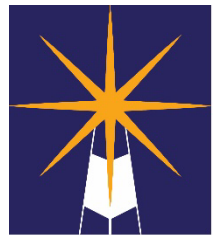


Opioid Use Disorder Continuum of Care Qualified Block Grantees (QBGs) Assessment Report



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

January 22, 2024

The following content areas are included in this assessment report

Contents

Executive Summary

Background Information

Epidemiological Data Analysis and Findings

Continuum of Care Assessment Findings

Summary of Findings and Gaps

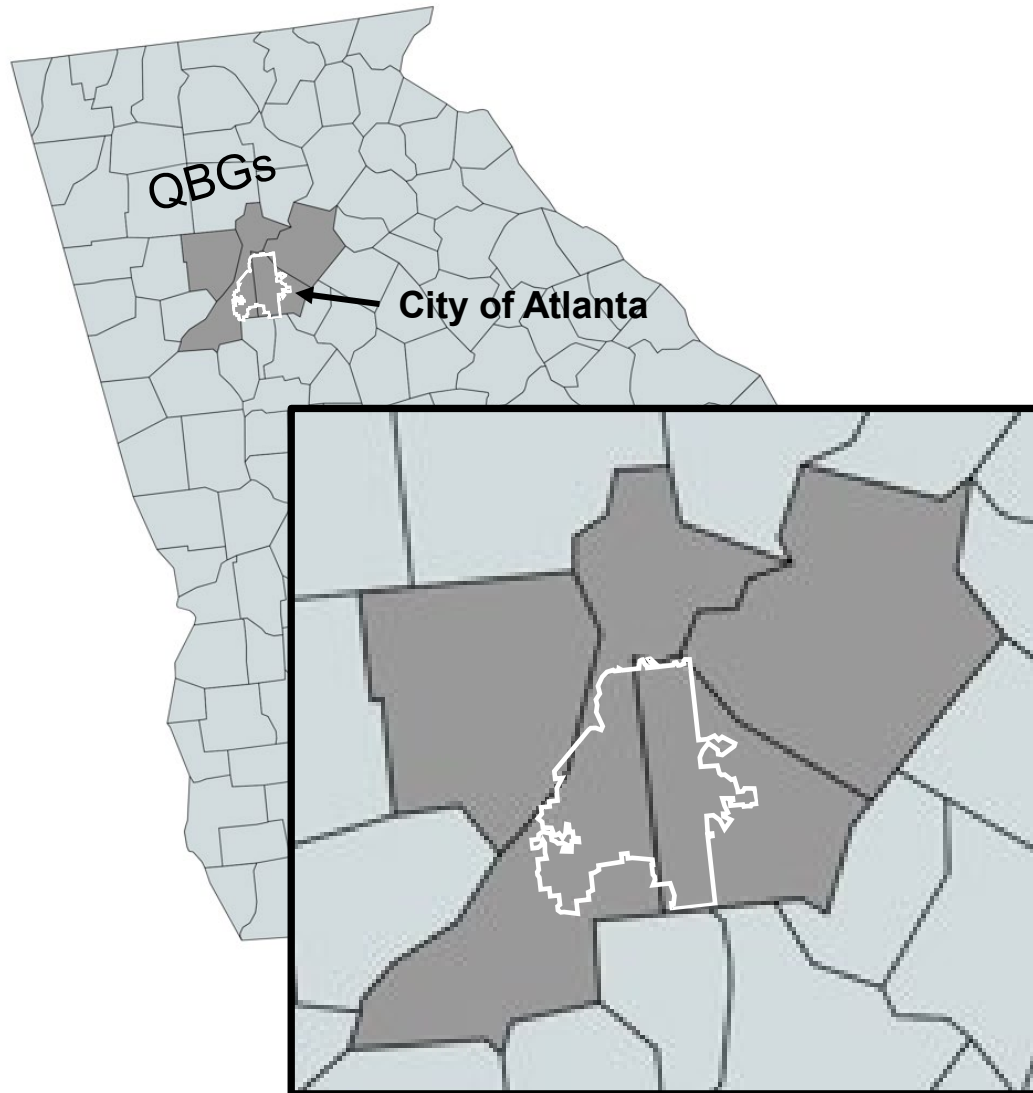
Appendix



Select a section to navigate to the corresponding area of the report.

Executive Summary

In addition to the six regions, there are five counties that DBHDD recognizes as Qualified Block Grantees that operate independently



Qualified Block Grantees (QBGs)

- As indicated by the Governor's Office of Health Strategy and Coordination (OHSC), each county with a population of at least 400,000 constitutes a Qualifying Block Grantee and should be counted as a separate Region
- The OHSC also stated that each QBG will receive allocation directly from the State trust dependent on demonstration of sufficient infrastructure to provide Opioid Abatement services
- Five QBGs cover the Metro Atlanta area of the State, encompassing four counties and City of Atlanta
- The QBGs include:
 - DeKalb County
 - Cobb County
 - Fulton County
 - The City of Atlanta
 - Gwinnett County

The QBGs offer a variety of services across the OUD/SUD continuum, however, there have been increases in the number of opioid overdose deaths since 2018, especially related to synthetic opioids

