
ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL 2020 ANNUAL REPORT

Kay Ivey, Governor



DECEMBER 31, 2020

THE ALABAMA OPIOID OVERDOSE AND ADDICTION COUNCIL

ESTABLISHED BY EXECUTIVE ORDER OF GOVERNOR KAY IVEY

December 31, 2020

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

Dear Governor Ivey:

As we end the third year of implementation of the goals, objectives and strategies of the Alabama Opioid Overdose and Addiction Council, we are pleased to present the 2020 report of the Council's achievements, including action currently underway as well as the Council's plans for future action. We are encouraged by the progress made through the leadership of our eight working subcommittees comprised of leaders and representatives of every organization and group that interfaces with individuals with substance use disorder and their families.

Undoubtedly 2020 has been a year of unprecedented challenges, particularly regarding mental healthcare and the impact on substance use. If there is a positive outcome of COVID-19, it has been the openness of individuals from every walk of life to talk about mental health and substance use challenges, which has afforded opportunities for outreach heretofore not available in normal circumstances.

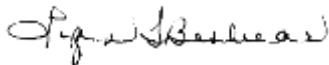
This report's format provides five elements to ensure ease of readability:

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 collaborative active engagement from all sectors.

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 four of implementation. While this is a daunting health crisis, we remain hopeful that inroads can continue to be made in both prevention and treatment. Indeed, they must, and to that end we pledge our time and energies.

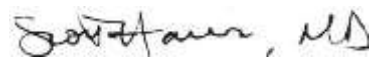
Sincerely



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

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2020 Annual Report Action Plan

Addressing the Crisis

Recognizing the extent of the opioid crisis, Governor Kay Ivey established the Alabama Opioid Overdose and Addiction Council on August 8, 2017, naming three co-chairs as Council leadership: 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. 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, eight (8) sub-committees were assembled to explore the multi-faceted problems of Alabama's opioid crisis and make recommendations. Each sub-committee includes Council members, 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 ethically and legally responsible for directly addressing 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 in both the FY19 and FY20 budgets for operating and improving the PDMP, and \$1,396,916 of funding in the FY21 budget. As a result, the PDMP is now integrated in 238 entities, and increase from just 122 in 2019: 12 health systems, 4 major pharmacy chains, 22 independent pharmacies, 7 hospitals, and 193 physician offices. One 155 other entities are in various stages of integration implementation. The PDMP has over 24,000 active users.

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

The following boards have completed development of mitigation strategies:

Medicine: Complete/Strategies in place, Alabama Board of Medical Examiners Chapter 540-X-4-.09, effective March 2017, amended August 2019

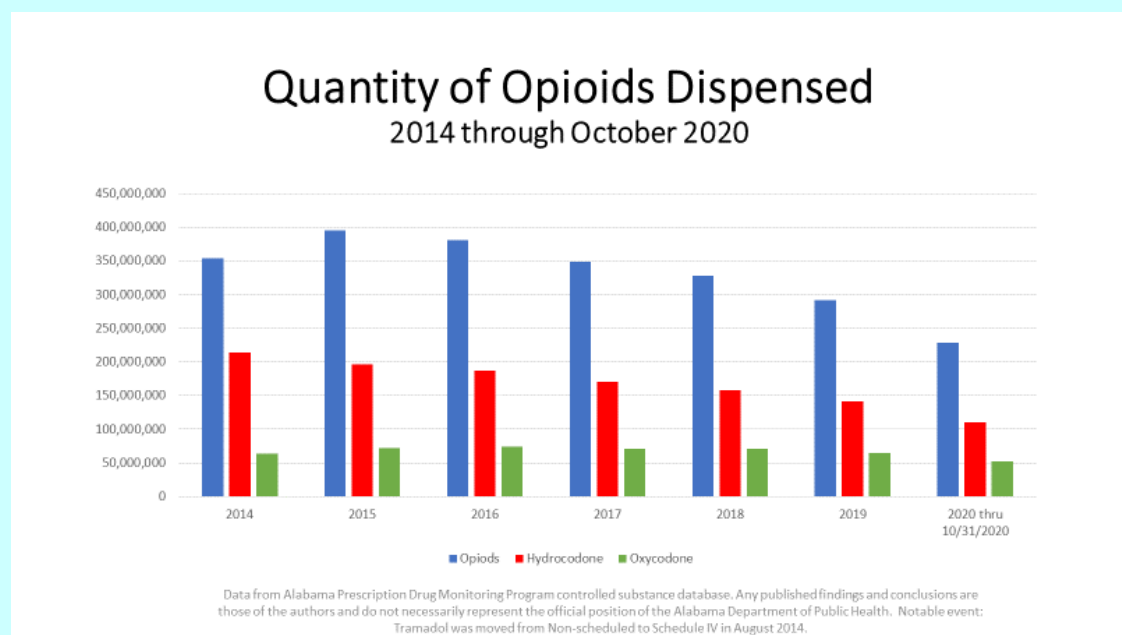
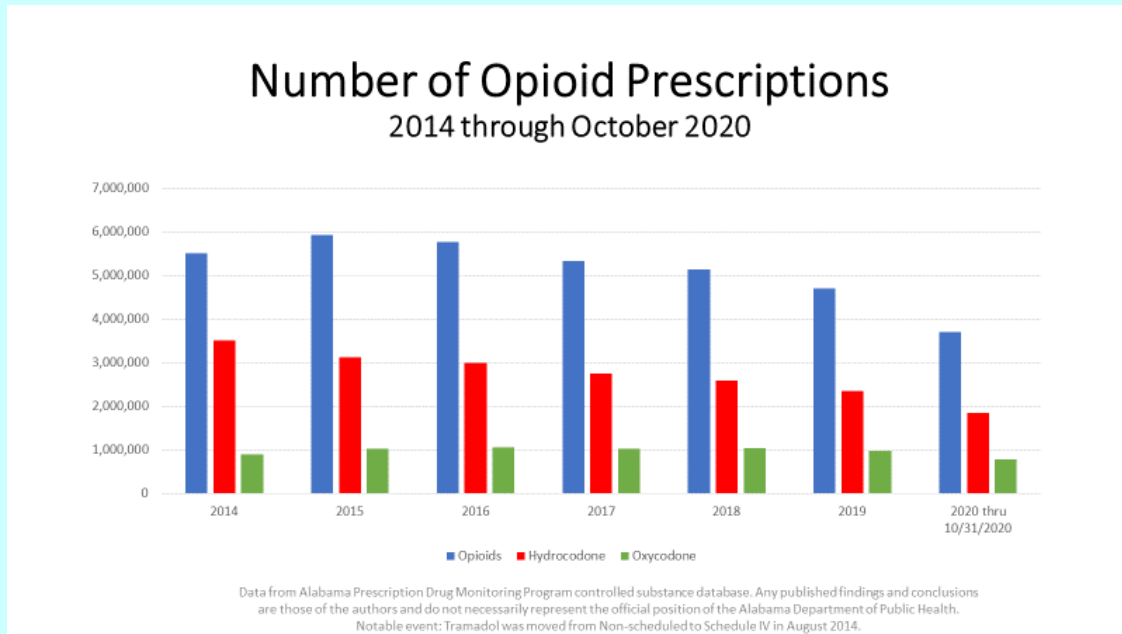
Dentistry: Complete/Strategies in place, Alabama Board of Dental Examiners Chapter 270-X-2-.23, effective November 2018

