



2021  
ANNUAL REPORT  
ALABAMA OPIOID OVERDOSE  
AND  
ADDICTION COUNCIL

# Table of Contents

---

Letter from the Chairs

Introduction

## **Subcommittees' Reports**

Community Engagement and Outreach	5
Data	7
Law Enforcement	10
FACTS About Fentanyl Test Strips (FTS)	13
Prescribers and Dispensers	14
Rescue	19
Epilogue	25
Testimonials	26
Treatment and Recovery	27
Messaging Campaigns	31
PeerRX	32
Naloxone Public Messaging Campaign	33
Additional Activities	34-42
Workforce	43
Council Members	44
Subcommittee Members	45

December 31, 2021

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

Dear Governor Ivey:

We are honored to serve as the Co-Chairs for the Alabama Opioid Overdose and Addiction Council. With a diverse council membership, deep community engagement, and key leaders' commitment, the process has provided an impressive foundation for the development of this year's report.

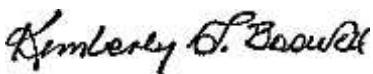
The Council has convened over 100 experts, stakeholders, and community members to continue to move the Council's initiatives forward. We are proud of the work conducted by members of the Council and its seven Subcommittees, and we are grateful for their dedication and innovative ideas. Everyone involved understands the importance of their individual and team roles in meeting the expectations of the Council. 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 stakeholders.

The progress you will see in this year's annual report is guided by the following principles in Executive Order 708:

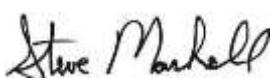
- Improving surveillance of opioid misuse, addiction and overdose.
- Expanding access to appropriate prevention, treatment and recovery support services for opioid disorders.
- Improving access to Naloxone.
- Increasing awareness of the overdose epidemic.
- Reducing the stigma associated with substance use disorders.
- Improving prevention education for all Alabamians.
- Enhancing the Prescription Drug Monitoring Program.
- Promoting evidenced-based guidelines for pain management.
- Improving coordination and collaboration among relevant stakeholders.

We appreciate the opportunity to serve in this important mission and have taken to heart the Substance Abuse and Mental Health Services Administration message that behavioral health is an essential part of overall health in which prevention works, treatment is effective, and people recover. We have been inspired to see each of these critical points observed as we continue to implement the Council's initiatives to help all Alabamians.

Sincerely,



Kimberly G. Boswell,  
Commissioner  
Alabama Department of Mental Health



Steve Marshall,  
Attorney General of Alabama  
Office of the Attorney General



Scott Harris, MD, M PH  
State Health Officer  
Alabama Department of Public Health

## **Introduction**

The Alabama Opioid Overdose and Addiction Council was established by Governor Kay Ivey in Executive Order 708, signed in August 2017, with a charge to develop a comprehensive coordinated strategy to combat Alabama's opioid crisis and reduce the number of deaths and other adverse consequences in the state.<sup>1</sup> The Council's purpose includes developing a comprehensive, coordinated strategic plan to combat the opioid crisis in Alabama, and gathering and reviewing data characterizing the impact of the crisis.

Over the last five years, the Council has studied the state's current opioid crisis and identified a focused set of strategies to reduce the number of deaths and other adverse consequences of the opioid crisis in Alabama. The Council continually monitors and evaluates implementation of the state's strategic plan and the activities and initiatives undertaken to combat Alabama's opioid-use epidemic.

Alabama is committed to building on the state's efforts to fight opioid addiction by taking actions to reduce inappropriate opioid prescribing and dispensing; increase public awareness about naloxone distribution and access; ensure a pathway to recovery for individuals with substance use disorder; and provide vital resources to all Alabamians living with substance use disorders, including their family members, community providers and healthcare, and law enforcement professionals. This work is accomplished through Subcommittees. Their work is summarized in this report. A list of Subcommittees can be found at the end of the Report. Their dedication to this work and saving lives is remarkable.

---

<sup>1</sup> Executive Order No. 708 Establishing the Alabama Opioid Overdose and Addiction Council. August 8, 2017: <https://governor.alabama.gov/newsroom/2017/08/executive-order-no-708/>

## **Community Engagement and Outreach**

Beverly Johnson  
Alabama Department of Mental Health

Dr. David L. Albright  
University of Alabama, School of Social Work

### **GOAL**

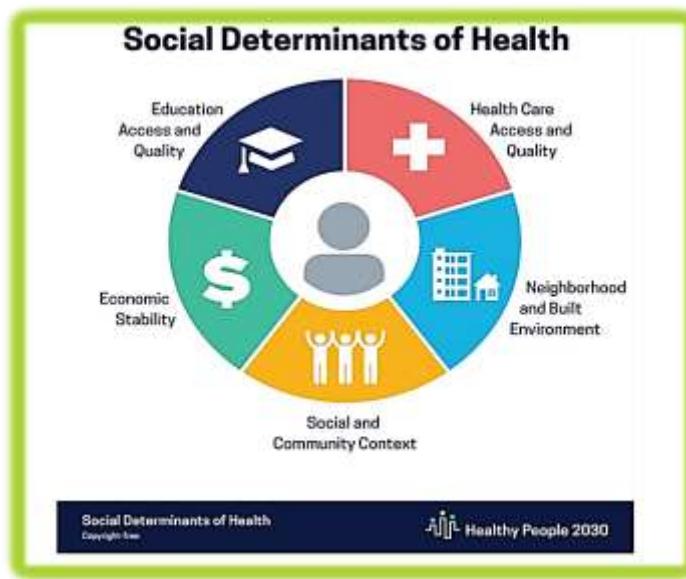
Increase outreach capacity of the Opioid Overdose and Addiction Council to educate and train individuals, communities, and organizations by providing culturally competent messaging to address the needs of diverse populations and mitigate behavioral risks that may be associated with opioid use/misuse.

In order to expand outreach and engagement, the Community Outreach and Engagement Subcommittee determined the need to expand its goals and objectives to not only assist the Committee in its efforts, but the Alabama Opioid Overdose and Addiction Council membership. The Committee has developed a Public Education Plan that will serve as a resource guide to all members of the Council and the populations served by the member and/or agencies and communities represented. Upon completion and approval of the Plan, the resource tool will afford professionals providing services, as well as lay persons, a resource to aid with consistent and culturally relevant messaging.

### **OBJECTIVE**

By the end of 2022, Community Engagement and Outreach will develop a Public Education Plan that will provide consistent language, messaging practices, and practical guidance as it relates to corresponding with various populations/subpopulations.

Health equity and access to care are foundational components of addressing overdose and mortality among individuals with behavioral health conditions; more specifically, opioid-related mortality has been shown to be associated with social determinants of health (SDOH). SDOH describes the range of social, environmental, and economic factors that can influence health status conditions that can often have a greater impact on health outcomes than the actual delivery of health services.



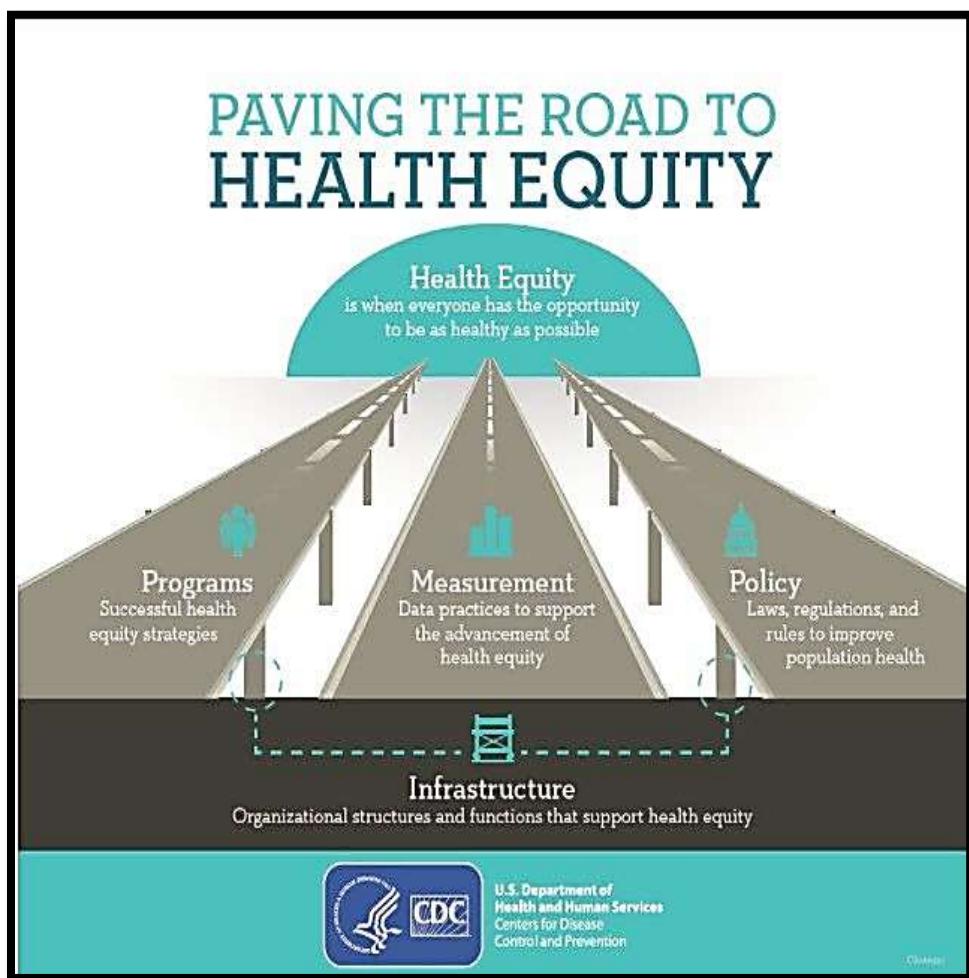
In an effort to expand outreach and engagement across our state, the Committee is developing a Public Education Plan that will serve as a resource guide to all members of the Council and the populations served by the member and/or agencies and communities represented. Upon completion and approval of the Plan, the resource guide will afford professionals providing services, as well as lay persons, a resource to aid with consistent and culturally relevant messaging.

## WHY IS IT NEEDED

According to the Center for Disease Control and Prevention (CDC) community engagement and outreach should be a foundational part of the process to develop culturally relevant, unbiased communication for health promotion, research, or policy making. Thus, the committee's intent is to create a plan to assist community-based organizations and agencies with talking about issues related to health equity, primarily as it pertains to race, ethnicity, structural racism, and social determinants of health.

## WHAT IT WILL INCLUDE

Guidance, standard definitions and terms to avoid what community-based organizations and agencies can use in the creation of reports, forms, and other written materials.



## **DATA**

Dr. Tammie McCurry  
Alabama Department of Mental Health

Nancy Bishop  
Alabama Department of Public Health

### **GOAL**

Continue to develop the capacity to provide rapid access to current data from various statewide agencies to address the opioid crisis. The Data Subcommittee, comprised of the leading stewards of substance use data across the state, met bi-monthly throughout FY2021 to monitor trends in substance use data. By exploring the complexities of sharing, analyzing, interpreting, and reporting substance use data with experts in their respective fields, the committee brainstormed solutions to achieve the meaningfulness of substance use data for assessing the impact of addiction and overdose for guiding development of resulting policies.

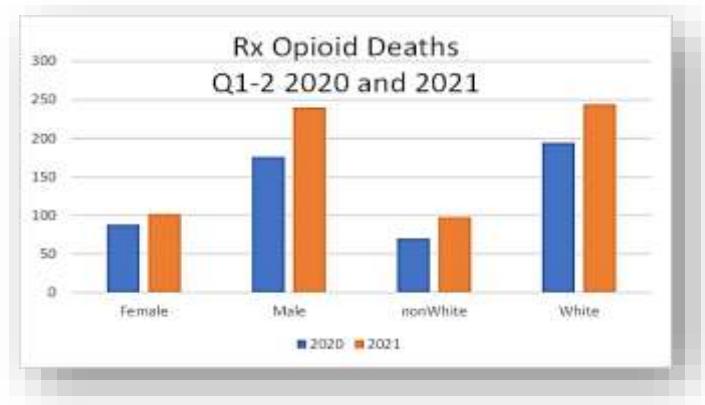
### **OBJECTIVE**

Further describe data needs to assess the impact of opioids and identify solutions. The Data Subcommittee identified several deficits in the data available for assessing the statewide impact of substance abuse. Special attention was focused on the following issues:

**Cause of Death:** Reporting Cause of Death involves several of our partners: Coroners, the Department of Forensics and Public Health's Vital Records Registry. The Data Committee will continue to seek solutions to address the resources needed to improve the communication of timely and complete data to better detect spikes in drug overdoses.

**Health Service Utilization:** Alabama Medicaid and Blue Cross Blue Shield of Alabama have shared four years of substance use treatment utilization data with the Centralized Data Repository (CDR) comprising the majority of health services covered by health insurance in the state.

**Spectrum of Stakeholders:** The CDR has begun negotiations with the Alabama Department of Corrections, the Alabama Department of Human Resources and the Alabama Office of Administrative Courts to increase data-sharing across a broader spectrum of partners working with persons with drug use issues and their families. The graph below was developed by the CDR and indicates Prescription Opioid Deaths increased nearly 30% in the first half of 2021 compared to 2020 with the most notable increases among males.

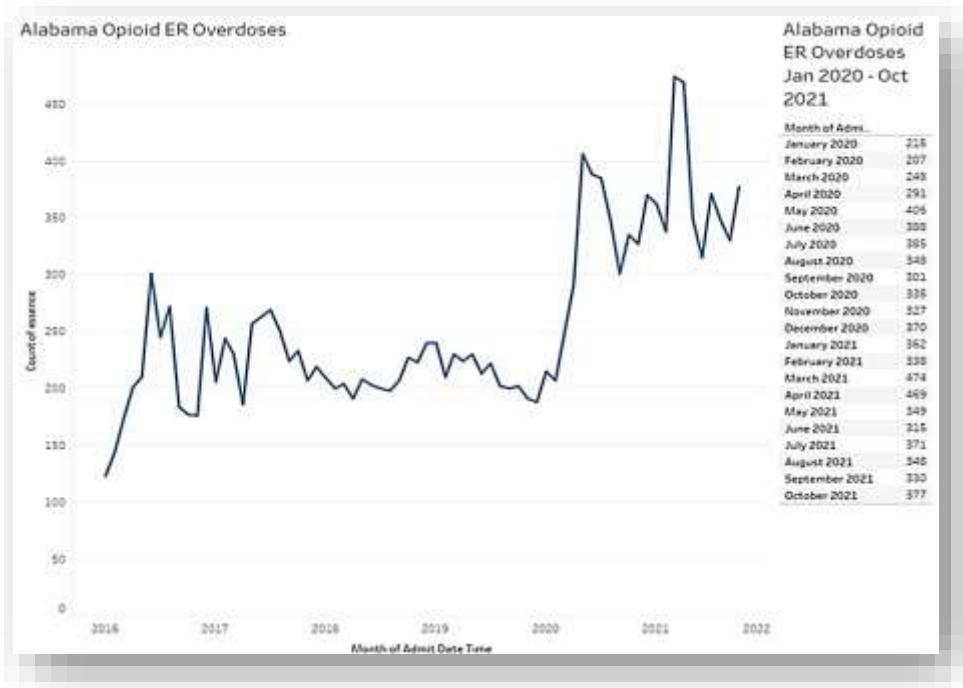


## OBJECTIVE

Support measurement of initiatives to address substance abuse.

**Inter-Committee Support:** The Data Subcommittee facilitator has been meeting with Law Enforcement, Prescribers and Dispensers and the Treatment and Recovery Subcommittees to assist with data collection, analysis, and interpretation. Specifically, the Data Subcommittee facilitator and CDR administrators from the University of Alabama Institute of Data and Analytics assisted with the refinement of a Naloxone Need Index calculation.

The graph below, created from the CDR, indicates ER visits due to opioid overdoses unexpectedly skyrocketed in 2020. This spike in ER visits was the first indication by the CDR that the steadily improving overdose trends of recent years quickly reversed during the onset of COVID.



