



2022

Alabama Opioid Overdose and Addiction Council

Kat House, State Opioid Coordinator
November 16, 2022

Welcome

- ▶ **Commissioner Boswell, Alabama Department of Mental health**
- ▶ **Dr. Scott Harris, Alabama Department of Public Health**
- ▶ **Attorney General Steve Marshall, Attorney General's Office**

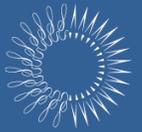


2022

Alabama Opioid Overdose and Addiction Council

- Welcoming Remarks and Updates – Commissioner Boswell
Dr. Scott Harris
Steve Marshall
- Pew Presentation - Victoria Yastishock and Glenn Wright
- Opioid Settlement Update – Steve Marshall
- Council's Priorities - Kat House and Committee Chairs and Co-chairs
 - i. Priority 1 – Nicole Walden, Shanna McIntosh, Honour McDaniel, Suzanne Muir
 - ii. Priority 2 – Dr. Wilson, Dr. Traffanstedt
 - iii. Priority 3 – Dr. Albright, Jacquie Allen, Stephen Smith, Dr. Traffanstedt, Matt Hart
 - iv. Priority 4 - Nicole Walden, Nancy Bishop, Chris Sellers
 - v. Priority 5 – Beverly Johnson, Dr Albright
 - vi. Priority 6 - Darrell Morgan, Donna Oates
 - vii. Priority 7 - Honour McDaniel, Suzanne Muir
 - viii. Priority 8 – Nancy Bishop
- Committee Reports – Kat House – State Opioid Coordinator
 - i. Data – Nancy Bishop
 - ii. Law Enforcement - Darrell Morgan/Donna Oates
 - iii. Treatment and Recovery Support – Nicole Walden/Shanna McIntosh
 - iv. Community Outreach and Engagement – Beverly Johnson/Dr. David Albright
 - v. Rescue – Dr. Wilson/Dr. Traffanstedt
 - vi. Prescriber/Dispenser Practices – Dr. Traffanstedt/Matt Hart
 - vii. Workforce – Dr. David Albright Stephen Smith/Jacquie Allen
 - viii. Maternal Child Health/Substance Use Committee – Honour McDaniel/Suzanne Muir
- Other Council business





THE PEW CHARITABLE TRUSTS

Improving Access to Opioid Use Disorder Treatment in Alabama

Nicole Walden, Associate Commissioner
Mental Health and Substance Use Services
Alabama Department of Mental Health

Victoria Yastishock, Senior Associate (Technical Assistance)
Substance Use Prevention and Treatment Initiative
The Pew Charitable Trusts

November 16, 2022

[pewtrusts.org](https://www.pewtrusts.org)

Expanding Opioid Use Disorder Treatment: Key Efforts to Date

Funding

- State Targeted Response grant from the Substance Abuse and Mental Health Services Administration (2016)
- Grants from the Bureau of Justice Assistance, the U.S. Department of Agriculture, the Centers for Disease Control and Prevention, and other sources (2016 – present)

Policy

- “Good Samaritan” law on prescribing and dispensing naloxone (2015)
- Alabama signs Compact to Fight Opioid Addiction (2016)
- Alabama Board of Medical Examiners adopts rule requiring physicians to obtain patient prescription history from Prescription Drug Monitoring Program (2017)
- Governor Ivey creates Alabama Opioid Overdose and Addiction Council (2017)

Technical assistance

- Alabama participates in National Governor’s Association Learning Lab (2016)
- Alabama receives technical assistance from Pew (2021 - 2022) **NEW!**

Alabama's Interest in Working with Pew

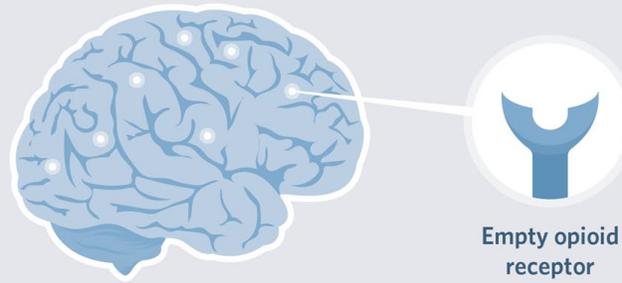
- Alabama leaned on Pew for support improving:
 - Access to treatment for opioid use disorder
 - Quality of care
 - Health outcomes
- Governor Ivey and legislative leadership invited Pew to provide technical assistance to Alabama at no cost

