WELCOME

KAT HOUSE
STATE OPIOID COORDINATOR
AL DEPT. OF MENTAL HEALTH
November Veterans and Military Families Month
COUNCIL’S CO-CHAIRS

Lynn Beshear, Commissioner
AL Dept. of Mental Health

Dr. Scott Harris, State Health Officer
AL Dept. of Public Health

Steve Marshall, Attorney General of AL
Office of the Attorney General
❖ Welcome
❖ Message from Governor Kay Ivey
❖ Co-Chairs opening remarks
❖ Sub-committee Reports
  ➢ Data
  ➢ Rescue
  ➢ Prescribers/Dispensers
  ➢ Workforce
  ➢ Law Enforcement
  ➢ Treatment and Recovery
  ➢ Community Engagement
  ➢ Prevention and Media
❖ Closing Remarks
Monitor and Report progress of Council committees

Develop strategy to report
- Establish Centralized Data Repository
- Secure DOJ Grant funding
- UA vendor
- Recruit partners
- Measurement core set
Alabama Opioid CDR Architecture

**Extract**
- Secure FTP or Encrypted HD
  - ADPH
  - AOMH
  - ADOE
  - EMO
  - ALISA
  - Alisha
  - ADC
  - ADECA
  - DHR
  - ADFS
  - BME
  - Others

**Translate**
- Fix date/times
- Map fields to common tables
- Split/Combine fields
- Geocode
  - Spatially relate to Lat/Long
  - Census Block
  - Zip Code
  - City
  - County

**Load**
- SQL Server 2017
- Tableau
- Anonymized data exports
- Data views per-viewer type
- Public
- Private
- Partners

**Analyze**
- Examine trends and find correlating data
- Create data extracts & dashboards
- Respond to agency requests
- Apply models to predict future trends and areas to distribute resources

**Inform**
- Anonymized approved data
- Enhanced Interactive Dashboard
- Detailed Reports
- Block, zip, city, county mapping
- Predictive analytics
- Analysts dedicated to responding to agency data queries

**Generate**
- Combine/break apart fields
- Lookup values
- De-identify
- Risk Scores
- Other algorithms

**Secure**
- Encryption in transit
- Transparency Data Encryption (TDE)
- Separate Isolated HIPAA & 42 CFR Part 2 compliant network & server stack
- Multi-factor authentication through dedicated workstations for raw data access
Centralized Data Repository

❖ Participating agencies, so far
  ➢ Alabama Department of Mental Health
  ➢ Alabama Department of Public Health
  ➢ Alabama Law Enforcement Agency
  ➢ Alabama Department of Forensics

❖ Public Dashboard (State-level summary of opioid-related measures)
  ➢ Overdose: overdoses, overdose deaths, overdose emergency visits.
  ➢ Infants: infant mortality, neonatal withdrawal syndrome prevalence.
  ➢ Naloxone: emergency department naloxone administration, EMS naloxone administration.
  ➢ Crime: drug-related crimes.
  ➢ Prescriptions: opioid prescriptions.

❖ Data Governance
  ➢ Participating agencies only.
  ➢ Each participating agency has veto power over its own data.
Since the Rescue Committee was formed, and through August 2019...

- Over **11,891 kits** (23,782 doses) obtained with federal grant money via ADMH and distributed as follows:
  - 4,765 kits to non-EMS first responders;
  - 5,001 kits to Substance Use Treatment Providers;
  - 1,825 kits to Jefferson County Dept. of Health (JCDH) for Greater Birmingham Area;
  - 300 kits to Auburn University School of Pharmacy.

- Over **1,600 kits** obtained through pharmaceutical company grants and distributed.

- Over **2,400 kits** purchased by JCDH with local funds.

- Over **60 overdose reversals** reported with these kits.
RESCUE: 2019 GOALS

❖ Promote naloxone availability on college and university campuses where appropriate.

❖ Pursue ways to equip at-risk inmates with naloxone post-incarceration.

❖ Increase the overall supply of naloxone for distribution to target populations in the state.