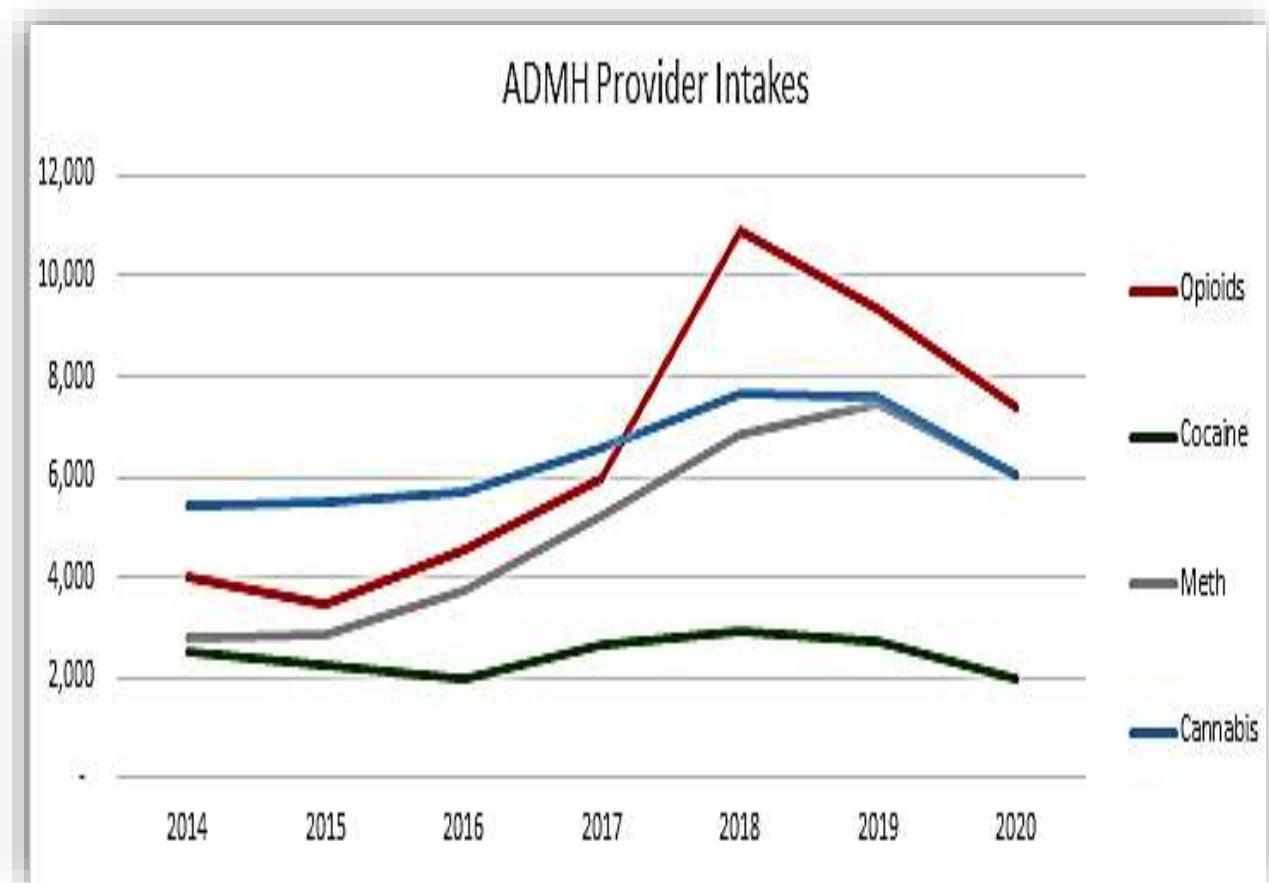
## OBJECTIVE

Continue to advise CDR Governance Board.

**Data Governance and CDR administration:** The Data Subcommittee and the CDR Governance Board each met bi-monthly. The CDR expanded from opioid only data to all misused substances. Additionally, federal funding to sustain CDR operations has been secured for FY2022. Further federal grant funding is pending award determination. To improve the usefulness of the online CDR dashboard, meetings were held with groups of providers of substance use prevention and treatment services to determine what data best reflects their work and what data best supports their operations and justification for future funding requests.

**Outbreak Detection:** An outbreak workgroup was convened to develop a metric panel to identify local outbreaks of drug misuse. The CDR is working to increase data update frequency among contributors to make outbreak detection possible.

The graph below indicates Alabama Department of Mental Health (ADMH) providers saw a marked increase among clients presenting with opioid use disorder, and to a lesser extent, methamphetamine use disorders. As a result, the focus of ADMH's Opioid Response funds has now been expanded to support stimulant use disorder treatment as well.



## **Law Enforcement**

Darrell Morgan  
Alabama Bureau of Pardons and Paroles

Donna Oates  
Administrative Office of Courts

### **GOAL**

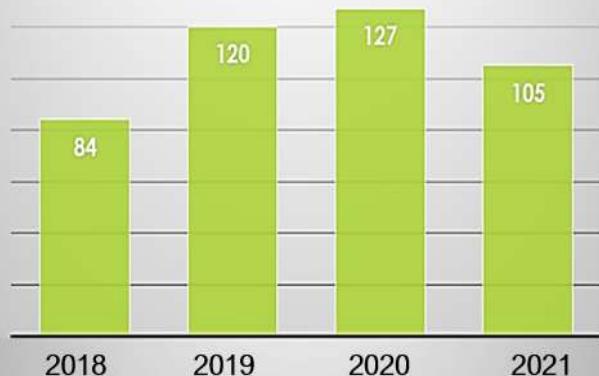
Continue to develop targeted objectives to increase awareness of resources to address the opioid abuse crisis for members of the law enforcement community. The Law Enforcement Subcommittee met over the course of 2021 to continue its focus on developing and implementing objectives that would educate the law enforcement community of resources that address the opioid abuse crisis. In an effort to achieve the overall goal, the Law Enforcement Subcommittee plans to form a partnership with the Rescue Subcommittee.

### **OBJECTIVE**

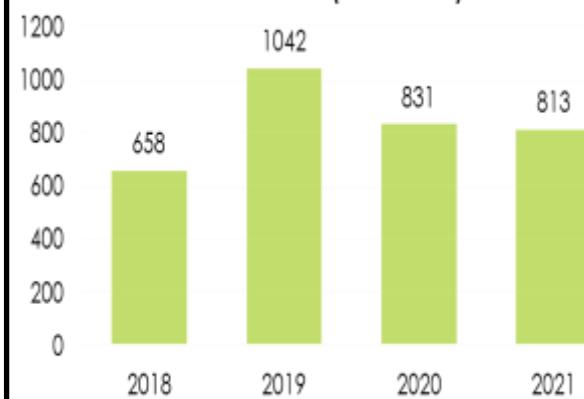
Continue to monitor the number of new recruits and seasoned law enforcement officers who receive the Being Prepared: Behavioral Health Issues (8 hours) and Refresher: Behavioral Health Issues (4 hours) offered in Alabama's Law Enforcement Academies.

As the Law Enforcement Subcommittee continues to monitor the Alabama Peace Officers Standards and Training Commission (APOSTC) courses, progress can be seen for both of the Behavioral Health courses. The graphs below were created by the committee and illustrates the number of law enforcement officers who have completed the 4- hour Refresher Behavioral Health Course and the 8-hour Being Prepared Behavioral Health Course. We recommend the refresher courses be offered at least bi-annually.

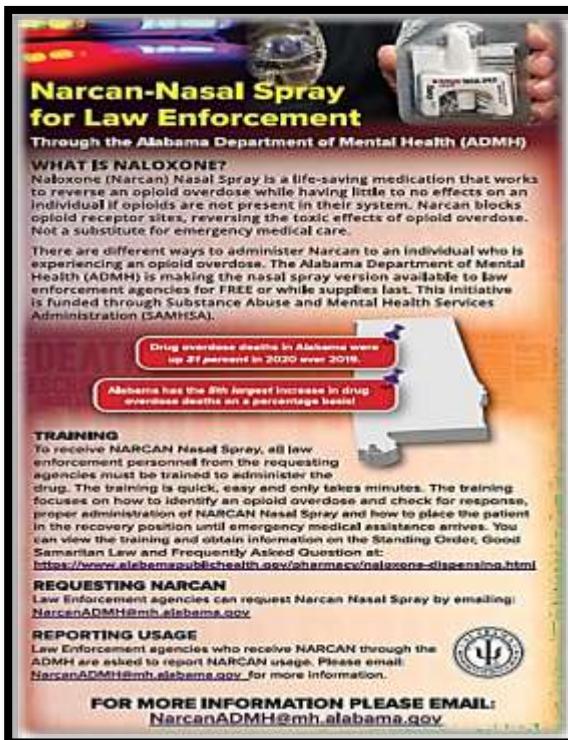
**Refresher: Behavioral Health Issues (4-hour)**



**Being Prepared: Behavioral Health(8-hour)**



Since law enforcement is normally the first responders on the scene, it is crucial they are equipped with the knowledge and tools to save a life from an overdose. In July 2021, the Alabama Department of Mental Health (ADMH) designed a flyer specifically for law enforcement regarding information on how to obtain Naloxone, information on the 24/7 Helpline and how to access peer services when confronted with someone who is in need of substance use disorder services. Below are images of the flyer.



**Narcan-Nasal Spray for Law Enforcement**  
Through the Alabama Department of Mental Health (ADMH)

**WHAT IS NALOXONE?**  
Naloxone (Narcan) Nasal Spray is a life-saving medication that works to reverse an opioid overdose while having little to no effects on an individual if opioids are not present in their system. Narcan blocks opioid receptor sites, reversing the toxic effects of opioid overdose. Not a substitute for emergency medical care.

There are different ways to administer Narcan to an individual who is experiencing an opioid overdose. The Alabama Department of Mental Health (ADMH) is making the nasal spray version available to law enforcement agencies for FREE or while supplies last. This initiative is funded through Substance Abuse and Mental Health Services Administration (SAMHSA).

Drug overdose deaths in Alabama were up 27 percent in 2020 over 2019.

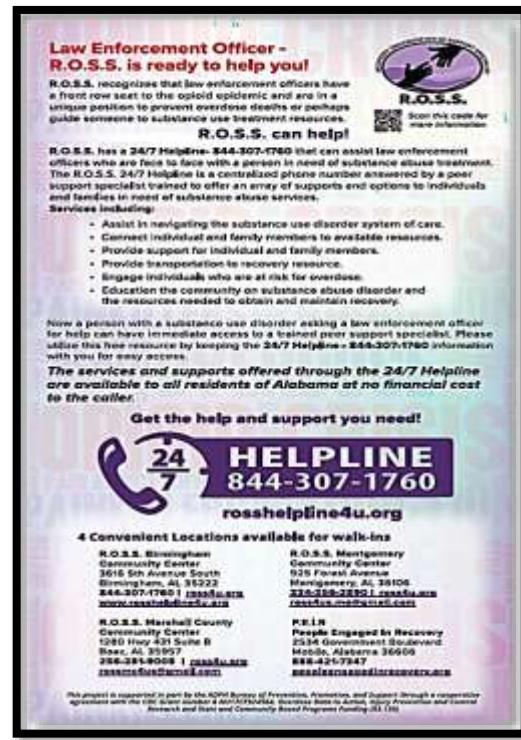
Alabama has the 2nd largest increase in drug overdose deaths on a percentage basis!

**TRAINING**  
To receive NARCAN Nasal Spray, all law enforcement personnel from the requesting agencies must be trained to administer the drug. The training is quick, easy and only takes minutes. The training focuses on how to identify an opioid overdose and check for response, proper administration of NARCAN Nasal Spray and how to place the patient in the recovery position until emergency medical assistance arrives. You can view the training and obtain information on the Standing Order, Good Samaritan Law and Frequently Asked Questions at: <https://www.alabamapublichealth.gov/pharmacy/naloxone-dispensing.html>

**REQUESTING NARCAN**  
Law Enforcement agencies can request Narcan Nasal Spray by emailing: [NarcanADMH@mh.alabama.gov](mailto:NarcanADMH@mh.alabama.gov)

**REPORTING USAGE**  
Law Enforcement agencies who receive NARCAN through the ADMH are asked to report NARCAN usage. Please email: [NarcanADMH@mh.alabama.gov](mailto:NarcanADMH@mh.alabama.gov) for more information.

**FOR MORE INFORMATION PLEASE EMAIL:**  
[NarcanADMH@mh.alabama.gov](mailto:NarcanADMH@mh.alabama.gov)



**Law Enforcement Officer - ROSS is ready to help you!**

ROSS recognizes that law enforcement officers have a front row seat to the opioid epidemic and are in a unique position to prevent overdose deaths or perhaps guide someone to substance use treatment resources.

**ROSS can help!**

ROSS has a 24/7 Helpline: 844-307-1760 that can assist law enforcement officers who are face to face with a person in need of substance abuse treatment. The ROSS 24/7 Helpline is a centralized phone number answered by a peer support specialist trained to offer an array of supports and options to individuals and families in need of substance abuse services.

Services include:

- Assist in navigating the substance use disorder system of care.
- Connect individuals and family members to available resources.
- Provide support for individual and family members.
- Provide information to recovery resources.
- Engage individuals who are at risk for overdose.
- Education the community on substance abuse disorder and the resources needed to obtain and maintain recovery.

Now a person with a substance use disorder asking a law enforcement officer for help can have immediate access to a trained peer support specialist. Please utilize this free resource by keeping the 24/7 Helpline - 844-307-1760 information with you for easy access.

**The services and supports offered through the 24/7 Helpline are available to all residents of Alabama at no financial cost to the caller.**

**Get the help and support you need!**

**24/7 HELPLINE**  
**844-307-1760**  
[rosshelpline4u.org](http://rosshelpline4u.org)

**4 Convenient Locations available for walk-ins**

**ROSS, Birmingham**  
Community Center  
3616 5th Avenue South  
Birmingham, AL 35222  
844-307-1760 | [rossbham.org](http://rossbham.org)  
[ROSSBHAM.ORG](http://rossbham.org)

**ROSS, Marshall County**  
Community Center  
1280 Hwy 431 Suite B  
Bass, AL 35957  
205-381-9008 | [rossmcc@msn.com](mailto:rossmcc@msn.com)  
[ROSSMCC.ORG](http://rossmcc.org)

**ROSS, People Engaged in Recovery**  
2534 Government Boulevard  
Mobile, Alabama 36608  
866-421-7747  
[ROSSMCC.ORG](http://rossmcc.org)

This project is supported in part by the Alabama Agency of Prevention, Promotion, and Dissemination through a cooperative agreement with the Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment and Community-Based Programs Funding (03-101)

ADMH also developed a specific email address for law enforcement personnel to request Naloxone, and have placed it on their website along with other information. Below is the image on ADMH website. For more information visit: <https://mh.alabama.gov/understanding-the-opioid-crisis/>

**Understanding Opioids**

[About Opioids](#)  
[Central Data Repository](#)  
[For Health Care Providers](#)  
[Find a Drug Take Back Location](#)  
[Naloxone – Narcan Nasal Spray](#)

- Standing Order for Naloxone**  
HB208 was signed into law in 2015 and provided immunity for prescribing and administering an opioid antagonist, such as naloxone. This is commonly known as a "Good Samaritan Law". In 2016, HB379 was signed into law, providing the State Health Officer or a county health officer the authority to write a standing order for dispensing naloxone.
- Individual/family/friend request for free Naloxone (Narcan) Nasal Spray**  
To receive your free Narcan kit, you will need to complete an online training Naloxone Training. After completing the training your kit will be mailed to you at the address you provide. To access the training: <https://www.jch.org/SitePages/Programs-Services/Community/Health/SubstanceUseandAddiction/NaloxoneTrainingReg.aspx>
- First Responders (Law enforcement, Fire Departments, Volunteer Fire Departments, etc.) request for Naloxone (Narcan) Nasal Spray**  
If you are an agency that responds to emergencies involving individuals who may be at risk of experiencing an opioid-related overdose or to an emergency that may place the first responder at risk for exposure to opioids there are several steps that must be completed prior to receiving Narcan. Email [narcanadmh@mh.alabama.gov](mailto:narcanadmh@mh.alabama.gov)

- Before receiving Narcan, you will need to complete the *Narcan Law Enforcement Roll Call* video training module. In this training module, you will learn:
  - How to identify an opioid overdose and check for a response.
  - Proper administration of Narcan Nasal Spray.
  - How to place a patient in the recovery position until emergency medical assistance arrives.

To access the training module: <https://www.narcan.com/first-responders/law-enforcement-roll-call-video>

- Review and print the *Standing Order of the State Health Officer Naloxone Distribution for Overdose Prevention*
- Please download the *Naloxone Agency Form*, then open it in Adobe Reader to complete and submit. (Submit may not work in a browser window depending on your settings.)
- For replacement kits, you will need to submit the following information to [opioidcrisis@adph.state.al.us](mailto:opioidcrisis@adph.state.al.us)
  - Date/Time used
  - Age/Race of recipient
  - Nonfatal or fatal results
  - Name and phone number of the person requesting the replacement

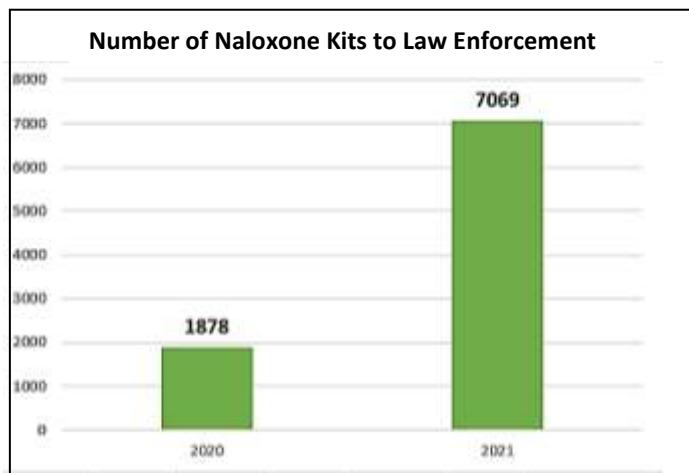
During 2021, members of the Law Enforcement Subcommittee attended several conferences, which were heavily attended by law enforcement, to distribute flyers developed specifically for law enforcement by the ADMH explaining the steps required for an agency to receive Narcan. In July 2021, Dr. Darlene Traffanstedt spoke at the Alabama Sheriff's Association Conference regarding the current trends in overdoses in Alabama, as well as the Narcan for Law Enforcement Flyer. With the Law Enforcement Subcommittee members attending the conferences listed below, they were able to distribute the law enforcement flyer to over 1,000 participants.

Conferences attended by the committee members where over 1,000 participants received the flyer:

1. Alabama Sheriff's Association 2021 Summer Education & Technology Conference, Jul 18-22, 2021.
2. Alabama Association of Chiefs of Police (AACOP) Summer Conference, Aug 8-11, 2021.
3. Alabama State Bar 2021 Annual Meeting, Jul 14-17, 2021.

The Naloxone flyer was also distributed to the High Intensity Drug Trafficking Area Program (HIDTA) and the delivery of 88 Naloxone kits to HIDTA Task Force Officers representing 44 different Alabama law enforcement agencies was coordinated.

With the focus on ensuring law enforcement personnel had access to Naloxone, the graph below was developed by the committee to illustrate a 374% increase in the number of Naloxone kits given to law enforcement compared to 2020.