About Pew's Substance Use Prevention and Treatment Initiative

- The team works to advance state and federal policies that address the opioid crisis and expand access to evidence-based treatment for opioid use disorder.
- Technical assistance provided to leaders in 14 states and the District of Columbia to date.

Medications for Opioid Use Disorder Save Lives

Figure 1
How OUD Medications Work in the Brain



Methadone



Full agonist:
Generates effect

Buprenorphine



Partial agonist:
Generates limited effect

Naltrexone



Antagonist:
Blocks effect



TOPICS PROJECTS FEATURES ABOUT GET INVOLVED SEARCH

Medications for Opioid Use Disorder Improve Patient Outcomes

FDA-approved drugs reduce overdose risk but are often unavailable

FACT SHEET | December 17, 2020 | Read time: 11 min

Projects: Substance Use Prevention and Treatment



TOPICS PROJECTS FEATURES ABOUT GET INVOLVED SEARCH

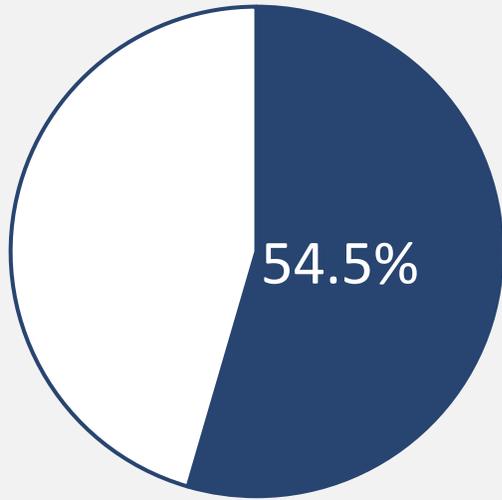
Methadone Is an Effective Treatment for Opioid Use Disorder

But stringent federal and state regulations keep patients from accessing evidence-based care

Updated: September 19, 2022 | Read time: Less than a minute

Projects: Substance Use Prevention and Treatment

Opioid Treatment Programs in Alabama



54.5% of people in Alabama live in counties without an opioid treatment program.

(Pew analysis, 2022)

Barriers to expansion include:

- Regulatory requirements
- Limited funding
- Stigma

Guiding Principles

Alabama aims to improve access to treatment, quality of care, and health outcomes for people with opioid use disorder by:

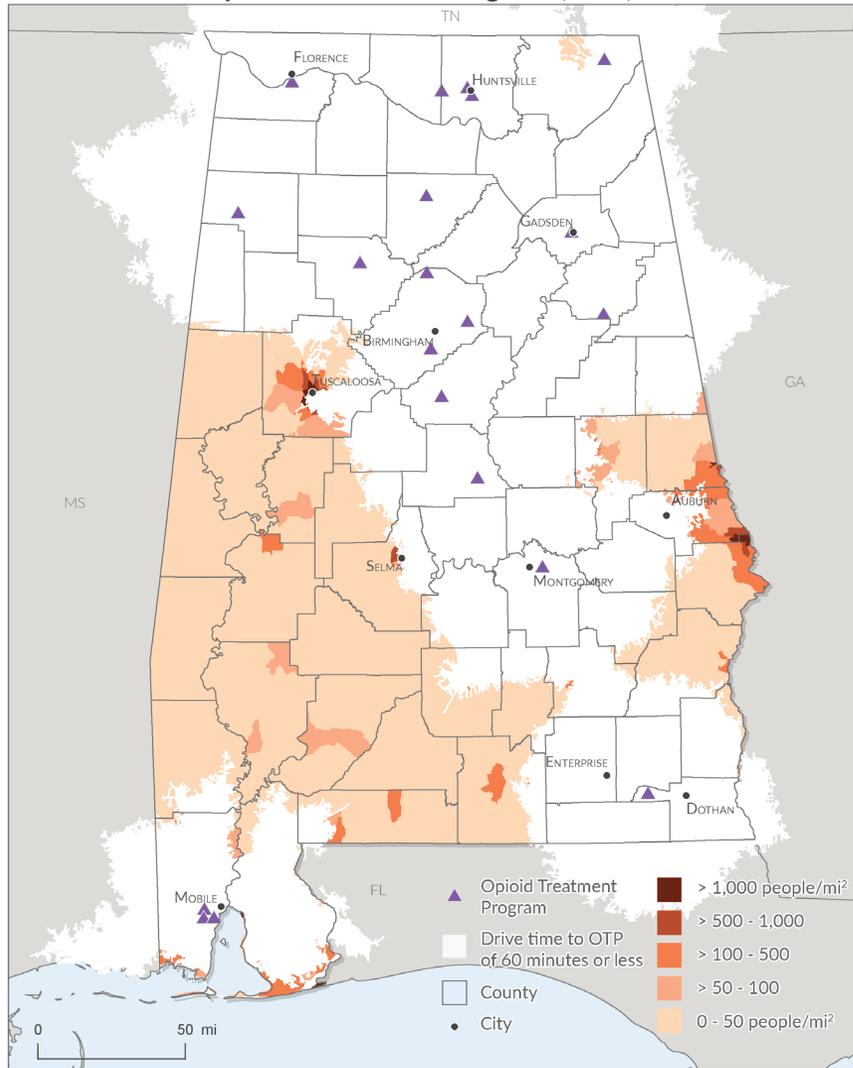
Reducing stigma

Identifying and
addressing racial
disparities in
access to
treatment

Expanding
treatment
services in rural
areas

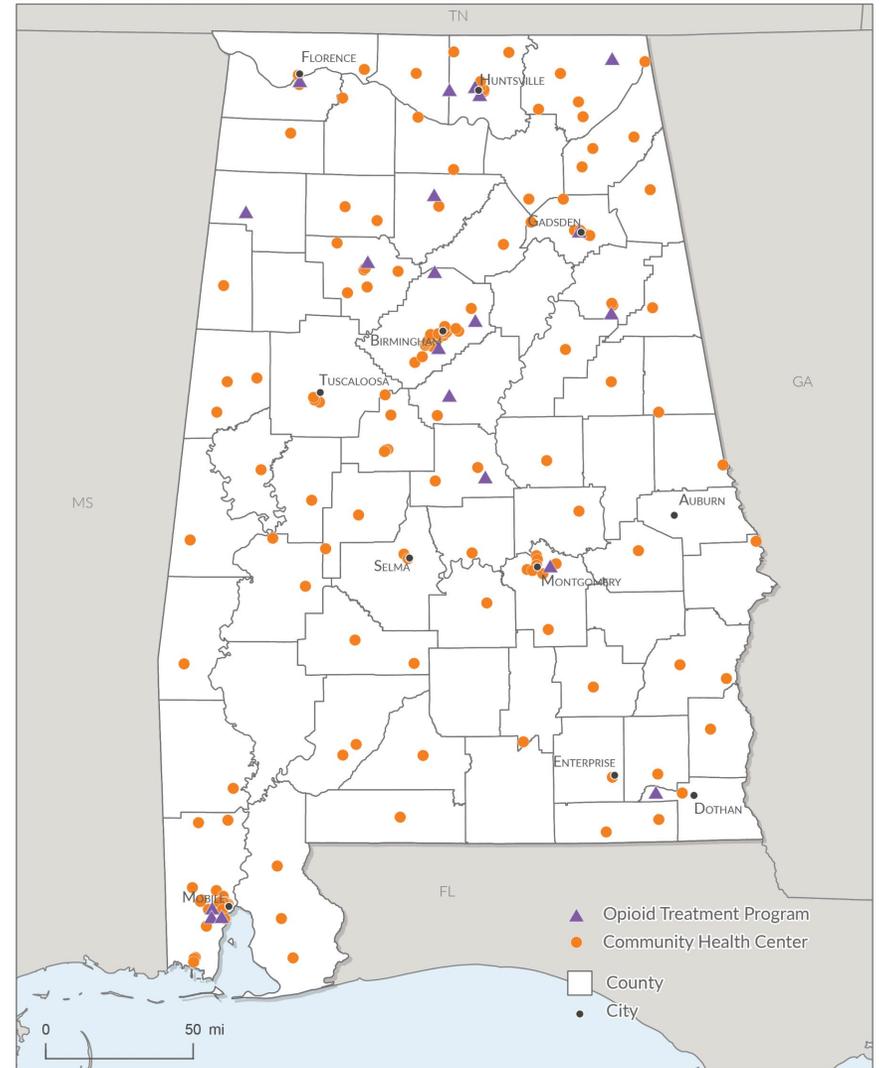
Improving Access to Treatment

Alabama Population Density Outside of a 60-Minute One-Way Drive Time of Opioid Treatment Program (OTP) Locations



Source: Drive times calculated with Esri; SAMHSA; NaturalEarth; US Census. Updated 06/2021

Alabama Opioid Treatment Program and Community Health Center Locations



Source: SAMHSA; HRSA; NaturalEarth; US Census. Updated 06/2021

Improving Quality of Care

Pew is providing a grant to UAB to:

1. Better understand patients' experiences and perspectives around care received at opioid treatment programs
2. Identify metrics Alabama can use to measure recovery from opioid use disorder

Improving Health Outcomes

Alabama is using data to track opioid use disorder (OUD) treatment outcomes from diagnosis to recovery



Policy Goals

Make changes to opioid treatment program regulations

Add at least one opioid treatment program to an existing health care setting, and add at least one mobile van to an existing opioid treatment program

Make changes to Certificate of Need requirements for opioid treatment programs

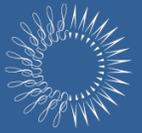
Adopt metrics to monitor stigma, and use data to inform anti-stigma campaigns



Improvements in access to treatment, quality of care, and health outcomes for people with opioid use disorder

On the Horizon

- Alabama is equipped with new information to guide decisions around:
 - Suggestions on the spending of opioid settlement dollars
 - Making regulatory changes
 - Establishing new treatment access points
 - Improving quality of care



THE PEW CHARITABLE TRUSTS

Questions?

Nicole Walden: nicole.walden@mh.alabama.gov

Victoria Yastishock: vyastishock@pewtrusts.org



Opioid Settlement Update

Attorney General Steve Marshall

How did we get here?