Nursing: Complete/Strategies in place, Qualified Alabama Controlled Substance Certificate and Limited/Purpose Scheduled Permit rules passed by Alabama Board of Medical Examiners Chapter 540- X-12-.18, effective August 2019

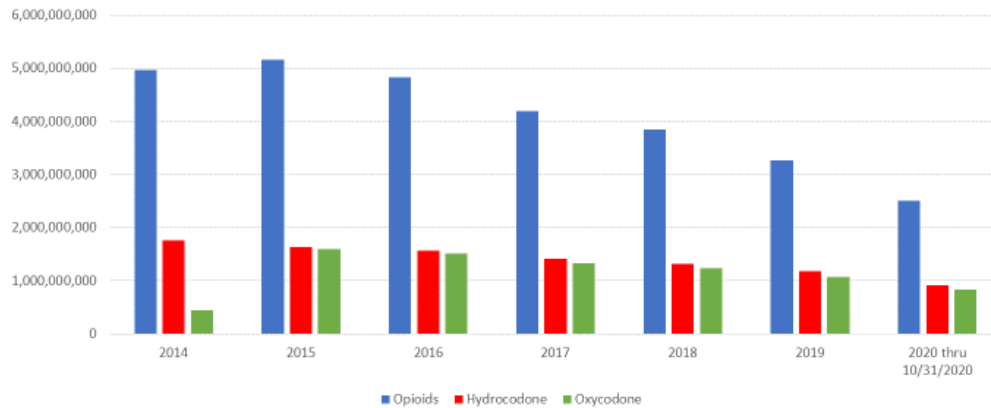
Optometry: Complete/Strategies in place, Alabama Board of Optometry Chapter 630-X-15, effective October 2019

Podiatry: Complete/Strategies in place, Alabama State Board of Podiatry Chapter 730-X-3-.12, effective June 2020

Veterinary: Correspondence received from the Board with their plans to mitigate risk. No plans to pass specific rules at this time.



Morphine Milligram Equivalent of Opioids Dispensed 2014 through October 2020



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.

Strategy 3: Strengthen prescription data and research capabilities.

Objective 1: Support maintaining Alabama Department of Public Health (ADPH) 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

Act 2018-146, signed into law by Governor Ivey in March 2018, created the Information Release Review Committee. This committee is charged with reviewing statistical, research and 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. In 2020, there were 9 data requests considered by the PDMP Information Release Review Committee with 7 being approved and 2 denied. The number of requests is lower in 2020 than in 2019, presumably impacted by the COVID-19 pandemic.

The Alabama PDMP is currently sharing data with thirty-five (35) other states, Washington, DC, one territory, and one federal agency. Maryland, Indiana, and South Dakota were added in 2020.

It was determined that technical and logistical challenges could not be overcome to create a unique identifier for each individual patient within the PDMP. Since Objective 3 is not possible, Strategy 3 is now complete.

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 Jefferson County Department of Health, as a sub-recipient of the Overdose Data to Action grant received by the ADPH, has been able to direct grant funding to hire a UAB Health Informatics PhD student to lead the development of a statewide opioid curriculum. The grant workplan requires the curriculum to be presented to the Prescribers and Dispensers Committee for approval prior to implementation. The Committee will be presented with the project plan and timeline at its meeting on December 3, 2020. The vision is for the curriculum to be customizable to the various health professions and multimedia in nature. The full project is expected to be complete in mid-2022.

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 considerations for palliative care for physicians, nurse practitioners, and physician assistants who 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 this 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

The final objective has been completed. A Data Governance Board has been established to determine the process used to analyze and share data and maintain the CDR. A formal data request process has also been adopted.

A public-facing portal (www.druguse.alabama.gov) was launched containing de-identified summary information to assess the impact opioids and other abused substances have upon the state. Summarized data include substance abuse treatment services provided by the Alabama Department of Mental Health (ADMH), opioid-related emergency visits, opioid prescriptions, opioid-related overdoses and deaths, and drug-related arrests. Work continues to expand these panels with data from additional shareholders throughout the state.

The next phase of the CDR development will increase analytic capacity to provide actionable reports to inform and guide activities of shareholders. Additionally, the committee will seek ways to engage local shareholders to leverage this data in their communities. As well, the CDR is developing a data panel to calculate a Naloxone Need Index as developed by the Rescue committee fulfilling an additional function to provide analytic assistance to access initiatives by the Council.

support@druguse.alabama.gov 1-800-367-0955

DrugUse
Alabama.Gov

HOME ABOUT DATA REPORTS SEEKING HELP CONTACT

DrugUse.Alabama.Gov

A Central Data Repository (CDR) to help combat the drug use epidemic.

Drug Use Data
The Central Data Repository (CDR) provides rapid access to current data from the various statewide agencies regarding the nationwide drug use epidemic.

Research Reports
Through statewide partnerships and data sharing capabilities, studies on the treatment, prevention, and prediction of drug abuse are now possible.

Finding Help
Struggling with addiction? Concerned for loved ones? Resources are available. Please click here for partner organizations that can help.

COMBATING THE EPIDEMIC

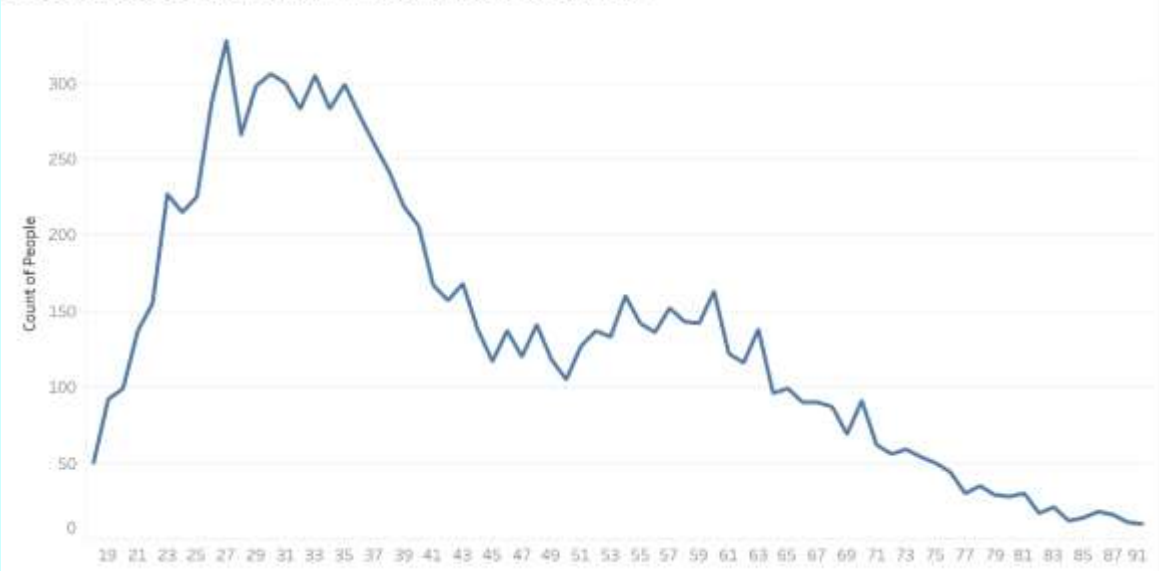
About The Data

A key finding from the Governor Ivey's Alabama Opioid Overdose and Addiction Council was the need to establish a Central Data Repository (CDR) so that all opioid data could be evaluated holistically. The CDR is meant to hold data and distribute results to partner agencies and the public, 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.