## OBJECTIVE

Establish a workgroup to explore the use of Fentanyl test strips in Alabama. The Rescue Subcommittee has partnered with the Law Enforcement Subcommittee to review options. A bill is being drafted for the 2022 Alabama Legislative Session which would exempt Fentanyl test strips from Alabama's list of illegal drug paraphernalia. This would allow for distribution and use of these test strips to test drugs for the presence of Fentanyl. Studies have shown that this tool can help alter drug use behavior and thus reduce their risk of death from an unintended Fentanyl overdose.

## FACTS about Fentanyl Test Strips (FTS)

Approximately 88,000 drug overdose deaths occurred in the United States in the 12 months ending in August 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to provisional data from the CDC, and overdose deaths have continued to accelerate during the COVID-19 pandemic.

The Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that federal funding may now be used to purchase rapid Fentanyl Test Strips (FTS) to help curb the dramatic spike in drug overdose deaths largely driven using strong synthetic opioids, including illicitly manufactured Fentanyl. FTS can be used to determine if drugs have been mixed or cut with Fentanyl, providing people who use drugs and communities with important information about Fentanyl in the illicit drug supply so they can take steps to reduce their risk of overdose.

*“This is a major step forward in the ongoing and critical work to prevent overdose and connect people who have substance use disorders to evidence-based treatment options,” said Acting Assistant Secretary for Mental Health and Substance Use Tom Coderre, the interim leader at SAMHSA. “This will save lives by providing tools to identify the growing presence of Fentanyl in the nation’s illicit drug supply and – partnered with referrals to treatment complement SAMHSA’s daily work to direct help to more Americans.”*

*“We must do all we can to save lives from drug overdoses,” said CDC Director Rochelle P. Walensky, MD, MPH. “The increase in drug overdose deaths related to synthetic opioids such as illicitly made Fentanyl is a public health crisis that requires immediate action and novel strategies. State and local programs now have another tool to add to their on-the-ground efforts toward reducing and preventing overdoses, in particular Fentanyl-related overdose deaths.”*



## **Prescribers and Dispensers**

Dr. Darlene Traffanstedt  
Jefferson County Department of Health

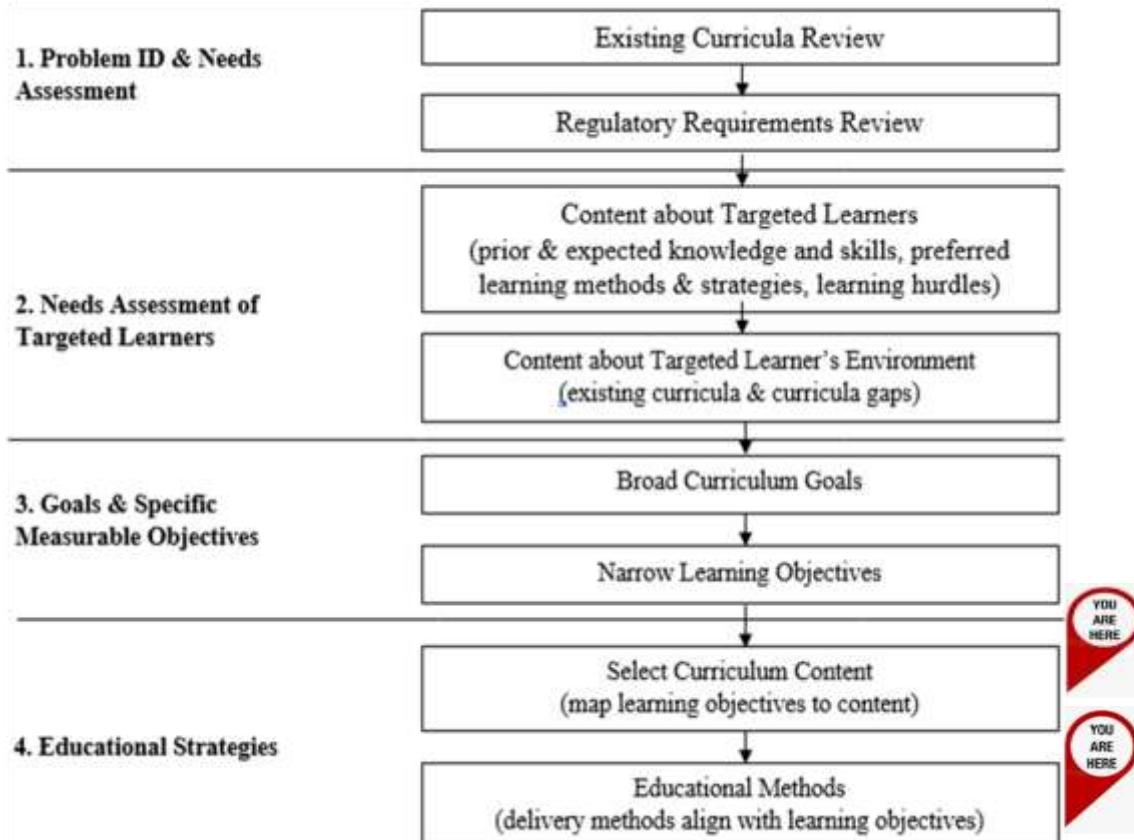
Matt Hart  
Alabama Board of Medical Examiners

## GOAL

Ensure tomorrow's prescribers and dispensers are educated in opioid prescribing today. The Prescribers and Dispensers Subcommittee is made up of prescribing and dispensing healthcare professionals and educators throughout the State of Alabama. Our goal is to ensure that tomorrow's prescribers and dispensers are educated in safe opioid prescribing.

## OBJECTIVE

Complete development of an opioid curriculum. The Prescribers and Dispensers Subcommittee began the process of developing a statewide opioid curriculum in August 2019. The chart below shows the steps of the development process. As we close 2021, we are in Stage 4, selecting and creating curriculum content. In early 2022, we will begin the multimedia integration of the curriculum with plans to have the curriculum finalized and ready to use in the 2022-2023 academic year.



An adapted version of the Kern Model of Curriculum Development was used to guide the project steps listed along with the adapted curriculum development model below in the circular, iterative framework. Future development phases of the project are shown below.

**Phase 2: Multimedia Integration**

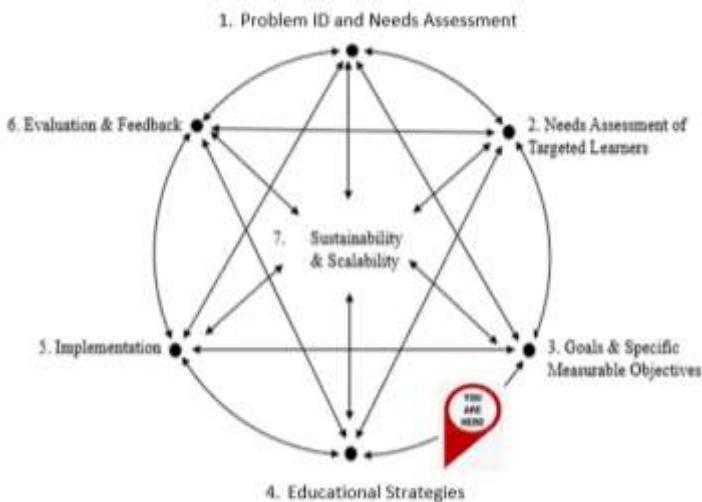
**Phase 3: Curriculum Implementation**

**5. Implementation**

**Phase 4: Evaluation**

**6. Evaluation & Feedback**

**7. Sustainability & Scalability**



## OBJECTIVE

Locate a technical home for the opioid curriculum. The Prescribers and Dispensers Subcommittee is evaluating four learning management systems from academic institutions to house the curriculum and provide continuing education management. The Jefferson County Department of Health has secured the URLs to reflect the name of the project.

Four Options:

- Auburn University Harrison School of Pharmacy
- University of Alabama at Birmingham Division of e-Learning and Professional Studies
- University of Alabama School of Social Work VitAL
- University of Alabama at Birmingham Division of Continuing Medical Education
- URLs purchased: [www.alahope.com](http://www.alahope.com) & [www.alahope.org](http://www.alahope.org).

Factors being considered in selection of the permanent home for the curriculum are noted in the Table below.

Factors Being Considered	
Learning Management System	Able to produce reports of participation
Registration Platform	Initial/Build Cost
Able to clearly separate (i.e. blind) ALAHOPE curriculum from the University's own content	Ongoing housing/maintenance fees and over what time period
Willing to manage the CE application process? If yes, which health professions CE will be included?	Build time
Is ALAHOPE content downloadable for use in other health professions schools online learning platform?	How long can content be housed on LMS?
Are certificates of participation available at no cost?	How long will CE records be maintained after content is inactive?
Able to grant CE credit in partial hours	Will the ALAHOPE team have the ability to modify content after implementation?
Able to point to a unique URL	

## OBJECTIVE

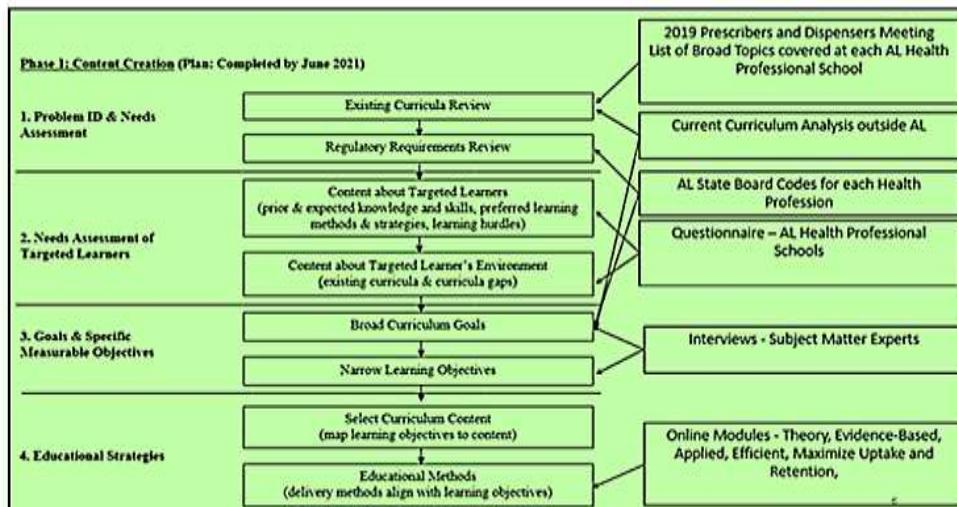
Engage and encourage health professions of educational programs in the State of Alabama in the development and adoption of the opioid curriculum. Academic and health professional board members have had the opportunity to be involved with every major milestone decision of the curriculum development to maximize its adoption potential.

These efforts include:

- Two surveys asking stakeholders to provide feedback about targeted learners' prior and expected knowledge, learning methods and existing resources, primary and secondary proposed broad curriculum goals.
- A proposed learning objectives form asking stakeholders to provide feedback on proposed learning objectives, and a brief survey asking if academic stakeholders are concerned with housing curriculum on a site with another school's logo.

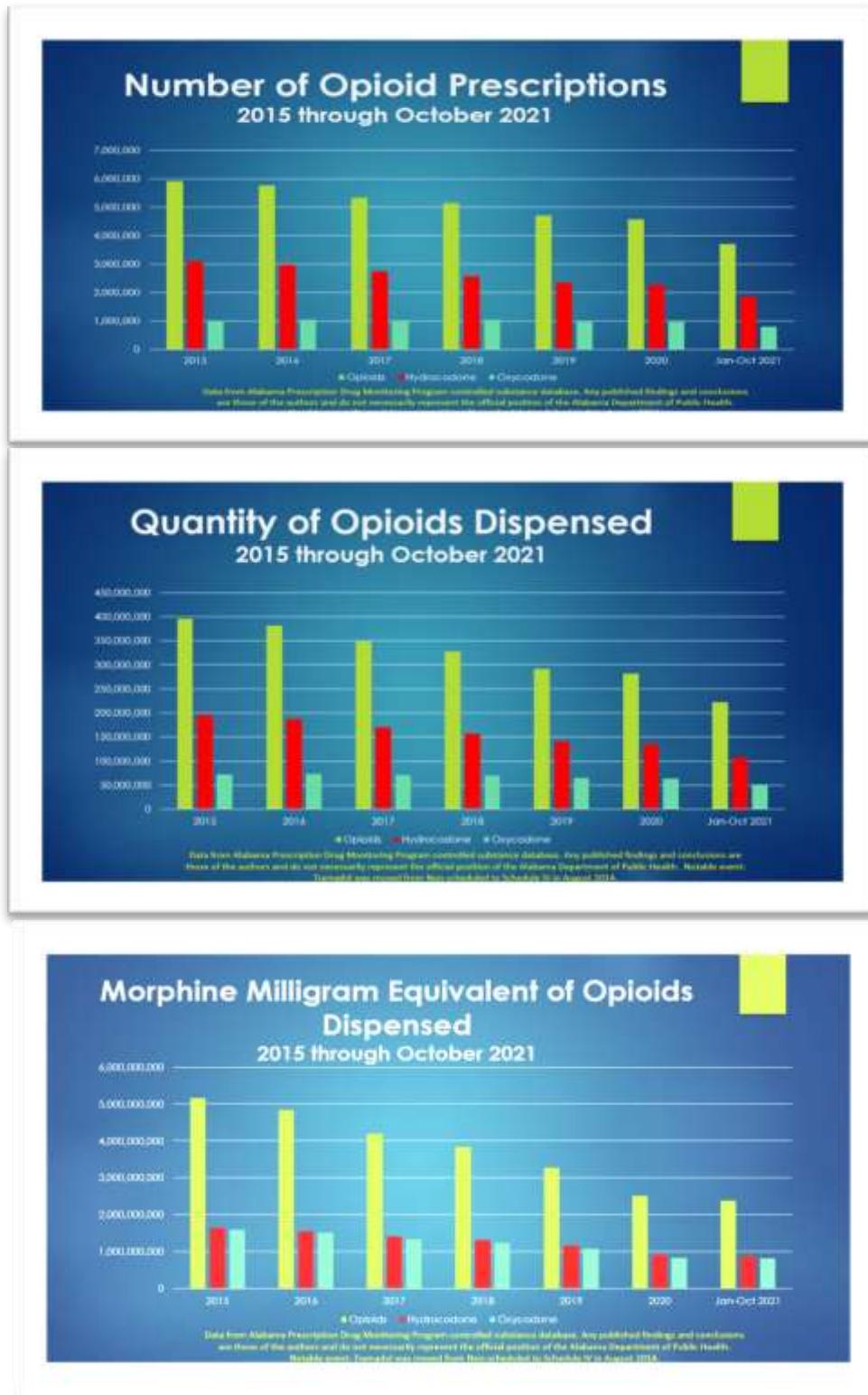
We will continue to involve these stakeholders over the next several months during the curriculum build to have the best chance of curriculum adoption.

The image below depicts the points at which stakeholder input has been sought throughout the project.

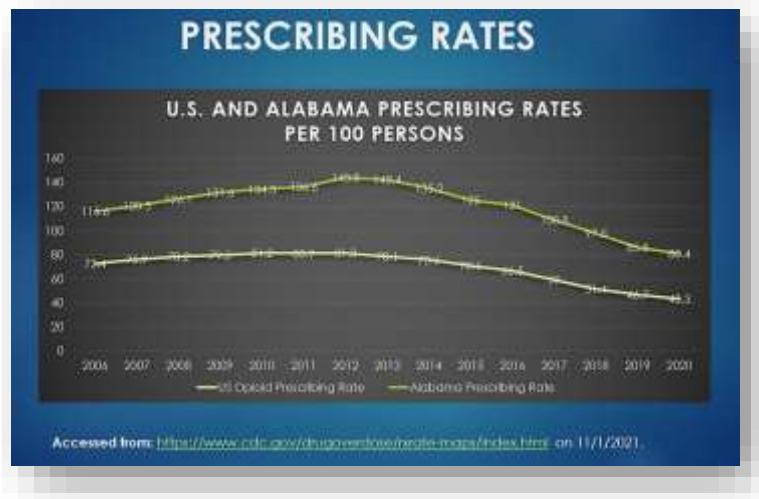


## OBJECTIVE

Continue monitoring opioid prescribing and dispensing in Alabama. The Prescribers and Dispensers Subcommittee continues to monitor and report opioid prescribing in Alabama. We continue to see a decline in number of opioid prescriptions, quantity of opioids dispensed, and morphine milligram equivalents prescribed in Alabama.

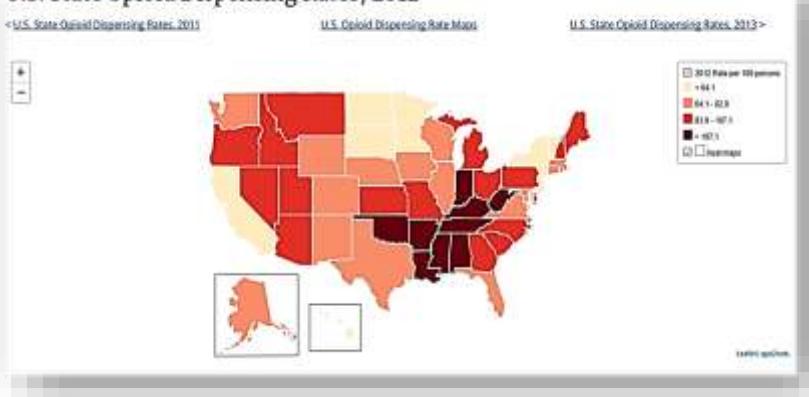


The data in the image below reflects opioid prescribing rates in Alabama (top line) compared with the United States opioid prescribing rates (bottom line). Alabama has seen a steady decline in opioid prescribing rates since its peak in 2012. Alabama's prescribing rates are declining faster than the rest of the country, narrowing the gap between the opioid prescribing rate for Alabama when compared to the opioid prescribing rate in the rest of the United States.