Process

- ALL subcommittees of the council meet on a regular basis to assess and implement their goals and objectives.
- After the July Council meeting, all committee chairs and co-chairs were asked to meet with their respective committees to discuss their top priorities regarding the settlement funds.
- October 6, 2022 – meeting was held with all the chairs and co-chairs. Each committee presented their top priorities to the entire group.
- October 17, 2022- A listing of all the priorities presented were sent to all chairs and co-chairs to rank them in highest to lowest priority.
- October 24, 2022 – The priorities were sent to the chairs of the council for review.
- October 31, 2022 - The chairs meet to review the priorities. It was agreed the approved priorities would be sent all council members to review prior to today's meeting.
- The following are the priorities wish to present to all council members today.

Council's Guiding Principles

Settlement Funds must be used to prevent, treat, and support recovery from opioid addiction and any other co-occurring substance use or mental health conditions which are all long-lasting (chronic) diseases that can cause major health, social, and economic problems at the individual, family, community, and/or state level.

Abatement funds shall be used solely to supplement and strengthen, rather than supplant, resources for prevention, treatment, and recovery, in accordance with the purposes and subject to the requirements in the abatement terms. The Parties shall be guided by the recognition that expenditures should ensure both the efficient and effective abatement of opioid epidemic, and the prevention of future addiction and opioid abuse.

The agreement reached by the State of Alabama with various parties restricts the use of any settlement funds to abate strategies only. The priorities recommended by the Council align with the approved strategies. The core strategies are as follows.

