
ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL

2019 ANNUAL REPORT

Kay Ivey, Governor



DECEMBER 31, 2019

Table of Contents

Table of Contents	Page 2
Letter from Co-chairs.....	Page 3
2019 Annual Report on the Action Plan	Page 4
Acknowledgments.....	Page 27
Sub-Committee Members.....	Page 28

THE ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL

ESTABLISHED BY EXECUTIVE ORDER OF GOVERNOR KAY IVEY

December 31, 2019

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

Dear Governor Ivey;

It is with great pleasure that we present the end of year report on the work the Alabama Opioid Overdose and Addiction Council.

As we end year two of implementation, it is encouraging to see the progress that is being made across the state through the leadership of our eight working subcommittees. This report's format provides five elements to ensure ease of readability:

1. Name of Subcommittee
2. List of Numbered Strategies
3. List of Numbered Objectives
4. Bar Graph for Progress Made
5. Blue Box with Relevant Supporting Details

As Governor, you can take pride in seeing the hundreds of Alabamians listed on the subcommittees who are experts in their field that are actively engaged in the numerous implementation tasks and responsibilities. It is humbling and encouraging to the three of us to see such generosity of time and expertise – this is a crisis that truly requires active engagement from all segments of “the village”. We appreciate the opportunity to serve in this important mission and want you to know that it would be our pleasure to meet with you to discuss this report in detail and to share further as we begin year three of implementation. While this is a daunting health crisis, we remain optimistic that inroads can continue to be made in both the prevention and treatment arenas. Indeed, they must, and to that end we pledge our time and energies.

Sincerely



Lynn Beshear
Commissioner, Alabama
Department of Mental Health
Co-Chair



Steve Marshall
Attorney General of Alabama
Co-Chair



Scott Harris, MD, MPH
State Health Officer
Co-Chair

cc: Kathy House, State Opioid Coordinator

2019 Annual Report

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 of the Alabama Department of Public Health (ADPH), 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, 8 sub-committees were assembled to explore the problem and make recommendations. Each of the eight (8) sub-committees include Council members and many additional experts and community stakeholders. The sub-committees are identified below.

1. Data
2. Prescriber-Dispenser
3. Rescue (Naloxone)
4. Treatment-Recovery
5. Community Engagement/Veterans
6. Prevention-Education
7. Law Enforcement
8. Workforce

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.

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.

Planning	Implementation	Completed

The legislature approved \$1.1 million as a line item for operating and improving the PDMP in the FY19 Budget and approved \$1.2 million as a line item for operating and improving the PDMP in the FY20 budget. As a result, the PDMP is now integrated in one hundred and twenty-two (122) entities, five (5) health systems, four (4) major pharmacy chains, eight (8) retail pharmacies, one (1) independent hospital and many physician offices. The PDMP has 22,000 active users. Additional enhancements are being considered to include regulatory board reports and a data feed of active licensees.

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.

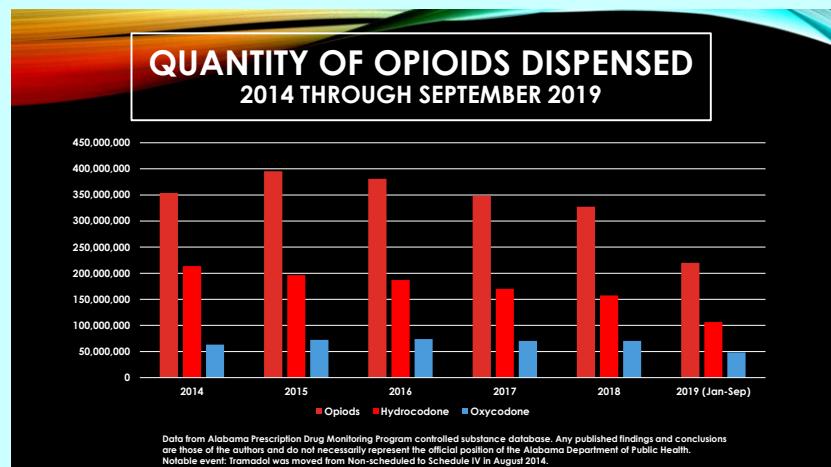
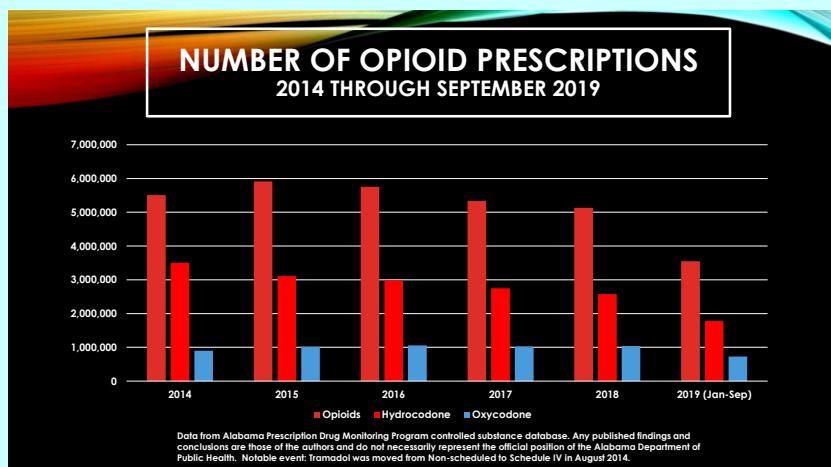
Planning	Implementation	Completed