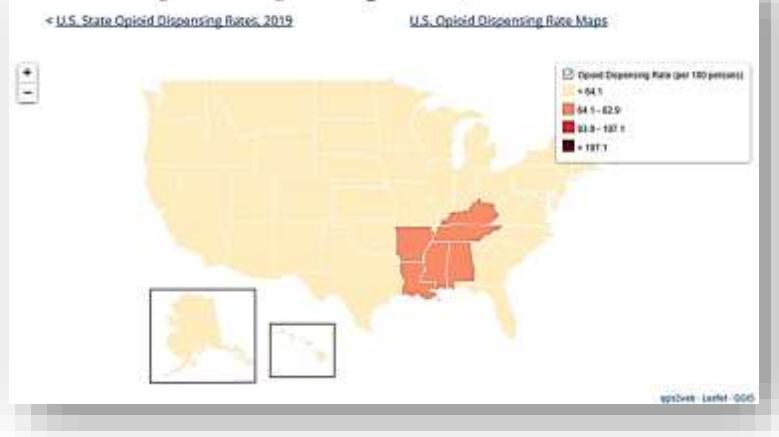
The maps below (obtained from [www.cdc.gov](http://www.cdc.gov)) show the 2012 and 2020 opioid prescribing rates by state.

U.S. State Opioid Dispensing Rates, 2012



\*NOTE: The darker red color indicates a higher opioid prescribing rate. As you can see in the 2020 map, the United States has made significant strides in reducing opioid prescribing rates in the last several years.

U.S. State Opioid Dispensing Rates, 2020



## Rescue

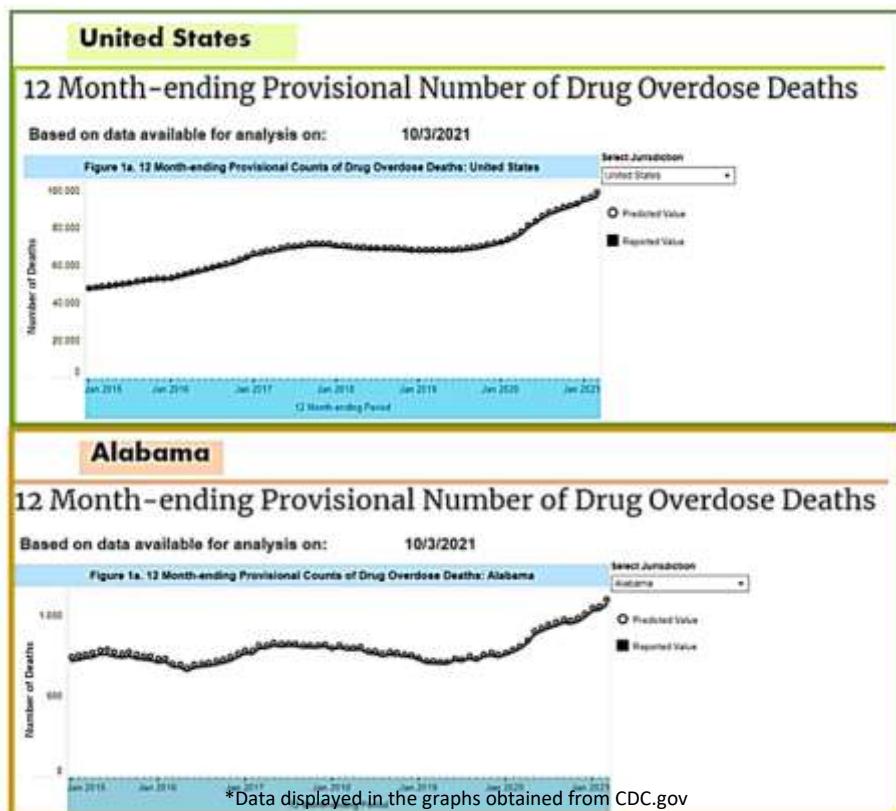
Dr. Mark Wilson  
Jefferson County Department of Health

Dr. Darlene Traffanstedt  
Jefferson County Department of Health

### **GOAL**

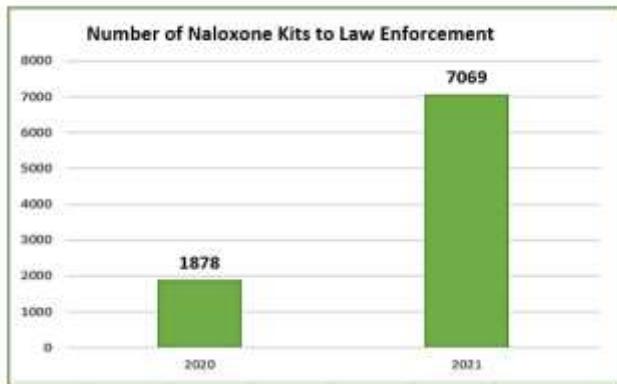
Reduce deaths from opioid overdoses by increasing access to Naloxone and employing other life saving measures. The Rescue Subcommittee has been primarily focused on getting Naloxone into the hands of persons most likely to be in a position to reverse an opioid overdose and save a life. The Subcommittee met virtually during the year to report on various Naloxone awareness, outreach, training and distribution efforts. Additionally, there were discussions about other potential ways to reduce overdose deaths, including potential opportunities that would require policy change. Below is the Subcommittee's annual progress report.

After seeing a slight decline in drug overdose deaths in 2018 and 2019, the number of drug overdose deaths has unfortunately increased dramatically in 2020 and 2021. The graphs below show that the overdose death trend in Alabama roughly mirrors that of the United States overall. Much of the increase is attributable to an increase in deadly amounts of Fentanyl in the heroin supply, and a more recent development: Fentanyl mixed into the supply of other drugs such as cocaine, methamphetamine, and counterfeit pills masquerading as various opioid and non-opioid prescription drugs. Mental health stresses and disruption to addiction treatment and recovery support caused by the pandemic have also probably played a role.

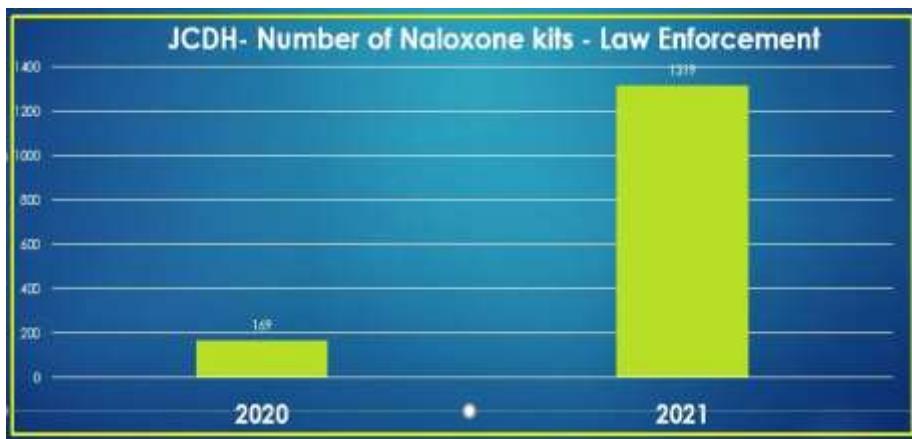


## OBJECTIVE

Use data to prioritize areas where equipping law enforcement personnel with Naloxone should be a priority. ADMH created the graphs below showing 7,069 Naloxone kits where distributed to law enforcement personnel in 2020. This indicates a 374% increase. See more details in the Law Enforcement Subcommittee report.



The graph below, created by JCDH (Jefferson County Department of Health), indicates 1,363 Naloxone kits were distributed to law enforcement personnel as of November 1, 2021. This is compared to only 169 in 2020, which saw a decrease due in part to the pandemic. Overall, more Naloxone was distributed to law enforcement personnel in 2021 than in any previous year.



## OBJECTIVE

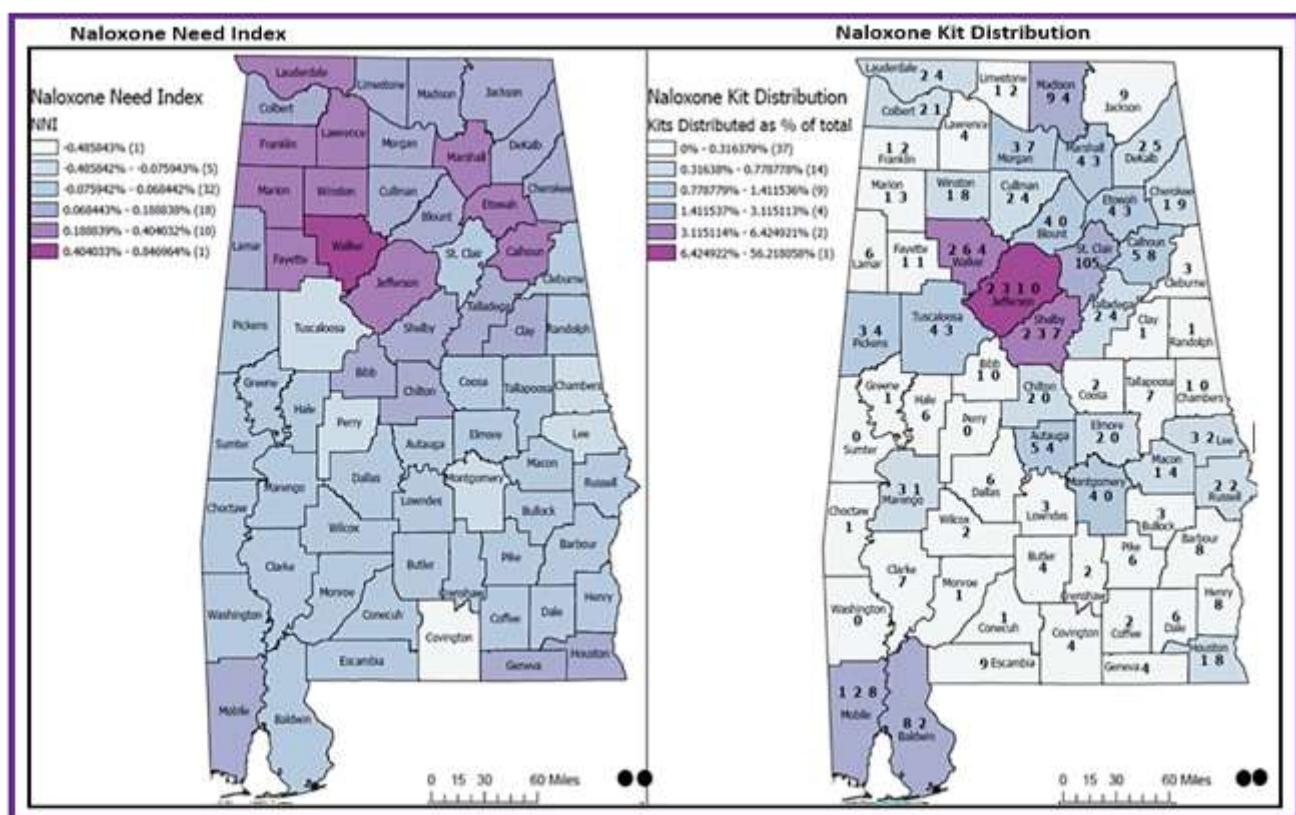
Make Naloxone readily available to first responders who identify a need for it and who are under resourced. The Rescue Subcommittee continues to work closely with the Treatment and Recovery Subcommittee on this initiative. See the details on page 57 of the Treatment and Recovery Subcommittee report.

## OBJECTIVE

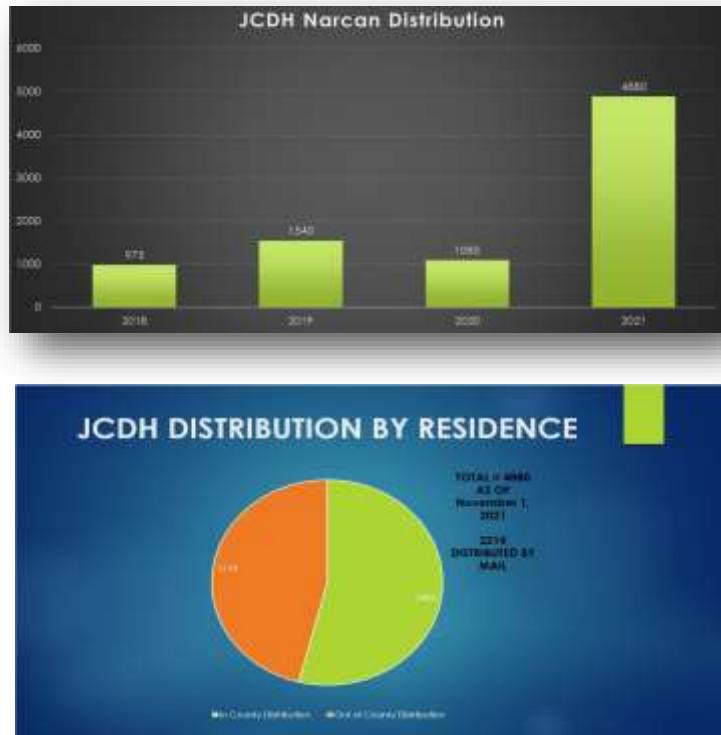
Continue to prioritize Naloxone distribution to counties with the greatest need using the Alabama Naloxone Need Index 2.0. The Naloxone Need Index 2.0 (NNI) was developed to use available data to help predict which Alabama counties are likely to have the most opioid overdoses, and therefore have the greatest need for Naloxone.

Using data available for all counties, inputs for each county include: the number of opioid overdose deaths for the most recent year, the number of opioid use disorder treatment admissions for the most recent year, the number of Naloxone kits already distributed to the county, the population of the county, and the change in number of syndromic events over the most recent two years. While the NNI is not currently being used to strictly ration the amount of Naloxone distributed to each county, it does help guide outreach efforts.

The maps below, created by JCDH, show 2021 NNI versus actual Naloxone distribution via JCDH, through September. Most of the Naloxone distributed to counties geographically remote from Jefferson County are by online training and dispensing via mail. The darker purple on the maps represents the greater need and the greater amount of Naloxone distribution, respectively.



The two JCDH graphs below show the annual trend of Naloxone distribution by JCDH and the amount dispensed to Jefferson County versus non-Jefferson County residents/personnel. The pandemic initially limited the ability to distribute Naloxone in 2020, because at that time all training and dispensing had been done in person. The pandemic spurred innovation, which led to the development of a system for online training and dispensing by mail, accessible to anyone in the state.



The ADMH graph below illustrates a 40% increase in the number of Naloxone kits distributed in 2021 compared to 2020. There were 181 successful overdose reversals (listed as “non-fatal” below) using these kits in 2021, compared to 55 in 2020.

Year	Kits	Non-fatal	Fatal
2020	2435	55	2
2021	9995	181	5

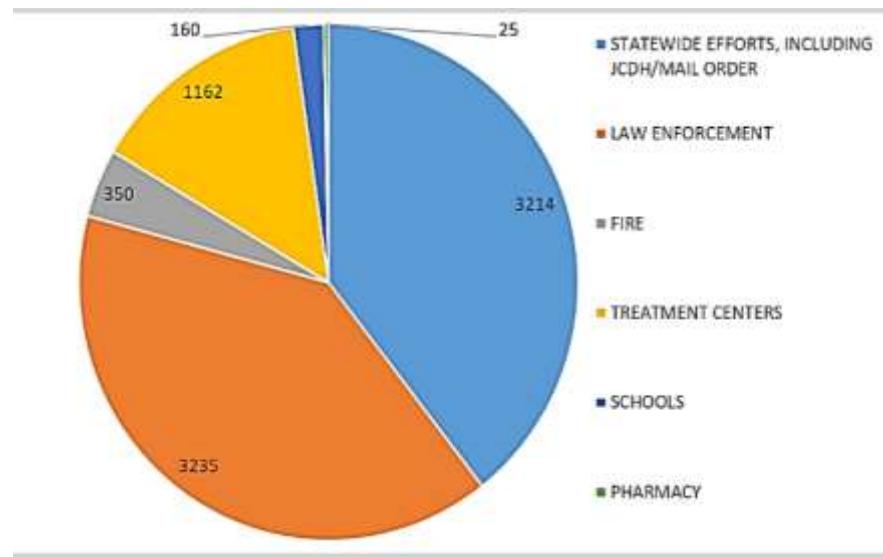
The graph below created by JCDH illustrates the number of Naloxone kits mailed to individuals by Jefferson County Department of Health throughout across the state.

Year	Kits
2020	264
2021	2608

Based on data available to JCDH as of 11/12/2021, a total of 59 overdose reversals were reported:

- Reversals reported by Jefferson County Sheriff's Office – 21
- Reversals reported via the QR code in the Naloxone kits – 28
- Reversals reported by phone or email – 10

The pie chart below, created by JCDH, shows the distribution of kits by type of recipient in 2021 (as of September 29<sup>th</sup>).



## OBJECTIVE

Use geographic overdose data to target specific locations for Naloxone training and distribution. Work is underway to use near real-time syndromic surveillance data from emergency departments to identify specific locations (at a sub-county level) where overdoses are occurring, to guide rapid deployment of Naloxone training and distribution efforts. Use state agencies and community-based partners to use various media campaigns to educate the general public about Naloxone and how to acquire it, as well as the danger of fentanyl in various drug supplies. Ad campaigns with links to online overdose response training and free Naloxone were placed on gas pump toppers, billboards, and bus sides in targeted high-risk areas of the state.