- From 2018 to 2022, Cobb (14.0) and Fulton (12.7) counties experienced an opioid overdose rate per 100,000 residents at or above the statewide average (12.7), while Gwinnett (10.7) and DeKalb (10.6) counties' average was just below the statewide rate. During the same five-year time period, all four counties saw a 230% or greater increase in the number of opioid overdose deaths attributed to synthetic opioids. Across the QBGs, the White population has the highest total number of opioid overdose deaths; however, the total deaths among the Black or African American population have increased by 178% to 361% across Cobb, Fulton, Gwinnett and DeKalb Counties.
- Compared to other regions and counties, the QBGs saw some of the lowest rates of opioid-related ED visits. However, from 2018 to 2022 there were significant increases in ED visits related to synthetic opioids (Cobb 159% increase, Fulton 249%, Gwinnett 358%, and DeKalb 105%).
- Across the QBG counties, the highest number of naloxone doses were administered in Fulton County
- From 2021 to 2022, all QBG counties saw a decrease in the opioid prescription counts, with Cobb County having the most significant decrease (12%)
- Higher social determinants vulnerabilities may contribute to the number of overdose deaths observed in the City of Atlanta. Zip code level analysis shows nine zip codes, predominantly in the southern portion of the city, have vulnerability in areas including access to medical services, housing instability and economic status.
- Across the continuum of care:
 - Primary prevention programs are offered in K-12, higher education institutions, and workplaces.
 - Residential Treatment providers are available across all QBGs. There are more providers offering services to men than women, however.
 - OTP/MAT providers offer services across the five QBGs.
 - Three providers offer Transitional Housing services to women in Cobb and DeKalb Counties, and one provider serves men in DeKalb County.
 - Addiction Recovery Support Centers (ARSCs) operate in Fulton, DeKalb and Gwinnett Counties and the City of Atlanta. One additional ARSC is planned for Gwinnett County.
 - Harm reduction services, including syringe exchanges and naloxone distribution, are widely available across the QBGs.
- There remain gaps and service variability across the QBGs:
 - There are no Stand Alone Detox Centers or SAIOP providers in Cobb or Gwinnett Counties.
 - No Residential Treatment providers currently offer services to transition-aged youth in any of the QBGs.
 - Gwinnett County is the only QBG without an Intensive Outpatient (Women) provider.
 - Transitional Housing for men is not available in Cobb, Fulton, and Gwinnett Counties or the City of Atlanta. Transitional Housing for women is not available in Fulton and Gwinnett Counties or the City of Atlanta.
 - There are no ARSCs in Cobb County offering recovery services.

Background Information

Overview of the Opioid Continuum of Care assessment reports

Background

- The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) conducted statewide and region-specific assessments of existing Opioid Use Disorder (OUD)/Substance Use Disorder (SUD) providers, services, and supports.
- The scope of the assessments includes current DBHDD-contracted and private providers in Georgia delivering services aligned to the OUD/SUD Continuum of Care (CoC) – Prevention, Treatment, Recovery, and Harm Reduction Services.
- DBHDD has defined the OUD/SUD Continuum of Care services, which include Primary Prevention Services, Stand Alone Detox, Residential Treatment, MAT/Opioid Maintenance outpatient programs, SAIOP Outpatient, Intensive Outpatient (Women), Transitional Housing, Addiction Recovery Support Centers, and Harm Reduction Services.

Objectives

- Analyze available data to understand the OUD/SUD burden and service utilization across the state, regions and five Qualified Block Grantees (QBGs)
- Assess current providers operating in each of the six regions and QBGs to understand availability of services across the Continuum of Care and identify any gaps

Assessment Inputs

- The statewide and region-specific assessments are based on data sources including*:
 - DBHDD Office of Addictive Diseases (OAD)
 - DBHDD OUD/SUD Providers
 - Georgia Collaborative Administrative Services Organization (ASO)
 - Georgia Department of Public Health (DPH)
 - Publicly available data from the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC)

Approach to developing the assessment reports

Approach

1 Understand OUD burden

- Held working sessions with DBHDD to gain better insight into the CoC components. All data gathered were brought to DBHDD to confirm the data included in the reports were an accurate reflection of DBHDD's current OUD/SUD provider state.
- Accessed and analyzed Georgia-specific, publicly available data on Opioid Use Disorders, including leveraging opioid surveillance data from the CDC and Georgia DPH.
- Analyzed data at the state, region and county levels to understand the total number of opioid overdose deaths, opioid-related emergency department (ED) visits and the rates based on population.
- Stratified the data to assess the trends across gender, age, race, ethnicity, and type of opioid over the last five years.

2 Compile current state CoC data

- Leveraged the DBHDD Opioid Provider Locator tool on the DBHDD website to gather information about providers.
- Developed and administered two surveys – one for the DBHDD OAD team and one for the DBHDD contracted OUD/SUD providers – to gather information on the current provider locations, OUD CoC services provided, hours of operation, staffing, and sources of funding.
- Reviewed the data analysis with the OAD team and conducted several working sessions to obtain additional data on the providers and programs operating across Georgia's OUD CoC.

3 Identify gaps

- Using the CoC data gathered from DBHDD and the OUD/SUD providers, the EY team assisted DBHDD in mapping the provider locations by the CoC components (Prevention, Treatment, Recovery, and Harm Reduction) to identify where providers are offering services Statewide, within each Region and QBG.
- Based on this analysis, combined with an understanding of the burden of OUD/SUD in particular areas, the team identified gaps in services based on limited geographic access and the potential indication of need for additional providers based on analysis of the burden of OUD in the area.