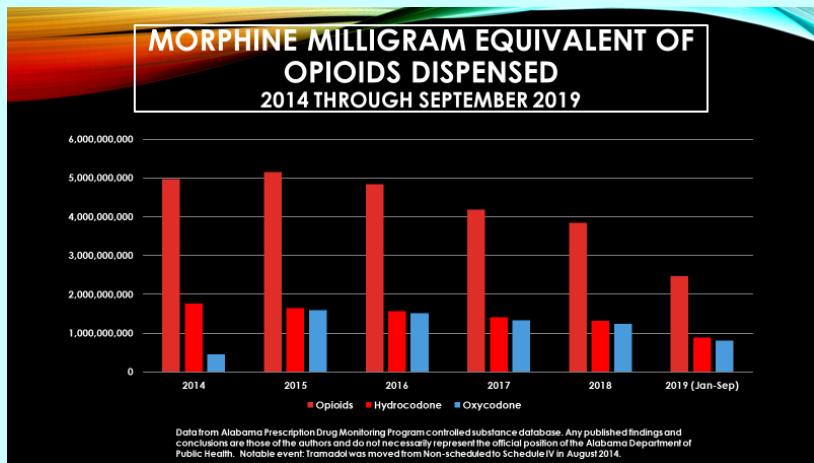
Each board has identified a responsible person to review Alabama Board of Medical Examiner's Risk and Abuse Mitigation strategies. They are as follows: Medicine: Matt Hart, Edwin Rodgers, Dentistry: Brad Edmonds, Blake Strickland, Nursing: Dawn Daniel, Scott Nickerson, Optometry: Ashley R. Williams, Podiatry: Cameron McEwen, and Veterinary: Robert Martin, Dale O'Banion.

The following boards have completed development or are in the process of developing mitigation strategies:

- **Medicine:** Complete/Strategies in place, March 2017, amended August 2019
- **Dentistry:** Complete/Strategies in place, Nov 2018
- **Nursing:** Complete/Strategies in place, Qualified Alabama Controlled Substance Certificate and /Limited Purpose Scheduled Permit rules passed by Alabama Board of Medical Examiners, effective August 2019
- **Optometry:** Complete/Strategies in place, Alabama Board of Optometry Chapter 630-X-15, effective October 2019
- **Podiatry:** In progress/Projected complete, Rule filed on September 19, 2019 projected for final approval in 2020
- **Veterinary:** Correspondence received from the Board with their plans to mitigate risk.

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





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.

Planning	Implementation	Completed

Senate Bill 200 was signed into law in March 2018 created the Information Release Review Committee. This committee is charged with reviewing statistical, research, educational requests for information, departmental research requests, and/or department requests regarding publication of information from the PDMP controlled substance database. ADPH has implemented the use of advanced analytics to make reporting more feasible. There have been seventeen (17) data request by the PDMP Information Release Review Committee in 2019 with sixteen (16) being approved and one denied. The Alabama PDMP is currently sharing with thirty-two (32) other states, one (1) territory, one (1) federal agency and Washington DC. The following are the states Alabama PDMP is currently sharing with: Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Military Health System, Minnesota, Mississippi, Nevada, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington and Wyoming. It was determined that technical and logistic challenges could not be overcome to create a unique identifier for each individual patient within the 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.

Planning	Implementation	Completed

The Prescribers and Dispensers sub-committee convened a meeting representing the majority of prescribing and dispensing schools in Alabama on August 23, 2019. Over seventeen (17) Alabama educational programs were represented at this meeting. This group reviewed educational activities around the state and ways other states have addressed this issue (Michigan and Massachusetts, for example). At a follow-up meeting it was determined that smaller interdisciplinary workgroups will be formed to address the various goals and make recommendations to the larger Committee. This work is planned to begin in December 2019.

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.

Planning	Implementation	Completed

The Board of Medical Examiners (ALBME) has developed risk and abuse mitigation strategies that include special consideration for palliative care for physicians, nurse practitioners, and physician assistants that possess the ability to prescribe controlled substances.

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.

Planning	Implementation	Completed

Alabama Department of Mental Health (ADMH) was awarded a grant from the Bureau of Justice Assistance in the amount of \$1 Million for three (3) years to 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. Alabama Office of Information Technology and the University of Alabama's Institute of Business Analytics was chosen as the vendor to develop the CDR. The committee has received data sharing agreements with, ADPH, Alabama Law Enforcement Agency, Department of Forensic Sciences, and ADMH. Communication regarding data sharing is underway with Alabama Medicaid Agency, Alabama Department of Human Resources and Blue Cross and Blue Shield of Alabama. The creation of the CDR dashboard is underway and expected to be launched in 2020.

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.

Planning	Implementation	Completed

The Alabama Department of Public Health and the Alabama Department of Mental Health launched a statewide campaign, ***Stop Judging. Start Healing***, aimed at assisting friends, family, physicians, mental health care clinicians, substance abuse prevention and treatment providers and all people in Alabama to change the way we speak about individuals with mental health illness, substance and opioid use disorders, HIV and Hepatitis C.

The language we use can be hurtful and harming to the people we care about. Using words that help and support others is important. Decreasing stigma surrounding mental health illnesses, substance and opioid use disorders and HIV and Hepatitis C is vital to ensuring accurate information is shared with those we love and care for.

The campaign encourages the public to have open conversations to break the cycle of stigma by sharing kindness and understanding. Changing the way we talk, changes people, and the words providers and families use are powerful.

The statewide campaign consists of television, social media and radio advertisements, with a targeted delivery of information to medical professionals to increase awareness of the importance of the use of people first language.

Watch the videos and share on social media using #stopjudgingstarthealing. The website is <https://stopjudging.org/>

In addition, the two (2) media campaigns: **My Smart Dose** and **Courage for All** established in 2018-2019 are still active and are reaching hundreds of Alabamians.

During the 2019 National Prevention Network (NPN) Conference in Chicago, IL, Lauren Blanding, ADMH Prevention Specialist presented on the workforce development practices in Alabama. During this presentation, an example of the **My Smart Dose** campaign and its utilization with the colleges and universities was explained. A Drug Enforcement Agency (DEA) representative, Rich Lucey, who works within the Community Outreach and Prevention Support Division was impressed with the **My Smart Dose** campaign and the work being implemented in Alabama. Rich asked permission for the **My Smart Dose** campaign material to be embedded within the DEA website for additional promotion and/or education. From this presentation, collaboration with ADMH and the DEA will be enhanced. We will keep updates and records on the usage of the campaign at the state and federal levels.