Several partners were involved:

- Alabama Department of Mental Health
- R.O.S.S. (Recovery Organization of Support Specialists)
- Addiction Prevention Coalition

Another outreach project by the Jefferson County Department of Health OD2A Team/ADPH and R.O.S.S. that started getting underway in late 2021 was the placement of coasters in various nightlife venues. The coasters have been produced and the OD2A team has compiled a list of nightlife venues, their geographic location and their hours of operation. The team has begun visiting venue locations with coasters and Naloxone training flyers.

## **OBJECTIVE**

Promote inclusion of funding for purchase of Naloxone in agency budgets and grant proposals where applicable.

### **Budgets:**

- ADMH budgeted \$1.4 million for FY2022 through FY2023.
- JCDH budgeted money from its general fund for 2400 kits in FY2021 and again in FY 2022.

### **Grants acquired:**

- ADMH received an Emergency Grant to address Mental and Substance Use Disorders during COVID-19; Alabama COVID Response Unit (ACRU) which began in February 2021.
- ADMH received an additional round of funding in May of 2021.
- ADMH received word that all agencies participating in this grant had the ability to purchase Naloxone for individuals enrolled on this grant. Agencies are currently establishing ways to make this happen (working with individual pharmacies).

### **Grant proposals pending:**

- ADMH, along with Alabama Pardons and Paroles, applied for a COSSAP BJA Grant (Comprehensive Opioid, Stimulant and Substance Abuse Program, Bureau of Justice Assistance).
- JCDH applied for a COSSAP grant - \$90,000 per year for 3 years to purchase Naloxone for law enforcement (1,200 kits per year).
- UAB applied to the United Way of Central Alabama Community Crisis Fund for money to purchase 500 Naloxone kits for patients who present to UAB Emergency Department.

## **OBJECTIVE**

Explore opportunities to reduce opioid overdose deaths through policy change. The Rescue Subcommittee has partnered with the Law Enforcement Subcommittee to review options. A bill is being drafted for the 2022 Alabama legislative session which would exempt Fentanyl test strips from Alabama's list of illegal drug paraphernalia. This would allow for distribution and use of these test strips so that one can test drugs for the presence of fentanyl. Studies have shown that this tool can help alter drug use behavior and thus reduce their risk of death from an unintended fentanyl overdose.

## EPILOGUE

---

While goals, objectives, facts and metrics are all important, we need to be reminded that this work is about the lives of real people - people whose lives we value. The following real-life anecdotes are included in this report to help us remember that, and to encourage us to continue in our efforts to save lives of people caught in the throes of addiction and give them another chance to get into long term recovery.

### **Layperson's request for replacement kit**

⇒ “Today a friend of mine instantly overdosed after injecting a small amount of heroin. I administered the first dose of Narcan (Naloxone). He wasn't breathing so I assisted his breathing via CPR. After a few minutes with no improvement, I administered the second dose and continued CPR. About two minutes later you could hear him gasping for air on his own. I need another replacement kit ASAP. This incident really opened my eyes as to how fast one can perish due to overdose. Anyways, thank you for the Narcan kit. I just received it, but I received it the nick of time or my best friend wouldn't be alive.”

⇒ An individual called stating he utilized Narcan on a coworker yesterday and saved his life. He was so thankful and appreciative that we are able to dispense it within the community. He needs a refill.

### **Messages from laypersons who used Naloxone kits:**

⇒ Individual who did on-line training said he utilized two doses on his girlfriend last night and he needs another kit. She is waiting to get into recovery.

⇒ Request for phone numbers to help get into recovery. Individual was calling for boyfriend who has overdosed twice recently. She stated she has a Naloxone kit from UAB Gardendale ER that she received.

### **Report from Law Enforcement in St. Clair County:**

⇒ On 6/1/2021 officers responded to an address where a subject was overdosing on heroin. An officer administered the Narcan and waited on medics. As the medics were arriving the subject was beginning to come around. Medics stated that by officers administering the Narcan, it most likely saved the subject's life. “Thanks for your help and support, and thanks for this life saving program.”

### **Email from Stewart Welch, Mayor of Mountain Brook:**

⇒ “On 11/01/2021, Officer M. was the first responding officer to arrive at a local grocery store on a call regarding an unconscious male found on the floor of the men's restroom. He immediately administered a first dose of Narcan (Naloxone) and began CPR. A second officer arrived on scene and began prepping a second dose so that Officer M. could continue CPR unabated. After approximately one minute, without the subject having regained consciousness, a second dose of Narcan was delivered and the subject began to regain consciousness.

One of the paramedics who later arrived on the scene said that the two doses of Narcan from the police officers was the difference between life and death for this man. The initiative, teamwork, and the dedication to the preservation of human life displayed by these officers is in keeping with the highest standards of the Mountain Brook Police Department, and I would like to commend them both for a job well done!”

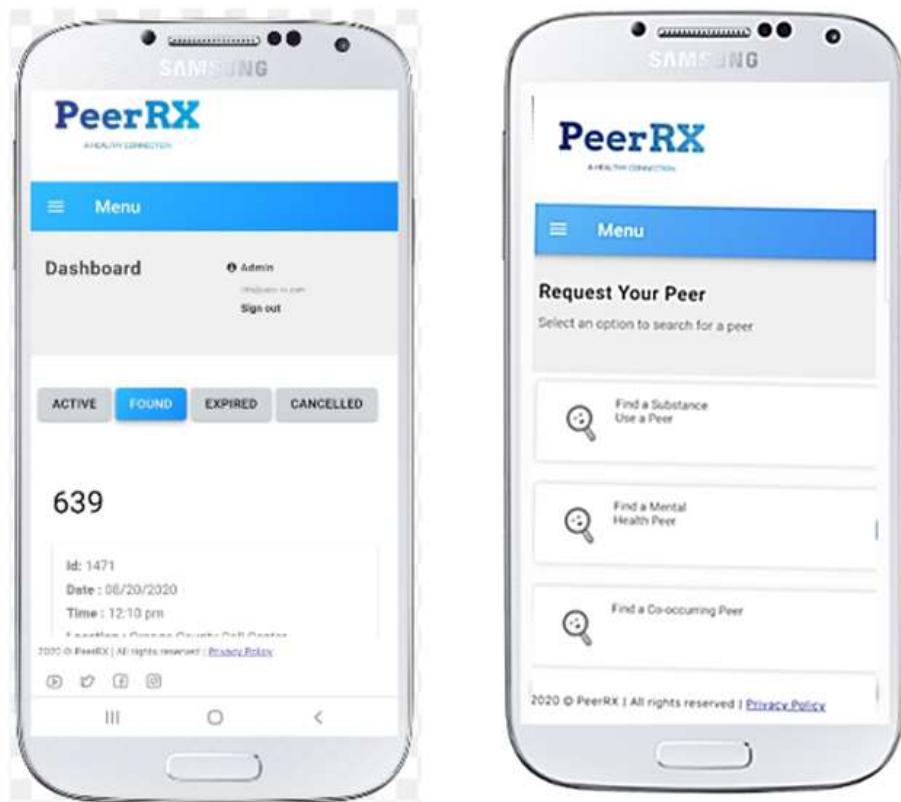
## **Testimonials**

### **Peer Success Story:**

I received a text message via PeerRX in late July 2021. I met a beautiful young lady who had recently lost her husband to a Fentanyl overdose, and she believed she would die as well due to the hand of addiction still gripping her life. She was a frail young lady with long dark stringy hair and dark sunken in eyes. She appeared malnourished, hurting, broken, and needing something to ease the pain of grief and withdrawals.

She spent two weeks inpatient at UAB's Center for Psychiatric Medicine. While there, we maintained contact, offered peer support services and completed her assessment to enter residential treatment at the Birmingham Fellowship House. She was able to leave the hospital with Suboxone, and then enter residential treatment and continue MAT.

Since completing the Birmingham Fellowship House, she has been able to procure a sponsor through Heroin Anonymous and they are steadily working the steps. She thanks this program for ultimately helping to save her life.



## **Treatment and Recovery**

Nicole Walden  
Alabama Department of Mental Health

Dr. David L. Albright  
University of Alabama, School of Social Work

### **GOAL**

Expand the quality and availability of evidence-based treatment for persons with opioid use disorders. The Treatment and Recovery Support Subcommittee continued to meet consistently throughout the year of 2021. The committee is comprised of a broad range of individuals with different areas of expertise which allows the committee to explore a wide variety of issues. The primary focus of the committee is to increase the quality and availability of initiatives that make a difference in the lives of individuals affected by opioids, including their family and friends.

### **OBJECTIVE**

Increase the number of drug courts that allow the use of MAT(Medication Assisted Treatment). At the beginning of the year, the committee's focus in this area was on assessing the effectiveness of drug courts in engaging offenders with opioid use disorders in treatment and preventing overdoses. A decision was made by the committee to revise the goals with a focus on MAT and the stigma surrounding MAT.

For clarity, MAT in this context is defined as the allowable use of all Federal Drug Administration approved medications for the treatment of opioid use disorders without time restrictions. The Subcommittee has begun compiling a report on drug courts, types/intensities of treatment/recovery support services offered in conjunction with each court. The survey being used for this purpose will also collect how many drug courts currently allow MAT and how many Alabama Department of Mental Health providers have an officially established relationship with drug courts.

Strategies being utilized to meet the overall objective:

- a. Provide education to 50% of the current drug courts on the best practices in the areas of MAT and substance use disorder treatment.
- b. Provide training on stigma associated with substance use disorders, including MAT, to 50% of the current drug courts.
- c. Assist drug courts in developing collaborative relationships with providers of substance use disorders including those who provide MAT and providers of recovery support services.

Trainers being utilized include members from the Alabama Chapter of American Society of Addiction Medicine, Alabama Association of Recovery Residences, Alabama Association of Christian Ministries, Recovery Organization of Support Specialists, People Engaged in Recovery, Alabama Office of Courts, Recovery Resource Center, Alabama Department of Mental Health, University of Alabama VitAL, and Alabama Methadone Treatment Association (ALAMTA).

## **OBJECTIVE**

Expand relationships with certification exempt recovery support services providers. ADMH is partnering with ASAP (Agency for Substance Abuse Prevention) in implementing a Faith- Based Support Specialist Program. ASAP developed a project with a goal of certifying individuals in the faith-based field to become Faith-Based Support Specialists in the area of substance use. No formal training program exists for faith-based leaders who have continued to identify this as a need. They were often seeing members of their congregations who were in crisis due to substance use disorders, including opioid use disorders.

The program is designed to equip faith-based leaders on ways to help individuals battling with substance use disorders. ASAP has applied for a grant to fund the program and have passed the first phase; in the interim, ADMH is providing bridge funding to begin implementation. The first conference to certify individuals within the faith-based community as Faith-Based Support Specialists will be held in March 2022. A training will be held in each of ADMH's four substance use planning areas with an overall goal of 240 faith-based leaders completing the training.

The Subcommittee is continuing recovery housing efforts through a partnership with AARR (Alabama Alliance For Recovery Residences) and Oxford House. AARR is the official chapter of the National Alliance for Recovery Residences (NARR). NARR supports persons in recovery from substance use disorders by improving their access to quality recovery residences through standards, support services, placement, education, research, and advocacy. Members of AARR have become part of the Treatment and Recovery support committee. AARR certified the first house in November 2021.

ADMH continues to fund the Oxford Houses of Alabama, which are evidenced-based models of peer-run recovery housing. During FY21, 692 residents resided in an Oxford House. There are currently 36 Oxford Houses in Alabama located in the following cities: Athens, Birmingham, Center Point, Daphne, Dothan, Hoover, Huntsville, Mobile, Montgomery, Tuscaloosa, and Vestavia. Eleven Recovery Housing entities are eligible for recovery housing funding through ADMH. During FY21, 102 individuals (either with an opioid or substance use disorder) received financial assistance from an ADMH approved recovery house. An additional focus of the committee has been in developing language that is inclusive of faith-based organizations which can be used in publications and grant applications.

## **OBJECTIVE**

Increase the adoption of SBIRT (Screening, Brief Intervention, Referral to Treatment) as a standard of care by health systems and providers in Alabama. The primary goal of SBIRT is to identify and effectively intervene with those who are at risk for psychosocial or healthcare problems related to their substance use. Through SBIRT individuals who currently have a substance use disorder will also be identified and will be connected to specialty care services as needed. The current AL-SBIRT implementation project is coordinated by Vital.

As of September 30, 2021, SBIRT implementation locations include 14 county health departments, two independent primary healthcare clinics, seven FQHC locations, and seven clinics within the VA hospital system. In the fiscal year ending September 30, 2021, SBIRT services were provided to 9,882 individuals. Across the five-year pilot project, a total of 43,922 individuals were screened, another 4,922 received a brief intervention service, and 499 were referred to specialty care services.

During the next fiscal year, the program will expand services into new health systems across the state and will provide state-wide training to various levels of providers to support implementation integration. The goal is to expand, promote, and integrate SBIRT education into two new postsecondary education units and departments by September 30, 2022, to increase the capacity to identify and address substance use disorders.

The SBIRT pilot project is currently integrated into the School of Social Work at the University of Alabama. There is a multi-disciplinary approach to the program including inter-professional collaborations with other departments at the University of Alabama, including College of Education, Culverhouse College of Business, and the Capstone College of Nursing.

To successfully integrate SBIRT as a standard care of practice in the state, it is imperative to continue to expand the program into additional postsecondary educational units and departments within all our state and private institutions. To assist with access to education and support materials the program built a state-based website which contains evidenced-based practice information and curriculum support for application of SBIRT into programs. The site is continuously monitored and updated to ensure best practices and current information is accessible. Website:

<https://vitalalabama.com/sbirt/about-sbirt/>.

AL-SBIRT developed and published an Alabama specific SBIRT toolkit to serve as a step-by-step guide for SBIRT implementation into health care practice for adult populations. The toolkit includes information that will assist any health care system to integrate SBIRT into their current practice using the information in the toolkit that starts with conception and works through monitoring outcomes. The toolkit includes printable materials and online resources to make implementation seamless for any organization. Technical assistance for implementation is provided by the AL-SBIRT team as needed.

SBIRT Toolkit Link: <https://vitalalabama.com/al-sbirt-tool-kit/>

## OBJECTIVE

Implementation of the Parity Act. As substance use disorders are specifically excluded from Alabama's state insurance laws, the committee has continued to focus on how to encourage compliance with the Mental Health and Addiction Parity Equity Act. The committee recognizes that progress on this objective may be slower due to the broad nature of the insurance landscape.

To that end, the committee has focused on the following strategies:

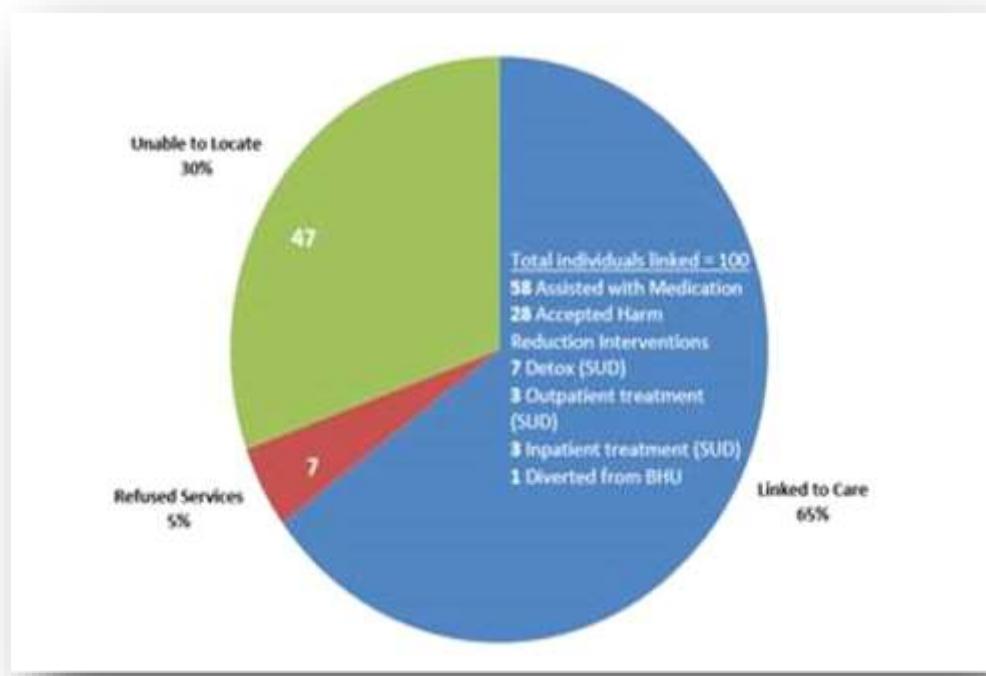
- a. Identifying a representative from the Alabama Department of Insurance that would be willing to become an ad hoc member of the Treatment and Recovery Support Subcommittee.
- b. Request technical assistance from the Kennedy Foundation (or another appropriate agency) in learning how to encourage compliance with the Parity Act and how to document such compliance.
- c. Review SAMHSA's publication on *“Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the States.”*

## OBJECTIVE

Develop and track the opioid overdose initiatives; PeerRX Program. The Jefferson County Department of Health (JCDH) has partnered with the Resource Recovery Center (RRC) and the Recovery Organization of Support Specialists (R.O.S.S.) to implement the PeerRX program. Both agencies utilize employed peers for recovery services. These peers diligently provide on-call, real time, peer recovery support services to patients in the emergency department experiencing opioid or substance use disorders. The current hours of operation are Monday – Friday from 8 a.m. – 6 p.m. JCDH implemented PeerRX in UAB Main ED, March 2021.