The assessment findings should not be considered exhaustive based on some data limitations

Considerations

- Epidemiological data, including opioid surveillance data from the Georgia DPH, were analyzed and included in the report to assist in identifying areas in Georgia that are most or disproportionately impacted by OUD. While data can inform areas of need across the state, this analysis does not identify the causes of OUD or evaluate any correlation or association between the current availability of CoC providers and the prevalence of OUD.
- The provider-specific findings included in the assessment reports are based on:
 - Self-reported information provided by DBHDD contracted OUD/SUD providers actively operating as of October and November 2023. Plans to build additional facilities or expand provider service capacity were not included in this report.
 - Data provided by the DBHDD OAD team.
- In the assessment reports, the locations and counties where providers operate are reflective of the data that are available.
- Providers may serve a catchment area that expands into neighboring counties.
- Some of the OUD/SUD services provided in Georgia do not report data through the Administrative Services Organization (ASO). Therefore, data provided by the ASO regarding the number of individuals served or the utilization of OUD/SUD services may not completely reflect the total volume of individuals served by OUD/SUD DBHDD-funded providers and/or services.

Georgia DBHDD's defined Opioid Continuum of Care includes four core components

Prevention

Interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder. They are broken into 3 sub-categories: Universal, Selected, and Indicated. Universal targets the general public. Selected targets individuals or population sub-groups whose risk of developing disorders or substance use disorders is significantly higher than average. Indicated are for high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorders.

Treatment

Treatment refers to the broad range of services, including identification, intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services and follow-up for persons with substance use disorders.

Recovery

A deeply personal, unique, and self-determined journey through which an individual strives to reach their full potential. Individuals in recovery from a behavioral health challenge improve their health and wellness by taking responsibility for the pursuit of a fulfilling and contributing life while embracing the difficulties they have faced. Recovery is nurtured by relationships and environments that provide hope, empowerment, choices, and opportunities. Recovery is not a gift from any system. Recovery belongs to the person. It is a right, and it is the responsibility of us all.

Harm Reduction

Harm reduction is a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower people who use drugs (and their families) with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction centers on the lived and living experience of people who use drugs, especially those in underserved communities, and the strategies and the practices that flow from them. Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission; improve physical, mental, and social wellbeing; and offer low barrier options for accessing health care services, including substance use and mental health disorder treatment.

Georgia's Opioid Continuum of Care includes seven service types, which are aligned to Prevention, Treatment, Recovery and Harm Reduction

OUD CoC Service	Prevention	Treatment	Recovery	Harm Reduction
Primary Prevention Services				
Stand-alone detox				
Residential Treatment <ul style="list-style-type: none"> • Intensive Residential Treatment: Men • Residential Treatment Men: Independent • Residential Treatment Men: Semi Independent • Intensive Residential Treatment Women (Women's Treatment and Recovery Services (WTRS) and non-WTRS) 				
<ul style="list-style-type: none"> • Residential Treatment Women: Independent (WTRS and non-WTRS) • Residential Treatment Women: Semi Independent (WTRS and non-WTRS) • Intensive Residential Transition Aged Youth 				
MAT/SAIOP Outpatient <ul style="list-style-type: none"> • SAIOP Outpatient • Intensive Outpatient (Women) 				
Transitional Housing <ul style="list-style-type: none"> • Men • Women (WTRS and non-WTRS) 				
Addiction Recovery Support Center				
Harm Reduction Services <ul style="list-style-type: none"> • Naloxone • Fentanyl test strips • Syringe exchange 				

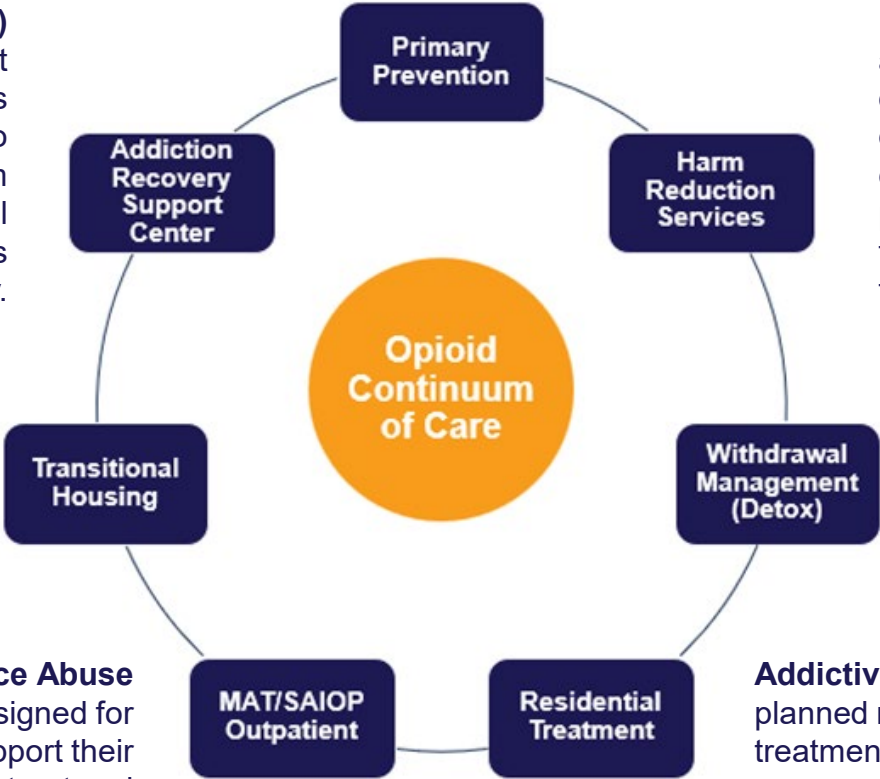
DBHDD's proposed Opioid Use Disorder Continuum of Care Model includes seven components