❖ Increase number of persons available to conduct training and dispense naloxone in high risk counties.

❖ Prioritize naloxone distribution to counties with the greatest need.
Complex Need Index: \[ CNI = \left| R - \frac{100}{\rho} (\alpha + \beta - x_0) \right| \]

- \( R \) = Change in opioid prescription rate during latest year
- \( \rho \) = Population of the county
- \( \alpha \) = Number of Opioid Overdose Deaths during latest year
- \( \beta \) = Opioid Use Disorder Treatment Admission for latest year
- \( x_0 \) = Naloxone Kits already distributed to the county

(Don’t worry – this won’t be on the test!)
NALOXONE KITS ALREADY DISTRIBUTED
NALOXONE KITS THAT NEED TO BE DISTRIBUTED
Goal 1: Leverage Technology for better-informed prescribing.

- The legislature appropriated $1.1 million in FY 2019 and $1.2 million in FY 2020 for PDMP improvements.
- The PDMP is now integrated into the electronic health records of 122 entities. There are over 22,000 users.
- PDMP users are able to visualize the risk to their patients based on the medications prescribed.
- The Committee recommends ongoing funding be allocated to continue to improve and modernize this useful tool.
Goal 2: Encouraging self-regulation of prescribers.

- The Alabama Board of Medical Examiners has passed risk and abuse mitigation strategies for physicians, nurse practitioners and physician assistants.
- The Board of Dental Examiners has passed risk and abuse mitigation strategies for dentists.
- The Alabama Board of Optometry has passed risk and abuse mitigation strategies for optometrists.
- The Alabama Board of Podiatry has proposed risk and abuse mitigation strategies and they are scheduled for final approval on November 15, 2019.
- The Alabama Board of Veterinary Examiners is considering changes that would mitigate risk of diversion and misuse.
❖ Goal 3: Strengthen prescription data and research capabilities.
   ➢ PDMP housed and maintained by ADPH.
   ➢ Legislation was passed to establish the Release Review Committee which is charged with reviewing statistical, research or educational requests from the PDMP controlled substance database.

❖ Goal 4: Ensure tomorrow’s prescribers are educated on opioid prescribing today.
   ➢ Over 17 prescribing and dispensing Alabama educational programs were convened in August 2019 and will be developing a plan for educating future prescribers and dispensers.

❖ Goal 5: Ensure future legislation does not negatively impact oncology and hospice care patients.
   ➢ All applicable risk and abuse mitigation strategies contain appropriate exclusions.
NUMBER OF OPIOID PRESCRIPTIONS
2014 THROUGH SEPTEMBER 2019

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 OF OPIOIDS DISPENSED
2014 THROUGH SEPTEMBER 2019

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 SEPTEMBER 2019

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.
The WIOA Combined Plan & Alabama Opioid Action Plan

- Amended the Title I section of the state combined WIOA plan & Alabama Opioid Action Plan
  - 1) to include strategies to connect those affected by the opioid crisis to wrap-around support services
  - 2) to include language that focuses on advancing workforce training, upskilling, advancing credentials, and training healthcare professionals in high demand jobs

Alabama Office of Apprenticeship (AOA)
WORKFORCE SUB-COMMITTEE HIGHLIGHTS

❖ SUPPORT TO COMMUNITIES: FOSTERING OPIOID RECOVERY THROUGH WORKFORCE DEVELOPMENT GRANT PROGRAM – FOA-ETA-20-01

➢ Builds upon the model established by the NHE Dislocated Worker Demonstration Grants and the Disaster Recovery DWGs
➢ FOA-ETA-20-01 Application Timeline
   ➢ January 9, 2020
Goals of this grant:

- Implement innovative approaches for addressing the economic and workforce-related impacts on local communities affected by the opioid crisis.
- Engage employers as essential partners to address the impacts of substance and opioid misuse.
- Provide training, employment, comprehensive screening, and treatment recovery services to individuals impacted by the crisis.
- Deliver training and employment opportunities to encourage more individuals to enter professions that could address the crisis.
ACT 2018 552 Fentanyl Trafficking Legislation

