>Responsible Committee – Rescue No activity</p>
<p>Reduce morbidity and mortality from prescription drug overdoses.</p> <p>Objective 1: Develop and promote statewide guidelines to encourage naloxone co-prescribing for high-risk patients.</p> <p>Objective 2: Encourage prescribing of naloxone or provide information on naloxone and how to access it to patients who have had prescription opioids discontinued due to concerns about inappropriate use or overuse.</p> <p>Responsible Committee – Rescue ALBME approved a change to its Risk and Abuse Mitigation Strategies to include the recommendation that the clinician considers co-prescribing naloxone in patients deemed appropriate.</p>	<p>Establish equitable access to OUD treatment in Alabama.</p> <p>Objective 1: Promote full implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 in Alabama relative to SUD treatment</p> <p>Objective 2: Allocate all new state funding received for treatment and recovery support services based upon assessed community needs.</p> <p>Responsible Committee – Treatment and Recovery Support This was accomplished as evidenced by Dr. Boyette submission of a self-assessment tool to the committee. It is a tool that insurance companies can use to assess their compliance with the act. The Kennedy forum developed this tool. There are issues that have come up with PAs but he has seen limited improvement.</p>
<p>Ensure education/training on rescue breathing is included in all overdose response education material and training.</p> <p>Objective 1: Review known public naloxone training materials or protocols in Alabama to ensure rescue breathing is included.</p> <p>Objective 2: Develop a strategy for promoting rescue breathing education and training targeted at areas where there is high risk of opioid overdose, prioritizing those areas where naloxone supply is scarce or unreliable.</p> <p>Responsible Committee – Rescue No activity</p>	

The Community Anti-Drug Coalitions of America (CADCA) model has already proven effective in communities throughout the State of Alabama. There are people with a wealth of knowledge regarding the development of CADCA model coalitions in the State of Alabama who could assist in developing these coalitions at low cost. One CADCA model coalition in each of the 41 Judicial Circuits is a reasonable starting point. Most Judicial Circuits in Alabama are already engaged with Drug Court and other specialty courts and have likely developed many of the foundational partnerships that would be instrumental in establishing broader community coalitions focused on prevention strategies. Establish CADCA Community Coalition in each Judicial Circuit; with the desired end state of establishing CADCA Model Community Coalitions at the municipal level.

Responsible Subcommittee - Community Engagement
Funding has been secured to provide training opportunities for Coalition Coordinators through CADCA. ADMH is currently working with CADCA to customize trainings to meet state needs. CADCA met with the Alabama Team in Birmingham, Alabama on May 11, 2018. Fourteen (14) individuals were in attendance to include representation from multiple prevention sectors to include state and local agencies, civic and volunteer groups, and other organizations involved in reducing substance abuse.

Encourage implementation of the Stepping Up Initiative across all 67 counties in the state. Alabama's rate of incarceration is one of the highest in the country, with co-occurring substance use and mental disorders being more common among people in jails, prisons, and other criminal justice settings than among persons in the general populations, which often results in the criminal justice system serving as a de facto mental health system. Unfortunately, there are insufficient data to inform policy makers who can develop a system-wide response. One way forward is the Stepping Up Initiative, which works to provide counties with tools to create data driven strategies to address the issue through the various parts of the booking/judicial system. Currently eleven counties in Alabama have passed resolutions to support this initiative. An opportunity exists to galvanize communities around this initiative and encourage the remaining fifty-six counties to pass similar resolutions.

Responsible Sub-Committee – Community Engagement
Request for Proposal Process was developed at the direction of the ADMH, contracting with The Dannon

Project Training and Technical Assistance (T/TA) Consultants. Pre-Proposal call was hosted by The Dannon Project. Applicants submitted proposals which were reviewed, and 6 Community Mental Health Centers were awarded contracts. All six counties attended the required Stepping Up Orientation with the ADMH Commissioner. All six counties have become Stepping Up Counties by adopting the national Stepping Up proclamation. All six counties have hired a Stepping Up Case Manager and six of the six counties have met with the Evaluator and T/TA team regarding the data and reporting expectations.

Strategic Plan

Problem/Need 1 - Data

A coordinated response to a public health crisis is aided by rapid access to current data. Creating a process for data sharing and analysis that addresses legal and confidentiality concerns and assesses efforts related to opioid addiction and overdose is critical in addressing the crisis.

GOAL 1: Develop a centralized data repository (CDR) to hold data and distribute results to identified agencies allowing for rapid response to outbreaks of overdoses and other opioid-related events, as well as providing a framework to measure the progress of initiatives in place to address the crisis.

Objective 1: Issue a Request for Information (RFI) to determine vendors approach to the defined needs of the CDR.

Metrics: RFI issued and responses analyzed for vendors who can meet the CDR Defined Needs

Tasks	Status/Outcome
RFI written.	The committee began this process by conducting in-depth research of what other states are doing. The research of 10 states and what they are doing surrounding opioid CDR-like projects was presented during the Committee meeting on 5/2/2018. The Committee decided on a “vendor day” to analyze state vs. private entity to determine if a RFI/RFP was needed.
Responses analyzed.	
Vendors selected for issuance of RFP.	

Objective 2: Identify funding to begin CDR project.

Metrics: Funding identified.

Tasks	Status/Outcome
Identify Funding mechanism via grant, agency participation, Governor/Legislative, etc.	The ADMH was awarded a grant from the Bureau of Justice Assistance in the amount of \$1 Million for 3 years.

Objective 3: Identify participating partners in CDR.

Metrics: 100% participation of all agencies contributing identified data.

Tasks	Status/Outcome
Each vendor presents their CDR program and how it meets the needs identified in the RFI. The decision maker, legal counsel, and IT representative from each participating state agency will be invited to attend the presentation.	The subcommittee and vendor decided it would be best to start small in receiving and matching data. It was decided to start with DMH, ADPH, Alabama Medicaid Agency, Jefferson County Health Department, HIDTA and ALEA. Initial meetings have been conducted with each head of agency and they are excited about the project. All questions answered by each organization. Committee has received verbal commitment from each agency and is currently working on MOU's.
Answer all questions each agency presents.	
Secure commitment of each agency.	

Objective 4: Identify vendor/agency to house data and develop dashboard, policies and procedures.

Metrics: Agency identified and contracted.

Tasks	Status/Outcome
Issue RFP.	No RFP Necessary. The committee hosted a vendor day on 6/21/2018 consisting of 3 private entities, 2 universities, and the State of Alabama's Office of Information technology. All presented their proposals creating the CDR. It was immediately decided to contract with a state agency to avoid the RFP process but mostly due to cost. On August 21, 2018, the Alabama Office of Information Technology and the University of Alabama's Institute of Business Analytics were invited back to present their specific proposals which included scope of work and their budget proposals. Each agency represented on the Data Subcommittee was invited to attend. The committee unanimously voted during the 9/11/18 Implementation Meeting to award the University of Alabama's Institute of Business Analytics. A scope of work and business contract was executed on 10/31/18.
RFPs graded and agency selected.	

Problem/Need 2 - Prescribers and Dispensers

Healthcare workers are required by ethics and by law to help fight the crisis of prescription drug abuse. A delicate balance must be struck between helping patients safely manage pain and deterring those who may be seeking controlled substances for illegitimate reasons, all while staying compliant with state and federal regulations and requirements for reporting on controlled substances.

Prescribers accessing Alabama's Prescription Drug Monitoring Program (PDMP) find it cumbersome, overly time consuming and complicated, and discourage widespread use when not specifically required (the Alabama Board of Medical Examiners does require PDMP checks in its rules).

- Funding a software upgrade for the PDMP that provides a full interactive dashboard for prescribers can make the PDMP an effective patient safety tool for prescribers to monitor patients at risk for drug interactions and overdose potential and help reduce unnecessary/duplicative prescriptions from being issued.
- Physicians, dentists, optometrists, and other prescribers already help fund the PDMP through PDMP-specific license fees and pharmacists contribute to the PDMP through prescription information upload fees. Hence, the cost for upgrading the PDMP software should not be borne by prescribers or dispensers.

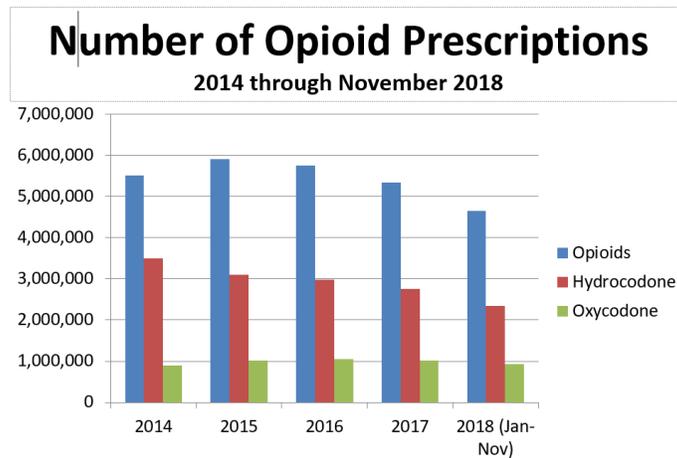
GOAL 1: Leverage technology for better-informed prescribing.

Objective 1: Request that the Governor support – and the Legislature to appropriate – a \$1.1 million-line item for the Alabama Department of Public Health in the proposed 2019 budget to improve and modernize the PDMP.

Metrics: PDMP is a line item in General Fund Budget.

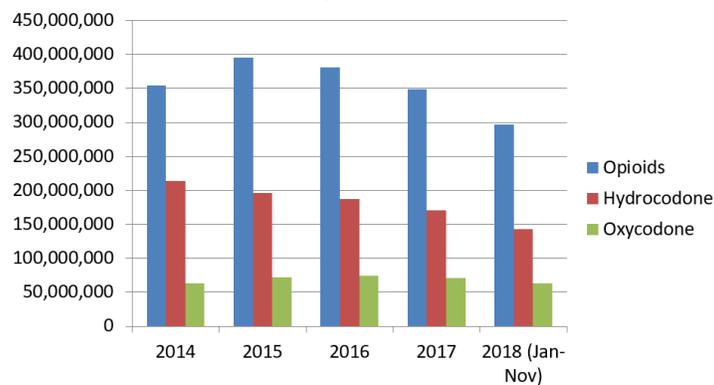
Tasks	Status/Outcome
Discuss line item feasibility with General Fund Chair.	The legislature approved \$1.1 million as a line item for operating and improving the PDMP in the FY19 budget.

Below is data the sub-committee requested state-wide aggregate data from the PDMP that demonstrates the effectiveness of initiatives taken by regulatory boards to reduce opioid overdoses and addiction in Alabama.



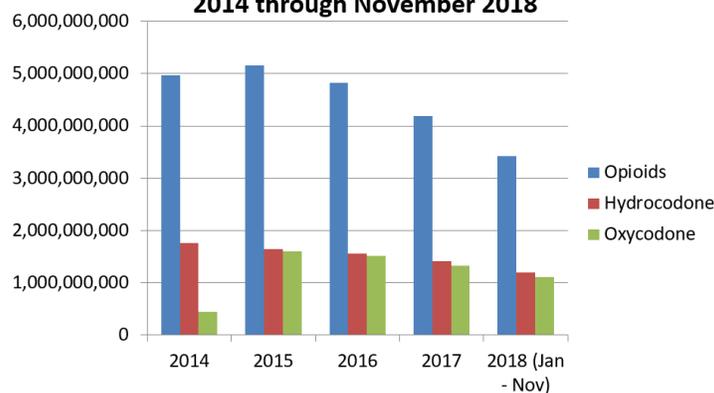
Data from Alabama Prescription Drug Monitoring Program controlled substance database. Any Published findings and conclusions are those of the authors and do not necessarily represent the official position of the Alabama Department of Public Health. Notable event: Tramadol was moved from non-scheduled to Schedule IV in August 2014.

Quantity Opioids Dispensed 2014 through November 2018



Data from Alabama Prescription Drug Monitoring Program controlled substance database. Any Published findings and conclusions are those of the authors and do not necessarily represent the official position of the Alabama Department of Public Health. Notable event: Tramadol was moved from non-scheduled to Schedule IV in August 2014.