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.

Planning	Implementation	Completed

For FY120, ADMH's Prevention Department will look to work with Copperwing, an advertising company, 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. Coastal Alabama Community College (CACC) is institutionalizing an opioid drug education program as a permanent and mandatory component of the New Student Orientation. The OR 101 freshman orientation course is required on all Baldwin County CACC campuses as well as the 7 additional campuses across the state. The **MySmartDose** campaign is a component of the OR 101 course, which is an awareness campaign of the Alabama Department of Mental Health <https://www.mysmartdose.com/> **(Funding Source: State Opioid Response)**

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 to create a significant media campaign that encourages, uplifts and motivates individuals to get the help they need.

Planning	Implementation	Completed

As mentioned in Strategy 1, ADPH and ADMH have launched a statewide campaign, **Stop Judging. Start Healing**, aimed at assisting friends, family, physicians, mental health care clinicians, substance abuse prevention and treatment providers and all people in Alabama to change the way we speak about individuals with mental health illness, substance and opioid use disorders, HIV and Hepatitis C. The next phase of the campaign will enlist persons with Opioid Use Disorder (OUD) in recovery in creating encouraging and uplifting videos that motivates individuals to get the help they need. The committee has committed to developing a training curriculum (15 -30 minutes) 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 and disciplines.

In addition, the two (2) media campaigns: **My Smart Dose** and **Courage for All** established in 2018-2019 are still active and are reaching hundreds of Alabamians.

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, that 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.

Planning	Implementation	Completed

ADMH's website has been updated to provide online resources as it relates to opioid use disorders and other substance use disorders. In addition, ADMH and other state agencies advertise the 24/7 helpline which is a resource for any substance use disorder. Upcoming work in the new year will include identifying ways to link appropriate resources and websites on a consistent basis. This work will also include the development of a plan to ensure that links remain up to date and represent quality services. As these resources will be linked to the 24/7 Helpline, it is important to note that the helpline is receiving an average of six hundred and eighteen (618) calls per month. Eighty percent (80%) of these calls are from individuals and professionals seeking resources.

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 creation of a website and media campaigns 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. Campaigns with a 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 an 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.

Planning	Implementation	Completed

ADMH has created a webpage and educational media campaign with resources for those who have been or may be prescribed opioids. The webpage is comprehensive in nature and provides facts about the risk of addiction, risk of overdose and the importance of adhering strictly to the guidelines of the prescribing physician. The website has links to the three media campaigns, My Smart Dose, Courage for All and Stop Judging Start Healing.

The Alabama Opioid Training Institute, a collaboration between the Alabama Department of Mental Health and the Auburn University Harrison School of Pharmacy, is a free one-day education program that includes programs for Community Leaders intended to raise awareness of Opioid Use Disorder and empower communities and individuals to take part in and collaborate with efforts battling the opioid crisis.

In addition, program offerings are available for Healthcare Providers intended to provide medical professionals with the knowledge needed to assist with prevention of new Opioid Use Disorder instances.

The Opioid Training Institutes began in May 2019 and concluded September 2019. However, webinar offerings will continue for the next four (4) years. As a result of the four-month face-to-face trainings, one thousand and sixty-six (1,066) total registrants attended the statewide offerings (455 Community/ 611 Healthcare) <http://alabamaoti.org/> (Funding Source: State Opioid Response)

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.

Objective 1: Through a partnership with the ADMH, provide training on addiction to LE agencies and the Judiciary.

Objective 2: Provide training on addiction to new officers in the Academy.

Objective 3: 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.

Planning	Implementation	Completed

APOST is offering an eight (8) hour training course **BEING PREPARED: Behavioral Health** and **Refresher: Behavioral Health Issues** a four (4) hour refresher course developed by the Alabama Department of Mental Health and NAMI. These trainings are being offered in all APOST academies across the state.

Refresher: Behavioral Health Issues - four (4) hour refresher course

2018 - 84 Academy Graduates

2019 - 56 Academy Graduates to date (what is the date?)

BEING PREPARED: Behavioral Health – eight (8) hour course

2018 - 658 Academy Graduates

2019 - 594 Academy Graduates to date

A course proposal was developed and submitted by the Rescue sub-committee on January 10, 2019 to the education committee. It was not accepted by the Judiciary 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 2020.

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.

Planning	Implementation	Completed

The Treatment and Recovery Support sub-committee has identified and researched models of family peer certification used in other states including those which could have reciprocity. The Treatment and Recovery Support sub-committee has formed a small sub-committee which consists of treatment professionals and family members of those individuals with substance use disorders. The sub-committee is currently developing a train-the-trainer model which can be used throughout the state. The certification process will be housed within ADMH's Office of Peer Services. Once the model is completed, policies and procedures regarding the operation of the model will be developed and implemented.

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.

Planning	Implementation	Completed

ACT 2018 552 Fentanyl Trafficking Legislation was signed by the Governor April 6, 2018. According to the Administrative Office of Courts fifteen (15) cases are active under the new law with one case being found Guilty and one case adjudicated.

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.

Planning	Implementation	Completed

Naloxone is expected to be sold over the counter in the very near future. The committee elected to wait to see if this takes place before moving forward with developing legislation.

Justice Involved Population

Overdoses in Alabama are associated with release from incarceration. Statistics have shown opioid overdoses are more than fifty (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.

Planning	Implementation	Completed

A representative of AOC has agreed to join the Treatment and Recovery Support sub-committee. The new member will help the committee to better understand how drug courts operate and if the tasks established are reasonable.

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.

Planning	Implementation	Completed

The project was aimed at targeting inmates with opioid use disorders for residential medication assisted treatment but has not begun at this time. Bureau of Pardons and Paroles considering similar project at selected Day Reporting Centers.

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.