During 2021, over 100 people including hospital administration, physicians, nurses, social workers, peers, etc., have received training on how to properly use PeerRX. It was important that administration and clinicians understood the importance peers can play in engaging individuals when they present to the Emergency Departments (ED) with a substance use involved condition.

As of October 2021, PeerRX has officially been implemented in five hospitals: UAB Main ED, UAB Medical West Freestanding ED, UAB Medical West, UAB Freestanding ED Gardendale, and Ascension St. Vincent's East ED. The graphic below was created by JCDH and indicates the alerts received through the PeerRx program and the outcome of each. An alert simply means that a person in need has been identified through an ED and a peer from RRC or ROSS has been "alerted."



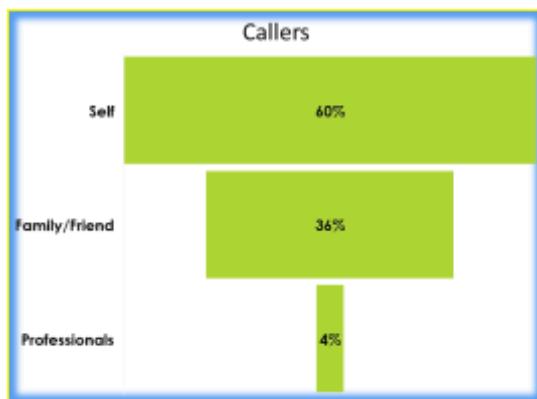
## **R.O.S.S. 24/7 Helpline**

During 2021, the R.O.S.S. 24/7 Helpline staff attended Suicide Risk Assessment Trainings to enhance their skills. Eighteen Peer Support Specialists attended the trainings. Ongoing trainings will be held with new employees and refresher trainings will be offered.

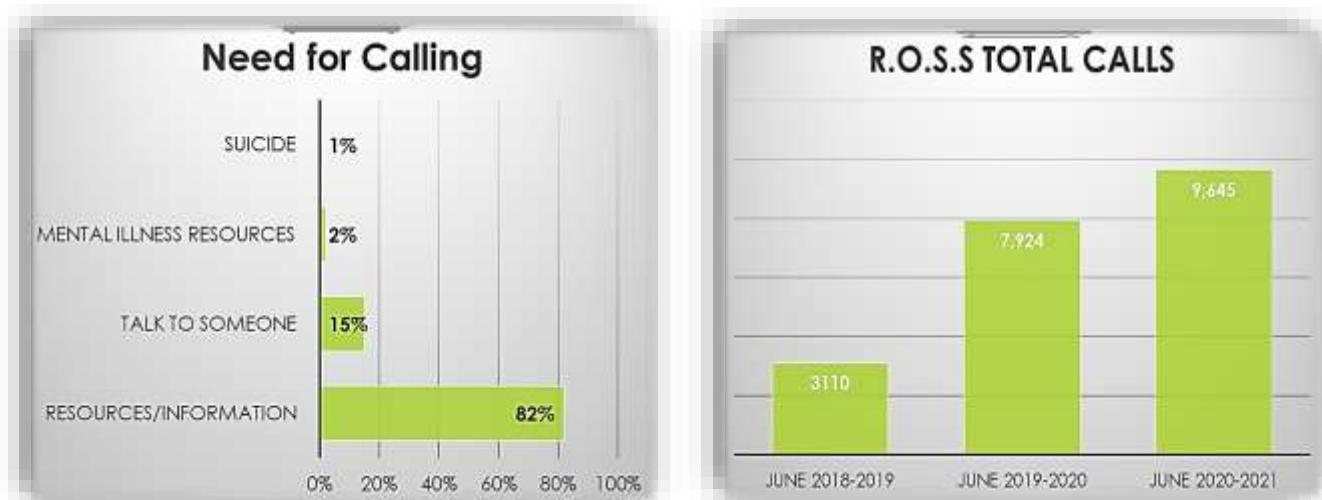
Additional peers were hired for the 24/7 Helpline due to the increase in call volume. Overnight shifts for the 24/7 Helpline originally were staffed with only one individual. As the call volume increased, it became apparent that there was a strong possibility of missing calls from people seeking help. As a result, three additional peers were hired for the 10 am to 8 pm shift, Sunday through Saturday, which has the highest call volume time. With the addition of the new staff, no missed calls have occurred during the time frame. The funding for additional peers was provided through the ADMH State Opioid Response 2 Grant.



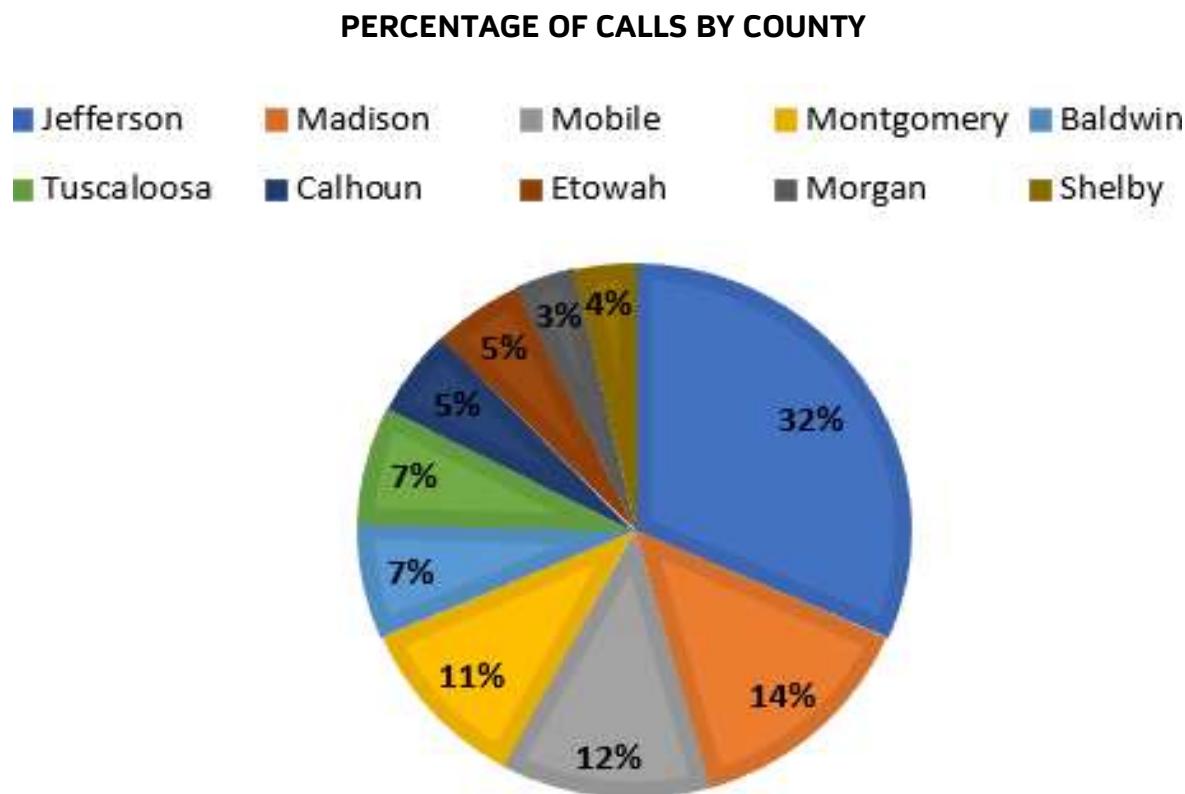
The graph below was created by ADMH and indicates the number of the calls received through the 24/7 Helpline indicating 60% of callers were seeking help for themselves, 36% were seeking help for a family member or a friend, and 4% of the calls were from professionals seeking resources for their clients.



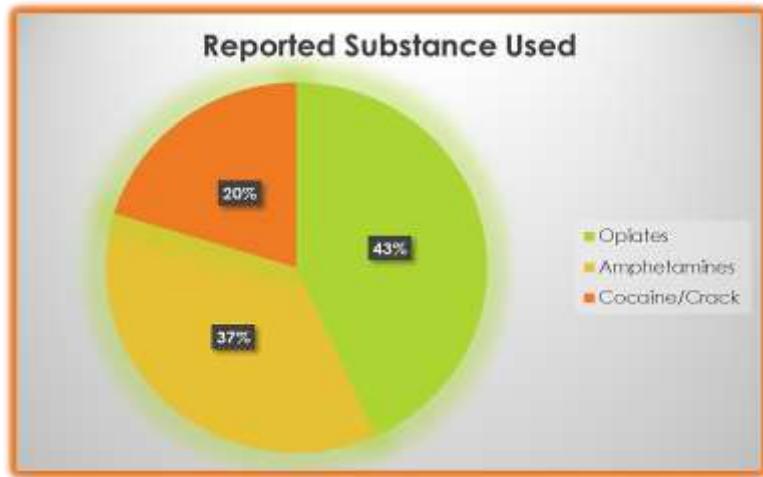
The graph below, created by ADMH, indicates 82% of calls received are comprised of individuals searching for substance use information or resources such as a substance use treatment location, another 15% were from individuals who just wanted to talk, 2% were seeking services related to mental illness and 1% were calls from individuals in a suicidal crisis.



The below ADMH graph provides an overview of where the calls to the 24/7 Helpline originated. Roughly 50% of the calls received were from Jefferson and Madison counties.



The graph below, created by ADMH, indicates the number of calls received on the 24/7 Helpline in 2021, 43% of the individuals called reported a concern related to opioid, 37% amphetamines and 20% cocaine/crack.



## Naloxone Public Messaging Campaign

With the help from several other council committees, R.O.S.S. and ADPH (funded through ADPH's OD2A Grant) gas toppers were designed and ran from May 2021 through October 2021 in 64 counties. During 2021, there were gas toppers in 117 locations. At some point during the year, almost every county had one except for Marion, Fayette, Cherokee, and Bibb. The reason these four counties did not have one was due to the non-availability of advertising areas. Both gas toppers were shown in the following counties: Blount, Calhoun, Colbert, Etowah, Franklin, Lauderdale, Marshall, St. Clair, Walker, and Winston.



Through the OD2A Grant, there is funding for FY22 for gas toppers. While the funding amount is smaller than it was in FY21, it will allow us to run one of the gas toppers in all 67 counties during the upcoming year. After the gas toppers began to run, calls to the 24/7 Helpline increased. The volume of calls to the 24/7 Helpline has increased each year since it was established in 2018. In 2019, with gas toppers in 19 locations, the volume increased by 43 percent. In 2020, with 81 locations, the call volume increased by 31% and with 117 locations in 2021, the volume of calls to the helpline increased an additional 17 %.

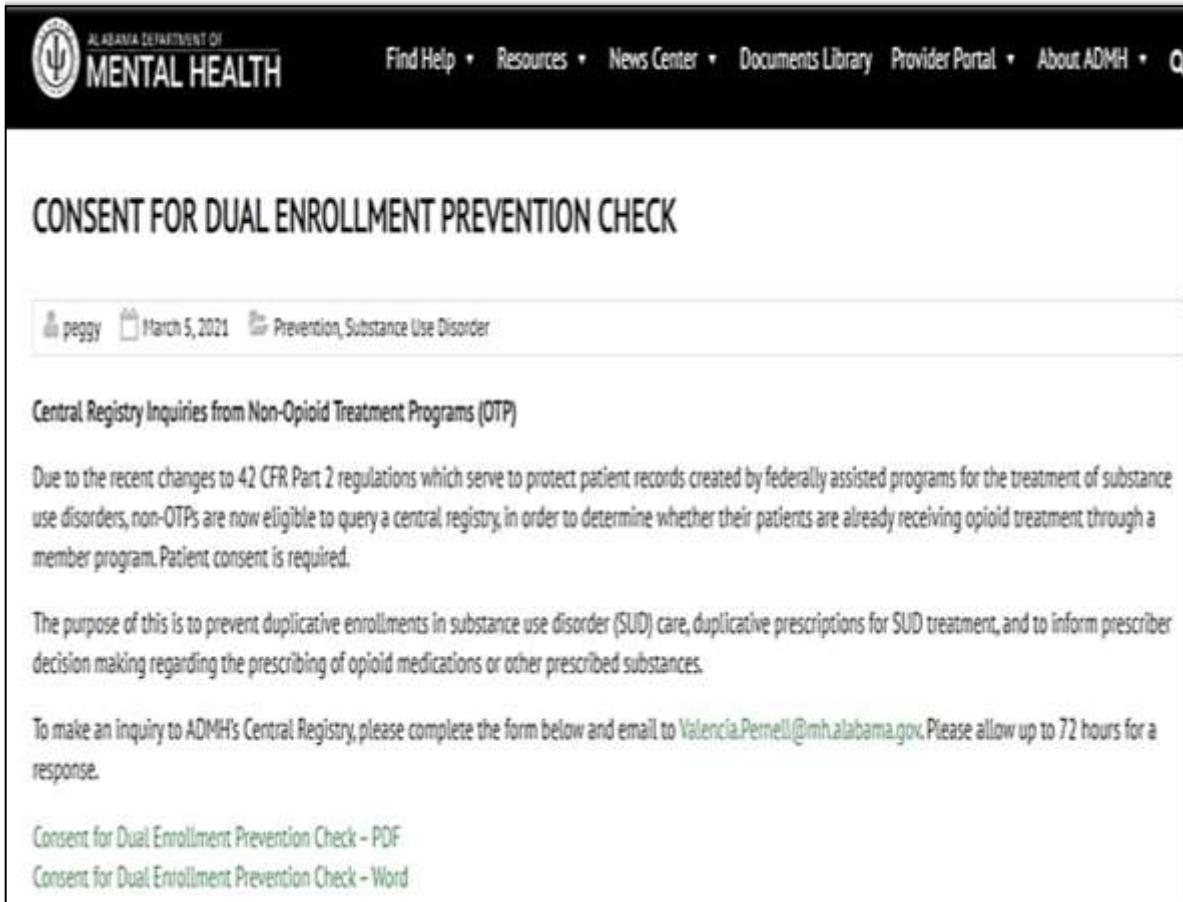
## Central Registry

With the recent changes in the federal confidentiality regulations, prescribing providers may now check for dual enrollment. This means prescribing providers can check to see whether a patient is enrolled in an opioid treatment program. This also allows those clinicians to practice safer prescribing practices. In Alabama, this is now accessible through the ADMH website at:

<https://mh.alabama.gov/consent-for-dual-enrollment-prevention-check/>

The availability of this resource is being marketed through advertisements in the Alabama Medicine Magazine published by Medical Foundation of Alabama. ADMH will continue to reach out to physicians, clinics (including those that provide only MAT services), nurse practitioners, physician assistances, dentists, etc., regarding this initiative.

As of October 1, 2021, no requests for dual enrollment checks have been processed. Despite this, it is still a valuable tool for physicians to have at their disposal.



The screenshot shows the ADMH website with the following details:

- Header:** ALABAMA DEPARTMENT OF MENTAL HEALTH logo, followed by navigation links: Find Help, Resources, News Center, Documents Library, Provider Portal, About ADMH, and a search icon.
- Section Title:** CONSENT FOR DUAL ENROLLMENT PREVENTION CHECK
- Post Information:** By peggy on March 5, 2021, under Prevention, Substance Use Disorder.
- Text Content:**
  - Central Registry Inquiries from Non-Opioid Treatment Programs (OTP):** Due to recent changes to 42 CFR Part 2 regulations, non-OTPs are now eligible to query a central registry to determine if their patients are receiving opioid treatment through a member program. Patient consent is required.
  - The purpose is to prevent duplicative enrollments in substance use disorder (SUD) care, duplicate prescriptions for SUD treatment, and to inform prescriber decision making regarding the prescribing of opioid medications or other prescribed substances.
  - To make an inquiry to ADMH's Central Registry, please complete the form below and email to [Valencia.Pernell@mh.alabama.gov](mailto:Valencia.Pernell@mh.alabama.gov). Please allow up to 72 hours for a response.
- Links at the bottom:** Consent for Dual Enrollment Prevention Check - PDF and Consent for Dual Enrollment Prevention Check - Word.

## **Assessment Level of Care Only**

The ability to access an assessment has been an ongoing problem in the state. A substance use assessment is a requirement for an individual to enter care into any ADMH certified agency in the state. Wait times for an assessment can be long however, appointments are not physically available in all areas of the state. As a result, it was determined that an agency that could offer assessments with peer support would be an important part of mitigating the opioid crisis. The pilot agency chosen for this initiative was the Recovery Resource Center (RRC), which is part of the Crisis Center in Birmingham.

ADMH contracted with the RRC and services began on October 1, 2021. While RRC is physically located in Jefferson County, the initiative includes the ability to provide a telehealth assessment for anyone in the state. Funding for this initiative was provided through the SAMHSA COVID Supplemental Block Grant.

As of this report, appointments are available on Fridays only, but walk-ins are available the other four days of the week. The goal is to eventually have availability for assessments seven days a week. RRC has begun a marketing plan to ensure that all counties are aware of the availability of telehealth assessments. All individuals will be seen regardless of ability to pay and RRC will follow the federal priority populations.

To ensure the program is producing desired results, RRC will report data on a monthly basis to ADMH. ADMH will share this data with the Treatment and Recovery Support Committee, which is serving as a steering committee.

Data to be reported includes:

- Number of assessments completed
- How the assessment was completed (appointment, walk-in, telehealth)
- Referral source
- Result of assessment (what Level of Care {LOC} was the person referred to including MAT); was there an overdose event after being seen at RRC
- Length of time until individual accesses the LOC
- How many peer contacts before the person engaged in treatment
- Status of individual from assessment to post treatment (including length of time in treatment)

For more information visit: [www.crisiscenterbham.org](http://www.crisiscenterbham.org)

## **Corners-Medicolegal Case Management System**

The funding sources for the development of the software have been determined within the ADPH Bureau of Prevention, Promotion, and Support. This funding covers software licenses, development of the software, placement of the software on the ADPH servers, and training for ADPH IT staff on the use of the software. In addition, the ADPH Centers for Health Statistics (CHS) has contributed funding from a new grant to the data visualization module and the interoperability formatting of the case management software. As of the beginning of November 2021, the project was fully funded from available sources and is in the process of routing and approval.