Morphine Milligram Equivalent of Opioids Dispensed 2014 through November 2018



Data from Alabama Prescription Drug Monitoring Program controlled substance database. Any Published findings and conclusions are those of the authors and do not necessarily represent the official position of the Alabama Department of Public Health. Notable event: Tramadol was moved from non-scheduled to Schedule IV in August 2014.

Problem/Need 3 - Prescribers and Dispensers

Self-regulation, as undertaken by the Alabama Board of Medical Examiners (ALBME) in its Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules, is the ideal solution for policing the prescribing-end of this epidemic in Alabama.

Adoption of similar rules by all professional licensing boards with authority over controlled substance prescribing will further help ensure that prescribers are held to established standards and required to receive opioid-specific continuing education.

GOAL 2: Encouraging “self-regulation” of prescribers.

Objective 1: Encourage all health care licensing boards that regulate controlled substance prescribing to review the Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules already adopted by the Alabama Board of Medical Examiners (ALBME) and adopt similar, formal regulations on opioid prescribing based on the Centers for Disease Control and Prevention (CDC) guidelines and morphine milligram equivalents (MMEs) to include mandatory opioid prescribing education.

Metrics: Adoption of similar ALBME rules by all professional licensing boards with authority over controlled substance prescribing.

Tasks	Status/Outcome
Each board identifies an individual responsible for reviewing ALBME’s Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules.	Each board has identified a responsible person to review ALBME’s Risk and Abuse Mitigation strategies. They are as follows: Medicine: Matt Hart, Edwin Rodgers, Dentistry: Brad Edmonds, Blake Strickland, Nursing: Dawn Daniel, Scott Nickerson, Optometry: Ashley R. Williams, Podiatry: Cameron McEwen, and Veterinary: Robert Martin, Dale O’Banion. The following boards have completed developing or are in the process of developing mitigation strategies: Medicine: Complete/Strategies in place, Mar 2017 Dentistry: Complete/Strategies in place, Nov 2018 Nursing: Complete/Strategies in place, Mar 2018 Optometry: In prog/Projected complete, June 2019 Podiatry: In prog/Projected complete, July 2019 Veterinary: In prog/Projected complete, July 2019
Each board determines if adoption is feasible.	
Each board develops potential rules, based upon the ALBME’s Risk and Abuse Mitigation Strategies by Prescribing Physicians Rules, and vets the rules with board members.	
Implement the risk mitigation strategies rules.	

Problem/Need 4 - Prescribers and Dispensers

The Alabama Department of Public Health (ADPH) has been the repository for the private prescription information of Alabama patients since the Prescription Drug Monitoring Program’s (PDMP) inception. As a public health-focused state agency, ADPH should remain the repository of all PDMP information to ensure continuity for prescribers and dispensers and security for patients.

To facilitate the conducting of legitimate PDMP research to combat the drug abuse epidemic while at the same time ensuring the privacy of patient prescription information, all data released for research must be completely de-identified with respect to patients, prescribers, and dispensers and an institutional review committee should be created to review all requests for research prior to any de-identified PDMP data being released.

To assist state agencies engaged in the provision of medical and/or other health services in monitoring prescriptions of patients under their care, ADPH – as the repository of PDMP information – should be contacted to **create a unique identifier for each individual patient within the PDMP.**

GOAL 3: Strengthen prescription data and research capabilities.

Objective 1: Support maintaining Alabama Department of Public Health (ADPH) as the repository of all PDMP information.

Metrics: PDMP remains within ADPH.

Tasks	Status/Outcome

Objective 2: Facilitate conducting legitimate PDMP research to combat the drug misuse crisis.

Metrics: De-identified data is allowed for research purposes and an institutional review committee is created.

Tasks	Status/Outcome
Amend laws relating to the PDMP, specifically amending Sections 20-2-12 allowing for de-identified data and creating an institutional review committee.	Senate Bill 200 was signed into law in March 2018 and creates the Information Release Review Committee. This committee is charged with reviewing statistical, research, or educational requests for information, departmental research requests, or department requests regarding publication of information from the PDMP controlled substance database.

Objective 3: Create a unique identifier for each individual patient within PDMP.

Metrics: Unique identifier created.

Tasks	Status/Outcome
The ADPH Pharmacy Division will assess if this is feasible within the APPRISS system.	It was determined that technical and logistic challenges could not be overcome to create a unique identifier for each individual patient within the PDMP.

Problem/Need 5 - Prescribers and Dispensers

To ensure the prescribers of tomorrow are prepared to face the realities and responsibilities of opioid prescribing, standard opioid education in school is a necessity.

GOAL 4: Ensure tomorrow's prescribers are educated in opioid prescribing today.

Objective #1: Encourage all Alabama medical schools and residency programs, osteopathy, podiatry, optometry, dentistry and veterinary science, as well as their postgraduate training programs to include opioid education as a standard part of their curriculum.

Metrics: Opioid education is a standard part of curriculum.

Tasks	Status/Outcome
Alabama medical schools, dental schools, nurse practitioner and physician assistant programs should develop curriculum and teach diagnosis and treatment of Substance Use Disorder.	This subcommittee recommends that the Alabama Opioid Overdose and Addiction Council appoint a committee representing the educators from the various schools and disciplines (medicine, nursing, optometry etc.). Consider forming subcommittees for the various disciplines. The goal is to immediately begin an outstanding educational program teaching the prevention, diagnosis and treatment of addiction. Then add curriculum to teach the diagnosis and treatment of pain as soon as possible. To immediately teach the prevention, diagnosis and the treatment of addiction, the committee recommends utilizing courses available on the Internet.
Medical internship and residency programs where graduates will potentially write scheduled drugs should require that the student be credentialed with X-DEA privileges (minus dentists) prior to graduation.	It is suggested that beginning in 2019, require resident physicians, where DEA Licensure is expected, to complete 24 hours or more of online studies as recommended above, if not already completed in undergraduate studies. Encourage all applicable graduating resident physicians, who will hold a DEA License, to complete requirements to obtain X-DEA privileges and treat Substance Use Disorder.

Problem/Need 6 - Prescribers and Dispensers

Regulators need to recognize the unique situation of patients with cancer-related pain and patients on hospice care, by making exception to stringent requirements on prescribers when treating cancer-related pain or patients on hospice.

Regulations should make exclusion for such patients from requirements that would be burdensome to prescribers caring for these patients, to avoid inappropriate restriction of appropriate pain control in this vulnerable population.

GOAL 5: Ensure future legislation does not negatively impact oncology and hospice care patients.

Objective 1: Regulators should make exclusions for providers who are treating cancer-related pain and for patients who are receiving hospice care to avoid inappropriate restriction of appropriate pain control in these vulnerable populations.

Metrics: Informational

Tasks	Status/Outcome
Ensure mitigation strategies have exclusions for providers who are treating cancer-related pain and for patients who are receiving hospice care to avoid inappropriate restriction of appropriate pain control in these vulnerable populations.	The Alabama Board of Medicine has developed risk mitigation strategies that include special consideration for palliative care.

Problem/Need 7 - Law Enforcement

Under current law, there are no crimes that specifically prohibit trafficking in fentanyl or trafficking in carfentanil. The current trafficking statutes for opioid crimes are insufficient to address this growing problem. The weight threshold for trafficking in opioids is four grams. See Ala. Code § 13A-3-231(3). This amount is unsuitable to successfully address the dangers posed by fentanyl and carfentanil, which are much more potent than other opioids. By way of comparison, a lethal dose of heroin is approximately 30 mg, but a lethal dose of fentanyl is approximately 3 mg, 1000 times less than a lethal amount of heroin. The disparity is even greater with carfentanil, which is as much as 100 times more lethal than fentanyl. Given the danger posed by even small amounts of fentanyl and carfentanil, new crimes should be established to confront the specific dangers presented by those drugs. Thus, the Legislature should create separate crimes for trafficking in fentanyl and trafficking in carfentanil. The threshold amounts should be far lower than the amounts listed in the opioid trafficking statutes. It is the subcommittee’s recommendation that the thresholds be measured in micrograms, and the council should consider the opinions of its members as to how low the thresholds should be set.

GOAL 1: Establish the crimes of trafficking in fentanyl and trafficking in carfentanil.

Objective 1: Introduce legislation for the 2018 Legislative Session to establish the crimes of trafficking in fentanyl and trafficking in carfentanil.

Metrics: Legislation developed.

Tasks	Status/Outcome
Write legislation.	<p>On April 4th, 2018, Governor Ivey signed SB 39 into law establishing the crimes of trafficking fentanyl and fentanyl analogues amending Section 13A-12-211, 13A-12-231 Code of Alabama 1975. This action provided law enforcement the tools needed to prosecute Fentanyl related crimes more effectively.</p> <p>According to the Alabama Office of the Court five fentanyl trafficking cases have been filed since passage of the bill. There are no dispositions for these cases. Although there may be more cases involving Fentanyl files under another statute, five cases have been filed under the new law. The expectation is this number will increase in the coming months.</p>
Identify sponsor for legislation.	

Objective 2: Work to have legislation passed.

Metrics: Legislation passed.

Tasks	Status/Outcome
Inform legislators of the proposal.	See above
Rally community support for the legislation.	
Pass legislation.	

Objective 3: Notify law enforcement agencies of bill's passage.

Metrics: Press release crafted.

Tasks	Status/Outcome
Public announcement of new legislation in the form of a rally or press conference at AG's office.	See above

Problem/Need 8 - Law Enforcement

Law Enforcement Officers and the Judiciary come into contact frequently with individuals and families struggling with substance misuse issues related to opioids and heroin. This issue may not be in the forefront for them and as a result LE officers and the Judiciary need training and education on addiction, how it affects the brain, and best practices for dealing with these individuals.

GOAL 1: Through a partnership with the ADMH, provide training on addiction to Law Enforcement agencies and the Judiciary.

Objective #1: Provide training on addiction to new officers in the Academy.

Metrics: Number of cadets graduating academies with opioid training.

Tasks	Status/Outcome
Partner with ALEA, Pardons and Paroles, the Police Chiefs Association, the Department of Mental Health and Sherriff's Association to create a training session to submit to APOSTC to implement in the Basic Police Academy Program for all LE trainees.	In January of 2018 ADMH and NAMI submitted to APOST an 8-hour block of curricula entitled BEING PREPARED: Behavioral Health Issues that addresses how to manage individuals in a mental health and/or substance abuse crisis. This curriculum has been used in all law enforcement academies. This block of instruction was in addition the current 6-hour class on drug enforcement and vice that also addresses opioid abuse related issues. APOST certifies between 24 and 28 law enforcement academies a year. In addition, a 4-hour curricular was developed by ADMH and NAMI to train seasoned law enforcement officers on being prepared for behavioral health issues they face daily.
Submit training session template to APOSTC.	
Evaluation of session by APOSTC.	
Implementation by APOSTC.	

Objective 2: Provide Request for Proposals (RFP's) for training on addiction to the Education Committee for the judge's conference for consideration by February 2018 to present at judges' conference in July 2018.

Metrics: Number of training sessions presented to Judiciary.

Tasks	Status/Outcome
RFP's formulated by ADMH to present to the Education Committee of the Judges Conference.	Program was developed and was submitted by January 10, 2018 to the education committee. It was not accepted by the committee. Efforts are ongoing to add opioid related programming to trainings held by the Judiciary and other law enforcement stakeholders. This goal will continue to be addressed in 2019.
Evaluation by Education Committee.	
Acceptance by Education Committee.	
Presentation at conference.	

Problem/Need 9 - Law Enforcement

Incarcerated individuals in the Alabama Department of Corrections (ADOC) and those leaving local jails need to be able to access Medication Assisted Treatment prior to and after release in order to remain drug free once released. The ADOC will begin a pilot program using Vivitrol (naltrexone), coupled with counseling and life skills training, and in partnership with Pardons and Paroles to help recently released inmates remain drug free after release.