[Learn More](#)



Drug Overdose ER Visits in Alabama 2016-19 By Age



Drug Overdose ER Visits in Alabama 2016-2019 by Age: Opioid-related emergency rooms visits are most common among younger adults.

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, focused 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

ADPH and ADMH launched a coordinated 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. Only 1 of the 8 identified action items remain; this remaining action item is currently in progress and should be completed by the end of this quarter. Social Media outreach greatly exceeded the goal of increasing by 2% each quarter, as demonstrated by growth on each of the following platforms:

Facebook exceeding by 492%
 YouTube exceeding by 184%
 Google exceeding by 316%
 Bing exceeding by 1,838%

Agency representation increased beyond ADMH/ADPH by recruiting marketing agencies, recovery groups and primary/behavioral health entities to implement the campaign and prepare and disseminate materials.

In addition, ADPH and ADMH expanded this collaborative to address opioid overdose prevention efforts – **The H.O.P.E. Campaign. Hold On. Pain Ends.** As a result of the Overdose Data to Action (OD2A) initiative, the H.O.P.E. Campaign is designed to reach audiences with messages of prevention, treatment, and recovery (<https://mh.alabama.gov/hold-on-pain-ends/>).

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

The committee is still in the process of completing a specific tool kit for youth-serving organizations. Currently, these organizations can access materials and information on ADMH's website. Additional tool kits will be developed for Opioid Awareness Week in 2021.

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

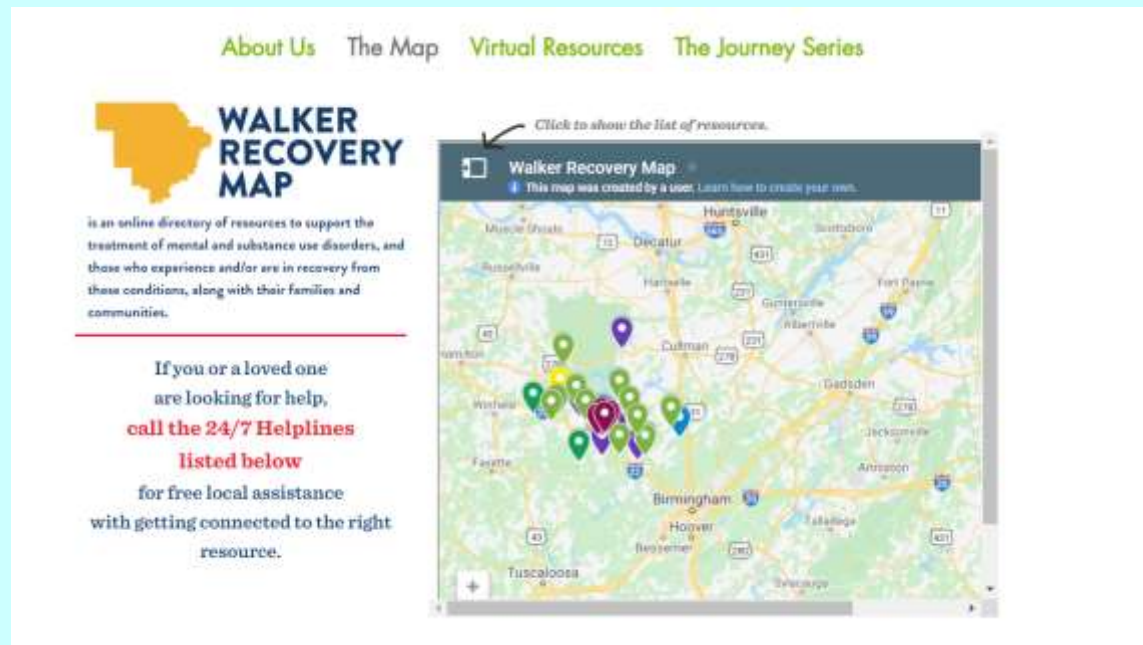
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Objective 2: Create website and social media pages specific to people in active addiction and their families to point them towards help – online help, help via phone, rehabilitation, and counseling. This website will contain a massive database where 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 was updated to provide online resources related to opioid use disorders and other substance use disorders. In 2020 ADMH saw a 76% increase in the number of people viewing the ADMH provider directory.

ADMH is participating in the Health Action Partnership in Walker County. This initiative has more than 25 organizations working together to improve the community health of Walker County, Alabama residents by creating a comprehensive network of prevention, intervention, treatment and recovery resources related to mental and substance use disorders, and those who experience and/or in recovery from those conditions, along with their family and communities. To learn more about this initiative visit their website at (<https://www.hnwc.org/>).



ADMH has 4 peer-run organizations that allow people in active addiction and family members to speak to a live person 24/7 that can help point them towards help – online help, help via phone, rehabilitation, and counseling.

R.O.S.S. Birmingham Community Center

3616 5th Avenue South
Birmingham, AL 35222
Office: 844-307-1760
Email: ross4u.org
<https://www.rosshelpline4u.org/>

R.O.S.S. Marshall County

1280 Suite B Hwy 431
Boaz, AL 35957
Office: 256-281-9008

R.O.S.S. Montgomery

925 Forrest Avenue
Montgomery, AL 36106
Office: 334-356-2890

People Engaged In Recovery, PEIR

2534 Government Blvd. Mobile, AL 36606

Help line: 888-421-PEIR (7347)

Office: 251-219-7811

Email: gulfcoastpeir@gmail.com

<https://peopleengagedinrecovery.org/>

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.

Planning	Implementation	Completed

ADPH and ADMH launched a coordinated 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.

This website is comprehensive in nature, providing information on access to advice for those who believe they are becoming addicted or are already addicted. Dependence is not addition, and Alabama must find a way to reach those who are dependent before they become addicted. The creation of this website and related media campaigns is a solution to fully bringing about the attention needed to address the opioid crisis, while providing community leaders and stakeholders with access to a captivating awareness tool. The campaign has 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.

Only 1 of the 8 identified action items remain; this remaining action item is currently in progress and should be completed by the end of this quarter. Social Media outreach greatly exceeded the goal of increasing by 2% each quarter, as demonstrated by growth on each of the following platforms:

- Facebook exceeding by 492%
- YouTube exceeding by 184%
- Google exceeding by 316%
- Bing exceeding by 1,838%

Agency representation increased beyond ADMH/ADPH by recruiting marketing agencies, recovery groups and primary/behavioral health entities to implement the campaign and prepare and disseminate materials.

In addition, ADPH and ADMH expanded this collaborative to address opioid overdose prevention efforts – **The H.O.P.E. Campaign. Hold On. Pain Ends.** As a result of the Overdose Data to Action (OD2A) initiative, the H.O.P.E. Campaign is designed to reach audiences with messages of prevention, treatment, and recovery (<https://mh.alabama.gov/hold-on-pain-ends/>).

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.

Planning	Implementation	Completed

Efforts are still be made to select and recommend an appropriate opioid education curriculum that can be implemented for sports programs.

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

Planning	Implementation	Completed

The committee did not collect data with the implementation of this goal. However, a plan will be developed to assess the number of youths reached through opioid prevention awareness and education activities next year.

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.

Planning	Implementation	Completed

This objective is still in the planning phase as training availability was severely limited due to COVID 19.

Objective 2: Provide training on addiction to new officers in Alabama’s Law Enforcement Academies.