Primary Substance Misuse Prevention Services consist of services aimed at the general population and susceptible populations or individuals. The purpose is to prevent substance use disorders, including OUD, from ever occurring using evidence-based strategies to target individuals from children to adults.

Addiction Recovery Support Centers (ARSC) offer a set of non-clinical, peer-led activities that engage, educate and support individuals and families successfully to make life changes necessary to establish, maintain and enhance recovery from substance use disorders. Activities include social support, linkage to providers, and eliminating barriers to independence and continued recovery.

Transitional Housing provides a less restrictive residential setting with reduced supervision in conjunction with off-site treatment utilizing medication to support long-term recovery from OUD as appropriate. Services are gender specific for men and women.

Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP) is designed for adults who require the use of medication to support their recovery from OUD. The service is designed to treat and support sustained recovery, focusing on early recovery skills, tools for support, and relapse prevention skills.



Harm Reduction Services aim to reduce the adverse health, social and economic consequences of the use of drugs, without necessarily reducing drug consumption. Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve wellbeing, and offer options to access health care services.

Stand-alone/Residential Detoxification is designed to care for individuals whose chemical dependence/withdrawal signs and symptoms are sufficiently severe enough to require 24-hour, 7 days per week medical management and supervision in a facility with inpatient beds.

Addictive Diseases Residential Service provides a planned regimen of 24-hour observation, monitoring, treatment, and recovery supports for individuals who require a supportive and structured environment due to OUD. There are varying levels of care which include step-down models, intensive, semi-independent and independent programs. Services are gender specific for men and women.

Epidemiological Data Analysis and Findings

Across the QBGs, while opioid prescription counts have slightly decreased, opioid overdose deaths and opioid-related ED visits attributed to synthetic opioids have significantly increased

1 Cobb and Fulton Counties have a higher opioid burden compared to DeKalb and Gwinnett, as shown by higher rates of opioid overdose deaths as well as opioid-related ED visits and hospitalizations

Age adjusted rate (per 100,000) from 2018 - 2022				
State / County	Overdose Deaths (Mortality)		ED visits and hospitalizations (Morbidity)	
	All opioid	Synthetic opioid	All opioid	Synthetic opioid
Georgia	12.7	9.3	58.8	6.7
Cobb	14.0	10.3	50.4	6.4
Fulton	12.7	9.6	51.4	6.8
Gwinnett	10.7	8.2	42.5	4.4
DeKalb	10.6	8.2	38.7	4.2

2 Significant increases in deaths and ED visits involving synthetic opioids, particularly fentanyl, witnessed the most significant increase

- Illicitly manufactured fentanyl is frequently mixed with heroin, counterfeit pills and other substances
- The DEA reports that the majority of counterfeit prescription pills now contain potentially lethal amounts of fentanyl which goes unnoticed contributing overdose cases

For synthetic opioids (including fentanyl), 2018 - 2022		
County	% increase in overdose death count	% increase in ED visits and hospitalizations count
DeKalb	312%	105%
Gwinnett	282%	358%
Cobb	235%	159%
Fulton	231%	249%

3 Cobb showed the greatest % change in opioid prescription counts from 2021 to 2022 as compared to other counties

- SAMHSA considers prescription drugs to be the fastest-growing drug problem and it is significantly impacting the youth
- The Centers for Disease Control and Prevention (CDC) data show a decrease in the rate of retail opioid prescriptions dispensed per 100 people across Georgia and the QBGs

State / County	% change in opioid prescriptions dispensed per 100 people, 2019-2020
Georgia	-7%
DeKalb	-8%
Gwinnett	-7%
Fulton	-9%
Cobb	-12%

Source: [Tranq fatal overdoses rise in Gwinnet County | 13wmaz.com](#), [What is the Heroin Triangle? A Georgia Epidemic | Lakeview Health](#).