- Signed by the Governor April 6th, 2018.
- According to the Administrative Office of Courts 15 cases are active under the new law with one case being found Guilty and one case adjudicated other.
APOST Trainings Refresher: Behavioral Health Issues and BEING PREPARED: Behavioral Health

- **Refresher: Behavioral Health Issues** - 4 hour refresher course
  - 2018: 84 Academy Graduates
  - 2019: 56 Academy Graduates to date

- **BEING PREPARED: Behavioral Health** - 8 hour course
  - 2018: 658 Academy Graduates
  - 2019: 594 Academy Graduates to date
Department of Corrections MAT Pilot Project

- Project aimed at targeting opioid addicted inmates for residential medication assisted treatment.

- Agreements with community stakeholders to continue treatment once inmates are released.

- Original institution identified for project no longer viable.

- Bureau of Pardons and Paroles considering similar project at selected Day Reporting Centers.
Possible Future Goal Considerations for Committee

- Expansion of Drug Recognition Expert Training for state law enforcement.
- Exploration of opioid addiction in law enforcement ranks.
- MAT Pilot Program in selected Day Reporting Centers.
TREATMENT AND RECOVERY
SUB-COMMITTEE HIGHLIGHTS
CHAIR: NICOLE WALDEN, AL DEPT. OF MENTAL HEALTH
CO-CHAIR, DR. DAVID ALBRIGHT, UNIVERSITY OF ALABAMA

Goal 1: Increase knowledge and awareness on opioid use disorders and increase the ability of families to access treatment for family members with an OUD.

➢ Media Campaigns
➢ Opioid Resources ADMH Website
➢ Peer navigator
➢ Family peer certification
➢ 24/7 Helpline
24/7 Helpline Data:

- Average # of calls - 618; was lower prior to ADPH gas topper advertisement.
- Most calls are between 7 am and 7 pm.
- Source of calls:
  - 50% individuals seeking help
  - 35% family and friends
  - 5% from community professionals
- 80% of the calls are for treatment resources.
- 20% of the calls are for support (just to talk).
- Top 3 Counties:
  - Jefferson
  - Madison
  - Mobile
  - Also receive some calls from other states-GA, FL, TN, MS
- If a county has an outreach worker, the helpline has received at least one call from that county.
TREATMENT AND RECOVERY
SUB-COMMITTEE HIGHLIGHTS

REGION 1
REGION 2
REGION 3
REGION 4

***Counties listed in WHITE letters DO NOT have an outreach worker in that County

24/7 Helpline
844-307-1760

Addiction is a disease, not a moral failing.
All services are confidential and free, made possible through funding from IDEM and SAMHSA.
Goal 2: Assess the effectiveness of drug courts in engaging offenders with Opioid Use Disorders (OUD).

- A member of AOC has agreed to be a part of the committee.
- Upcoming working will include developing a standardized interview process for individuals leaving drug court.
- Developing presentation(s) for use by any agency on OUDs.

Goal 3: Expand access to care for OUDs.

- Members of the faith based community are part of the committee.
- Developing wording around recognition of non-traditional providers.
- Funding for recovery housing; housing committee also includes members from non-traditional settings.
- Hospital Induction.

Goal 4: Establish equitable access to OUD treatment in AL.

- Limited work in this area; committee has committed to making this a priority in the upcoming year.
Goal 5: Promote the use of SBIRT.

- AL-SBIRT Grant serves patients in 9 counties: Tuscaloosa, Lamar, Greene, Hale, Sumter, Pickens, Montgomery, Macon and Russell.
- Screening occurs at the Tuscaloosa VA Medical Center, Whatley Health Services, and local county health departments through ADPH (added to the project in July 2019).
- From 3/31/17-9/30/19 the grant has served 22,353 patients.

Goal 6: Increase funding for Opioid related prevention, treatment and recovery support services.