Planning	Implementation	Completed

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

2018 – 84 Academy Graduates

2019 – 120 Academy Graduates

2020 – 127 Academy Graduates

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

2018 – 658 Academy Graduates

2019 – 1042 Academy Graduates

2020 – 831 Academy Graduates

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 Judicial Conference for the State of Alabama in July 2018.

Planning	Implementation	Completed

This objective has been removed from consideration due to a lack of availability for training slots at the Judicial Conference. The committee is exploring other opportunities for training in 2021.

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.

Planning	Implementation	Completed

The ADPH and ADMH expanded this collaborative to address opioid overdose prevention efforts – **The H.O.P.E. Campaign. Hold On. Pain Ends.** As a result of the Overdose Data to Action (OD2A) initiative, the H.O.P.E. Campaign is designed to reach audiences with messages of prevention, treatment, and recovery (<https://mh.alabama.gov/hold-on-pain-ends/>).

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.

Planning	Implementation	Completed

ADMH’s website continues to be updated to provide online resources related to opioid use disorders and other substance use disorders. In addition, ADMH and other state agencies advertise the 24/7 helpline that is a resource for any substance use disorder. Advertising of the 24/7 helpline that were placed on top of gas pumps and other media resources has resulted in a significant increase in calls received per month.

During FY 2019, the helpline received 4,330 calls; in FY 2020 it increased to 7,542. This represents a 74% increase in calls received. Of the calls received, 35% were family members seeking treatment or someone

to talk to about their loved one. While this work is identified as completed, expansion efforts will continue in 2021.



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.

ADMH provided 1937 direct service hours to family members in FY 2020. This represents a 52% increase from FY 2019. In addition, the ROSS (Recovery Organization of Support Specialists) Helpline has received over 2100 calls from family members seeking advice or help for a family member in FY 2020.

In addition, ADMH has 4 peer-run organizations that increased the ability of families to access treatment for family members who have OUD. The peer run organizations are listed below.

R.O.S.S. Birmingham Community Center

3616 5th Avenue South

Birmingham, AL 35222

Office: 844-307-1760

Email: ross4u.org

<https://www.rosshelpline4u.org/>

R.O.S.S. Marshall County

1280 Suite B Hwy 431
Boaz, AL 35957
Office: 256-281-9008

R.O.S.S. Montgomery

925 Forrest Avenue
Montgomery, AL 36106
Office: 334-356-2890

People Engaged In Recovery, PEIR

2534 Government Blvd. Mobile, AL 36606
Help line: 888-421-PEIR (7347)
Office: 251-219-7811
Email: gulfcoastpeir@gmail.com
<https://peopleengagedinrecovery.org/>

INTERVENTION

Legislative

Currently, there are no Alabama 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 (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. 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 current 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

Since Act 2018-552 Fentanyl Trafficking Legislation was signed by Governor Ivey in April 2018, there have been 54 cases filed under the statute. As of 10/31/2020, there has been one guilty plea. The remaining cases are in some form of court action such as waived to grand jury, bond hearing, set for trial, etc.

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

The Rescue Committee continues to await designation of naloxone as an over the counter medication. Given the many competing legislative priorities, we do not plan to seek additional naloxone legislation in the 2021 legislative session.

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.

Planning	Implementation	Completed

A member of the Administrative Office of Court (AOC) joined the committee in 2020 and has begun to review the objectives and will provide feedback to the committee on possibly revising this objective. As some drug courts have a history of not being receptive to participants participating in allowing Medication-Assisted Treatment (MAT) or requiring participants stop participating in MAT if they are on drug court.

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

Planning	Implementation	Completed

Two committee members, Dr. Ladinsky and Dr. Boyette, offered to present to the judges at the upcoming Drug Court Conference about MAT and the science of addiction and stigma. Dr. Boyette and Dr. Ladinsky will speak at the upcoming Alabama Association of Drug Professionals (AADCP) Conference scheduled for February 8-10, 2021.

Strategy 2: Incarcerated individuals in the Alabama Department of Corrections (ADOC) and those leaving local jails need to be able to access MAT 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 the Alabama Board Pardons and Paroles to help recently released inmates remain drug free after release.

Planning	Implementation	Completed

We have moved this project to the Day Reporting Centers using a portion of COSMOSS funds granted. Contracts are currently being signed for our providers to offer the service if deemed appropriate.

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:** 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.

Planning	Implementation	Completed

Alabama Medicaid, in partnership with ADMH, was awarded a Center for Medicaid Service Demonstration Project to increase substance use provider capacity. Current activities include surveys of Medicaid enrollees, surveys of providers, stakeholder focus groups, surveys of the general population and analyzing claims data. Approximately 980 provider surveys have been completed; 7,733 Medicaid enrollees have responded to the survey request. As part of this grant, determining the number of practitioners who can provide MAT has been a significant challenge. This issue has finally been resolved and the true number of such practitioners will be available from the Drug Enforcement Administration (DEA) by the end of the calendar year. Currently, 21 certified Opioid Treatment Programs and 20 MAT Traditional Providers operate as certified entities in the state.

(b) To increase supportive housing options for individuals who are undergoing or who have completed treatment for OUD.

Planning	Implementation	Completed

ADMH continues to fund different supportive housing options for individuals in recovery, particularly those who have been diagnosed with an Opioid Use Disorder, through state funds and the State Opioid Response (SOR) grant. ADMH funds the Oxford House, which is an evidenced based model of recovery housing. In FY 2019, 254 distinct individuals resided in an Oxford House, and in FY 2020, that number increased to 415. There are currently 26 Oxford Houses in Alabama with continued expansion ongoing. Other recovery housing options were also funded through similar efforts. At the end of FY 2020, 149 individuals received financial assistance from ADMH in approved recovery housing.

In addition, ADMH requested technical assistance regarding the National Alliance of Recovery Residences. Through this technical assistance, a group was formed and will apply for non-profit status as the Alabama Alliance of Recovery Residences (AARR). 10 Recovery Housing entities have applied for and been approved for recovery housing funding through ADMH; 8 of these are faith-based organizations.

The agencies/recovery residents listed below receive funds from ADMH through the SOR grant. These funds are designated to assist with lodging for those residents who have an OUD, are on MAT, and who may be experiencing temporary hardship. Also included are 2 agencies that have been approved for temporary relief for residents who have an OUD, but are not on MAT, and are experiencing hardship due to the COVID-19 pandemic.

While this work is identified as completed, expansion efforts will continue.