- a. Naloxone or other FDA approved drugs to reverse opioid overdose
- b. Medication for Addicition Treatment (MAT) distribution and other opioid relater treatment
- c. Pregnant and post-partum women
- d. Expanding treatment for Neonatal Abstinence Syndrome (NAS)
- e. Expansion of warm hand-off programs and recovery services
- f. Treatment for incarcerated population
- g. Prevention Programs
- h. Expand or establish syringe services programs
- i. Evidenced based data collection and research analyzing the effect of the abatement strategies within the state

PRIORITY 1.

Support existing treatment and availability of treatment that includes culturally appropriate services and programs, including Medication for Addiction Treatment (MAT), for Opioid Use Disorders (OUD) and any co-occurring substance use or mental health conditions (SUD/MH) in communities and criminal justice.

Nicole Walden, Shanna McIntosh, Honour McDaniel and Suzanne Muir

- a. Funding for evidence-based treatment and recovery resources with special emphasis on women's programming and an integrated healthcare system for women to receive adequate and timely prenatal care.
- b. Funding for MAT using existing Alabama Department of Mental Health (ADMH) certified providers and counties with no services.
- c. Funding for recovery support services and peer recovery centers to provide a full continuum of recovery services for OUD and any co-occurring SUD/MH conditions including employment training/education, supportive/recovery housing, community navigations, food pantries, clothes closets, mobile shower, use of washers and dryers and supportive transportation.
- d. Engage non-profits and faith-based communities/coalitions as a system to support people in treatment and recovery and to support family members that includes prevention, treatment, and recovery support in partnership with medical and social service sectors.

PRIORITY 1.

Continued

- e. Funding to continue the expansion, training and integration of Screening, Brief Intervention and Referral to Treatment (SBIRT) and Screening, Treatment Initiation and Referral (STIR) programs and ensure that healthcare providers are screening for opioid-addiction and other risk factors and know how to appropriately counsel, treat or refer a patient with mental health and substance use disorders.
- f. Support successful recovery models for recovering opioid users including, but not limited to, college recovery programs, peer support agencies, recovery high schools, sober events, and community programs, etc.
- g. Funding for additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use and to assist the parents in seeking treatment.

PRIORITY 2.

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies.

Dr. Wilson and Dr. Traffanstedt

- a. Increase availability and distribution of naloxone and other drugs that treat opioid overdoses by continuing the purchase and distribution of naloxone and fentanyl test strips widely and free of charge to prevent opioid overdose deaths. This need will continue even if naloxone becomes available over-the-counter, because pricing and stigma will continue to be barriers to broad public access.
- b. Funding necessary infrastructure and personnel to support public awareness, targeted outreach, training, and distribution of naloxone and fentanyl test strips, by in-person, virtual, mail order and other means.
- c. Funding to offset the costs for emergency medical services providers who have incurred significant costs for naloxone and naloxone administration for opioid overdoses.
- d. Funding the purchase of Sciex instrumentation to allow advanced analysis of toxicology specimens and wastewater to detect novel psychoactive substances that may be contributing to overdose deaths in Alabama.

PRIORITY 3.

Develop a state-level Recovery Friendly/Supportive Workplace Toolkit for Alabama.

Dr. Albright, Jacquie Allen, Stephen Smith, Dr. Traffanstedt and Matt Hart

- a. Funding to develop and educate/train employers on recruiting and retaining workforce, workplace supports to promote mental wellbeing, prevent/reduce burnout, pregnant and postpartum women - and adopt strategies that improve organizational culture.
- b. Funding to develop educate/train incumbent workers, dislocated workers, and other special populations who have behavioral health challenges for workplaces.
- c. Funding to develop educate/train interested people for the behavioral health field, including on the potential use of student aid forgiveness and additional incentive programs.
- d. Funding of an Addiction Medicine Fellowship position at UAB with coverage of position at University of South Alabama (USA) subject to approval; to offer this fellowship program.
- e. Funding of the ongoing development of the web-based ALAHOPE prescribing and dispensing curriculum which trains healthcare professionals to avoid over-prescribing and dispensing of opioids as well as how to recognize and address substance use disorders.