GOAL 1: Begin 6-month pilot program with an MOU between ADOC and UAB TASC at the St. Clair facility to begin administering Vivitrol.

Objective 1: By utilizing Vivitrol for the 6 months prior to release and working with Pardons and Paroles to continue Vivitrol after release to reduce recidivism due to drug use.

Metrics: ADOC and Pardons and Paroles to follow participants in pilot site for 1 year after release.

Tasks	Status/Outcome		
Dr. Tytell with ADOC to obtain MOU.	Work continues on a pilot program being created by the Department of Corrections at the St. Clair Facility. This pilot program will deliver MAT to inmates enrolled at the institution. The MAT will target opioid addicted inmates. After program completion, eligible released inmates will continue community MAT to assist in their recovery. Memorandums defining the pilot project and engaging stakeholders are being reviewed by the Department's legal division.		
Begin pilot program after MOU is signed.			
ADOC works with Pardons and Parole to identify eligible candidates for parole once the candidate completes pilot program.			
Tracking begins for released participants of the pilot program.			
Yearly reports submitted to Council on project's progress.			

Problem/Need 10 -Treatment and Recovery Support

According to the Centers for Disease Control, doctors in Alabama wrote 5.8 million prescriptions for pain pills in 2015. That amounted to an average 1.2 prescriptions per person, compared to the national average of 0.71. The Alabama Department of Mental Health (ADMH) indicates that 4.71% of Alabama’s population over the age of 17 (175,000+ individuals) are estimated to have used pain relievers for *nonmedical* purposes in the past year. In reviewing the statistics for nonmedical use of pain relievers between 2006 -2012, in all but two years (2009-2011), the rate of nonmedical use in Alabama was higher than the rate of nonmedical use in the U.S. as a whole. Per capita, Alabama ranks #1 as the highest painkiller prescribing state in the nation. Alabama is, thus, one of the highest opioid users in the world, in that the United States has only about 5% of the world’s population but uses approximately 80% of all the opioid drugs. In addition, ADMH states that nearly 30,000 Alabamians over the age of 17 are estimated to be dependent upon heroin and/or prescription painkillers. Furthermore, in 2015, for the first time ever, admissions to substance abuse treatment for opioid use disorders exceeded those for alcohol use disorders in Alabama.

The Alabama Department of Mental Health’s (ADMH) Substance Abuse Block Grant (SABG) 2015 report indicates only 1,061 persons throughout the State received recovery support services in 2014 -2015. At the same time 8,743 persons received services through intensive outpatient, partial hospitalization, clinically managed care, intensive inpatient and mobile crisis. This means only 11% of persons having achieved some level of recovery also received on-going peer recovery support through State services.

As the state looks to address an emerging opioid epidemic, it is essential to bolster family support by providing education, information and access to resources to assist loved ones seeking recovery.

GOAL 1: Increase knowledge and awareness on opioid use disorders for the purpose of bolstering support for family members.

Objective 1: Implement a traditional and social media campaign targeting adults age 18-55.

Metrics: Reach: 1 million Alabamians will be reached through the campaign.

Tasks	Status/Outcome
Identify other efforts taking place across the state that involve social media campaigns (i.e. other state departments, organizations, etc.).	Two media campaigns have been identified, My Smart Dose and Courage for All and are being monitored by the ADMH State Opioid Coordinator, Kathy House.
Establish budget for a campaign based on collaboration opportunities and secure funding.	ADMH created a budget in both the substance abuse treatment and prevention divisions. Funding was provided through grant opportunities including State Targeted Response Grant (STR/CURES) and the State Opioid Response Grant (SOR).
Obtain appropriate approvals, implement Request for Proposals (RFP) to solicit a vendor to create campaign.	RFPs were created and approved for media campaigns.
Select vendor, develop and implement campaign.	Vendors were selected based upon the RFP process and were awarded. Two different campaigns were created and have been implemented. My Smart Dose and Courage for All . Both campaigns are currently ongoing.

	<p>To date, the My Smart Dose campaign has reached hundreds of students at multiple universities and local businesses throughout the state. Currently more than twenty (20) businesses statewide have partnered and utilized the My Smart Dose materials within their establishments in proximity to college campuses. Sporting venues have yielded the reach of hundreds to include students, family members and an expansion of coordinated efforts with the college and universities. The campaign presence has yielded a website https://www.mysmartdose.com/. Within the website students, family members and friends have access to information as it relates to prescription drug and opioid misuse. Included is a listing of prevention and treatment providers resources, downloadable public service announcements, posters, digital/social media banners, self-assessment, and a 24/7 Helpline. Current campaign results: Mobile on App Impressions received 530,489, Facebook Video Impressions received 427,487, Video views 8,688, Display Impressions received 521,499.</p> <p>To date, the Courage for All campaign has reached hundreds of people at multiple universities and local businesses throughout the state. Currently more than forty-one (41) businesses statewide are partnering and utilizing the Courage for All materials within their establishments throughout the communities in Alabama. This translates into approximately 246,000 impressions. Sporting venues have yielded the reach of hundreds to include students, family members. The campaign’s website, www.courageforall.com, houses many resources designed to educate families, friends, co-workers, and community agencies about opioid misuse and provide strategies for locating services. Included is a listing of treatment providers resources, downloadable public service announcements, posters, digital/social media banners, self-assessment, and a 24/7 Helpline. Current campaign results: Facebook Video Impressions received 48,202; Digital Display Impressions received 256, 185; Alabama Press Association - print impressions 1, 544, 790 newspapers on a two-week circulation; 2,703,382 on a two-week readership. Additionally, this includes 356,414 impressions from APA newspapers that offer online content.</p>
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Objective 2: Create a centralized online resource center that allows individuals with Opioid Use Disorder (OUD) and family members to access information on opioid dependence and addiction and available resources and services in the state.

Metrics: Centralized website is created and accessed by individuals with OUDs and families.

Tasks	Status/Outcome
Identify website capabilities at state departments (i.e. ADMH, ADPH) and assess feasibility of using alternative websites.	Due to the different missions of each state department, the decision was made to use ADMH’s website.

Research all available resources across the state pertaining to OUDs, and resources.	ADMH's State Opioid Coordinator, Kathy House created an opioid webpage, which can be accessed on the ADMH website, for anyone seeking information on OUDs and resources. This webpage has been sent to other state agencies as well as community providers as possible a resource that could be added to their webpage. This information includes links to other agencies who provide services related to OUDs. http://www.mh.alabama.gov/MHSA/Opioids/UnderstandingTheOpioidCrisis.aspx?sm=c_j
Finalize website portal to use as centralized site.	ADMH was chosen as the site for the website portal.
Complete infrastructure improvements.	This is ongoing, and plans are in place to complete this work by June of 2019.
Develop marketing/PR plan to run concurrently with media campaign.	This is currently being addressed by the committee.
GOAL 1: Increase the ability of families to access treatment for family members who have opioid use disorders.	
Objective 3: Create a family navigator system.	
Metrics: The family navigator system will be operational within nine months of the Governor's order.	
Tasks	Status/Outcome
Research patient navigator models used in the healthcare industry and select a model that works best for substance use disorder services in Alabama.	Several models were reviewed and as a result, a care coordination/health navigator pilot project was developed between 3 agencies. Each agency developed a plan and core teams, one of whom had to be a peer, for use in their areas. Each agency is tracking the data and the models will be reviewed at the end of the 12-month period which will be March 2019. In addition, the model of using a helpline as a navigator system was also utilized.
Cost out the model and secure funding resources.	Funding was provided through the STR/CURES grant and will continue with the SOR grant.
Develop written operational policies and procedures.	Policies and procedures were developed.
Implement services.	A peer run 24/7 helpline was established as the patient navigator model and began implementation in July of 2018. A media campaign was also developed to coincide with implementation. In addition, there were other peer run hotlines that were developed during this time and are being utilized.

Media Campaigns

My Smart Dose: <http://www.mysmartdose.com/>

MySmartDose.com

GET SMART
about prescription
drugs

24/7 Helpline 844-307-1760

Prescription Drugs Can Be Addictive

Don't believe the hype. Prescription drugs can be addictive. Find out more about the risks of taking them. Get the facts. Watch the video. Get the facts. Watch the video. Get the facts. Watch the video.

GET HELP TODAY

Don't Believe the Hype of Misuse

When you take a pill not prescribed for you, there's a real chance it's not going to end well. Prescription drug misuse can lead to addiction in less than a week. It can, but it doesn't have to. Get the facts. Watch the video. Get the facts. Watch the video. Get the facts. Watch the video.

GET A SELF ASSESSMENT

Courage for All: <https://www.courageforall.com/>

COURAGE FOR ALL
HELP FOR OPIOID ADDICTION

24/7 Helpline 844-307-1760

Tips
Self Assessment
Help
Toolbox
Partners

Find Help Near You

Help Someone You Know

Provider Toolbox

About the Courage for All Campaign

Opioid addiction is an epidemic in Alabama. Chances are good you know someone who's addicted. It might be you. Your age, race, gender, or socioeconomic status doesn't matter to a pill. It will hook you just the same. The crisis affects us all.

Help Line



24/7 Helpline

844-307-1760

Are you, or a family member, struggling with addiction or in need of support?

Do you prefer chat? Live chat is available through our website: www.rosshelpline4u.org

Want to send an email? Send us a message: helpline4u.al@gmail.com

Every call, live chat and email is answered by a person in recovery at:

RECOVERY ORGANIZATION OF SUPPORT SPECIALISTS

R.O.S.S.

Addiction is a disease, not a moral failing.

All services are free, made possible through funding from ADMH and SAMHSA.



Understanding the Opioid Crisis in Alabama Web page –

http://www.mh.alabama.gov/MHSA/Opioids/UnderstandingTheOpioidCrisis.aspx?sm=c_j



Alabama Department of
Mental Health

**Need services?
Call or click:**

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- DEVELOPMENTAL DISABILITY**
1-800-361-4491
- MENTAL ILLNESS**
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1-844-307-1760

Commissioner's Office

Division of Developmental Disabilities

Division of Mental Health & Substance Abuse

- ☐ Certification
- ☐ Deaf Services
- ☐ Mental Illness
- ☐ Community Programs
- ☐ Peer Programs
- ☐ Pharmacy
- ☐ Prevention
- ☐ Quality Improvement & Risk Management
- ☐ Substance Abuse
- ☐ Block Grant
- ☐ Substance Abuse Treatment
- ☐ **Understanding the Opioid Crisis**
- ☐ ACSIS
- ☐ ASAIS

Division of Administration

MHSA | Understanding the Opioid Crisis

The Alabama Department of Mental Health has put together vital resources to help persons suffering from addiction, family members, providers and professionals find needed information.

The opioid crisis is a public health and economic crisis that is eroding the quality of life for Alabama residents. People are dying and families are being devastated. It impacts every sector of our economy, including healthcare, education, business, and local governments. The opioid crisis recognizes no neighborhood, no race, and no class. It is neither limited to backstreets in urban settings nor isolated in rural communities.

From 2006 through 2014 there were 5,128 deaths from overdoses in Alabama. The state's death rate per 100,000 in 2014 was 14.9. The number of overdose deaths climbed 82 percent from 2006 to 2014. In 2016 there were 741 overdose deaths attributed to the increase of 15.3 deaths per 100,000. The overdose deaths are not limited to opioids, but the Centers for Disease Control and Prevention has indicated prescription opioids and heroin account for most drug deaths.

Opioids are a class of drugs that includes heroin as well as prescription pain relievers such as oxycodone, hydrocodone, morphine, and fentanyl. These drugs work by binding to the body's opioid receptors in the reward center of the brain, diminishing pain as well as producing feelings of relaxation and euphoria.

In 2012 Alabama was first place in the nation for per capita opioid prescriptions with 143.8 prescriptions per 100 residents. While the rate per capita is decreasing each year in Alabama, the state was still the highest per capita opioid prescribing state in 2016 with a rate of 121 prescriptions per 100 persons, which is equivalent to 1.2 prescriptions for every man, woman and child in our state.