Name of Recovery House	Counties Served	Phone contact number	Acceptance Process	Date approved to receive ADMH funds
Will Bright Foundation	Fayette County	(205) 999-5576	Brief phone interview followed by making an application.	June 19, 2019
Oxford Houses	27 houses statewide: Mobile, Montgomery, Jefferson, Limestone, Tuscaloosa	Outreach Services (843) 999-6045	Persons seeking residency in Oxford House must be free from physical withdrawal symptoms, willing to work a program of recovery and follow house guidelines. They must also be interviewed and accepted by the current house members. Anyone seeking residency in an Oxford House can visit the Oxford House vacancy website to contact the house directly for an interview. oxfordvacancies.com	July 15, 2019
Salvation Army	Mobile	(251) 459-6151	An individual is assessed (most via telehealth during current pandemic), must have a negative COVID test. Since about 70% of our clientele is homeless, we have a quarantine unit set up where they can stay here while we arrange for testing and transportation to get a test. They move onto the unit as soon as we receive the results. Intake date and time are provided to the individual.	July 19, 2019
Birmingham Fellowship House	Jefferson County	Intake Department (205) 401-9626 ext. 402 or email intake@fshbhm.org	An individual will need to have an Adult Integrated Placement Assessment completed and sent to our intake department at intake@fshbhm.org . If an individual is unable to obtain one of those locally, they can call to schedule one with Fellowship House. Once the assessment is sent over or completed by us, the individual will need to call to schedule an interview with Mike King, Placement Coordinator, who will assess appropriateness for our apartment program. If appropriate, the individual will be placed on the waiting list, and contacted when an opening is available.	July 22, 2019
Changed Lives Christian Center	Jefferson	(205) 521-6421	Application online at www.cl-cc.org	January 21, 2020
The Foundry	Jefferson, Cullman	(205) 424-HOPE	Application online at www.foundryministries.com	
New Futures Inc.	Madison County (Huntsville, AL)	(256) 929-3215	Requirements are that you must have a child in custody that will be coming with you, and need shelter to keep family	June 19, 2020

			together in a safe environment. Make application and have availability.	
Doors to Serenity	Mobile	(251) 610-3389	Application is online at www.doortoserenity.org go to client, client contract, at the bottom please print and fill out then return via email or call 251-610-3389	July 1, 2020
4 th Dimension	Jefferson	(205) 492-5467-men's program (205) 732-4911-women's program	A phone interview or in-person assessment is conducted to determine whether an individual is medically and psychologically stable for sober living. Information about the program is provided at that time and a date for admission is set based on availability.	July 29, 2020
Stepping Stones	Madison	(423) 650-7204	online application at: http://steppingstones-inc.com/apply-now/	August 12, 2020
*Beason Recovery LLC.	Baldwin	(251) 228-0061	Pass drug screen and interview over phone, have driver license and social security card, ability to gain employment or for disability ability to pay \$700/mo	April 21, 2020
*Best Life Recovery	Madison County	(256) 384-4060	1. Download one-page application at www.BestLifeRecovery.org 2. Complete the application 3. Email it to info@bestliferecovery.org 4. Our Women's Program Director will contact the applicant (typically within 24-48 hours) to discuss her application and explain more about Best Life's program, services and culture 5. If the applicant and Best Life appear to be a mutual fit, applicant will be invited to the home (if practical) for an in-person interview with the Women's Program Director and other residents and will also receive a tour of the home	August 25, 2020

(c) To increase funding for peer and other recovery support services for opioid use disorders.

Planning	Implementation	Completed

ADMH applied for and received a federal SOR grant for an additional two years (SOR2). The goal of the original SOR funding was to serve 2,500 individuals over the course of 2 years (this number was exceeded). The goal for new SOR2 grant is to serve 5,000 individuals over the course of 2 years. 4 substance abuse peer recovery organizations have now been established and funded by ADMH. There is 1 in each of the 4 ADMH substance abuse planning regions of the state: Birmingham, Mobile, Montgomery and Marshall counties. Birmingham and Marshall have expanded to operating 12 hours per day, 7 days a week. Birmingham and Marshall had over 1,000 attendees at each site during the month of October 2020. The grid below shows an annual increase in recovery support services:

Description	2018	2019	2020
Total Peers Certified	272	353	456
Percentages of peers working in a peer capacity	61%	75%	81%
Peers working in an OTP	3	4	7
# of Counties with a Peer providing outreach	24	31	52
Recovery community centers operating	2	3	4
Recovery community center hours	36 hrs./week	36 hrs./week	84 hrs./week

ADMH also applied for and received a Bureau of Justice Assistance (BJA) grant. It is a diversion grant to provide peer support services to individuals involved with the criminal justice system or in danger of becoming involved in the criminal justice system. Partner counties are Jefferson, Walker, Montgomery (and surrounding counties) and Etowah. Two peers and two assessors are funded through this grant at each site. The implementation phase started at the end of July 2020. Since then, 78 individuals have received a recovery support service; of those 69 have remained connected to the peer for more than 30 days. While this work is identified as completed, expansion efforts will continue.

(c) To sustain a skilled prevention, treatment, and recovery support workforce.

Planning	Implementation	Completed

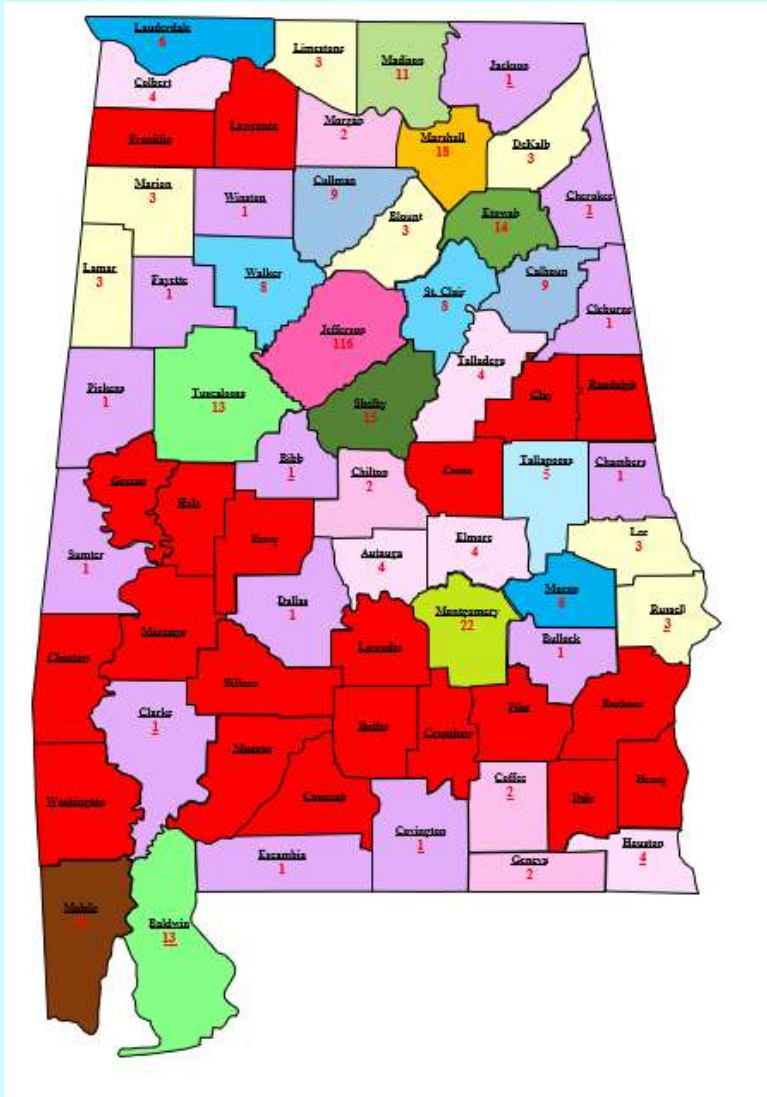
As part of building and sustaining a skilled workforce, the provision training on evidence-based practices has been a focus of the committee. ADMH sponsored a Motivational Interviewing Training for the second year in a row. A consultant group provided a Motivational Interviewer Training Course which included a Train the Trainer component that will contribute to its sustainability. 68 individuals completed the training and 8 of those individuals also completed the Train the Trainer component. These 8 individuals will begin a mentorship program and continue the trainings in the new year.

ADMH also sponsored a Strengthening Families training focused on trauma and Adverse Childhood Experiences (ACEs). 23 Trainings were held with 395 participants completed the trainings. Individuals involved in the training represented all 67 counties in the state.