Planning	Implementation	Completed

ADMH is exploring the possibility of a 1115 substance abuse treatment Demonstration waiver. In addition, ADMH has applied and received several grants around opioid use treatment and prevention efforts. ADMH is also partnering with other state agencies on grant opportunities to increase responses to overdose, prevention and treatment efforts. The efforts in this area will continue as opportunities become available. Rather than modify the current ADMH SA software, decisions have been made to replace the system which will include the ability to voucher services if necessary.

The sub-committee will identify potential legislation that could be introduced by reviewing how other states fund substance abuse treatment and prevention services.

ADMH is currently working with Alabama Support Team for Evidenced -Based Practices (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.

ADMH partnered with Alabama Medicaid Agency to apply for a Center for Medicaid Service Demonstration Project to increase substance use provider capacity. Alabama Medicaid Agency was awarded the funding. A significant action of the grant is to complete a needs assessment and a gaps analysis of services to Medicaid recipients throughout the state. This work is currently under way.

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.

Planning	Implementation	Completed

Members of the faith-based community and other uncertified community agencies are represented on the Treatment and Recovery Support sub-committee. As a result of this, particularly with the faith-based community agencies, there have been numerous meetings and opportunities in which discussion around barriers and possible solutions to those barriers has taken place. A leading member of the faith-based community and ADMH's Office of Substance Abuse Treatment have been working on the language for a draft regulation governing ADMH's recognition of non-traditional providers. An initial draft was reviewed and is currently undergoing revision. ADMH Recovery Support Housing Guidelines have been established and published for use. ADMH is currently receiving technical assistance regarding the establishment of a National Alliance of Recovery Residences (NARR) chapter in the state. A member of the technical assistance team includes a representative from Georgia as they have a chapter of NARR. Initial meetings and conversations have been positive and are resulting in broadening relationships with non-traditional providers such as sober living homes and homeless shelters. In addition, ADMH has

provided initial funding for Oxford House to open 16 houses in the cities of Montgomery, Birmingham and Mobile. There will be a minimum of 10 new houses opened in the upcoming year.

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.

Planning	Implementation	Completed

The Treatment and Recovery Support sub-committee identified a self-assessment tool that insurance companies use to assess their compliance with Parity Act. The self-assessment tool was developed by the Kennedy Forum. The sub-committee is making this a priority in the upcoming year and has reached out to the Alabama Department of Insurance to identify other ways the committee could possibly make an impact.

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.

Planning	Implementation	Completed

Residency training programs in Alabama (primary care, psychiatry, emergency medicine and surgical specialties will be invited to participate in the multidisciplinary workgroups established by the Prescriber/Dispensers sub-committee.

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.

Planning	Implementation	Completed

The Treatment and Recovery Support sub-committee has identified and researched other models of family peer certification that have been used in other states including those which could have reciprocity. The sub-committee has formed a smaller sub-committee which consists of treatment professionals and family members of those individuals with substance use disorders. The smaller sub-committee is currently developing a train the trainer model which can be used throughout the state. The certification process will be housed within ADMH's Office of Peer Services. Once the model is completed, policies and procedures regarding the operation of the model will be developed and implemented.

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.

Planning	Implementation	Completed

The SBIRT grant team has integrated SBIRT into a VA health system, a FQHC, and in local county health departments across 10 counties in Alabama. The project work is building standards of care for a statewide implementation approach.

The Treatment and Recovery Committee along with the SBIRT grant team has built referral relationships among existing providers with new SBIRT providers to broaden the lens for SUD services.

The Treatment and Recovery Committee along with the SBIRT grant team has reviewed and is continuing to review state billing procedures for SBIRT and other integrated care billing codes. ADMH is currently working with Medicaid on billing procedures for pregnant women to better standardize the procedure for access to the SBIRT billing codes and tracking the use of the codes.

Neither the Treatment and Recovery Committee nor the SBIRT grant team has made significant progress in this area. The SBIRT grant team along with ADMH will continue to pursue the licensing boards for inclusion.

The SBIRT grant team has been able to spread SBIRT into the College of Nursing, College of Business, and throughout the School of Social Work at the University of Alabama. More efforts in the next couple of years will work to spread the use of SBIRT into other Colleges and Universities.

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 a 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.

Planning	Implementation	Completed

Auburn and Samford Pharmacy Schools began educating students in 2018 on the existence of naloxone standing orders for Alabama pharmacies. This practice continues today. The State Health Officer's standing order is available to all pharmacies on the ADPH website.

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.

Planning	Implementation	Completed

- ❖ 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 Abuse 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 grant and distributed.
- ❖ Over **2,400** kits purchased by JCDH with local funds.

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

Planning	Implementation	Completed

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, one hundred and forty-three (143) kits from the Jefferson Co. Dept. of Health have been dispensed from the UAB E.D. to high risk patients.

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.