[What is the U.S. Opioid Epidemic](#)
[Today's Heroin Epidemic](#)
[Facing Addiction in America, The Surgeon General's Spotlight](#)
[President's Commission on Combating Drug Addiction and the Opioid Crisis](#)

The Alabama Department of Mental Health has put together this extensive page of resources to help persons suffering from addiction, family members, providers and professionals find the needed information with one click of the mouse.

- Site Contents A to Z
- Press Room
- Media Center
- Events Calendar
- Advocacy Services
- Children & Adolescent Services
- Deaf Services
- OBRA PASRR
- Nurse Delegation Program
- Becoming a Community Provider
- Careers with ADMH
- Contract & Vendor Opportunities
- Training & CE

About Opioids	Health Care Providers	Take Back Locations
Overdose and Addiction Council	Opioid Related Grants	Finding Help
Prescription Drug Monitoring		Overdose Toolkit
Living with Chronic Pain	Standing Order for Naloxone	Frequently Asked Questions
Teen Drug Abuse	Provider Toolkit	Family and Friends

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Problem/Need 11 - Treatment and Recovery Support

Overdoses in Alabama are associated with release from incarceration. Statistics have shown that opioid overdoses are more than 50 times higher for those leaving incarceration or enforced abstinence. The tolerance of these person to opioids is lower and, as such, they are more likely to overdose when resuming their previous patterns of use.

GOAL 1: Assess the effectiveness of drug courts in engaging offenders with opioid use disorders in treatment and preventing overdoses.

Objective 1: To establish if a negative correlation or inverse relationship exists between Alabama’s opioid related overdose deaths and involvement in criminal justice related treatment.

Metrics: Missing outcome information from drug courts, coroners and other related entities will be compiled and evaluated within six months of the Governor’s order.

Tasks	Status/Outcome
Develop an exit interview process for persons failing or dropping out of drug court.	This continues to be ongoing. A member of AOC will be added to this committee in order to achieve this goal.
Develop and regulate use of Coroners’ completion of a standard questionnaire that includes past incarceration history for opioid related overdose deaths.	This continues to be ongoing. Individual coroners from individual counties will be added to this committee to assist in achieving this goal.
Develop and regulate use of Coroners/police report if an overdose person has been in jail past month, 6 months, year.	This continues to be an ongoing process. As noted above, additional members from other state agencies should assist in the achievement of this goal.
Establish routine reporting of drug court drop-out rates.	This continues to be an ongoing process. As noted above, additional members from other state agencies should assist in the achievement of this goal.
Compile and disseminate report of data gathered on an annual basis, inclusive of recommendations to support reduced overdoses and overdose related deaths.	This continues to be an ongoing process. As noted above, additional members from other state agencies should assist in the achievement of this goal.

Objective 2: Establish ongoing education and training process administered by ADMH to reduce the stigma associated with medication assisted treatment for Opioid Use Disorders.

Metrics: The number of educational training sessions conducted.

Tasks	Status/Outcome
Research best practices to address OUD stigma reduction.	Research has been conducted and is being compiled for review by the committee members. Ongoing with a due date of January 2019.
Establish a stigma reduction training committee to develop a training curriculum. and identify local, state, and national resources to support the training.	The committee has committed to developing three training curriculums (15 minutes, 30 minutes and 1 hour long) for use by individuals and agencies who are requested to provide trainings and presentations on OUDs. This will allow flexibility in presentations and provide for a consistent message across providers. Ongoing with a due date of March 2019.
Identify venues for providing training and establish a schedule of presentations.	This will be completed once the curriculum is completed and approved. Ongoing with a due date of April 2019.
Establish a process to evaluate the effectiveness of the training and modify the training strategies as needed.	This will be completed once the curriculum is completed and approved but prior to the first use of the curriculum. Ongoing with a due date of March 2019.

Problem/Need 12 - Treatment and Recovery Support

There are untapped resources across the State of Alabama that could be utilized by our citizens if they were given quality information, resources and a fully transparent choice to include recognized but non-certified recovery support services in their recovery story. Umbrella agencies such as the Alabama Association of Christian Recovery Ministries (AACRC) seek a more collaborative relationship with the State of Alabama to work hand-in-hand with the Department of Mental Health, the Alabama Department of Corrections and the various municipal, district and federal court agencies to provide low-or-no cost access to citizens wanting quality recovery program choices with some of the oldest, largest and most effective non-profit agencies in Alabama.

Problem: Lack of Information, access and choice for consumers. Consumers need to be informed about the full continuum of community-based recovery support services that are available.

Problem: Single Focus/Silo Mentality - Multiple states clearly share quality information through their mental health department web sites by demarcation, segregation or disclaimer. Alabama’s ADMH web site is geared more toward providers than consumers.

Problem: Funded Choice - Multiple states participate in voucher systems that continually rank highly in customer satisfaction, especially with consumers who prefer non-disease modalities of care or faith-based service providers. Service providers who provide higher quality services and outcomes would naturally be the benefactors of market place economics.

GOAL 1: Expand access to care for opioid use disorders.

Objective 1: A formal collaborative process will be established between the Alabama Department of Mental Health and certification-exempt recovery support service providers to increase consumer access to a recognized continuum of quality community-based care.

Metrics: Modification of the ADMH Administrative Code to recognize a broader scope of community providers.

Tasks	Status/Outcome
Research and document findings of other state collaborative efforts with faith-based and uncertified community agencies that provide care for individuals who have opioid use disorders, along with other resources.	This is an ongoing effort. Research of other states’ collaborative efforts is being done but is not finished.
Convene a meeting between faith-based and uncertified community agencies to discuss research findings.	The first official meeting will be January 10, 2019.
Develop policies, procedures, and draft regulations governing ADMH’S recognition of nontraditional providers.	There have been discussions around this. AACRM and ADMH are beginning a collaboration to identify how to incorporate the requirements of each agency into current regulations.
Promulgation of regulations.	This has not yet started due to the regulations not being written.
Establish AACRM representation on State agency planning bodies to support collaborative planning and quality assurance activities.	This has been achieved as a member of AACRM was appointed to this committee by the Governor’s council.
Support Alabama’s continuum of care by providing technical support and data assessment for recovery support services	This will be addressed once regulations are written and approved by both governing agencies.

similar to the HMIS system utilized by One Roof to evaluate recovery support services programs.	
Objective 2: Develop a voucher payment system to support access to recovery support services for opioid use disorders.	
Metrics: Establishment and implementation of a voucher reimbursement system by ADMH within 12 months of the Governor’s order.	
Tasks	Status/Outcome
Review ADHM past plans for implementation of a voucher system for relevance to the stated objective and modify as needed.	Past plans were reviewed; however, this goal was established prior to the STR/CURES grant and the SOR grant. Both of these grants allowed for funding of peer services outside of a substance use treatment provider organization. In addition, the SOR grant allowed for the payment of recovery housing opportunities for individuals on MAT.
Disseminate new policy for review and comment, finalize, and obtain appropriate approvals.	As noted above, grants funds (for use over a 4-year period) have been established and are in place for use by established providers, peer organizations and other approved entities.
Modify ADMH SA Software Package as needed to accommodate new billing process.	ADMH is currently upgrading the platform used as the management information system which will allow them to accommodate any new billing processes that are put in place.
Modify ADMH contract billing manual to accommodate new voucher process.	A new process for updating the ADMH contract billing manual has been put in place to order to provide for more timely and efficient billing.

Problem/Need 13 - Treatment and Recovery Support

The number of opioid overdose deaths in the United States has quadrupled since 2000 and continues to escalate rapidly.¹ More than 53,000 people in the U. S. died from opioid overdose in 2016. That is more than the number of Americans who lost their lives in the Vietnam War and Gulf War combined. To help put this number into further perspective, this is about as many deaths per year as we witnessed at the peak of the AIDS epidemic in the mid-1990s.

According to the World Health Organization, the United States makes up about 4.5% of the world’s population and yet in 2011 Americans consumed around 80% of the world’s opioid pain medication supply. This fact exists in the absence of any evidence that Americans suffer from any increase in rates of painful diseases compared to the rest of the world.

In 2013 the Centers for Disease Control looked at the per capita opioid prescription rates by state and found that not all states prescribed opioids at the same rate. The CDC’s data revealed that the Appalachian region of the country uses far more prescription opioid pain reliever per capita than rest of the nation. In 2013 the CDC ranked Alabama at number one in the nation for per capita rate of opioid pain reliever prescriptions. In 2013 Alabama doctors prescribed enough opioid pain medication for every citizen to have almost one and a half opioid pain pill prescriptions. During that same period the states with the highest rates of legally prescribed pain pills, including Alabama, also tended to post the lowest rates of diagnosed opioid use disorders.

As city, state and federal authorities struggle to find solutions to stem the tide of the rapidly escalating illegal drug trade, another silent epidemic, opioid use disorder (OUD), is flying under the radar of detection of our public health systems. Emerging evidence reveals that illegal drug use in many parts of our nation may only be the tip of the iceberg of America’s drug problem.

It is also estimated that 600,000 Americans are addicted to heroin and illicit synthetic opioids like fentanyl. According to the National Institutes of Health, in the 1960s more than 80% of patients entering treatment for heroin addiction actually started with heroin as their first opioid of abuse. Today NIH estimates that over 80% of heroin addicts actually started using prescription pain pills and moved to heroin as dose demands increased. Many of these patients started taking the pills after a documented injury or surgical procedure.⁴

In 2011 the CDC looked at the age distribution of opioid overdose death rate by age. The data found that the highest risk age range for overdose death was unexpectedly the 45 to 54-year age range. This was a departure from the drug abuse statistics of the past which was a much younger demographic.

GOAL 1: Establish equitable access to OUD treatment in Alabama.

Objective 1: Promote full implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 in Alabama relative to SUD treatment.

Metrics:

Tasks	Status/Outcome
Encourage the use of the “Six Step Parity Compliance Guide” in order to assist state insurance carriers in their compliance of the Mental Health Parity and Addiction Equity Act.	This was accomplished as evidenced by Dr. Boyette submission of a self-assessment tool to the committee. It is a tool that insurance companies can use to assess their compliance with the act. The Kennedy Forum

	developed this tool. There are issues that have come up with PAs but he has seen limited improvement
GOAL 2: Increase the availability of qualified medical personnel to address the needs of persons with OUDs.	
Objective 1: Establish a committee to investigate the formation of two addiction medicine fellowships in Alabama.	
Metrics: Establishment of two addiction medicine fellowships in Alabama within 36 months.	
Tasks	Status/Outcome
Support the establishment of two addiction medicine fellowships in the state of Alabama to train Alabama physicians to recognize and treat substance use disorders.	This task has been addressed by the Prescribers and Dispensers committee.

Problem/Need 14 - Treatment and Recovery Support

Need for early intervention and treatment for individuals at risk of developing substance use disorders or those who already have developed these disorders.

GOAL 1: Promotion, expansion, and integration of Screening Brief Intervention and Referral to Treatment (SBIRT), an evidence-based practice, into public systems of care to increase the identification and treatment of substance use disorders and reduce the impact of related mental and physical diseases.

Objective 1: Build capacity for integrated treatment and systems within areas with a high prevalence of substance use disorders, specifically within public systems of care and targeted service areas (i.e. hospital emergency departments, primary care networks, community pharmacies, and dental programs) necessary to increase capacity to identify, reduce, and prevent substance use disorders.

Metrics: ADMH and the University of Alabama were awarded a grant to implement SBIRT in a broader capacity throughout the state. VITAL, was formed. As a result of this grant, this goal has become the responsibility of that committee.