### **Development of the Case Management System**

The Case Management System has three main components in the current proposal. Software for the case management system is the first component of the project. The software variables and rough outlines were completed during FY2021 with the input of the Jefferson County Medical Examiner's Office, the Shelby County Coroner, the Baldwin County Coroner, the Jefferson County Health Department, and ADPH. The development of the software proper is slated for FY2022 once funding is in place and available. This includes pilot testing the software with select coroners prior to moving to a production platform, projected for FY2023.

The second aspect of the case management system is formatting the software for interoperability with existing systems. Funding from CHS has allowed the inclusion of additional formatting of the case management software. This formatting will include variable specifications and "business rules" of the Electronic Death Registration System (EDRS) that is currently used by CHS. This will streamline efforts to link the case management software with the EDRS in later fiscal years (FY2023 and onward). This linkage will reduce the time and effort required by the coroners to transmit data to CHS and certify death. The EDRS is currently not formatted for such linkages and additional development will be needed for this.

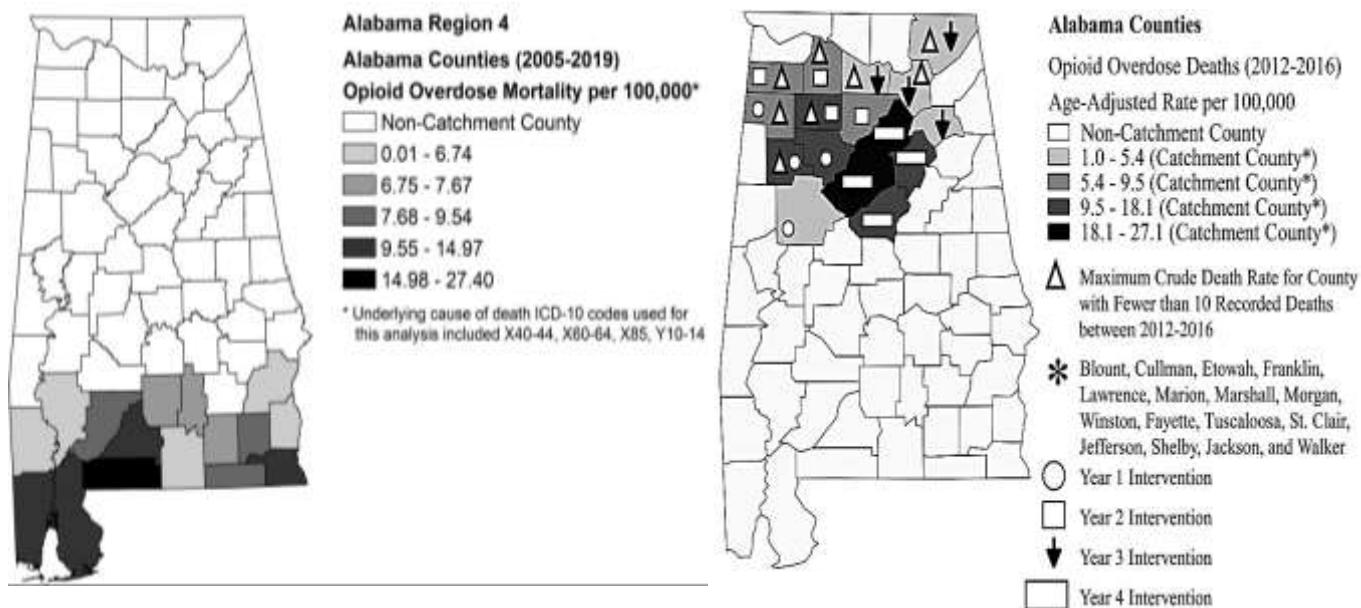
The data visualization module is the final component of the system and will group the data from each county for the use of the coroner. It will allow better view of death information within the county and will enable data to be more easily used for various tasks, such as requesting additional county funding or identifying trends in cause and manner of death. The visualization module will also allow CHS to better ensure data integrity.

### **Project FREEDOM**

Treatment and Recovery Subcommittee members worked closely with the Rescue Subcommittee to cover first responders. Project FREEDOM (First Responder Expansion of Education and Distribution of Overdose Medication) is working to reduce and prevent opioid overdose related deaths in Alabama through training first responders on opioid overdose response, Naloxone administration, and referring to treatment and support services.

In addition to working with first responders, FREEDOM will work with health care and treatment providers to ensure best practices in care. FREEDOM will also educate the general population on primary, secondary, and tertiary prevention strategies. The original Project FREEDOM program began in 2019 and serves Blount, Cullman, Etowah, Fayette, Franklin, Jackson, Jefferson, Lawrence, Marion, Marshall, Morgan, St. Clair, Shelby, Tuscaloosa, Walker, and Winston counties.

The program has been very successful and is being expanded to include Baldwin, Barbour, Butler, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Escambia, Geneva, Henry, Houston, Mobile, Monroe, and Washington counties. This new catchment will be referred to as FREEDOM South and the original project as FREEDOM North. The maps below were developed by Project FREEDOM to illustrate catchment and opioid mortality rates for each county in the current catchment area.



Increasing awareness of the state's Good Samaritan Law is an important aspect of Project FREEDOM. Even though Naloxone is more readily available, bystanders may not call for help when they witness a possible overdose because they fear being held responsible or accused of related charges. Project FREEDOM works to encourage everyone to learn about Alabama's Good Samaritan Laws and to be prepared to help accordingly when someone is in need.

[HTTPS://ARC-SOS.STATE.AL.US/UCP/B15159AA.AR7.PDF](https://arc-sos.state.al.us/UCP/B15159AA.AR7.PDF)

A media campaign ***“Don’t Be a Bystander”*** was curated for social media, TV, radio, billboards, and OTT. The video can be found here: <https://www.youtube.com/watch?v=SO-q8C-TTHM>

## Overdose Prevention

As Alabama continues to battle the opioid crisis, treatment assessors are continuing to assess individuals with an opioid use disorder and connecting these individuals to care. It is important to provide those who identify as having an Opioid Use Disorder (OUD) overdose prevention education and support resources. The content for such an educational handout has been developed and approved. This handout will be available to certified substance use treatment assessors (and for other agencies who provide assessments) to provide to all individuals who present with OUD at the time of assessment.

The design of the handout has not been completed but the information will include:

- Risks for overdose
- Signs for overdose
- Overdose prevention tips
- Naloxone education
- Overdose response education



<https://www.cdc.gov/drugoverdose/images/prevent-overdose-deaths-71k.jpg>

## **Naloxone—Criminal Justice System**

As reported by the Rescue Subcommittee, Alabama's initiatives in supplying Naloxone to the community, first responders, and the legal system have been successful and innovative. A new population that is being targeted is those individuals who have been identified as having an opioid use disorder (OUD) and are leaving a Criminal Justice Correctional Facility.

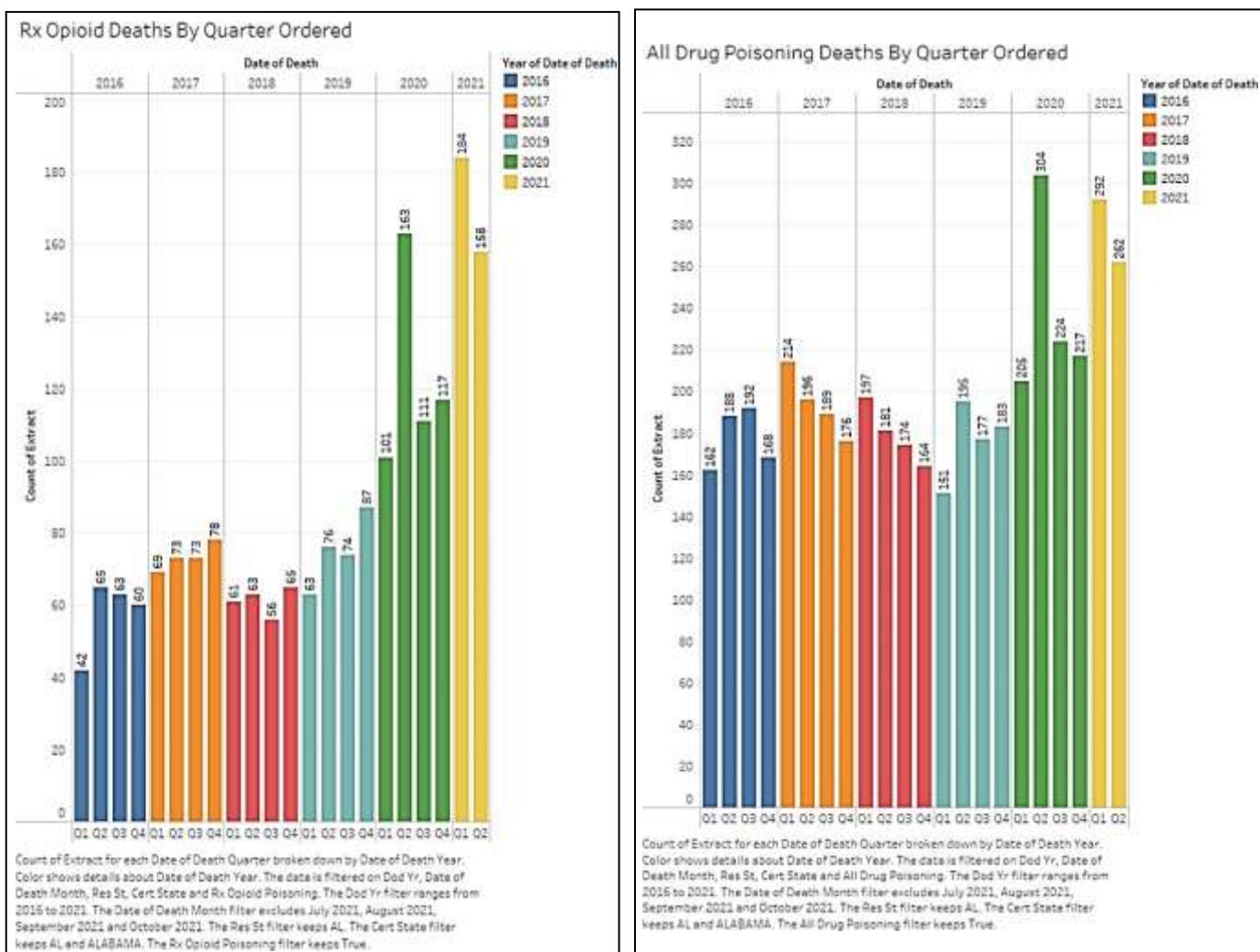
ADMH has allocated funding received through the Substance Administration of Mental Health and Substance Abuse (SAMHSA) COVID supplemental Block Grant funding (\$1 million) for those individuals who have not been reached in previous efforts.

The Treatment and Recovery Support Subcommittee has begun work in identifying which drug courts and jails are interested in partnering on this initiative by identifying those individuals who have an opioid or stimulant use disorder. The first order of Naloxone for this population was ordered the second week of November 2021.

## Central Data Repository (CDR) Assistance in Tracking Overdose and Deaths

The CDR has access to real-time ER and hospital overdose data. They have negotiated a new data-sharing agreement with ADPH to increase the frequency of cause of death data. In addition, the CDR has data-sharing agreements pending internal legal review within Children's Poison Control and the Alabama Board of Pardons and Paroles.

The graphs below created by the CDR, demonstrate that drug poisoning deaths, despite being stable for several years, trended upward during the onset of COVID and have remained inordinately high ever since. Most alarmingly, the 40% increase in opioid-related deaths account for nearly all the increase in drug poisoning.



## **Overdose Response Infrastructure Development**

The Healing Network of Walker County is a network of over 24 organizations working together in response to needs in the community. The goal is to improve the community health of Walker County by creating a comprehensive network of prevention, intervention, treatment, and recovery resources related to mental and substance use disorders.

Part of the Health Network's multi-year strategic plan includes a focus on establishing an overdose response infrastructure which builds on Jefferson County Department of Health's (JCDH) current OD2A grant. JCDH's OD2A activities in Walker County were on hold pending ADPH approval of overdose data access. ADPH officially approved overdose data access for JCDH at the end of October 2021.

The next steps are convening relevant partners to set up a process for analyzing Walker County's data, disseminating it to partners, and deploying outreach accordingly. The current Jefferson County Overdose Taskforce that meets monthly may expand to include Walker County partners.

The Healing Network is identifying an ADPH representative for its steering committee to strengthen coordination with ADPH for the OD2A Grant, its long-term sustainability planning, and other developing needs. For more information visit <https://www.hnws.org>

## **Treatment/Service Finder and Resource APP**

VitAL partnered with the ADPH OD2A project to build a Treatment/Services Finder and Resource App. The application will serve as a treatment/service finder for the state of Alabama. This app will assist Alabama residents and providers in locating treatment and services for substance use, mental health, and prevention services. The app will also provide immediate access to hotlines and helplines that may include direct information to suicide, domestic violence, abuse, and other relevant needed services. There are planned expansions of the application to include access to services such as primary care, veteran services, public health services, and much more.

There are real barrier to internet and data access in some of Alabama's rural locations so the application has built-in static information that is accessible anytime without access to data or internet and would update as service and data becomes available for the end user. There are additional resources and education and information included in the app related to opioids and overdose prevention including direct access to the Free Naloxone training provided by JCDH.

Although very detailed information is provided on the application, users with access to internet will have the option to link to the VitAL website for expanded information of the topic areas. The home page of the application will house a Hot Topic Banner to use when special alerts or important information needs to be shared. The app contains direct call features when applicable. This app will function on both Android and Apple devices.

The application is nearing completion and will be tested for broad functionality soon. Once the application is approved for public use a dissemination and marketing plan will be initiated to address availability and utility. The plan will include promotion among conferences, social media, billboard, radio, and print. A promotion toolkit will be released to agencies for use within new employee orientation and other relevant use cases.

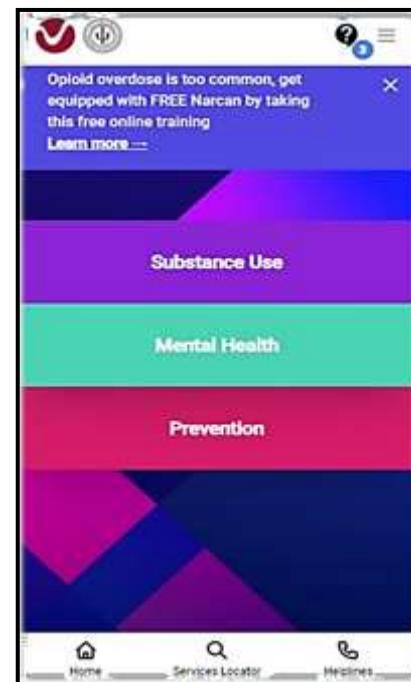
The application includes a section for Substance Use, Mental Illness, and Prevention education. Each section is then divided into easy to access information related to:

- What is treatment and prevention
- How to prepare for treatment
- What types of treatment is available
- What is Medication Assisted Treatment
- What is Peer Support
- State and National Hotline

Below are images taken from the Treatment/Services Finder and Resource App.

**Image 1.**

Application Home page with Hot Topic banner, Substance Use, Mental Health and Prevention information access, Services locator, helplines and home navigation.



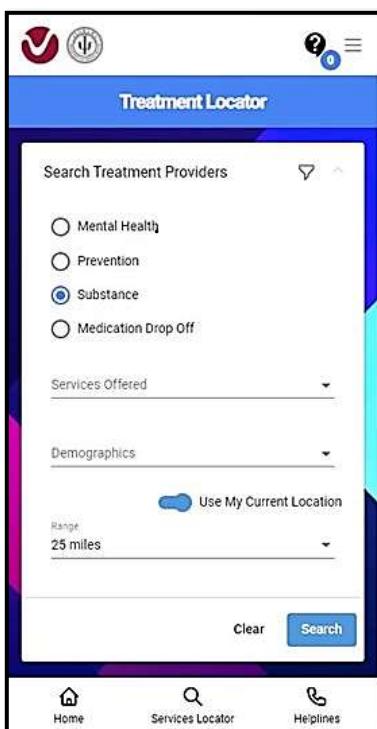
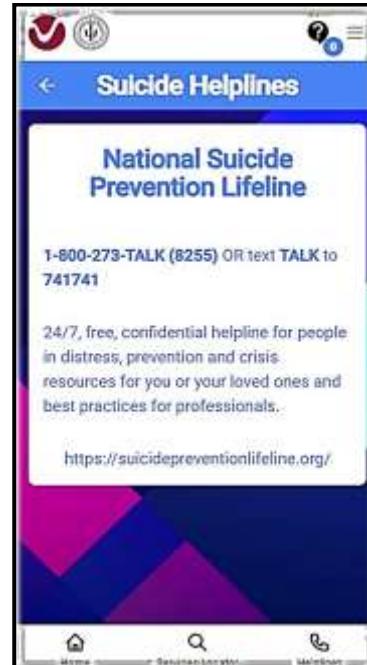
**Image 2.**

Substance Use information section with easy to access sections related to various substance use topics.

**Image 3.**  
Suicide Helplines access page.



**Image 4.**  
End user information for the National suicide Prevention Lifeline. This page will have direct dial functionality to call the helpline and direct SMS to text the helpline. For users with internet they will also have an easy click to access the helpline website. This functionality will be available for each of the helplines included in the application.