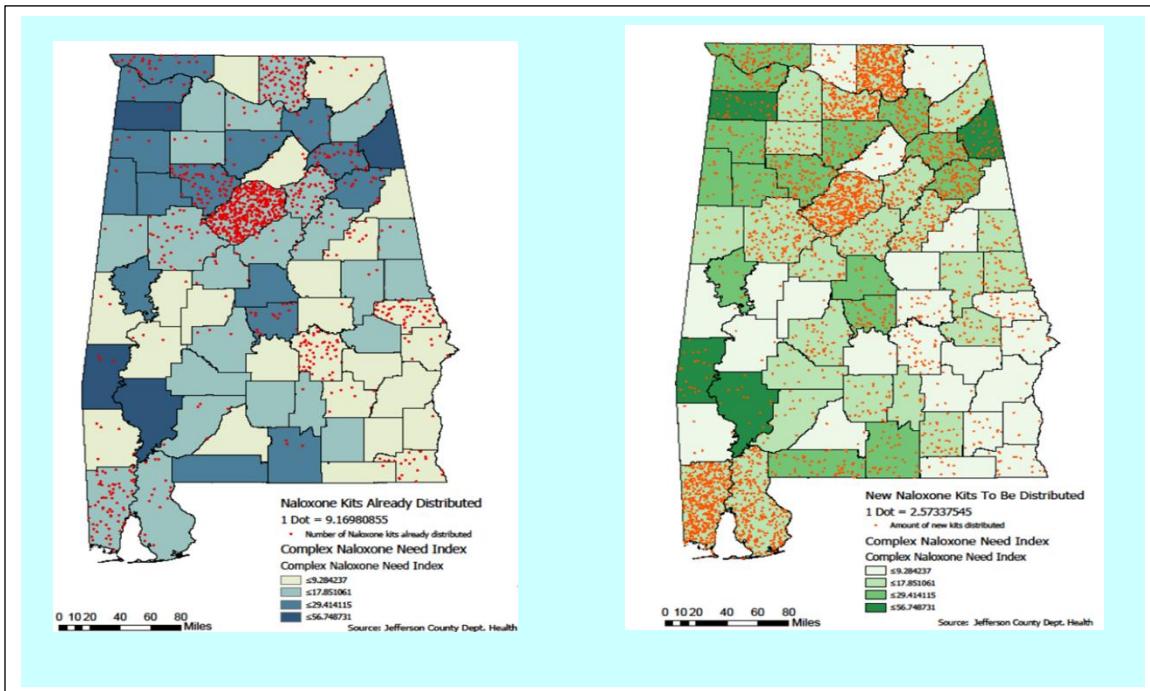
Objective 2: Conduct overdose response/naloxone training events at ADMH approved substance abuse (SA) treatment program sites, targeting people with OUD and their companions.

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.

Planning	Implementation	Completed

Bobby Ragan, Marcus Hudgins and Dr. Darlene Traffanstedt of the Jefferson County Department of Health Management Information Systems department assisted the Committee in developing a “Naloxone Need Index” formula to help guide allocation of naloxone to each county based on these data: number of overdose deaths, number of treatment admissions for opioid use disorder, change in the opioid prescription rate, and population.

- Complex Need Index: $CNI = \left| R - \frac{100}{\rho} (\alpha + \beta - x_0) \right|$
- R = Change in opioid prescription rate during latest year
- ρ = Population of the county
- α = Number of Opioid Overdose Deaths during latest year
- β = Opioid Use Disorder Treatment Admission for latest year
- x_0 = Kits already distributed to the county



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.

Planning	Implementation	Completed

The Alabama Board of Medical Examiners 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.

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.

Planning	Implementation	Completed

The Rescue committee has reviewed all the public training and rescue breathing is a part of the training. No further work is needed.

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

Objective 1: Develop a low-cost, grass roots social media campaign that will be widely disseminated about naloxone availability.

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

Planning	Implementation	Completed

The Rescue committee members continue to discuss with agencies the availability of naloxone. The State Opioid Coordinator discussed the availability of the naloxone at all public speaking events.

2020 Goal for Rescue Sub-committee

- 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.

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 forty-one (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 a CADCA Community Coalition in each Judicial Circuit; with the desired end state of establishing CADCA Model Community Coalitions at the municipal level.

Planning	Implementation	Completed

Alabama received CADCA's "Outstanding State Member" award in 2019.

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.

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.

Planning	Implementation	Completed

Prevention and Media sub-committee are in the process of engaging organizations, individuals, and other stakeholders in implementing 2020 Opioid Prevention Awareness Week during the third week of October. This task will be completed upon the approval of the Proclamation.

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 twenty-one (21) counties in Alabama have passed resolutions to support this initiative. An opportunity exists to galvanize communities around this initiative and encourage the remaining forty-six (46) counties to pass similar resolutions.

Planning	Implementation	Completed

In Alabama 21 of the 67 counties have passed the resolution or proclamation.

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.

Oct 2019 – Sept 2020 (Year 2): 5 sites were funded.

Dec 2019 – 2 more sites were added Limestone and Marengo.



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 four hundred and fourteen thousand (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 is 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.