- CMS Grant will help with needs process.
- Continue to apply for additional grants for services:
  - Drug Court
  - MAT PDOA
  - BJA
  - SOR
COMMUNITY ENGAGEMENT
SUB-COMMITTEE HIGHLIGHTS
CHAIR: DR. DAVID ALBRIGHT, UNIVERSITY OF ALABAMA

- **Strategy 1**: Community Anti-Drug Coalitions of America
- **Strategy 2**: Stepping Up
- **Strategy 3**: Veterans and Opioids
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA)

- Alabama received CADCA’s “Outstanding State Member” award.
  - Created state of Alabama Opioid Action Plan community response strategy to establish CADCA Community Coalitions in each Judicial Circuit, with the desired end state of establishing CADCA Model Community Coalitions at the municipal level.
  - Coordinated statewide CADCA trainings to strengthen the capacity of community coalitions.
  - Ensured CADCA approved leadership courses recognized and embedded within state prevention efforts.
❖ Stepping Up:
➢ In Alabama 21 of the 67 counties have passed the resolution or proclamation.

❖ Implementing in Alabama:
➢ May 2018: ADMH contracted with The Dannon Project to provide Training & Technical Assistance and Evaluation Support;
➢ June 2018: ADMH released an RFP for community health centers to apply for a one-time award of up to $50,000;
➢ Oct 2018 – Sept 2019 (Year 1): 6 sites funded; and
➢ Oct 2019 – Sept 2020 (Year 2): 5 sites were funded.
Opioid Use Disorder Prevalence Rates among Veterans in Alabama

- Data from National Survey on Drug Use and Health and the American Community Survey.
- Many veterans receive opioid prescriptions outside of the VA (Moro et al., 2019).
- Surveying non-VA entities.
- Community-based engagement could assist local opioid overdose prevention and response efforts by fostering:
  - Increased social connection and support;
  - Linkages to evidence-based treatment and recovery services;
  - Community education to address stigma of OUD and its treatment; and
  - Including data identifiers in our monitoring and surveillance systems.
PREVENTION/MEDIA SUB-COMMITTEE HIGHLIGHTS
CHAIR: SHEREDA FINCH, COUNCIL ON SUBSTANCE ABUSE (COSA)

Problem/Need: Opioid prevention education and awareness efforts should be increased to reach all Alabamians using various approaches and strategies.

Goal 1: Expand access to opioid prevention education in all school systems in Alabama.

Objective #1 Identify and recommend an opioid prevention curriculum that can be implemented school systems statewide.

Metrics: Number of schools that report implementing opioid prevention curriculum across Alabama.

Status/Outcome

- The HOPE Curriculum was identified as an option to implement in schools.
- Shereda Finch, Chair, met with Superintendent Mackey to discuss the HOPE Curriculum. Further discussion needed.
Problem/Need: Opioid prevention education and awareness efforts should be increased to reach all Alabamians using various approaches and strategies.

Goal 2: Increase awareness and knowledge on opioid use disorders in Alabama.

Objective #1 Engage organizations, individuals and other stakeholders in implementing Opioid Prevention Awareness Week during the 3rd week of October in Alabama and #2 Expand partnerships to youth-based organizations.

Metrics: Number of organizations who respond to requests for prevention education materials.

Status/Outcome

The tasks will be completed upon approval of the Proclamation for October in FY20.
Problem/Need: Opioid prevention education and awareness efforts should be increased to reach all Alabamians using various approaches and strategies.

Goal 3: Reduce the stigma of opioid use disorders.

Objective #1 Identify and recommend an opioid prevention curriculum that can be implemented in school systems statewide.

Metrics: This metric will be depended upon ADMH/ADPH stigma campaign.

Status/Outcome

• The campaign is still in development phase and expected to be launched in Dec 2019.

Challenges:
• Funding to implement activities including purchasing materials to distribute across the state.
• Manpower.
CONCLUSION

❖ Closing remarks from the Co-Chairs and/or Opioid Council Members.

❖ The 2019 Alabama Opioid Overdose and Addiction Council report will be completed by December 31\textsuperscript{st}. It will be located on AL Dept. of Mental Health website at https://mh.alabama.gov/understanding-the-opioid-crisis/