ADMH applied for and was selected to be a site for “How Being Trauma Informed Improves Criminal Justice System Responses.” The purpose of the training is to help educate criminal justice professionals about the impact of trauma and how to develop trauma-informed responses. 19 individuals were certified to be a trainer of this model. These individuals were members of the criminal justice system and the behavioral health system. 3 trainings have been held with 43 total participants.

In FY 2020, ADMH offered 64 trainings and trained 1,325 individuals.

ROSS (Recovery Organization of Support Specialists) applied for and received a grant to establish a Recovery Community Services Program. The grant uses recovery coaching and Peer Mentors to help recovery individuals become a part of the state’s peer workforce. 22 individuals have been enrolled in the program. 10 individuals are enrolled in the mentorship aspect of the program, and 2 of these individuals have become certified peer supports specialist and are providing peer support in Jefferson County.



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.

Planning	Implementation	Completed

The inclusion of faith-based agencies as providers of recovery housing has significantly increased access. A more formal collaborative process has not been developed. This will be a focus of the committee for the upcoming year.

Objective 2: Develop and implement a voucher payment system to support access to recovery support services for OUDs.

Planning	Implementation	Completed

ADMH is implementing a new management information system. If determined necessary, a voucher system can be implemented. With the adoption of MAT by certified traditional ADMH providers, the voucher system has not been deemed necessary.

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.

Planning	Implementation	Completed

The committee began the year with a focus on this objective and a representative of the Alabama Insurance Consumer Services Division had agreed to work on this with the committee. The onset of the COVID-19 pandemic halted this work temporarily.

Objective 2: Allocate all new state funding received for treatment and recovery support services based upon assessed community needs.

Planning	Implementation	Completed

All new ADMH funding specific to substance abuse, with the exception of continuation costs, has been allocated to treatment, prevention, and recovery support services.

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

The University of South Alabama opened Alabama’s first, and presently only, Accreditation Council for Graduate Medical Education (ACGME) approved addiction medicine fellowship this year. The University of Alabama at Birmingham (UAB) is working toward having a fellowship running by the 2022-2023 academic year. Leadership has suggested to defer until then due to current and anticipated constraints due to the COVID-19 pandemic.

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

ADMH identified Parent Coach Training as a viable option for this objective. Partnership to End Addiction has agreed to offer this training virtually within the state. Parent coaching is a peer-to-peer program, by which a parent or caregiver seeking help and perspective on their child’s substance use issues is paired with a specially trained volunteer who has also traveled the path of a child’s substance use or addiction. By speaking with someone who has “been there” and walked in their shoes, parents learn how to stay connected to their loved one and get the support and encouragement they need.

Plans are in place to have a date set by the end of December 2020 for the first training.

For Family Peer Certification, The University of Alabama has developed “The Minds and Mentors Paraprofessional Training Program (MiMP-TP)”, for individuals in recovery, family members, and para-professionals to participate. As a result of this, the ADMH Office of Peer Services has developed a certification for family members and para-professionals based on their participation in the 12-week class.

In addition, the ADMH Office of Infant and Early Childhood Special Programs (OIECSP) and Substance Abuse Treatment Services are partnering to create a new wraparound support service for pregnant and parenting women receiving outpatient treatment for Substance Use Disorder and their families. The pilot program will begin January 2021.

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.

Planning	Implementation	Completed

The SBIRT grant team has integrated SBIRT into a Veterans Affairs (VA) health system, a Federally Qualified Health Center (FQHC), a primary health care clinic, and in local county health departments across 16 counties in Alabama. The project work is building standards of care for a statewide implementation approach and 6 of the 16 counties are expansion counties that occurred in the past year. In addition to the new counties and expansion of SBIRT services, new relationships with the ACHN have been developed and statewide implementation of SBIRT will begin next fiscal year. Two new programs at ADPH have adopted SBIRT delivery services as a standard care of practice. All Babies and Title IX are currently using SBIRT with all patients in 12 counties.

Objective 2: Identify and leverage existing programs and resources to expand access to treatment and related services and support for SUDs.

Planning	Implementation	Completed

The Treatment and Recovery Committee along with the SBIRT grant team continues to build referral relationships among existing providers with new SBIRT providers to broaden the lens for SUD services. New relationships continue to develop among ADPH and ACHN services.

Objective 3: Review coverage policies and plan allowances for billing SBIRT services through state health programs and provider networks.

Planning	Implementation	Completed

The Treatment and Recovery Committee and the SBIRT grant team have made significant strides and progress in the review of SBIRT billing for Medicaid in the state. Working with Medicaid, the SBIRT billing code was revised to include the standardized Alabama SBIRT screening tool as an accepted tool for SBIRT services. SBIRT billing codes remain active only for providers of services to pregnant women. Also working with Medicaid increased reimbursement for the ACHNs was solidified to cover the costs of statewide implementation of SBIRT. The Treatment and Recovery Committee along with the SBIRT grant team is continuing to review state billing procedures for SBIRT and other integrated care billing codes for further reformation.

Objective 4: Increase addiction competencies through proposed minimum continuing education requirements to the professional licensing boards, i. e., social work, counseling, nursing, psychology, etc.

Planning	Implementation	Completed

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.

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 been able to include SBIRT at the College of Education, College of Nursing, College of Business, and the School of Social Work at The University of Alabama. Increased effort in the next couple of years will expand the use of SBIRT into other colleges and universities. The COVID-19 pandemic presented significant challenges with this objective and continues to create barriers to progress.

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 effective March 2018. 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

In 2018, Auburn and Samford Pharmacy Schools began educating students 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. We did not find a way to keep an up-to-date and reliable listing of all participating pharmacies; we will not continue to pursue this objective.

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

Distribution of naloxone kits was significantly limited in 2020 due to the COVID-19 pandemic. As of October 2020, the following number of kits was distributed:

Alabama Department of Mental Health (ADMH)

1,690 kits distributed since 1/1/2020

53 documented administrations with 51 reversals (2 fatal overdoses)

ADMH is using the Naloxone Need Index to help guide geographic prioritization.

Jefferson County Department of Health

349 kits distributed to Jefferson County residents since 1/1/2020

77 ADMH kits distributed to first responders/non-Jefferson County residents since 1/1/2020 (not counted in the ADMH totals above)

Total kit distribution in 2020 (as of 10/31/2020) = 2,116

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

In 2020, this was initiated with other Greater Birmingham area hospitals about setting up similar programs.

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, 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 division 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. This is being used to guide ADMH in prioritizing the geographic areas to distribute its stock of naloxone. One ongoing limitation of the NNI is obtaining more current data. Work to obtain more regular updates to the data is ongoing.

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

No further work is needed on this by the committee.

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

Naloxone training/dispensing events are being shared on social media.

Strategy 8: 2020 Goal for Rescue Sub-committee

Objective 1: Promote naloxone availability on college and university campuses where appropriate.

Planning	Implementation	Completed

Letters about the potential availability of naloxone were sent to several colleges and universities, but otherwise implementation has been on hold due to the COVID-19 pandemic.

Objective 2: Pursue ways to equip at-risk inmates with naloxone post-incarceration

Planning	Implementation	Completed

Some initial discussions occurred with the Jefferson County and Montgomery County local jails, but a program has not been implemented. Efforts to engage DOC were unsuccessful. This is on hold due to the pandemic.