Planning	Implementation	Completed

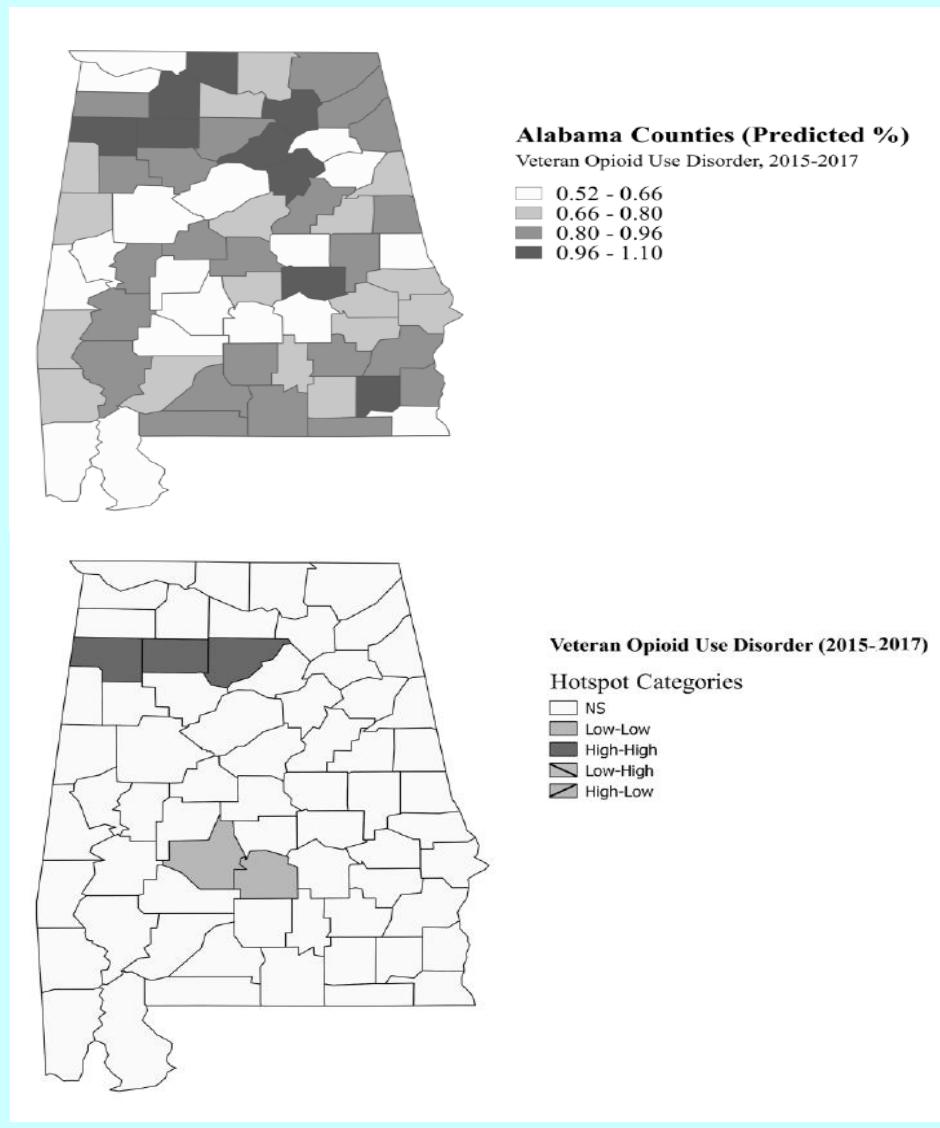
Recent research shows more than half of enrollees in the U.S. Department of Veterans Affairs (VA) are also covered by Medicare and can choose to receive their prescriptions from VA or from Medicare-participating providers, suggesting that dual-system care may lead to unsafe opioid use if providers in these systems do not coordinate care or if prescription use is not tracked between systems (Moyo, Zhao, Thorpe, Thorpe, Sileanu, et al., 2019). Additionally, past-year opioid misuse is associated with past-year suicide attempt among high-risk veterans (Chesin, Interian, Kline, St Hill, King, et al., 2019). Due to the lack of consistent information regarding veterans who receive care through VHA, through non-VHA community-based health resources, and veterans who lack regular health care, it is difficult to fully capture the number of veterans using opioids or at risk for opioid use disorder. Given this, Albright, McDaniel, Kertesz, et al. (in press – Substance Abuse) conducted a study to estimate opioid use disorder prevalence rates at the county level among veterans in Alabama and to determine hotspots. By combining data from the National Survey on Drug Use and Health and the American Community Survey, they developed a mixed effect generalized linear model of opioid use disorder and modeled probabilities onto veteran-specific population counts at the county level in Alabama. The average model-based estimate for opioid use disorder prevalence among veterans in Alabama from 2015 to 2017 was 0.79% (SD = 0.16), with a minimum of 0.52% (i.e., Lowndes county, Alabama) and a maximum

of 1.10% (Dale county, Alabama). Hotspot analysis revealed a significant cluster of “high-high” veteran opioid use disorder prevalence in neighboring Marion, Winston, and Cullman counties

Additionally, the task force created a database of Alabama entities providing substance use disorder or opioid use disorder services to veterans. We will be surveying non-VA entities in 2020. The survey has been developed.

Given what information we have so far, community-based engagement could assist local opioid overdose prevention and response efforts by fostering:

- Increased social connection and support;
- Embed suicide risk assessment during opioid therapy;
- 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



WORKFORCE

Workforce

The labor force comprises employed workers and non-employed workers between the ages of 16-64 who are employed or who 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.

Planning	Implementation	Completed

The WIOA plan will be submitted with the opioid abatement for federal review on Feb. 1, 2020 and will become effective after approval on June 30, 2020.

The sub-committee is still on track to launch the ATLAS on Career Pathways as our state inter-agency data system on June 30, 2020. We are pursuing a Support Act grant to develop in-demand pathways.

Acknowledgements

ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL

Lynn Beshear (Co-Chair)	Commissioner, Alabama Dept. of Mental Health
Scott Harris, MD, MPH (Co-Chair)	State Health Officer, Alabama Dept. Of Public Health
Steve Marshall (Co-Chair)	Attorney General of Alabama, Office of the Attorney General
Mark H. LeQuire, MD	Alabama Board of Medical Examiners
David Herrick, MD	Medical Association of the State of Alabama
Susan Alverson, Pharm. D.	Alabama Board of Pharmacy
Zack Studstill, DMD	Alabama Dental Association
Brad Edmonds	Alabama Board of Dental Examiners
Marilyn Lewis Ed. D	Alabama Dept. of Education
Nancy Buckner	Alabama Dept. of Human Resources
Steven Dozier	Insurance Consumer Services Division
William M. Babington	Alabama Dept. of Economic and Community Affairs (ADECA)
Robert Moon, MD	Alabama Medicaid, Chief Medical Officer
Rich Hobson	Alabama Administrative Director of Courts
Darrell Morgan	Bureau of Pardons and Paroles
Hal Taylor	Alabama Law Enforcement Agency
Jefferson S. Dunn	Alabama Dept. of Corrections
Ann Slatttery, Dr. PH	Alabama Regional Poison Control Center
Barry Matson	Alabama Drug Abuse Task Force
Susan Staats-Combs, M. Ed	Alabama Methadone Treatment Association (ALMTA)
Mark Wilson, MD	Jefferson County Health Officer
Brian McVeigh	Alabama District Attorney's Association
Neil Rafferty	Alabama House of Representatives
April Weaver	Alabama House of Representatives
Billy Beasley	Alabama Senate
Jim McClendon	Alabama Senate
Mark Litvine	Recovery Organization of Support Specialists (ROSS)
Bobbi Jo Taylor	Recovery Organization of Support Specialists (ROSS)
Shereda Finch	Council on Substance Abuse (COSA)
Laura Corley	Council on Substance Abuse (COSA)
David L. Albright, PhD, MSW	University of Alabama, School of Social Work
Fitzgerald Washington	Alabama Dept. of Labor
Ed Castile	AIDT
Louise F. Jones	Alabama Pharmacy Association
Brent Boyett, DO	Boyett Health Services
Josh Johnson	WSFA
Anne M. Schmidt, MD	Blue Cross Blue Shield of Alabama
Darlene Traffanstedt, MD	Jefferson County Health
Bobby Lewis, MD	Alabama Chapter, American College of Emergency Physicians
Boyde J. Harrison, MD	Alabama Academy of Family Physicians
Christopher Jahraus, MD	American Society of Radiation Oncology, Alabama Chapter
Michael Humber	UAB Hospital, Alabama Association of Nurse Anesthetists
Nick Moore	Governor's Office