In specific population groups, stigma associated with opioid misuse hinders timely treatment and intervention for overdose and addiction more strongly

The increase in the rate of overdose deaths among females is higher than the increase in the rate of ED visits and hospitalizations



- Fear of legal and social repercussions, such as child protection services' involvement, significantly hinder women's willingness to seek treatment
- Negative labels such as "unfit" or "bad parent" for pregnant and parenting individuals with OUD may also result in family separation
- Women who are homeless or have childcare responsibilities have difficulty affording out-of-pocket treatments
- Due to fear of discrimination from colleagues, women may hesitate to disclose their MOUD status in the workplace
- The fear of side effects from MOUD also negatively impact MOUD engagement

% change in crude rate (per 100,000), 2018-2022

County	Overdose deaths	ED visits and hospitalization
Fulton	150%	18%
DeKalb	114%	19%
Gwinnett	83%	14%
Cobb	19%	3%

The overdose death rate among older adults aged 55-64 is rising, while the rise in ED visits and hospitalizations is relatively lower



- Older adults frequently receive prescription opioids for health conditions, increasing their risk of developing OUDs
- Life events such as retirement and factors like social isolation, depression, and helplessness can compound older adults' vulnerability to OUD
- They may underestimate the negative consequences of opioid use and overlook symptoms of OUD
- Difficulties faced by older adults in seeking treatment also include financial constraints, logistical planning, and limited mobility

% change in crude rate (per 100,000), 2018-2022

County	Overdose deaths	ED visits and hospitalization
Fulton	217%	71%
Gwinnett	198%	-20%
DeKalb	124%	59%
Cobb	54%	-26%

The White population has the highest rate of opioid overdose deaths; however, the Black population has experienced a significant increase in recent years



- Structural racism amplifies racial disparities and inequities in social determinants of health, affecting SUD morbidity, mortality, and treatment outcomes for Black individuals
- Systemic inequities, including lower income, reliance on public insurance, transportation and residential segregation pose significant barriers to access treatment
- The Black population has limited access to the full range of MAT when compared to the White population
- Negative images of Black people with SUD contribute to mistreatment, discrimination and harsh punishment instead of treatment and recovery services

County	% change in overdose deaths crude rate (per 100,000), 2018-2022
Cobb	361%
Fulton	256%
Gwinnett	208%
DeKalb	178%

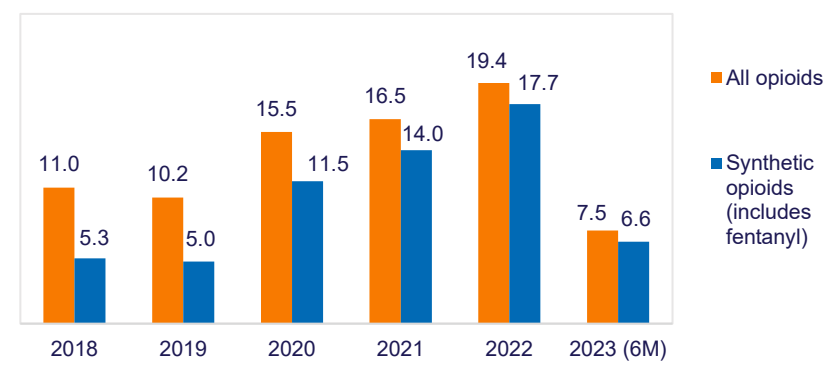
From 2018 to 2022, **Cobb County** experienced a significant increase in opioid and synthetic opioid overdose deaths, at respective Compound Annual Growth Rate (CAGR) of 15% and 35%

Macro indicators, 2022

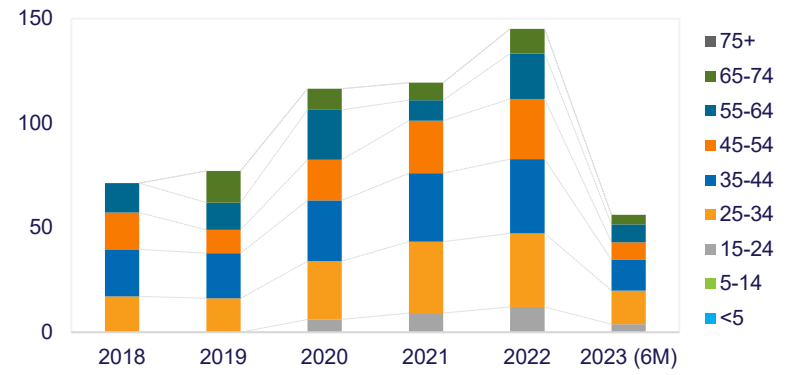
Population ¹	771,952
Unemployment rate ¹	3.2%
% of people without health insurance ¹	10.9%
No. of suicides (intentional self harm) ²	95
Homeless per 10,000 people ³	5
Neonatal abstinence syndrome cases, 5 year combined rate per 1,000 Hospital Births, 2017 to 2021 ⁵	1.93

Change over time, 2018-2023, Drug overdose death crude rate (per 100,000)