Objective 3: Increase the overall supply of naloxone for distribution to target populations in the state.

Planning	Implementation	Completed

Work is still mostly limited to the supply obtained through existing grants that ADMH has, and direct funding by the Jefferson County Department of Health for distribution in Jefferson County. The Alabama Harm Reduction Coalition sought private funding with limited success. There remains a need for more funding for purchase of naloxone to distribute to people unable or unlikely to purchase it. It is unclear whether there will continue to be federal funding for naloxone.

Objective 4: Increase number of persons available to conduct training and dispense naloxone in high risk counties.

Planning	Implementation	Completed

Since the formation of the Rescue Committee, a major limitation in getting naloxone to laypersons in many counties in Alabama has been the lack of available trainers and people allowed to dispense the naloxone in community settings under current Alabama law.

The COVID-19 pandemic created challenges for naloxone distribution forcing innovation in naloxone training delivery and distribution. This created an opportunity to revisit pharmacy involvement in naloxone delivery. Naloxone training is now available online through the Jefferson County Department of Health website. This training is accessible to anyone in the state. Distribution of free naloxone kits is now available in 5 independent pharmacies in Jefferson County. We have had conversations with 4 major

chain pharmacies about partnership opportunities and are currently evaluating the feasibility of a Free Naloxone Day (similar to what has been done in New Jersey, Michigan and Iowa).

Objective 5: Prioritize naloxone distribution to counties with the greatest need.

Planning	Implementation	Completed

The Naloxone Need Index (NNI) is being used by the Alabama Department of Mental Health, and work is ongoing to improve the timely update of data used in the NNI.

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 individuals with a wealth of knowledge regarding the development of CADCA model coalitions in Alabama who could assist in developing these coalitions at low cost. A reasonable starting point is to establish 1 CADCA model coalition in each of the 41 Judicial Circuits with the desired goal of establishing CADCA Model Community Coalitions at the municipal level. 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.

Planning	Implementation	Completed

In May 2020, Leidos, a FORTUNE® 500 science and technology leader, and its wholly-owned subsidiary Dynetics, teamed-up with CADCA, ADMH, and WellStone Behavioral Health to help prevent substance misuse during Substance Abuse and Mental Health Services Administration's (SAMHSA) National Prevention Week.

This is the link regarding the CACDA highlight. <https://www.cadca.org/blog/leidos-teams-cadca-led-coalition-prevent-substance-misuse-during-national-prevention-week>

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.

Planning	Implementation	Completed

The **Stop Judging, Start Healing** campaign created a presentation titled “Stop Stigma in Alabama” that deals with how stigma affects one seeking treatment, accessible to organizations and other stakeholders to use. The second phase of the campaign will be implemented in 2021 to create tool kits for professionals working in the medical, law enforcement, first responder and pharmacy fields.

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

Planning	Implementation	Completed

ADMH 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**. ADMH has seen a 77% increase in hits to the finding help link on the website

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

Plans are underway to adopt and observe Opioid Prevention and Awareness week in October 2021. Plans include the signing of a proclamation, developing materials and distributing to various stakeholder across the state to encourage participation

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. The Stepping Up Initiative 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 21 counties in Alabama have passed resolutions to support this initiative. An opportunity exists to galvanize communities around this initiative and encourage the remaining 46 counties to pass similar resolutions.

Planning	Implementation	Completed

As of December 2019, 21 of the 67 counties in Alabama have passed Stepping Up resolutions or proclamations. Mental health centers in eleven of the 21 counties were funded by ADMH to implement this initiative – six counties in Year One (Oct. 2018 – Sept. 2019) and five counties in Year Two (Oct. 2019 – Sept. 2020). Former ADMH Commissioner Lynn Beshear spearheaded a unique implementation of Stepping Up as the only such model in the nation to serve populations in both jails and emergency rooms. These settings are often ill equipped to appropriately address the needs of people with serious mental illness (SMI), substance abuse, or co-occurring disorders. These individuals are better served with appropriate mental health and support services.

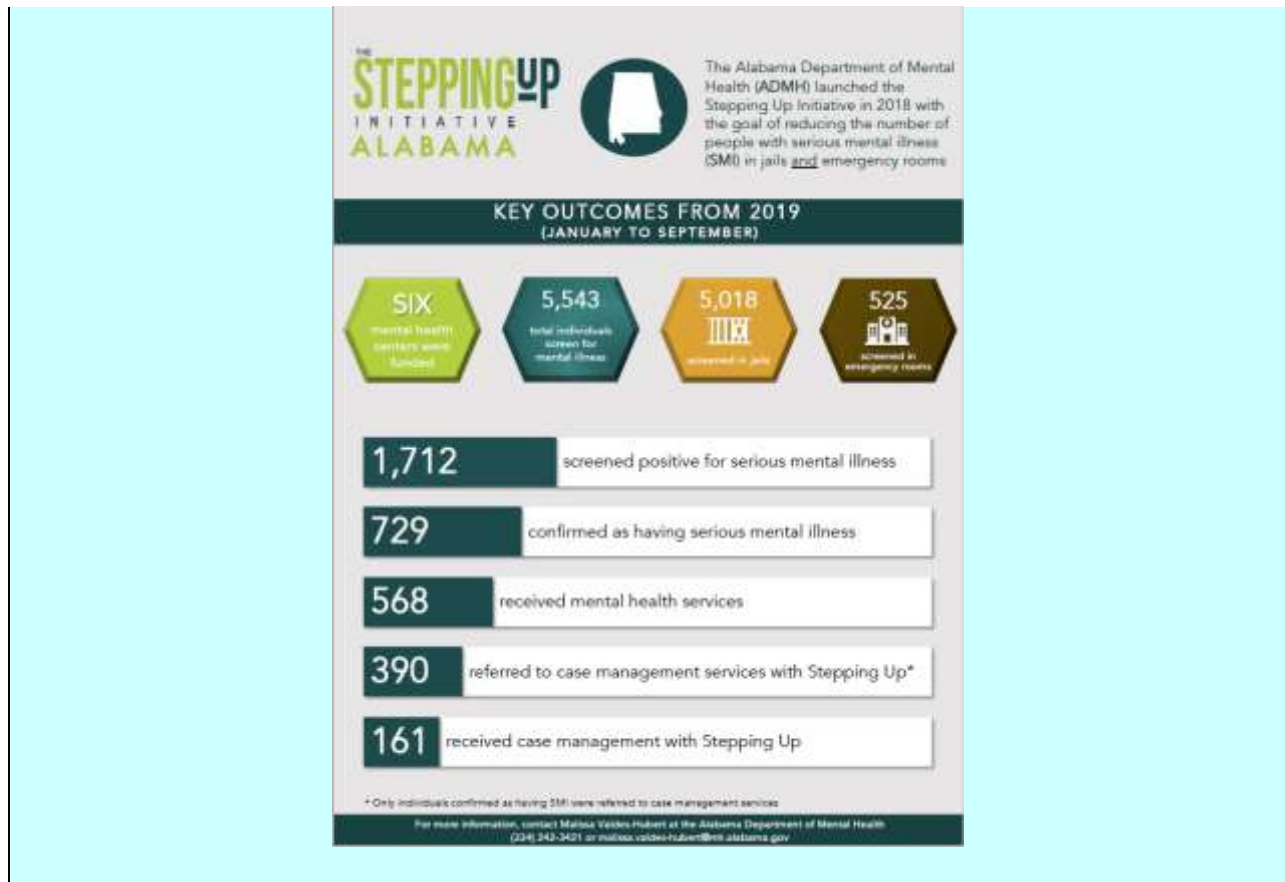
To execute this vision, ADMH contracted with The Dannon Project to provide Training & Technical Assistance and Evaluation Support to ADMH and grantees beginning in May 2018. In June 2018, ADMH released an RFP for community mental health centers to apply for a one-time award of up to \$50,000. This award supported intensive case management services to screen, assess, develop a case plan for and link clients to appropriate, necessary mental health (i.e., group/individual mental health counseling, crisis intervention, and court advocacy) and social services (i.e., housing, transportation, food); recruitment for and facilitation of a local planning committee to create supportive local policies; and community outreach to mobilize community support.