IMPLEMENTATION TEAM MEMBERS

Lynn Beshear	Commissioner, Alabama Dept. of Mental Health
Scott Harris, MD, MPH	State Health Officer, Alabama Dept. of Public Health
Steve Marshall	Attorney General of Alabama, Office of the Attorney General
Diane Baugher	Alabama Dept. of Mental Health
Kathy House	Alabama Dept. of Mental Health
Nancy Bishop	Alabama Dept. of Public Health
Darrell Morgan	Alabama Dept. Pardons and Parole
Denise Shaw	Administrative Office of Courts
Nicole Walden	Alabama Dept. of Mental Health
Dr. David Albright	University of Alabama, School of Social Work
Josh Johnson	WSFA
Karen M. Smith	Alabama Medicaid Agency
Foster Cook	University of Alabama in Birmingham Medicine
Sen. Jim McClendon	Alabama Senate
Edwin Rogers	Alabama Board of Medical Examiners
Alan Miller	Compact 2020
Susan Staats Combs	ALAMTA
Stefan Kertesz, M.D.	UAB School of Medicine
Jeff Williams	Alabama Dept. of Corrections
Marissa Ladinsky, M.D.	Children's of Alabama
Mark Wilson, M.D.	Jefferson County Public Health
Elaine Beech	Alabama Representative
Peter Selman	Baptist Medical Center South
Sameul Nixon Gillespie, MD	Family Medicine Physician
Fitzgerald Washington	Alabama Dept. of Labor
Ed Castile	AIDT

Sub-committee Members

Law Enforcement

Darrell Morgan (Chair)

Denise Shaw (Co-Chair)

Scottie Chandler

Brian Forster

Randy Helms

Dr. David Herrick

Bruce Kimble

Natasha Marvin

Barry Matson

Dr. David Tytell

Sheriff Wally Olson

Chief Tommy Reese

Dr. Ed Kern

Michael Dean

David Tytell

John Venegoni

Alabama Dept. Pardons and Parole

Administrative Office of Courts

Alabama Law Enforcement Agency

Alabama Dept. of Economic and Community Affairs

Alabama Administrative Office of Courts

Pain Management Physician

Alabama Dept of Corrections

Alabama Dept. of Mental Health

Alabama Office of Prosecution Services

Alabama Dept of Corrections

Dale County Sheriff's Office

City of Demopolis

Alabama Dept. of Corrections

Attorney General Office

Alabama Dept. of Corrections

Alabama Law Enforcement Agency SBI

Treatment and Recovery Support

Nicole Walden (Chair)
Dr. David Albright (Co-Chair)
Leslie Plaia
Brandon Lackey
Clay Simmons
Coleman, Luciana
Shanna McIntosh
Shannon Roberts
Dr. Fritz
Dr. Brent Boyett
Ellen Strunk
Mark Litvine
Morissa Ladinsky
Pamela Butler
Patty Sykstus
Pickens, Katherine
Shereda Finch
Sims, Debbi
Susan Staats-Combs
Charles Smith
Maria Crowley
Andrew Friede

Alabama Dept. Mental Health
University of Alabama, School of Social Work
Recovery Resource Center
Foundry Ministries
Bradford Health Services
Alabama Dept. Mental Health
University of Alabama
Not One More
Fritz Clinic
Pathways Healthcare
Rehab Resources and Consulting
ROSS
University of Alabama Birmingham (UAB)
Alabama Dept. Mental Health
Not One More
Alabama Dept. Mental Health
COSA
Alabama Dept. Mental Health
ALAMTA
CR Smith International Consulting
Alabama Dept. of Rehabilitation
Grayson and Associates

Prevention/Education

Shereda Finch (Chair)
Lashanda Craig
Gloria Howard
Beverly Johnson

Council on Substance Abuse-NCADD
Montgomery Metro Treatment Center
Aletheia House
Alabama Dept. of Mental Health

Rescue

Dr. Mark Wilson (Chair)
Foster Cook (Co-Chair)
Ella Bannister
Bret Eddins
Carter English
Louise Jones
Tawanna Morton
John Rogers
Bobbi Jo Taylor
Dr. Darlene Traffanstedt
Nicole Walden
Vicki Walker
Donna Yeatman

Jefferson County Dept. of Health
University of Alabama in Birmingham Medicine
Alabama Harm Reduction Coalition
Synergy Laboratories
Alabama Dept. of Mental Health
Alabama Pharmacy Association
Crossroads to Intervention
Alabama Dept. of Economic and Community Affairs
University of Alabama in Birmingham (UAB)
Internal Medicine Physician
Alabama Dept. of Mental Health
Alabama Dept. of Public Health
Alabama Board of Pharmacy