Tasks	Status/Outcome
Cataloguing and evaluation of existing system and workforce capacities available to provide treatment and services within Alabama’s hospital, primary care, and pharmacy and dental networks.	SBIRT team, along with other state committees, is working to identify workforce needs.
Identify statutory, regulatory and financial barriers preventing identified systems and resources from fully leverage treatment and service capacities.	SBIRT team, along with other state committees, is working to identify barriers.
Develop specific proposals to reduce and/or eliminate administrative and reimbursement barriers which prevent public systems of care from more fully providing screening, treatment, and referral services to individuals with substance use disorders.	Not yet begun.
Facilitate and increase the ability to exchange health information between medical and behavioral health care providers to improve the integration of care and related support for individuals with substance use disorders.	SBIRT team, along with other state initiatives, is working to progress the HIE of SUD patients in Alabama.
Review and facilitate a process for targeted providers (i.e., hospitals, primary care, dental, etc.) to screen individuals at highest risk and/or with existing substance use disorders through a standardized method so that earlier detection and/or intervention and support can be established.	Expansion of services into ADPH is in the planning phase with a 2019 implementation date.
Determine what barriers most need to be addressed during implementation via	Ongoing monitoring continues as implementation fidelity is evaluated.

training, resource allocation, model adaption.	
Objective 2: Identify and leverage existing programs and resources to expand access to treatment and related services and support for substance use disorders.	
Metrics:	
Tasks	Status/Outcome
Optimize deliver of referral and treatment resources in existing care settings across hospitals, primary care networks, community mental health centers, and dental providers.	Referral pathways continue to be bolstered with SBIRT implementation efforts.
Objective 3: Review coverage policies and plan allowances for billing SBIRT services through state health programs and provider networks.	
Metrics:	
Tasks	Status/Outcome
Conduct a comprehensive review of related statutory, regulatory and administrative policies for Alabama’s predominate health insurance programs and identify barriers to the provision and sustainability of SBIRT services.	Not yet begun.
Establish coverage and reimbursement for screening, treatment, and related services through state public health programs (i.e., Medicaid, Mental Health) for individuals at highest risk and/or with substance use disorders (at defined income limit) that would make related services available (i.e., paid for) through primary care providers.	Not yet begun.
Make physicians, physician assistants, nurse practitioners, clinical nurse specialists, clinical psychologists, certified addiction specialists, and other provider services eligible for reimbursement across public systems of care.	Not yet begun.
Address Medicare, Medicaid billing barriers, e.g., same day service, billing CPT codes.	Not yet begun.
Payment reform for screening, treatment and related services.	Not yet begun.
Objective 4: Increase addiction competencies through proposed minimum continuing education requirements to the professional licensing boards, i. e., social work, counseling, nursing, psychology, etc.	
Metrics: Number of social workers and other health care professionals receiving related CEU/CMEs annually.	
Tasks	Status/Outcome
Develop educational programs through public health systems, provider networks,	Not yet begun.

and professional associations to increase awareness and competency of the SBIRT process.	
Identify the most challenging barriers facing hospital, primary care, and pharmacy & dental networks in implementing and/or expanding SBIRT.	Not yet begun.
Objective 5: Expand education related to SBIRT of SUDs and addiction through postsecondary/graduate curriculum content and practicum experience across professional schools, i.e., social work, counseling, nursing, psychology, etc.	
Metrics: Number of new professional students trained by discipline annually.	
Tasks	Status/Outcome
Identify and convene representatives from each professional school to formulate strategy for realization, given accreditation requirements and available resources.	Not yet begun.

Problem/Need 15 - Treatment and Recovery Support

Funding provided by the Alabama Legislature to the Alabama Department of Mental Health for support of the state’s public system of care for substance use disorders has remained static for a number of years. The system has consistently been unable to provide treatment services for more than 10% of Alabamians needing this service. In addition, no state funds are dedicated to the provision of recovery support services, a critical component of the substance abuse service delivery continuum of care. Alabama’s opioid crisis has provided further stress to an already overburdened system. Although Federal funding for opioid use disorders has provided some relief, there are no current plans to sustain these funds beyond a two-year period. The state is also facing a workforce shortage. Positions for credentialed workers to serve in the addictions field in Alabama are hard to fill, especially in rural areas of the state. This shortage of workers is expected to escalate as baby boomers retire and below average salaries fail to attract other individuals to the field. More state funds are needed to sustain Alabama’s public substance abuse service delivery system, address the current opioid crisis and future drug use trends, and support its rapidly declining credentialed workforce. Legislation is required to authorize the utilization of designated state revenue to address the state’s opioid crisis.

GOAL 1: Increase Funding for Opioid Related Prevention, Treatment and Recovery Support Services.

Objective 1:

1. Develop, sponsor and pass comprehensive legislation to provide sustainable funding:
 - (a) To increase the state’s capacity for providing evidence-based treatment services for opioid use disorders.
 - (b) To increase supportive housing options for individuals undergoing or who have completed treatment for an opioid use disorder.
 - (c) To increase funding for peer and other recovery support services for opioid use disorders.
 - (d) To sustain a skilled prevention, treatment, and recovery support workforce.

Metrics: There will be an increase in state funding to the Alabama Department of Mental Health to sustain a skilled workforce, a full continuum of care for substance use disorders, and address emerging drug use trends.

Tasks	Status/Outcome
Secure copies of other state substance abuse funding legislation.	Since receiving CURES/STR funding, which covers the cost of Medication Assisted Treatment (MAT) for people who are unable to afford the medication and counseling services due to lack of financial resources including being uninsured or underinsured, 2,460 individuals have received services. This is in addition to individuals who qualified for services under other funding sources. Treatment for MAT has been expanded through the use of CURES funds. This was made possible by providing traditional agencies, who were not previously able to provide medications or doctor visits, with the funding to cover these services. As of today, 25 agencies have added MAT to their roster of services. This represents 47% of the ADMH certified agencies who had not previously provided MAT. Of the 21 opioid treatment programs, 14 have

	received CURES funding which has allowed them to provide services to individuals who could not previously afford the medications. This number represents 70% of the opioid treatment programs.
Draft legislation.	Not addressed
Secure sponsors for legislation.	Not addressed
Rally community support for legislation.	Not addressed
Pass Legislation.	Not addressed
Metrics: All decisions governing apportionment of funding provided by the Alabama State Legislature for substance abuse treatment, recovery support and workforce development will be based upon a formal needs assessment process developed and implemented by the Alabama Department of Mental Health.	
Tasks	Status/Outcome
Guidance documents for development of a formal statewide needs assessment will be assembled.	ADMH is currently working with ASTEP which will help contribute to the achievement of this goal. In addition, the evaluation of how other states complete needs assessments is being reviewed.
Policies and procedures for a statewide needs assessment shall be developed.	This has not been addressed as the formal review has not been completed.
Funding allocation decisions are linked to data presented in the needs assessment.	This has not been addressed as the formal review has not been completed.

Problem/Need 16 - Rescue

It needs to be easier to distribute naloxone to laypersons throughout the state, especially at locations where people are at high-risk of overdose and including areas with physician shortages.

Bystanders in drug overdose situations need to be encouraged to call 911 and assist overdose victims. Fear of arrest or prosecution for drug or drug paraphernalia possession charges may make it less likely for people to provide this assistance, and immunity from prosecution for people giving assistance is very limited in the existing law.

GOAL 1: Pass legislation to expand immunity to additional classes of persons who prescribe naloxone and to certain service providers who distribute naloxone.

Objective #1: Add Physician Assistants and Nurse Practitioners to the list of prescribers afforded immunity from civil or criminal liability related to naloxone prescribing.

Metrics: Legislation introduced and passed.

Tasks	Status/Outcome
Draft a bill for the 2018 legislative session.	Postponed until 2019 due to the short 2018 session.
Find a bill sponsor.	
Stakeholder engagement – State Committee of Public Health.	
Stakeholder engagement – MASA.	
Stakeholder engagement - Trial Lawyers Association.	
Stakeholder engagement – Pharmacy Board, Association.	
Stakeholder engagement – PA Association.	
Stakeholder engagement – Nurse Practitioner Association.	
Stakeholder Engagement – Other, TBD.	

Problem/Need 17 - Rescue

There remains a lack of public awareness that naloxone can be purchased directly from pharmacies under the state health officer's standing orders.

It is unclear how many pharmacies are utilizing the standing orders.

GOAL 1: Increase access through pharmacies by expanding awareness and use of the existing standing orders.

Objective 1: Educate pharmacy students at Alabama schools of pharmacy on the existence of the naloxone standing orders.

Metrics: Pharmacy Schools that provide education on naloxone standing orders to their students.

Tasks	Status/Outcome
Ask Auburn and Samford Schools of Pharmacy to make their pharmacy students aware of the standing orders in Alabama.	Pharmacy Schools have begun to educate students on the existence of naloxone standing orders for Alabama pharmacies.

Objective 2: Develop mechanism to create and maintain a list of all pharmacies that have adopted the state health officer's standing orders for naloxone and make that information available to the public.

Metrics: 1) Change to ADPH website (Pharmacy/naloxone-dispensing section) to ask participating pharmacies to "register" as adopter of the standing orders.
2) Number of pharmacies registered.

Tasks	Status/Outcome
Make changes to ADPH website to ask participating pharmacies to register.	Pharmacy Schools have begun to educate students on the existence of naloxone standing orders for Alabama pharmacies.
Place list of participating pharmacies on ADPH website.	See above.

Problem/Need 18 - Rescue

Law enforcement personnel are sometimes first on the scene of an opioid overdose, and equipping law enforcement with naloxone can be an effective means to prevent overdose deaths.

Some law enforcement entities in Alabama have been reluctant to carry naloxone; it is unclear how much of this reluctance is due to a) concerns about the cost of doing this, b) short response times by local emergency medical services, c) a need for more education on the medical and legal issues and the nature of addiction, or d) stigma.

Resources are not available to equip *all* law enforcement personnel with naloxone on an ongoing basis, so there is a need to prioritize this strategy.

GOAL 1: Prioritize access of naloxone to law enforcement personnel in areas where they are most likely to be first responders for overdoses (ahead of medical first responders).

Objective 1: Use data to prioritize areas where equipping law enforcement personnel with naloxone should be a priority.

Metrics:

- 1) Local jurisdictions with the highest overdose death rates.
- 2) Local jurisdictions/areas where law enforcement is most likely to be the first responder on the scene of an overdose (e.g. hard data, surveys).

Tasks	Status/Outcome
Collect overdose data to identify counties with highest numbers of overdose deaths.	County-level overdose death data obtained from the Alabama Department of Public Health, based on death certificates. Those counties with 20 or more opioid overdose deaths in 2017 were: Jefferson, Baldwin, Etowah, Madison, and Shelby.
Determine a way to assess likelihood of law enforcement being the first responder to overdose calls within the above high-risk counties.	Unable to obtain data needed. Concluded that each law enforcement agency will need to self-identify as those frequently on the scene of suspected overdoses before emergency medical personnel.
Reach out to law enforcement entities in above-identified to facilitate equipping of law enforcement personnel with naloxone.	See below.

Objective #2: Seek opportunities to educate law enforcement personnel on naloxone and related issues.

Metrics: Number of events where education is provided to law enforcement.

Tasks	Status/Outcome
Ask to get on the agenda for a statewide police chief's conference.	A brochure was produced on equipping law enforcement with naloxone. Bret Eddins of the Rescue Committee spoke and distributed the brochure at the Alabama Chiefs of Police Conference on July 30, 2018.
Ask to get on the agenda for a statewide sheriff's conference.	A brochure was produced on equipping law enforcement with naloxone. Bret Eddins of the Rescue Committee spoke and distributed the brochure at the Alabama Sheriffs Association Conference on July 31, 2018.

Seek other educational opportunities (including local).

A brochure was produced on equipping law enforcement with naloxone. Bret Eddins of the Rescue Committee spoke and distributed the brochure at the Alabama Sheriffs Association Conference on July 31, 2018.

Problem/Need 19 - Rescue

Opioid overdose victims are often brought to emergency departments and then sent out with no intervention other than acute stabilization; this represents an opportunity to provide overdose prevention with resource information and possibly direct provision of naloxone kits, along with other addiction treatment and recovery information and resources.

GOAL 1: Advocate naloxone prescribing, distribution and education as a model practice for emergency departments.

Objective 1: Develop and distribute model practice document for hospitals and emergency departments.