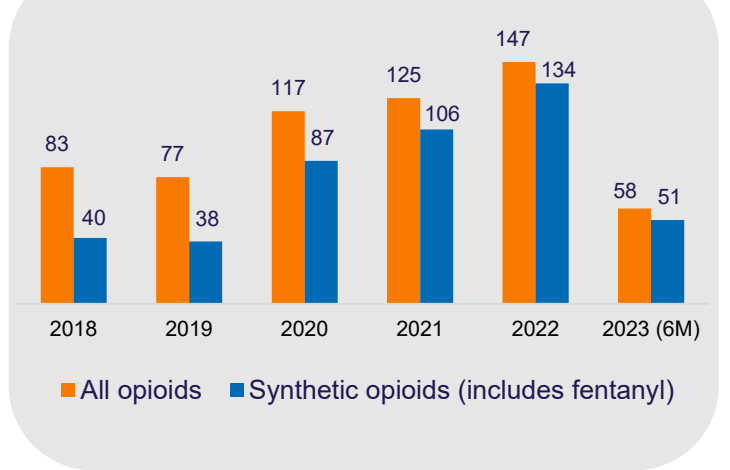
All opioids and synthetic opioids⁴



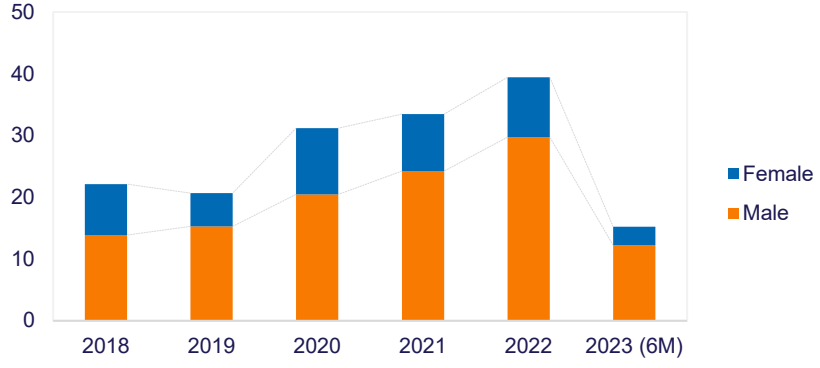
All opioids (by age)⁴



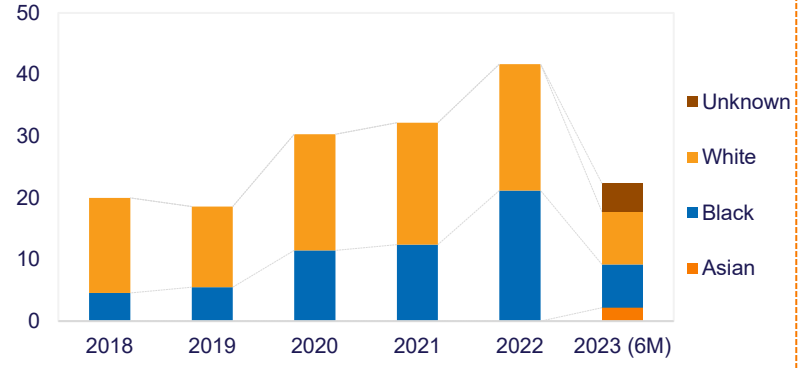
Overdose death counts, 2018-2023⁴



All opioids (by gender)⁴



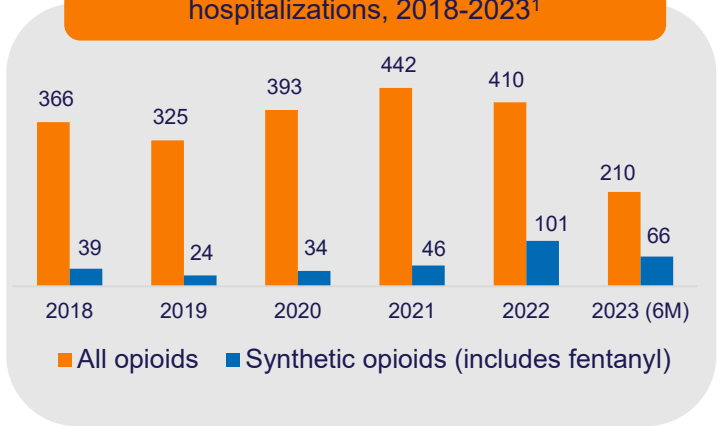
All opioids (by race)⁴



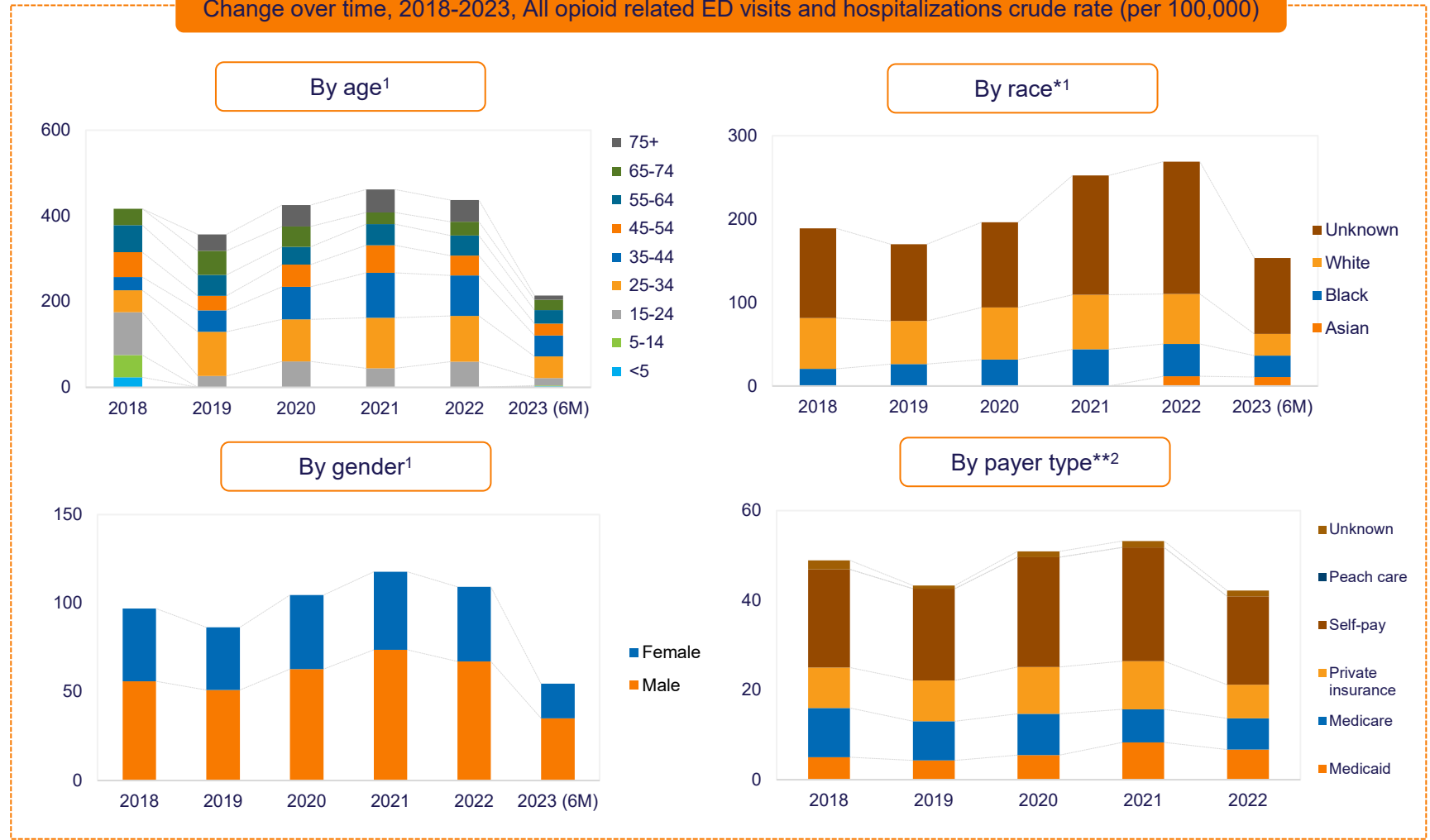
*As per the source, opioid data by race is categorized as follows: Asian, Black, White, American Indian / Alaska Native, Native Hawaiian / Pacific Islander, Unknown Race, and Other. The 'Other' category includes any race not specified. For representation, we have plotted Asian, Black, White, and Other based on available data