PRIORITY 4.

Expand our state's Central Data Repository (CDR)

Nicole Walden, Nancy Bishop and Chris Sellers

- a. Funding to continue to collect state-level data on a regular basis with a dedicated team.
- b. Continue utilizing the existing CDR which provides a comprehensive hub for data, which is useful in assessing the many efforts by state agencies and local communities in the fight to end the opioid crisis.
- c. Funding for improvements at the partner-level to support accurate and timely data-sharing across the state.

PRIORITY 5.

Support culturally appropriate services/programs that address health disparities in prevention services and in treatment for persons with OUD and mental health disorders, including programs for vulnerable populations (i.e., homeless, youth in foster care, etc.), incarcerated individuals, citizens of racial, ethnic, geographic, and socio-economic differences, and ensure that all Alabamians have access to prevention and treatment, and recovery support services for OUD that meet their needs.

Beverly Johnson and Dr. Albright

- a. Funding to address the disparities that may exist within some systems and services to ensure social determinants of health are addressed and increase messaging that behavioral health is equal to physical healthcare which are pivotal to the health and well-being of individuals within the State of Alabama.
- b. Funding for the continuation of the Stop Judging Start Healing Stigma statewide campaign to reduce stigma, train workforce to ensure the necessary culturally relevant competencies that supports a person with OUD

PRIORITY 6.

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system.

Darrell Morgan and Donna Oates

- a. Funding to expand the current Connect Alabama App to developing a section to enhance the ability of the court system and law enforcement to ensure participants are meeting curfew, not visiting prohibited venues, attending scheduled treatment appointments, and attending any other required meetings. The App would also assist the person with OUD in keeping track of their scheduled treatment appointments, recording attendance at required meetings, and reminding of court dates and check-ins with probation officers.

PRIORITY 7.

Implementation of a best practice toolkit among hospitals for treatment of pregnant women with OUD.

Honour McDaniel and Suzanne Muir

- a. Fund the cost and implementation of Alliance for Innovation on Maternal Health (AIM) safety bundle focused on disseminating best practices and resources on treating and working with mothers with opioid use disorder throughout the family's perinatal journey.

PRIORITY 8.

Support and promote Alabama's Prescription Drug Monitoring Program (PDMP) that enables healthcare providers to review and individual's-controlled substance prescription history prior to writing an opioid prescription.

Nancy Bishop

- a. Fund the annual cost of PDMP administration, including an enhancements/improvements and additional staff as needed.

DATA

Nancy Bishop, ADPH
Nicole Walden, ADMH
Chris Sellers, ADMH

The Data Committee has added several new partners providing data and expertise to help us describe the impact of opioids across the state. They include:

- Drug Enforcement Agency's Birmingham field office
- Gulf Coast High Intensity Drug Trafficking Areas
- Alabama Poison Information Center
- Blue Cross Blue Shield of Alabama
- Alabama Administrative Office of Courts

The most comprehensive collection of statewide opioid data is presented through an online dashboard (www.druguse.alabama.gov). Here stakeholders have shared data relating to drug arrests for opioid crimes, healthcare treatment services for those with opioid use disorder, overdose events (including EMS, ED and deaths), and opioid prescriptions.

LAW ENFORCEMENT

Darrell Morgan, ABPP
Donna Oates, AOC

The Law Enforcement Sub-Committee focused a considerable amount of effort for the year in making departments and agencies aware of the availability of Naloxone for carry by officers. From January 1, 2022 - October 31, 2022, 5502 were distributed to law enforcement.

The Bureau of Pardons and Paroles received training in Naloxone use and were issued kits from ADMH for every officer to carry while in the field. Naloxone training information was mentioned at the CRO/CCP/Drug Court All-Service Joint Conference in October and a number of agencies requested training for their departments. Also, the Alabama Law Enforcement Naloxone Use and Training Survey was sent out and several responses were received giving information on use and carry by law enforcement in the state.

The committee will continue to monitor the number of new recruits and refresher candidates in law enforcement academies who receive Being Prepared: Behavioral Health Issues (8 hours) and Refresher: Behavioral Health Issues (4 hours).