Metrics:

- 1) Model Practice Document
- 2) Number of Champions Identified who are willing to advocate for this

Tasks	Status/Outcome
Develop the model practice document	No activity
Identify potential leaders in emergency medicine or healthcare system administration who can be champions for implementing this model.	A pilot naloxone distribution program was initiated with the UAB Emergency Department whereby high-risk patients in the E.D. are given naloxone kits to take home. Since February 2018, 143 kits from the Jefferson Co. Dept. of Health have been dispensed from the UAB E.D. to high risk patients.

Problem/Need 20 - Rescue

While naloxone has become more available through various grants and funding sources, it is expensive and the supply is limited compared to the potential need statewide.

Some of the most effective naloxone distribution strategies have been those a) targeting first responders who do not otherwise carry naloxone, and b) targeting people with opioid addiction along with people who live in close contact with them.

GOAL 1: Prioritize naloxone distribution to areas where it is most needed and in ways that are likely to impact people at highest risk of overdose.

Objective 1: Make naloxone available to first responders who identify a need for it and who are under-resourced.

Metrics:

- 1) Number of first responder entities, including law enforcement, who were contacted with information about how to access naloxone.
- 2) Amount of grant-supplied naloxone distributed to first responders in need of it.

Tasks	Status/Outcome
Contact first responders across the state about availability of grant-supplied naloxone.	Volunteer Fire Departments, Rescue Squads, and Local Law Enforcement Departments across the state have been contacted about the availability naloxone.
Keep a record of the number of first responder entities who requested and received grant-supplied naloxone.	As of December 3, 2018, entities in 57 Alabama counties have requested naloxone (Narcan nasal spray).
Keep a record of the amount of grant-supplied naloxone distributed to first responders.	As of December 3, 2018, a total of 9,060 kits have been distributed from the ADMH stock of Narcan nasal spray as follows: 3,140 to other Law Enforcement/Fire Departments; 4,095 Substance Abuse Treatment Providers; 1,825 to Jefferson Co. Dept. of Health (JCDH), which has dispensed kits via local substance abuse treatment programs, addiction recovery community events/groups, small fire departments, and 200 Jefferson County Sheriff deputies; additionally, the JCDH assisted with distribution in Walker, Montgomery and Madison Counties; ADMH has committed an additional 550 kits to entities across the state. (These numbers do not include the Evzio brand of naloxone obtained and distributed independently by ADPH.) This number also includes kits distributed to substance abuse treatment programs.)

Objective 2: Conduct overdose response/naloxone training events at Department of Mental Health approved substance abuse (SA) treatment program sites, targeting people with OUD and their companions.

Metrics:

- 1) Number of SA program sites where naloxone training/distribution has occurred.

2) Quantity of naloxone distributed via these SA program sites.

Tasks	Status/Outcome
Identify substance abuse (SA) programs in counties with the highest overdose risk who can host naloxone trainings and distribution	Overdose death data obtained from ADPH; Distribution via SA programs has begun in areas based on feasibility; a system of prioritization based on data still needs to be developed.
Identify qualified medical personnel who can conduct naloxone trainings and distribution at the SA program sites.	Ongoing
Link people at risk of opioid overdose to these SA program-hosted trainings/distributions via other programs such as local drug courts, probation and parole, community corrections, other social service agencies and addiction/recovery support groups.	Ongoing

Objective #3: Make sure naloxone is available to appropriately trained staff in facilities where people with OUD reside or receive services, including SA treatment centers and jail and prison infirmaries.

Metrics: Amount of naloxone distributed to SA treatment centers.

Tasks	Status/Outcome
Distribute available naloxone to ADMH-approved SA treatment centers.	Done. Breakdown of numbers is pending.
Discuss strategies for making sure naloxone is stocked in jails/prisons.	Discussions with the Department of Corrections began in September 2018. Ongoing.
Discuss the feasibility of identifying incarcerated individuals with opioid addiction deemed high risk for relapse and overdose and equipping them with naloxone kits upon discharge from incarceration	Discussions with the Department of Corrections began in September 2018. Ongoing.

Problem/Need 21 - Rescue

People on high dose opioids, on combinations of opioids and benzodiazepines, or people on opioids who also suffer from certain comorbid physical or mental health conditions, are at higher risk of prescription opioid overdose.

Members of households in which people are on high dose opioids or combinations of opioids and benzodiazepines are at increased risk of overdose, either by accidental ingestion or illicit diversion and use, including children.

Patients who have had prescription opioids discontinued due to concerns about inappropriate use or overuse may be at risk of turning to illicit opioids such as heroin with a concomitant increased risk of overdose. In some areas, heroin and illegally-produced fentanyl overdose deaths have increased at the same time the amount of opioids prescribed and the number of prescription drug overdose deaths has decreased.

GOAL 1: Reduce morbidity and mortality from prescription drug overdoses.

Objective #1: Develop and promote statewide guidelines to encourage naloxone co-prescribing for high risk patients.

Metrics:

- 1) Adoption of amendments to ALBME Risk and Abuse Mitigation Strategies.
- 2) Number of prescription opioid overdose deaths (potentially).

Tasks	Status/Outcome
Ask the Alabama Board of Medical Examiners to consider adding recommendations for physicians to co-prescribe naloxone to patients on high-dose opioids or opioid/benzodiazepine combinations, or who otherwise are at risk of overdose due to comorbid conditions.	Done. The ALBME approved a change to its Risk and Abuse Mitigation Strategies to include the recommendation that the clinician consider co-prescribing naloxone in patients deemed appropriate.

Objective 2: Encourage prescribing of naloxone or provide information on naloxone and how to access it to patients who have had prescription opioids discontinued due to concerns about inappropriate use or overuse.

Metrics: Potential statewide guideline.

Tasks	Status/Outcome
Discuss with representative(s) of the Board of Medical Examiners for consideration of ways to promote this practice.	No activity

Problem/Need 22 - Rescue

Naloxone is expensive and scarce compared to the magnitude of the opioid overdose problem

Rescue breathing is an essential part of overdose response even when naloxone is available because naloxone takes time to take effect. Also, naloxone does not restore adequate breathing in all overdose situations, such as those in which opioids are mixed with other drugs, or in which the opioid is extremely potent.

Rescue breathing can keep an opioid overdose victim alive until medical help arrives, even when naloxone is not available. Training on rescue breathing (or CPR) is an effective, low-cost, and sustainable strategy.

GOAL 1: Ensure that education/training on rescue breathing is included in all overdose response education material and training

Objective 1: Review known public naloxone training materials or protocols in Alabama to ensure rescue breathing education and training targeted at areas where there us high risk of opioid overdose, prioritizing those areas where naloxone supply is scarce or unreliable.is included.

Metrics: Number of training materials and protocols reviewed

Tasks	Status/Outcome
Develop inventory of widely used training materials and protocols	No activity
Review materials and protocols and make recommendations as needed	No activity

Objective 2: Develop a strategy for promoting rescue breathing education and training targeted at areas where there is high risk of opioid overdose, prioritizing those areas where naloxone supply is scarce or unreliable.

Metrics: TBD

Tasks	Status/Outcome
Strategy discussion	No activity
Identify partners	No activity
Develop and implement plan	No activity

Problem/Need 23 - Rescue

Despite publicity and education efforts thus far, many people are still unaware of ways they can access naloxone, including the ability to purchase it directly from pharmacists who have adopted the state health officer's standing orders.

GOAL 1: Increase general public awareness of naloxone availability.

Objective 1: Develop a low-cost, grass roots social media campaign to get the word out about naloxone availability.

Metrics:

- 1) Social Media messages produced.
- 2) Social Media "likes" and "shares."

Tasks	Status/Outcome
Identify someone to develop naloxone/overdose response messaging for use on social media.	No activity
Develop strategy for grass roots dissemination of social media messaging.	No activity

Objective 2: Use state agency and partner organization public messaging platforms to inform the public of naloxone availability.

Metrics: Number of agencies and partners who agree to disseminate naloxone messaging.

Tasks	Status/Outcome

Problem/Need 24 - Community Engagement

Greater community awareness and participation in implementing prevention strategies is required given that **highly addictive and lethal opioids** are now increasingly available throughout the state.

GOAL 1:

Objective 1: The Community Anti-Drug Coalitions of America (CADCA) model has already proven effective in communities throughout the State of Alabama. There are people with a wealth of knowledge regarding the development of CADCA model coalitions in the State of Alabama who could assist in developing these coalitions at low cost. One CADCA model coalition in each Judicial Circuit (41 of them) is a reasonable goal. Most Judicial Circuits in Alabama are already engaged with Drug Court and other specialty courts and have likely developed many of the foundational partnerships that would be instrumental in establishing broader community coalitions focused on prevention strategies.

Metrics: Number of coalitions in each circuit.

Tasks	Status/Outcome
Presiding and/or Specialty Court Judges and District Attorneys of each circuit encouraged to formulate these coalitions for prevention purposes.	The Community Engagement Committee will be making this request at the 2019 Alabama Association of Drug Court Professionals Conference on Feb 12.
ADMH established recommended guidelines for implementation of prevention strategies with emphasis on utilization/implementation of EVIDENCE BASED prevention strategies/practices, with CADCA model identified as model to be followed by community coalitions.	Complete. Evidence based prevention guidelines align with the current prevention programming standards. In addition, Drug Free Community and/or coalition designation with a completed CADCA approved leadership course is also incorporated within the current prevention programming standards.
Coalition Coordinator selected by each Presiding and/or Specialty Court Judge and District Attorney.	We will be requesting this information be provided by 1 April 2019.
Name and contact information for Coalition Coordinators submitted to ADMH Prevention Director.	Information to be provided immediately upon submission from Presiding and/or Specialty Court Judges.
ADMH establishes training opportunities for Coalition Coordinators through CADCA.	Funding has been secured to provide training opportunities for Coalition Coordinators through CADCA. ADMH is currently working with CADCA to customize trainings to meet state needs. CADCA met with the Alabama Team in Birmingham, Alabama on May 11, 2018. Fourteen (14) individuals were in attendance to include representation from multiple prevention sectors to include state and local agencies, civic and volunteer groups, and other organizations involved in reducing substance abuse.
CADCA Training Conducted for all Coalition Coordinators.	
Build Coalition Capacity (all sectors of community represented) and initiate Strategic Planning for EVIDENCE BASED prevention Strategies.	Pending. Once the trainings have been implemented and coalitions receive the necessary guidance and technical assistance, we will be able to provide outcomes.

Evidence Based Strategic Prevention Plans submitted to local stakeholders and ADMH along with metrics to be used to measure effectiveness over time.	Upon receiving the necessary training and technical assistance to enhance collaborative efforts at the state and community level, a strategy will be implemented as it relates to local planning efforts and the dissemination of information to illustrate priority areas of focus and change over time.
Metrics and data reported to local stakeholders and ADMH annually.	Upon receiving the necessary training and technical assistance to enhance collaborative efforts at the state and community level, a strategy will be implemented as it relates to local planning efforts and the dissemination of information to illustrate priority areas of focus and change over time.
ADMH, in conjunction with community stakeholder representatives, validates metrics and identifies best prevention practices from around the state.	Will be determined upon the receipt of coalition plan development.

Problem/Need 25 - Community Engagement

GOAL 1: Ensure that accurate information and effective resources get into the hands of Alabama citizens by utilizing employers, businesses, higher education institutions and private-sector networks.

Objective 1: Develop training materials and one-hour seminars to distribute to businesses, higher education institutions and private-sector networks.

Metrics:

Tasks	Status/Outcome
Develop one-hour seminars or training sessions that employers, business networks, civic clubs and collegiate organizations can use to create awareness about opioid addiction and connect Alabamians to helpful information and resources.	
Develop an intensive training curriculum and materials for Human Resource Departments and employers. This should include guidance on how to talk to employees about potential addiction issues and the rights employers have to know about the prescriptions they are covering. Employers can sign up for these materials via the website, or the information can be distributed through private-sector networks.	
Distribute employer materials, information and seminar sign ups to the following networks: Alabama’s chapter of the Society of Human Resource Management, Business Council of Alabama, Alabama Council of Association Executives, Alabama Chambers of Commerce Association, Alabama Farmers Federation, Manufacture Alabama, Alabama Hospital Association, Alabama Small Business Development Center, Alabama Association of Nonprofits, Rotary Clubs, Mason Clubs, Kiwanis Clubs, Civitan Clubs, Jaycees, Exchange Clubs and others.	
Distribute materials, information and seminar sign ups to higher education groups and collegiate clubs: Faculty/Staff college orientation groups, Panhellenic Councils, Interfraternity Councils, sorority/fraternity chapters, Student Government Associations, Athletic Departments, Divisions of Student Affairs and other student clubs.	