 For categories where no data is available, the values have been assumed to be zero
 Source: 1) data.census.gov 2) Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). <https://oasis.state.ga.us/> 3) endhomelessness.org 4) [ESRI-Health](https://esri-health.com) 5) [GASPS data warehouse](https://gaspss.com)

Between 2021 and 2022, ED visits and hospitalizations related to synthetic opioids increased by 120% in Cobb County

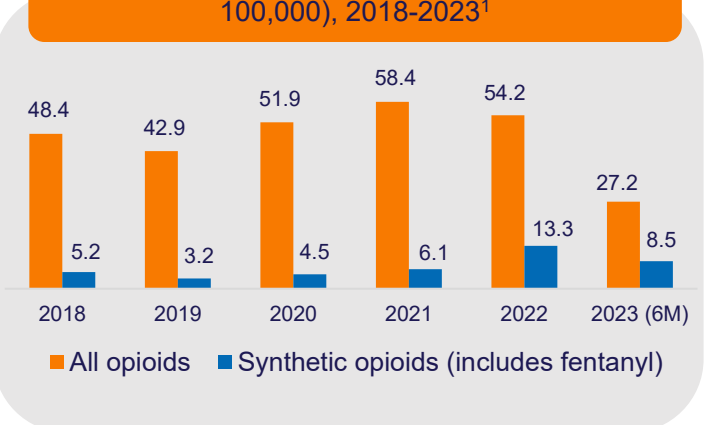
Emergency department (ED) visits and hospitalizations, 2018-2023¹



Change over time, 2018-2023, All opioid related ED visits and hospitalizations crude rate (per 100,000)



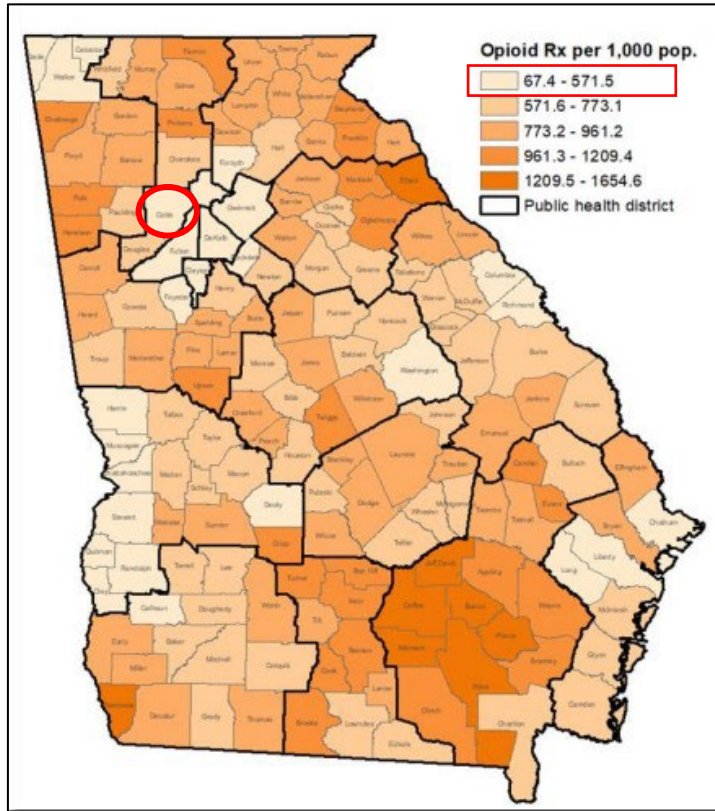
ED visits and hospitalizations crude rate (per 100,000), 2018-2023¹