Lastly, the sub-committee was pleased to support SB 168 which legalized fentanyl test strips to help prevent opioid overdoses in the state.

TREATMENT AND RECOVERY

Nicole Walden, ADMH
Shanna McIntosh, UA

Connect Alabama App was launched July 18. Downloads as of today is 2,612. Currently working to add 211 services and Recovery Resource Center for telehealth assessment.

Agency for Substances Abuse Prevention has hosted several Faith Based Support Specialists trainings This project has been a huge success. There have been over 120 participants thus far. One more training is schedule in December for the Mobile area.

Recovery Resource Center

3267 unduplicated clients
completed 1777 assessments
conducted 326 assessment updates
made 2185 referrals to treatment

COMMUNITY OUTREACH AND ENGAGEMENT

Beverly Johnson, ADMH
Dr. David L. Albright, UA

Achieving optimal health is at the cornerstone of the continuum of care – prevention, treatment, and recovery. Addressing the disparities that exist within systems and services and ensuring that social determinants of health are addressed are pivotal to the health and well-being of individuals within the State of Alabama.

As a result, the Community Engagement & Outreach Subcommittee has accomplished the following:

- Researched and identified various health disparity and healthy equity resources
- Established a framework for capturing information in a user-friendly format
- Currently exploring graphics to visually demonstrate narrative
- Health Equity Guide Preliminary Draft

RESCUE

Dr. Wilson, JCDH
Dr. Traffanstedt, JCDH

Naloxone kits dispensed by Opioid Council partners in 2022, as of 10/31/22:

ADMH	7754
JCDH - in-person training/dispensing:	1135
JCDH - online training/mailed to Jefferson Co. recipients :	854
JCDH - online training/mailed to non-Jefferson Co. recipients:	3833
<u>Project Freedom:</u>	<u>1174</u>
TOTAL	14,720 kits (29,440 doses)

Fentanyl Test Strips distributed by JCDH after July 1, as of 10/31/22:

Online training/mailed to Jefferson Co. recipients:	560
<u>Online training/mailed to non-Jefferson Co. recipients:</u>	<u>2620</u>
TOTAL	3180 strips*

(*Distributed in sets of 5 strips per mail-out)

PRESCRIBERS AND DISPENSERS

Dr. Traffanstedt, JCDH
Matt Hart, ALBME

- The Auburn University Harrison College of Pharmacy contract to host the website and provide continuing education credits is at the last stage of approval. It has been successfully negotiated and there are no additional barriers expected to finalizing the contract.
- The build for unique website for the ALAHOPE curriculum is in process with an estimated timeline of approximately one month before we see the site for approval.
- 18 of 22 lectures are in process for the Substance Use Unit. Once these are complete, we will begin work on the Pain Unit.

WORKFORCE

Dr. David L. Albright, UA
Stephen Smith, ALCC
Jacquie Allen, AIDT

Good health is vital for workplace productivity, workforce retention, and healthier local economies. People's health encompasses behavioral health that includes trauma, psychiatric, and substance use needs. Our goal is to develop strategies that promote a healthy workplace for people with substance use disorders as well as mental illness. To that end, our committee continues to:

- Develop workplace resources to support a culture of health for employers and employees;
- Survey Alabama workforce on their attitudes and beliefs about their workplaces, benefits, and behavioral health needs; and
- Increase public understanding that behavioral health is an integral component of health through its 'Stop Judging, Start Healing' campaign to address stigma.

Maternal Child Health/Substance Use

Honour McDaniel, March of Dimes
Suzanne Muir, UAB

The Maternal Child Health/Substance Use Committee was established in May 2022. The committee structure was broken into four working groups – protocol, treatment & recovery, policy and education. Each group has designated objectives and corresponding action items. Key accomplishments to date include –

- Preparation of legislation to amend the Chemical Endangerment Act.
- Initiation of data analysis to identify the number and location of obstetric prescribers of medications for OUD.
- Collaboration to ensure the Connect Alabama app is inclusive of resources and information for pregnant women with substance use disorders.