Objective 2: Develop a comprehensive, mobile friendly website with information about Opioid Use Disorder in Alabama as well as resources for users, friends, family and employers.

Metrics:	
Tasks	Status/Outcome
Develop check lists or questionnaires for users, family members, friends, medical professionals and employers to evaluate changes in behavior and whether someone is potentially addicted to opiates.	
Develop tips on how to talk to a family member, friend or employee about opioid addiction and how to help.	
Have all of the materials developed in objective number one available on the website, as well as online signups for one-hour seminars.	
List all of the resources and rehabilitation centers available in Alabama on the website.	
List the rights employers have (and do not have) combatting opioid addiction in their workforce.	

Problem/Need 26 - Community Engagement

Alabama's rate of incarceration is one of the highest in the country, with co-occurring substance use and mental disorders being more common among people in jails, prisons, and other criminal justice settings than among persons in the general populations, which often results in the criminal justice system serving as a de facto mental health system. Unfortunately, there are insufficient data to inform policy makers who can then develop a system-wide response.

One way forward is the Stepping Up Initiative, which works to provide counties with tools to create data driven strategies to address the issue through various parts in the booking/judicial system. Currently 11 counties in Alabama have passed resolutions to support this initiative.

An opportunity exists to galvanize communities around this initiative and encourage the remaining 56 counties to pass similar resolutions.

GOAL 1: Encourage implementation of the Stepping Up Initiative across all 67 counties in the state.

Objective 1: Implementation of Stepping Up Initiative.

Metrics:

Tasks	Status/Outcome
Encourage all 67 counties pass resolutions implementing the Stepping Up framework.	<p>Request for Proposal Process was developed with the ADMH and The Dannon Project Training and Technical Assistance (T/TA) Consultants.</p> <p>Applicants submitted proposals which were reviewed, and 6 Community Mental Health Centers awarded contracts. The six counties are Cherokee, Shelby, Madison, Cullman, Jackson, & Morgan.</p> <p>All six counties attended Stepping Up Orientation.</p> <p>All six counties have become Stepping Up Counties by establishing a proclamation.</p> <p>All six counties have hired a Stepping Up Case Manager.</p> <p>Six of the six counties have met with the Evaluator and T/TA team regarding the data and reporting expectations.</p> <p>Four of the six counties Case Managers have attended Case Management Specialty Training at JBS.</p> <p>Two of the six sites have hosted Kick Off Meetings with required partners.</p>

	<p>All sites are participating in monthly Learning Collaborative Calls, one on one TA calls as well as Stepping Up Webinars.</p> <p>All sites receive resources to support their replication of the Stepping Up Model from The Dannon Project.</p> <p>All sites and the T/TA team gathered for a collaborative effort Listening Session with Markstein Marketing to provide support for preparing to market the Stepping Up project.</p> <p>In January 2019, the T/TA team and the Evaluator will meet with Megan Quattlebaum and Rise Haneberg of the Council of State Governments Justice Center to discuss the evaluation plan and how Alabama's implementation aligns with best practices throughout the US.</p>
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Problem/Need 27 - Community Engagement

Alabama is also home to over 414,000 Veterans who are at risk for comorbid mental and substance use disorders, including addiction to opioid painkillers that are too often the beginning of substance abuse for service-related conditions, and twice as likely to die from an accidental opioid overdose compared to the general population. Many of these veterans do not use VA healthcare.

GOAL 1: Create a group to identify and develop recommendations for Alabama veteran population both within and outside Veterans Administration (VHA) health care system.

Objective 1:

Metrics:

Tasks	Status/Outcome
Creation of state task force.	Ongoing – Team composed. Team leader selected. Team tasked to develop proposal for Task Force approval.
Identification of the needs of military and veteran communities.	Ongoing – Team composed. Team leader selected. Team tasked to develop proposal for Task Force approval.
Identification of available resources.	Dependent on Tasks 2 and 3.
Development of a strategic plan for accomplishing its purposes.	Ongoing – Team composed. Team leader selected. Team tasked to develop proposal for Task Force approval.

Problem/Need 28 - Prevention and Education

Opiate education and awareness messaging should be improved, and its reach expanded, especially youth-specific educational and awareness efforts.

GOAL 1: Increase the effect and reach of opioid education and awareness messaging in Alabama.

Objective 1: Create a website and educational media campaign with resources for those who have been or may be prescribed opioids. Specifically, this website and accompanying media campaign should provide facts about the risk of addiction, the risk of overdose, and the importance of adhering strictly to the guidelines of the prescribing physician. This website will be comprehensive in nature, providing information on access to advice for those who believe they are becoming addicted or ARE already addicted. Dependence is not addiction, and the State must find a way to reach those who are dependent before they become addicted.

The Live the Label brand is a solution to fully bringing about the attention needed to address the opioid problem, while providing community leaders and stakeholders with access to a captivating awareness tool. The **My Smart Dose** and **Courage for All** concepts are simple messages that market an approach in educating individuals and communities to: understand the dangers associated with opioids, to recognize the importance of not sharing opioids with friends or relatives, to follow their prescribing physician’s orders and to properly dispose of all prescription drugs.

Metrics: Launch and promote a PR campaign and website in 2018.

Tasks	Status/Outcome
The My Smart Dose and Courage for All URL has already been purchased and will be donated to the state.	ADMH is in the process of updating its website to serve as a portal for opioid related campaigns, materials and resources.
Appropriate state agencies should create content for website.	ADMH partnered with Copperwing Design to produce marketing materials for two campaigns, My Smart Dose and Courage for All .
Find grant monies to fund development of website.	Funding from two federal grant sources (SPF-RX and CURES) were used to implement the aforementioned campaigns. These sources will be used in FY19 to expand website capacities.
Utilize grant money to fund significant, multiplatform media campaign to promote website and concept.	Monies from the SPF-RX and CURES grants were used to fund multi-platform media campaigns.
Identify and enlist a list of speakers/influencers who can help spread the message via in-person speaking engagements, social media, digital media and traditional media.	The Sub-committee will look to solicit help from peer support specialists, students from the colleges with CRC programs and individuals who completed the Respect Initiative to serve as speakers.

Objective 2: Develop evidence-based opioid education curriculum for middle and high school sports coaches across Alabama and require all Alabama High School Athletic Association (AHSAA) coaches to teach this curriculum to their players. Encourage coaches to also provide oversight to athletes who are prescribed opioids after a sports-related injury.

Metrics: Develop curriculum ASAP, then have AHSAA/AISA codify and incorporate into their continuing education for coaches.

Tasks	Status/Outcome
Develop opioid education curriculum geared towards athletes.	ADMH is in the process of updating its website to serve as a portal for opioid related campaigns, materials and resources.
Meet with AHSAA/AISA to solicit their input and involvement.	ADMH partnered with Copperwing Design to produce marketing materials for two campaigns, My Smart Dose and Courage for All .
Objective #3 Expand partnerships with all youth-based organizations across Alabama and utilize their reach to promote opioid awareness and education.	
Metrics:	
Tasks	Status/Outcome
Identify youth organizations with significant membership.	This task was not completed. For FY19, ADMH's Prevention Department will look to work with Copperwing Design to develop tool kits that can be shared to youth organizations such as YMCA, Boys and Girls Clubs, churches, etc.
Develop and provide them with evidence-based information they can distribute to their teachers, supporters and membership.	This task was not completed. For FY19, the Sub-Committee is interested in reviewing the curriculum used in Ohio schools called the HOPE Curriculum to determine its application and effectiveness in Alabama. The Sub-Committee will meet with the Alabama State Department of Education to discuss possibly approving the implementation of the curriculum across the state.

Problem/Need 29 - Prevention and Education

The stigma associated with opioid misuse and addiction is overwhelming, and often prevents people from seeking help. A messaging campaign should be developed to destigmatize addiction and educate all Alabamians on the science of drug addiction.

GOAL 1: Reduce or eliminate the stigma of opioid addiction.

Objective 1: Create a website and educational media campaign to educate Alabamians on the disease model of addiction and provide science and fact-based information for public consumption. The accompanying media campaign should enlist the State Health Officer and other medical professionals with a highly visible public profile.

Metrics: Launch and promote PR campaign and website in 2018.

Tasks	Status/Outcome
The My Smart Dose and Courage for All URL has already been purchased and will be donated to the state.	The Sub-committee worked with ADMH to use the state’s existing website.
Appropriate state agencies should create content for website.	Content has been created on ADMH’s website and further information and resources will be added.
Find grant monies to fund development of website.	The Sub-Committee decided to use ADMH’s existing website to house all media campaigns and science and fact-based information for public consumption.
Utilize grant money to fund significant, multiplatform media campaign to promote website and concept.	Funding from the various secured federal grant sources were used (SPF-RX and CURES) to develop media campaigns and associated implementation activities.
Identify and enlist a list of speakers/influencers who can help spread the message via in-person speaking engagements, social media, digital media and traditional media.	This task was not completed. For FY19, the Sub-Committee is interested in soliciting help from Governor Ivey, Dr. Harris and Attorney General Steve Marshall to develop PSA’s to promote the two campaigns currently being implemented. Additionally,

Problem/Need 30 - Prevention and Education

Peers listen to other peers. Outreach to youth in Alabama regarding opioids can be enhanced by creating a peer-level messaging campaign.

GOAL 1: Create targeted messaging regarding opioids (drug and alcohol use) through peer-to-peer engagement.

Objective 1: Outreach and education messaging can be enhanced in Alabama through creation of an Ambassador Corps of youth and other community stakeholders, to help young people learn about and avoid, on the front end, some of the most immediate threats to their well-being: alcohol, tobacco, and opioids.

Metrics: Fund the creation of an Ambassador Corp. to engage in outreach and education efforts (including social media engagement).

Tasks	Status/Outcome
Partner with organization with significant youth membership such as the Boys and Girls Clubs and YMCA among others, who already engage and train youth in these matters. Allow the partnerships to serve as pools from which to begin drawing youth Ambassadors (other speakers).	This task was not completed. For FY19, ADMH’s Prevention Department will look to work with Copperwing to develop tool kits that can be shared to youth organizations such as YMCA, Boys and Girls Clubs, churches, etc. The Sub-Committee will also look to attend various youth-related conferences across the state to present on opioid abuse prevention and recruit Ambassadors.
Appropriate state agencies should help hone content for messaging with evidence-based information.	Content was created and collected by ADMH staff.
Find grant money (other resources) to support effort.	Funding from the various secured federal grant sources were used (SPF-RX and CURES) to develop media campaigns and associated implementation activities.
Utilize grant money (other resources) to fund social media campaign, to promote website and, to further develop concept with partnering organizations.	Funding from the various secured federal grant sources were used to continue expanding the existing medial campaigns and associated implementation activities.

Problem/Need 31 - Prevention and Education

People in addiction are bombarded with negative, fear-based messaging – “scared straight” doesn’t really work for those who are chemically addicted to opiates. Alabama should develop an educational campaign for people in addiction and their families, and it should focus on hope and positive outcomes.

GOAL 1:

Objective 1: Identify persons with Opioid Use Disorder (OUD) in recovery and enlist them in creating PSAs and create a significant media campaign that encourages and uplifts our people and motivates them to get the help they need.