**Image 5.**  
Services and Treatment locator access page with available filters for services. The end user can search for substance use, prevention, mental health or medication drop off locations. Once they select the type of service they would like to find, there are other filters that will allow them to narrow their search should they choose including the type of services offered (outpatient, residential etc.), demographics (adult, adolescent, female only, male only, etc.), and location of services.

## **Workforce**

Fitzgerald Washington  
Alabama Department of Labor

Ed Castile  
Alabama Industrial Development Training  
(AIDT)

### **GOAL**

Identify individuals who are concurrently affected by the opioid epidemic and who have been unemployed or underemployed due to the COVID-19 pandemic in each of Alabama's seven workforce regions and connect them with recovery services and rapid reskilling opportunities through the Alabama Workforce Stabilization Program (AWSP). Alabama's labor force and economy are among the hardest hit by the opioid crisis.

In 2018, Alabama providers wrote 97.5 opioid prescriptions for every 100 persons. This was the highest prescribing rate in the country and almost twofold greater than the average U.S. rate of 51.4. Nearly half of the 775 reported drug overdose deaths in Alabama involved opioids in 2018 a total of 381 fatalities. Alabama's opioid epidemic has markedly increased during the COVID-19 pandemic.

According to data from the Jefferson County Department of Health, overdose deaths were up almost 30 percent from 2019 to 2020 in the county alone. Between March 21 and February 27, 2021, 999,397 Alabamians filed an initial unemployment claim. Total initial claims employment in Alabama between March 21 and February 27, 2021 represents 48.18 percent of Alabama's February 2020 civilian labor force. The steepest decline happened within the administrative support, waste management, and remediation services sector at 68.07 percent. Educational services (-56.10) saw the second steepest decline.

The third steepest decline happened within the accommodations and food services industry sector at --54.78 percent. The arts, entertainment, and recreation (-47.67) saw the fourth steepest decline. Manufacturing saw the fifth steepest decline at -47.28 percent. To address the dual threats of the opioid epidemic and the COVID-19 pandemic on Alabama's workforce, the Workforce Committee adopting the following revised objectives for 2021.

### **OBJECTIVE**

Raise awareness around mental well-being in the workplace and heighten the inclusion of businesses in the conversation, along with garnering support for individuals who are reentering the workforce during recovery and after being displaced by COVID-19. The Workforce Subcommittee will work to raise awareness around improving mental health in the workplace by working to release a proclamation from the Governor during "Mental Health Month" in May.

Mental health issues are more common than we think and impact the workplace in many ways, including performance, productivity, retention, disability rates, healthcare costs, and more. Educating employees about common mental health conditions, like depression and anxiety, through internal communication campaigns, trainings, and resource sharing can help reduce stigma, create and foster a psychologically safe space for people to share and thrive, and ultimately work toward changing the conversation in workplace mental health.

In congruence with the proclamation, invite business leaders from each workforce region and suitable state agencies to the signing. The Workforce Subcommittee will collaborate with the Department of Commerce, pursue and submit at least two grant proposals in 2022.

## **OBJECTIVE**

Develop a research agenda related to the effects of the opioid epidemic and COVID-19 on Alabama's workforce. The Workforce Subcommittee will develop a survey with the focus being on collecting data and developing a research agenda on the workplace preparedness to support the behavioral health needs of Alabamians who have been displaced by COVID-19 and transitioning into new fields. The behavioral and psychological health and wellbeing of occupational groups are critical to sustaining workplace health, capabilities, and infrastructure.

Pandemics and epidemics can result in altered workplace performance, absenteeism, presenteeism, and disability. The survey will assess individual, interpersonal, organizational, and environmental factors that influence health in the workplace. For example, the survey will assess employee attitudes related to health, safety, and wellness. The results of the survey will inform recommendations on how to prepare businesses on the importance of human continuity as part of its larger focus on business continuity.

National Institutes of Health, National Institute on Drug Abuse, Alabama: Opioid -Involved Deaths and Related Harms, accessed on 7 March 2021 <<https://www.drugabuse.gov/drug-topics/opioids/opioid- summaries-by-state/alabama-opioid-involved-deaths-related-harms>>.  
"Opioid crisis a high concern during COVID-19 pandemic as overdose deaths rise," WVTM13, accessed on 7 March 2021 <<https://www.wvtm13.com/article/opioid-crisis-a-high-concern-during-coronavirus-pandemic-as-overdose-deaths-rise/35622140>>.  
Governor's Office of Education and Workforce Transformation Analysis of Alabama's UI Claims for the Week Ending on 27 February 2021, Based on Unemployment Compensation and Layoff Estimates Provided by the Alabama Departments of Labor and Commerce, 7 March 2021.

## **Council Members**

**Kimberly Boswell, Co-Chair**  
**Scott Harris, MD, MPH, Co-Chair**  
**Steve Marshall, Co-Chair**

Mark H. LeQuire, MD  
David Herrick, MD  
Susan Alverson, Pharm.D.  
Zack Studstill, DMD  
Brad Edmonds  
Marilyn Lewis, Ed.D  
Nancy Buckner  
Steven Dozier  
William M. Babington  
Kelli Littlejohn Newman  
Rich Hobson  
Darrell Morgan  
Hal Taylor  
Jefferson S. Dunn  
Ann Slattery, Pharm.D.  
Barry Matson  
Susan Staats-Combs, M.Ed.  
Mark Wilson, MD  
Brian McVeigh  
Neil Rafferty  
Gwen Meadows  
Billy Beasley  
Jim McClendon  
Mark Litvine  
Bobbi Jo Taylor  
Shereda Finch  
Laura Corley  
David L. Albright, PhD, MSW  
Fitzgerald Washington  
Ed Castile  
Louise F. Jones  
Brent Boyett, DO  
Anne M. Schmidt, MD  
Darlene Traffanstedt, MD  
Bobby Lewis, MD  
Boyde J. Harrison, MD  
Christopher Jahraus, MD  
Chapter Michael Humber  
Nick Moore

**Commissioner, Alabama Department of Mental Health**  
**State Health Officer, Alabama Department of Public Health**  
**Attorney General of Alabama, Office of the Attorney General**

Alabama Board of Medical Examiners  
Medical Association of the State of Alabama  
Alabama Board of Pharmacy  
Alabama Dental Association  
Alabama Board of Dental Examiners  
Alabama State Department of Education  
Alabama Department of Human Resources  
Insurance Consumer Services Division  
Alabama Department of Economic and Community Affairs  
Alabama Medicaid Agency  
Alabama Administrative Office of Courts  
Alabama Bureau of Pardons and Paroles  
Alabama Law Enforcement Agency  
Alabama Department of Corrections  
Alabama Regional Poison Control Center  
Alabama Drug Abuse Task Force  
Alabama Methadone Treatment Association (ALMTA)  
Jefferson County Department of Health  
Alabama District Attorney's Association  
Alabama House of Representatives  
Alabama House of Representatives  
Alabama State Senate  
Alabama State Senate  
Recovery Organization of Support Specialists (ROSS)  
Recovery Organization of Support Specialists (ROSS)  
Council on Substance Abuse (COSA)  
Council on Substance Abuse (COSA)  
The University of Alabama, School of Social  
Alabama Department of Labor  
Alabama Industrial Development Training (AIDT)  
Alabama Pharmacy Association  
Boyett Health Services  
Blue Cross Blue Shield of Alabama  
Jefferson County Department of Health  
American College of Emergency Physicians, Alabama Chapter  
Alabama Academy of Family Physicians  
American Society of Radiation Oncology, Alabama  
UAB Hospital, Alabama Association of Nurse  
Governor's Office of Education and Workforce Transformation

Nancy Bishop	Alabama Department of Public Health
Tammie McCurry	Alabama Department of Mental Health
Nicole Walden	Alabama Department of Mental Health
Matt Hart	Alabama Board of Medical Examiners
Donna Oates	Alabama Administrative Office of Courts
Beverly Johnson	Alabama Department of Mental Health

## Subcommittees

### Community Engagement and Outreach

**Beverly Johnson, Chair**  
**Dr. David L. Albright, Co-Chair**  
 Shereda Finch  
 Brandon Folk  
 Kathy House  
 Shaundalyn Johnson  
 Marilyn Lewis  
 Stephanie Logan  
 Vandlynn Pierre  
 Neil Rafferty  
 Susan Short  
 Kimberly Terrell  
 Tom Warner, LTC  
 Candi Williams  
 Wanda Williams  
 Carie Wimberly

**Alabama Department of Mental Health**  
**The University of Alabama, School of Social Work**  
 Council on Substance Abuse - NCADD  
 Alabama Department of Mental Health  
 Alabama Department of Mental Health  
 Alabama State Department of Education  
 Alabama State Department of Education  
 Alabama Medicaid Agency  
 Drug Education Council  
 Alabama House Of Representatives  
 Covington County Children's Policy Council  
 The University of Alabama  
 Counterdrug Program  
 AARP  
 Alabama Medicaid Agency  
 Addiction Prevention Coalition

### Data

**Tammie McCurry, Chair**  
**Nancy Bishop, Co-Chair**  
 Christopher Sellers  
 Rich Hobson  
 Jessica Gratz  
 Bill Harris  
 David Tytell  
 Brian Forster  
 Erin Shonsey  
 Jan Casteel  
 Steven Dozier  
 Rosemary Blackmon  
 Maury Mitchell  
 Gary Parker  
 Susan Staats Combs  
 Ann Slattery  
 Becky Patterson  
 Dr. Darlene Traffanstedt  
 Clay Crenshaw  
 Doug Poole  
 Matt Hart  
 Dr. David L. Albright,

**Alabama Department of Mental Health**  
**Alabama Department of Public Health**  
 Alabama Department of Mental Health  
 Alabama Administrative Office of Courts  
 Alabama Board of Pardons and Paroles  
 Alabama Coroners Association  
 Alabama Department of Corrections  
 Alabama Department of Economic and Community Affairs  
 Alabama Department of Forensic Sciences  
 Alabama Department of Human Resources  
 Alabama Department of Insurance  
 Alabama Hospital Association  
 Alabama Law Enforcement Agency  
 Alabama Medicaid Agency  
 Alabama Methadone Treatment Association  
 Alabama Poison Information Center  
 Blue Cross Blue Shield of Alabama  
 Jefferson County Health Department  
 Office of the Attorney General  
 Gulf Coast High Intensity Drug Trafficking Areas  
 Alabama Board of Medical Examiners  
 The University of Alabama, School of Social Work

## **Subcommittees continued:**

### **Law Enforcement**

**Darrell Morgan, Chair**  
**Donna Oates, Co-Chair**  
Brian Forster  
Richard Hobson  
Dr. David Herrick  
Bruce Kimble  
Christopher Sellers  
Barry Matson  
Dr. Ed Kern  
Michael Dean  
John Venegoni  
Derrick Cunningham  
Gayle Atchison  
Cedric Leonard  
Jason Jinkins  
Sean Malloy  
Doug Poole

### **Alabama Bureau of Pardons and Paroles**

#### **Administrative Office of Courts**

Alabama Department of Economic and Community Affairs  
Alabama Administrative Office of Courts  
Pain Management Physician  
Alabama Department of Corrections  
Alabama Department of Mental Health  
Alabama Office of Prosecution Services  
Alabama Department of Corrections  
Attorney General Office  
Alabama Law Enforcement Agency SBI  
Montgomery County Sheriff Office  
Montgomery County Sheriff Office  
Shelby County District Attorney Office  
Southern Immediate Care  
Alabama State Board of Pharmacy  
Gulf Coast High Intensity Drug Trafficking Area

### **Prescribers/Dispensers**

**Dr. Darlene Traffanstedt, Chair**  
**Matt Hart, Co-Chair**  
Ann Slattery  
Ashely Williams  
Brad Edmonds  
Brent Fox  
Cameron McEwen  
Carter English  
Christopher Jahraus  
Starr Miller  
Dale O'Banion  
Abby Miliore  
Donna Yeatman  
Brent Boyett  
Clay Simmons  
David Herrick  
Sue Feldman  
Jerry Harrison, MD  
Missy Mason  
Susan Alverson  
Jamey Durham  
Edwin Rogers  
Elaine Beech  
Gary Hill  
Jessica Jackson  
Jill Cunningham  
John Rogers  
Kathy Bydalek  
Louise C. O'Keefe

### **Jefferson County Department of Health**

#### **Alabama Board of Medical Examiners**

Children's of Alabama, Poison Control Center  
Alabama Board of Optometry  
Board of Dental Examiners of Alabama  
Auburn University Harrison School of Pharmacy  
Alabama Board of Podiatry  
Alabama Department of Mental Health  
Radiation Oncology Physician/Shelby Baptist Medical Center  
Auburn University  
Alabama State Board of Veterinary Medical Examiners  
Alabama Board of Nursing  
Alabama Board of Pharmacy  
Boyett Health  
Bradford Health Services  
Pain Management Physician  
UAB Department of Medicine  
Alabama Academy of Family Physicians  
Troy University School of Nursing  
Alabama Board of Pharmacy  
Alabama Dept. of Public Health  
Alabama Board of Medical Examiners  
Statewide Health Coordinating Council  
Edward Via College of Osteopathic Medicine  
Statewide Health Coordinating Council  
Samford University School of Nursing  
Alabama Department of Economic and Community Affairs  
University of South Alabama Health Sciences  
The University of Alabama in Huntsville School of Nursing

### Prescribers/Dispensers (continued)

Louise Jones	Alabama Pharmacy Association
Morissa Ladinsky	UAB Department of Pediatrics
Nancy Bishop	Alabama Department Public Health
Paul M. Harrelson	Samford University
Peggy Benson	Alabama Board of Nursing
R. Wayne Parker	Alabama College of Osteopathic Medicine
Thomas Branch	Alabama State Board of Veterinary Medical Examiners
Stefan Kertesz	UAB School of Medicine
Salisa C. Westrick	Auburn University Harrison School of Pharmacy
Scott Nickerson	Alabama Board of Nursing
Billy Beasley	Alabama State Senate
Jim McClendon	Alabama State Senate
Tosi Gilford	UAB Physician Assistant Studies Program
Valerie Prince	Samford McWhorter School of Pharmacy
Christie Shelton	Jacksonville State University School of Health Professions
TJ Hundley	University of South Alabama 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 School of Nursing
Kelli Littlejohn-Newman	Alabama Medicaid Agency
Heather Martin	UAB
Richard Beverly	Blue Cross Blue Shield of 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
Sue Duran	Auburn University College of Veterinary Medicine
Ellen Robertson	University of Alabama School of Social Work
Leanda Livesey	Tuskegee University College of Veterinary Medicine
Christopher Sellers	Alabama Department of Mental Health

### Rescue

Dr. Mark Wilson, Chair  
Dr. Darlene Traffanstedt, Co-Chair  
Bret Eddins  
Carter English  
Sarah Estopinal  
Wendi Hogue  
Louise Jones  
Tawanna Morton  
John Rogers  
Bobbi Jo Taylor  
Nicole Walden  
Vicki Walker  
Donna Yeatman

Jefferson County Department of Health  
Jefferson County Department of Health  
Synergy Laboratories  
Alabama Department of Mental Health  
Jefferson County Department of Health  
Project Freedom, University of Alabama  
Alabama Pharmacy Association  
Crossroads to Intervention  
Alabama Department of Economic and Community Affairs  
UAB Psychiatry Community Justice Programs  
Alabama Department of Mental Health  
Alabama Department of Public Health  
Alabama Board of Pharmacy

### Treatment and Recovery Support

Nicole Walden, Chair  
Dr. David L. Albright Co-Chair  
John Bayles  
Brandon Lackey  
Clay Simmons  
Luciana Coleman  
Shannon Roberts  
Mark Litvine  
Morissa Ladinsky  
Pamela Butler  
Patty Sykstus  
Debbi Metzger  
Susan Staats-Combs  
Charles Smith  
April Turner  
Christopher Sellers  
Lisa Bright  
Stacey Lee  
Richetta Muse  
Shanna McIntosh  
Stuart Hoyle  
Curt Lindley  
Denice Morris  
Donna Oates  
Haley Beason  
Kristen Ott

Alabama Department of Mental Health  
The University of Alabama, School of Social Work  
Recovery Resource Center  
Foundry Ministries  
Bradford Health Services  
Alabama Department of Mental Health  
Not One More  
Recovery Organization of Support Specialists (ROSS)  
University of Alabama Birmingham (UAB)  
Alabama Department of Mental Health  
Not One More  
Alabama Department of Mental Health  
Alabama Methadone Treatment Association  
CR Smith International Consulting  
Alabama Department of Rehabilitation  
Alabama Department of Mental Health  
The Will Bright Foundation  
Alabama Department of Mental Health  
Alabama Department of Mental Health  
VitAL, University of Alabama  
Alabama Department of Public Health  
Alabama Alliance for Recovery Residences  
Alabama Department of Mental Health  
Administrative Office of Courts  
Alabama Alliance for Recovery Residences  
Recovery Organization of Support Specialists (ROSS)

### Workforce

Fitzgerald Washington, Chair  
Ed Castile, Co-Chair  
Betty Ruth  
Brandon Glover  
Pamela Butler  
Clay Simmons  
Dr. David L Albright  
Faye Nelson  
Natasha Marvin  
Nick Moore  
Susan Staats Comb

Alabama Department of Labor  
Alabama Industrial Development Training (AIDT)  
Alabama Serve  
Alabama Power Foundation  
Alabama Department of Mental Health  
State Health Coordinating Council  
The University of Alabama, School of Social Work  
Alabama Department of Human Resources  
Alabama Department of Mental Health  
Governor's Office of Education and Workforce Transformation  
Alabama Methadone Treatment Association