THE STEPPING UP INITIATIVE ALABAMA

WHAT IS UNIQUE ABOUT STEPPING UP ALABAMA?

- STATE FUNDING FOR EACH SITE**
The Alabama Department of Mental Health (ADMH) provided seed funding for each site to cover the cost of a case manager through the pilot year. This helped sites launch the Stepping Up Initiative and set the foundation for scalability and effectiveness. This funding is significant because it demonstrates the state's commitment to the mission.
- JAILS AND EMERGENCY ROOMS**
While the Stepping Up Initiative was designed to reduce the number of people with serious mental illness (SMI) in jails, the Alabama implementation serves both jails and emergency rooms. Both settings are often ill-equipped to provide adequate services for people with SMI. This approach provides a more comprehensive solution to address the problem.
- TRAINING & TECHNICAL ASSISTANCE**
ADMH partnered with The Dannon Project to provide site-specific training, monitoring, evaluation, and several other critical supports throughout implementation.
- CRUCIAL CONVERSATIONS**
ADMH partnered with the Maxman agency to implement a community engagement strategy called Crucial Conversations. This initiative was designed to mobilize stakeholders by communicating the importance of mental health and the role of Stepping Up in addressing this issue.

For more information, contact Malissa Vadden-Holbert at the Alabama Department of Mental Health (334) 242-5471 or malissa.vadden-holbert@admh.alabama.gov



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 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

SAMHSA has partnered with the United States Department of Veterans Affairs (VA) to bring the *Governor’s and Mayor’s Challenges to Prevent Suicide Among Service Members, Veterans, and their Families* to states and communities across the Nation. Currently, 27 states are taking part in the challenge and are working to implement statewide suicide prevention best practices for SMVF, using a public health approach. Alabama is one of the participating states. Team representation includes the Alabama VA, ADMH, ADPH, and various other agencies to develop an implementation plan to prevent suicide among SMVF. As a result of this collaborative and an effort to prevent duplication, Community Engagement is currently exploring ways to embed action items that will address the goals of both committees to meet the needs of SMVF, address opioid overdose prevention efforts, and review research to demonstrate the link between suicide and opioid use.

A total of 205 community service providers responded to the Veterans’ Survey. Highlights from captured responses include the following:

1. 79% provide opioid use disorder treatments.
2. 22% provide mental health and prevention services.
3. 79% screen for co-occurring mental health and substance.
4. 19% believe opioid use disorders in veterans was higher than the general population.
5. 17% do not screen for military service.
6. 20% do not refer to VA health facilities (inpatient or outpatient).
7. 43% reported being satisfied or very satisfied with referrals to VA health facilities for opioid use disorders.
8. 78% reported that they receive training on suicide prevention.

Additional highlights include:

1. Agencies/organizations that provided mental health services were 82.5% less likely to provide OUD treatment services than those that did not provide mental health services.
2. Agencies/organizations with clients/patients who suffered from opioid addiction were 7 times more likely to provide OUD treatment services than those without clients/patients who suffered from opioid addiction.
3. Agencies/organizations that provided suicide prevention services to their clients/patients were 4 times more likely to have OUD treatment programs than those that did not provide suicide prevention services.
4. Agencies/organizations that provided mental health and substance abuse co-occurring screening services were 6 times more likely to deliver OUD treatment programs than those that did not provide co-occurring screening services.

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.

Table 5: Impact of Opioids on Prime-Age Labor Force Participation and Real Economic Growth by State

State	Prime-age Labor Force Participation Rate, 1999-2015 (in pct pts)	Workers, 2015 (in thousands)	Work Hours, Cumulative 1999-2015 (in millions)	Real Output, Cumulative 1999-2015 (in billions)	Annual Real GDP Growth Rate, 1999-2015 (in pct pts)
Alabama	-2.6	-46.3	-646.4	-\$377	-1.2

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.

Planning	Implementation	Completed

Alabama submitted the 2020 WIOA Combined Plan on February 3, 2020. The plan was approved by the U.S. Departments of Education and Labor on June 7, 2020. The plan was developed after 14 public meetings were held in each of the seven workforce regions. Two meetings were held in each region between July and October 2019. The 2020 Combined Plan includes Perkins CTE for the first time and provides a vision to align Alabama’s public workforce system to provide in-demand career pathways and supportive services for individuals with barriers to employment.

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.

Planning	Implementation	Completed

In January 2020, Alabama applied for a Support to Communities: Fostering Opioid Recovery Through Workforce Development grant that is funded through the U.S. Department of Labor as part of the response to the national opioid health emergency. The lead agency is the Alabama Department of Commerce, Workforce Development Division. The grant program would serve several thousand Alabamians who have been affected by the opioid crisis in the North AlabamaWorks! (Region 1) region over a four-year project. The grant project would have developed a partnership between community colleges, one-stop centers, DHR centers, treatment providers, community-based organizations, and employers. Alabama was notified on August 26, 2020 that the state was not selected for this grant.

In September 2020, Alabama applied for the second round of opioid National Health Emergency (NHE) Dislocated Worker Grant (DWG) funding that would serve Region 2, Region 3, and Region 4. The model for the NHE DWG proposal for regions 2, 3, and 4 will closely follow the program design for the Support to Communities: Fostering Opioid Recovery Through Workforce Development grant proposal for Region One. Unfortunately, Alabama did not get chosen for the second round.

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

Alabama has attempted to develop a statewide longitudinal database system (SLDS) for several years with little success. Governor Ivey has charged the Governor's Office of Education and Workforce Transformation (GOEWT) with finishing the work of developing Alabama's SLDS. The GOEWT is working with each partner agency to develop the ATLAS on Career Pathways data-sharing memorandum of understanding that will govern the parameters of use for the ATLAS on Career Pathways and ACCET. Once the MOU is approved by Governor Ivey, the P20W Council will meet to approve the draft ATLAS on Career Pathways and ACCET bylaws and the data-sharing MOU. At that point, each partner agency will sign the data-sharing memorandum of understanding. The ATLAS on Career Pathways will become operational in 2021. The ACCET will allow users to create a verified, digital resume to display industry-recognized credentials and progress against established competency models. Credential information displayed through the ACCET will signal to employers that a worker or student possesses the requisite skills for either an entry-level job or progressive wage increases as a result of mastering the next competency within a stackable sequence. The ACCET will guide students through a digitally delivered exploration and survey all 79 pathways within the 16 CTE industry clusters, an interest and career profile, and a graduation plan. The ACCET will also serve as an integrated case management system for core agencies and partners to the Alabama 2020 WIOA plan that will include routing questions, a WIOA data hub, individual services routing assessments, an app for accessing services, and a common needs assessment. The ACCET will be operational in 2021.

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