Metrics:

Tasks	Status/Outcome
<p>Objective 2: Create website and social media pages specific to people in active addiction and their families that points them towards help – online help, help via phone, rehabilitation, and counseling. This website will contain a massive database where a user selects from a series of drop-down menus, and that database then serves them the information they need. For instance, a user could identify as a (choose relationship) Mother of a (choose substance) Heroin user in (choose location) Walker County, Alabama. Then, upon clicking submit, the user would be directed to resources available in their specific local area, geared specifically towards family members of people using heroin.</p>	<p>This task was partially completed. Social media pages were developed for the My Smart Dose and Courage for All campaigns. Coupled with a helpline managed by ROSS in Birmingham, individuals are receiving help and being connected to treatment. Additionally, on ADMH’s site, individuals can click on the SAMHSA</p> <p>To date, the My Smart Dose campaign has reached hundreds of students at multiple universities and local businesses throughout the state. Currently more than twenty (20) businesses statewide have partnered and utilized the My Smart Dose materials within their establishments in proximity to college campuses. Sporting venues have yielded the reach of hundreds to include students, family members and an expansion of coordinated efforts with the college and universities. The campaign presence has yielded a website https://www.mysmartdose.com/. Within the website students, family members and friends have access to information as it relates to prescription drug and opioid misuse. Included is a listing of prevention and treatment providers resources, downloadable public service announcements, posters, digital/social media banners, self-assessment, and a 24/7 Helpline. Current campaign results: Mobile on App Impressions received 530,489, Facebook Video Impressions received 427,487, Video views 8,688, Display Impressions received 521,499.</p> <p>To date, the Courage for All campaign has reached hundreds of people at multiple universities and local businesses throughout the</p>

state. Currently more than forty-one (41) businesses statewide are partnering and utilizing the **Courage for All** materials within their establishments throughout the communities in Alabama. This translates into approximately 246,000 impressions. Sporting venues have yielded the reach of hundreds to include students, family members. The campaign's website, www.courageforall.com, houses many resources designed to educate families, friends, co-workers, and community agencies about opioid misuse and provide strategies for locating services. Included is a listing of treatment providers resources, downloadable public service announcements, posters, digital/social media banners, self-assessment, and a 24/7 Helpline. Current campaign results: Facebook Video Impressions received 48,202; Digital Display Impressions received 256, 185; Alabama Press Association - print impressions 1, 544, 790 newspapers on a two-week circulation; 2,703,382 on a two-week readership. Additionally, this includes 356,414 impressions from APA newspapers that offer online content.

FY19, ADMH will work with Copperwing Design to continue adding components of the **My Smart Dose** and **Courage for All** campaigns.

Problem/Need 32 - Workforce added December 2018

The Sub-committee on Abating the Effects of the Opioid Crisis on the Workforce

- The labor force comprises employed workers and non-employed workers between the ages of 16-64 who are employed or are actively seeking and available for work (i.e., the unemployed); persons who are neither working nor searching for work are said to be *out of the labor force*. A report by Alan Krueger, former Chairman of the White House Council of Economic Advisers, found that opioids are likely pulling prime-age workers (between ages 25 and 54) out of the labor force.
- Alabama’s labor force and economy are among the hardest hit by the opioid crisis. The crisis caused the total prime-age labor force participation rate in Alabama to decline by 2.6 percentage points. That translates to a loss of 46,300 workers as of 2015.
- To ameliorate this situation, Governor Ivey has appointed a subcommittee to the Alabama Opioid Overdose and Addiction Council, entitle the Subcommittee on Abating the Effects of the Opioid Crisis on the Workforce.
- Governor Ivey has charged the subcommittee with developing strategies to inhibit the effects of the opioid crisis on Alabama’s labor participation rate.
- These recommendations will inform future modifications to the Alabama’s Workforce Innovation and Opportunity Act (WIOA) state combined plan and the Alabama Opioid Action Plan.
- Amending the Alabama Opioid Action Plan and Alabama’s State Combined WIOA Plan to reflect strategies adopted to reduce the effects of the opioid epidemic on Alabama’s economy and workforce will better position Alabama to apply for additional federal funding to address this crisis.
- On March 20, 2018, the U.S. Department of Labor announced a National Health Emergency (NHE) dislocated worker demonstration grant (DWG) in the amount of \$21 million to provide career services, training and work-based learning models, and supportive services to serve or retrain workers in communities impacted by the health and economic effects of widespread opioid use, addiction, and overdose. Alabama was not competitive because the economic and workforce effects of the opioid epidemic were not adequately detailed in state response plans.
- On September 14, 2018, as a second phase of its response to the opioid public health emergency, the U.S. Department of Labor announced guidance for how states can apply for Disaster Recovery dislocated worker grants (DWGs) to respond to the opioid crisis. The Disaster Recovery DWGs will be available while the opioid public health emergency remains in effect.
- The Disaster Recovery DWGs could be used to develop community partnerships to respond to the opioid public health crisis, to provide training that will build a skilled workforce in professions that could impact the prevention and treatment of the opioid crisis (the Alabama Opioid Action Plan identified this as a need), to provide career support and training for workers dislocated by the opioid crisis, and to provide temporary disaster-relief employment to address the unique impact of opioid abuse on communities.
- Several opioid mitigation efforts in the opioid action plan, including developing an addiction treatment and pain management workforce, could be advanced through collaboration with workforce and labor involvement, including focusing on advancing workforce training, upskilling, advancing credentials and training healthcare professionals in high demand jobs.

GOAL: Develop Strategies to inhibit the effects of the opioid crisis on Alabama’s labor participation rate.

Objective 1: Amend the Alabama Opioid Action Plan and Alabama’s State Combined WIOA Plan to reflect strategies adopted to reduce the effects of the opioid epidemic on Alabama’s economy by June 2020.

Metrics: Amended Plans are approved by appropriate Boards and Governor.

Tasks	Status/Outcome
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<p>Amend the Title I WIOA section of the state combined WIOA plan and the Alabama Opioid Action plan to include explicit strategies to connect those recovering from or affected by the opioid crisis to wrap-around support services needed to persist in the workforce.</p> <ul style="list-style-type: none"> • Career Centers involvement with providing employment and training services and creating a direct pathway to a sustainable job which is imperative to long-term recovery. • Begin connecting career centers and recovery centers. To the extent possible, begin delivering career counseling and employment services in all recovery centers. 	
<p>Amend the Title I WIOA section of the state combined WIOA plan and the opioid action plan to include language focusing the state plan on advancing workforce training, upskilling, advancing credentials and training healthcare professionals in high demand jobs.</p> <ul style="list-style-type: none"> ▪ The Alabama Workforce Development Board will advocate to designate certain providers of wrap-around counseling and mentoring services, that support WIOA-eligible individuals reentering the workforce after recovering from opioid abuse or addiction, as eligible training providers. ▪ Local workforce development boards will authorize the use of title I adult and incumbent worker funds for mentoring and counseling services for individuals recovering from opioid abuse and addiction through an individual training account (ITA). ▪ The Alabama Workforce Development Board will advocate to designate certain providers of wrap-around counseling and mentoring services, that support WIOA-eligible individuals reentering the workforce after recovering from opioid abuse or addiction, as eligible training providers. • The subcommittee will develop a resource guide to connect those recovering from or affected by the opioid crisis with relevant training and education services available through the public education and workforce systems. <ul style="list-style-type: none"> ○ Career services include training and job placement assistance to aid participants in finding and filling jobs in identified emerging or high-demand sectors. Some examples of allowable career services include: <ul style="list-style-type: none"> ▪ Soft skills such as punctuality, personal maintenance skills, and professional conduct; ▪ In-depth interviewing and evaluation to identify employment barriers and development of individual employment plans; and ▪ Career planning (that includes a career pathway approach), job coaching, and job- matching services. 	
<p>Objective 2: Develop work-based learning career pathways to train incumbent workers, dislocated workers, in-school youth and other special populations who have been affected by the opioid crisis in high demand healthcare fields by June 2020.</p>	
<p>Metrics. Pathways Plan is developed, approved and implemented by June 2020.</p>	
<p>Tasks</p>	<p>Status/Outcome</p>
<ul style="list-style-type: none"> • Develop a competency model and registered apprenticeship program for occupations deemed in-demand and essential for responding to the opioid epidemic, including pain treatment and management and addiction 	

<p>treatment and recovery. Use the registered apprenticeship program to develop an organic workforce pipeline for high-need healthcare occupations related to the opioid crisis.</p> <ul style="list-style-type: none"> ○ Regional Workforce Councils (RWCs) and local workforce development boards (WBDs) will collaborate with the Alabama Department of Mental Health, the Alabama Department of Commerce, the Alabama Medical Association, and the Alabama Community College System (ACCS) to create an opioid treatment and recovery career pathway and registered apprenticeship program in the healthcare career cluster that will allow those who have recovered from opioid abuse or addiction to serve on the front line as addiction treatment, mental health, and pain management specialists. ▪ Work-based learning career pathways will train incumbent workers, dislocated workers, in-school youth, and other special populations who have been affected by the opioid crisis, in high-demand healthcare fields, such as addiction treatment, mental health, and pain management, that are aligned to the goal of the treatment and prevention of the opioid crisis. 	
<p>Apply for the U.S. Department of Labor opioid national health emergency dislocated worker grant (TEGL 4-18) to develop community partnerships to respond to the opioid public health crisis, to provide training that will build a skilled workforce in professions that could impact the causes and treatment of the opioid crisis (the Alabama Opioid Action Plan identified this as a need), to provide career support and training for workers dislocated by the opioid crisis, and to provide temporary disaster-relief employment to address the unique impact of opioid abuse on communities.</p> <ul style="list-style-type: none"> ▪ Potential Grant Activities ▪ Hold a Kick-off Governor’s summit with all state and regional partners ▪ Governor’s Opioid Council will identify what training is needed to address the healthcare workforce shortages. ▪ The grant will fund the certification and short-term training ▪ Establish a “Recovery Workforce Team” in each region (rehab counselor, WIOA specialist, regional businesses, and others as needed). ▪ Focus on increasing program training needed as identified by the Opioid Counsel to excel short term certificates/promote short term training (i.e. Certified Recovery Specialists). ▪ Develop a training program for Career Counseling case managers by working closely with rehabilitation facilities/university to identify and manage clients recovering from Opioid addiction. ▪ Provide training to all rehabilitation staff about the resources available through WIOA. ▪ Regional Workforce Councils (and other to be defined) will work directly with business and industry employers to identify available positions for this special population. 	

<ul style="list-style-type: none"> ▪ Set a target goal of clients to serve in each region and connect to training – maintain performance measures (job attainment, credential attainment, etc.) ▪ Statewide Public Education campaign. ▪ Use portion of funds to analyze Evidence-based programs in State. ▪ Develop a Mobile App to connect recovering individuals to employment services ▪ A dislocated worker; ▪ An individual temporarily or permanently laid off as a consequence of the disaster or emergency; ▪ A long-term unemployed individual; or ▪ A self-employed individual who became unemployed or significantly underemployed as a result of the emergency or disaster. ▪ Eligible participants for opioid-crisis Disaster Recovery DWGs are not required to have a history of opioid abuse or otherwise be personally affected by the opioid crisis to participate in grant-funded employment, activities, and services. However, to the extent that eligible participants are impacted by the opioid crisis, grantees must not reject or otherwise negatively treat participants who do have a history of opioid abuse or are otherwise personally affected. ▪ California recently received a \$1.32 million opioid NHE DWG grant to serve several rural counties affected by the opioid crisis. 	
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Objective 3: Increase data collection and analysis integrated into the current data systems and included within the State Longitudinal Data System (SLDS) for use by all WF partners by June 2020.

Metrics: SLDS is complete with all data integrated and ready for use by June 2020.

Tasks	Status/Outcome
Identify regional labor force participation and attainment goals for those recovering from opioid addiction and those affected by the crisis. These metrics will be developed by reviewing the Kreuger report and Alabama LMI and UI and wage data.	
Using SLDS data on the subgroup effects of the opioid crisis, Alabama will geofence the areas of the state with the greatest impact and focus a potential disaster recovery dislocated worker grant on communities with the greatest need. Increased data collection and analysis on the impact of the opioid crisis the labor force participation rate in Alabama will help each member agency of the public workforce system, and all core WIOA programs, to develop strategies needed to help those personally or indirectly affected by the opioid crisis to enter or reenter the workforce.	