Prescribers/Dispensers

Darlene Taffanstedt - Chair

Matt Hart -Co Chair

Ann Slattery

Ashely Williams

Brad Edmonds

Brent Fox

Cameron McEwen

Carter English

Christopher Jahraus

Cristal Anderson

Dale O'Banion

Dawn Daniel

Donna Yeatman

Brent Boyett

Clay Simmons

David Herrick

Jean Leuner

Jerry Harrison

Missy Mason

Robert Moon

Susan Alverson

Jamey Durham

Edwin Rogers

Elaine Beech

Gary Hill

Jessica Jackson

Jill Cunningham

John Rogers

Kathy Bydalek

Leigh Ann Hixon

Louise C. O'Keefe

Louise Jones

Morissa Ladinsky

Nancy Bishop

Paul M. Harrelson

Peggy Benson

R. Wayne Parker

Rep. April Weaver

Robert Martin

Stefan Kertesz

Salisa C. Westrick

Scott Nickerson

Sen. Billy Beasley

Sen. Jim McClendon

Tosi Gilford

Valerie Prince

Christie Shelton

TJ Hundley

Jefferson County Department of Health

Alabama Board of Medical Examiners

Children's of Alabama

Alabama Board of Optometry

Board of Dental Examiners

Auburn University Harrison School of Pharmacy

Alabama Board of Podiatry

Alabama Dept. of Mental Health

Shelby Baptist Medical Center

Alabama Board of Pharmacy

Alabama State Board of Veterinary Medical Examiners

Alabama Board of Nursing

Alabama Board of Pharmacy

Boyett Health

Bradford health Services

Pain Management Physician

AUM College of Nursing and Health Sciences

Alabama Academy of Physicians

Troy University School of Nursing

Alabama Medicaid Agency

Alabama Board of Pharmacy

Alabama Dept. of Public Health

Alabama Board of Medical Examiners

Pharmacy Representative

Edward Via College of Osteopathic Medicine

Statewide Health Coordinating Council

Samford University Nurse Practitioner Department

ADECA

University of South Alabama Health Sciences

Alabama Dept. of Public Health

The University of Alabama in Huntsville

Alabama Board of Pharmacy

UAB Department of Pediatrics

Alabama Dept. Public Health

Samford University

Alabama Board of Nursing

Alabama College of Osteopathic Medicine

Alabama House of Representatives

Alabama State Board of Veterinary Medical Examiners

UAB School of Medicine

Auburn University Harrison School of Pharmacy

Alabama Board of Nursing

Alabama Senate

Alabama Senate

UAB Physician Assistant Studies Program

McWhorter School of Pharmacy

Jacksonville State University School of Health

Professions

USA College of Medicine

Carla Kruger	Alabama Board of Medical Examiners
Monika Wedgeworth	University of Alabama Capstone College of Nursing
Mark McIlwain	Board of Dental Examiners of Alabama
Elizabeth Steele	UAB School of Optometry
Tammy Morrow	Jacksonville State University School of Health Professions
Haley Phillippe	Auburn Harrison School of Pharmacy
Andrew Edwards	UAB Department of Emergency Medicine
Lacy Smith	Cahaba Family Medicine Residency Program
Lauren Walter	UAB Department of Emergency Medicine
Melanie Baucom	UAB
Kelli Littlejohn-Newman	Alabama Medicaid Agency
Scott Daniel	Alabama Board of Pharmacy
Richard Beverly	BCBS Alabama
Stephanie McGilvray	USA Department of Physician Assistant Studies
Phillip Steele	UAB Physician Assistant Studies Program
Crystal James	Tuskegee University
Helen Coronel	UNA School of Nursing
Jean Leuner	Auburn University of Montgomery School of Nursing
Nico Geurs	UAB School of Dentistry
Kevin Leon	UAB School of Medicine
Roger Lander	Samford McWhorter School of Pharmacy
Stephanie Wynn	Samford University School of Nursing

Data

Diane Baugher (chair)
Nancy Bishop (co-chair)
Latonya Moore
Brian Forster
Erin Shonsey
Jan Casteel
Chris Sellers
Tammie McCurry
David Tytell
Steven Dozier
Clay Crenshaw
Mason Tanaka
Rich Hobson
Danne Howard
Maury Mitchell
Susan Staats Combs
Anne Schmidt
Darlene Traffanstedt
Matt Hudnall
Nichole Walden

Alabama Dept. of Mental Health
Alabama Dept. of Public Health
Alabama Board of Pardon and Paroles
Alabama Dept. of Economic and Community Affairs
Alabama Dept. of Forensic Sciences
Alabama Dept. of Human Resources
Alabama Dept. of Mental Health
Alabama Dept. of Mental Health
Alabama Dept. of Corrections
Alabama Dept. of Insurance
Alabama Office of the Attorney General
Alabama Medicaid Agency
Alabama Administrative Office of Courts
Alabama Hospital Association
Alabama Law Enforcement Agency
Alabama Methadone Treatment Association (ALMTA)
Blue Cross Blue Shield of Alabama
Jefferson County Department of Health
University of Alabama
Alabama Dept of Mental Health

Community Engagement

David L. Albright, PhD (Chair)

Daryl Bailey
Beverly Johnson
Stephanie W. Logan
Neil Rafferty
Ken Rysedorph
Susan Short
Mike Vest

UA School of Social Work

Montgomery County District Attorney
Alabama Dept. Mental Health
Alabama Medicaid Agency
Alabama House of Representatives
Fritz Clinic
Covington County Children's Policy Council
Addiction Prevention Coalition

Workforce

Fitzgerald Washington (Chair)

Ed Castile (Co-Chair)

Betty Ruth
Brandon Glover
Pamela Butler
Clay Simmons
David Albright
Faye Nelson
Jake Easter
Natasha Marvin
Nick Moore
Katherine Pickens
Susan Staats Comb

Alabama Dept. of Labor

AIDT
Alabama Serve
Alabama Power Foundation
Alabama Dept. of Mental Health
State Health Coordinating Council (SHCC)
University of Alabama, A School of Social Work
Alabama Dept of Human Resources
Governor's Office
Alabama Dept. of Mental Health
Governor's Office
Alabama Dept. of Mental Health
Alabama Methadone Treatment Association