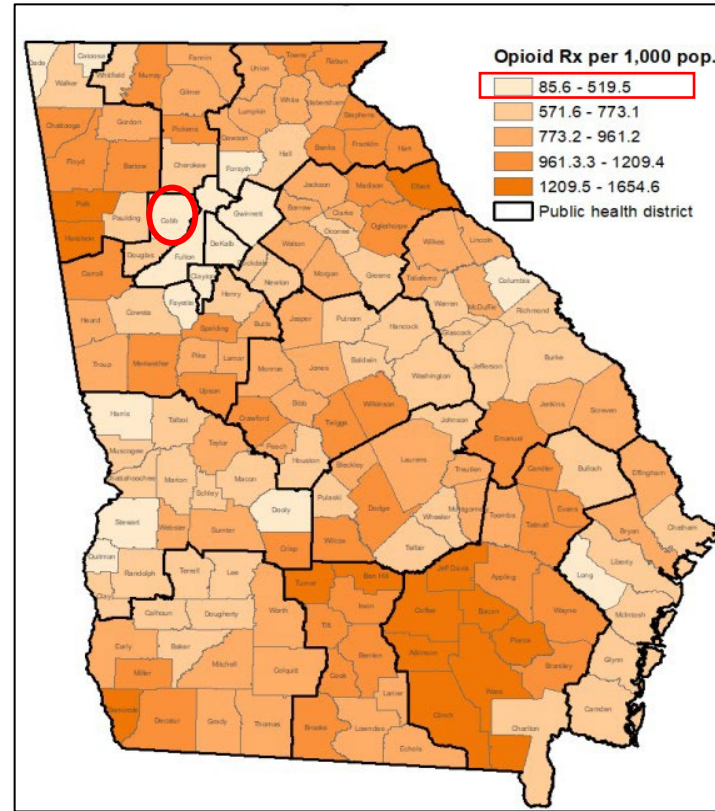
* As per the source, opioid data by race is categorized as follows: Asian, Black, White, American Indian / Alaska Native, Native Hawaiian / Pacific Islander, Unknown Race, and Other. The 'Other' category includes any race not specified. For representation, we have plotted Asian, Black, White, and Other based on available data
 ** 'Other' refers to all plans beyond those specified in the source
 For categories where no data is available, the values have been assumed to be zero
 Source: 1) ESRI-Health 2) Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). <https://oasis.state.ga.us/>

The age-adjusted opioid prescription rate in **Cobb County** has been a consistent range from 2020 to 2022

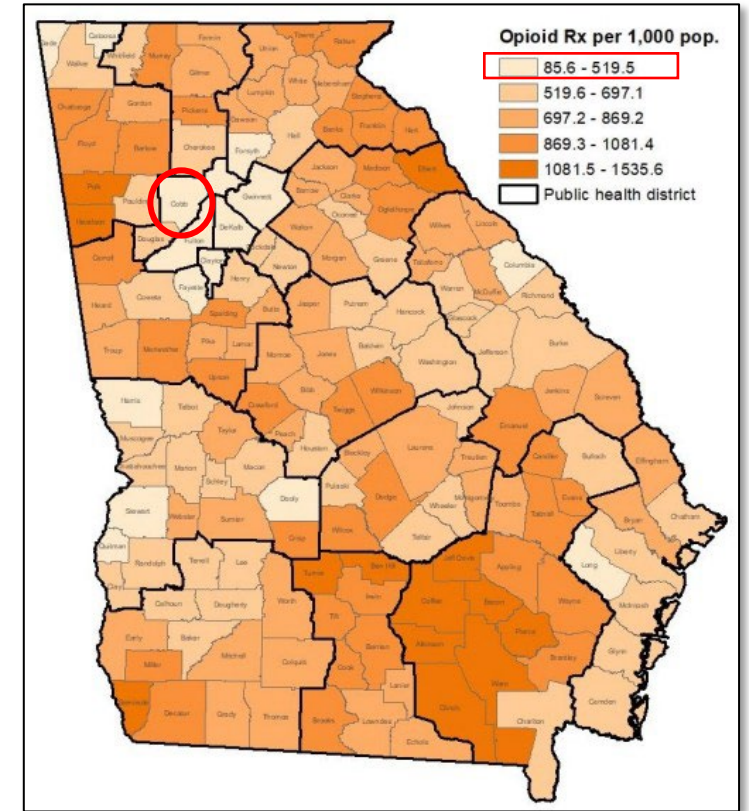
Age-adjusted opioid prescription rate by county, 2020²



Age-adjusted opioid prescription rate by county, 2021²

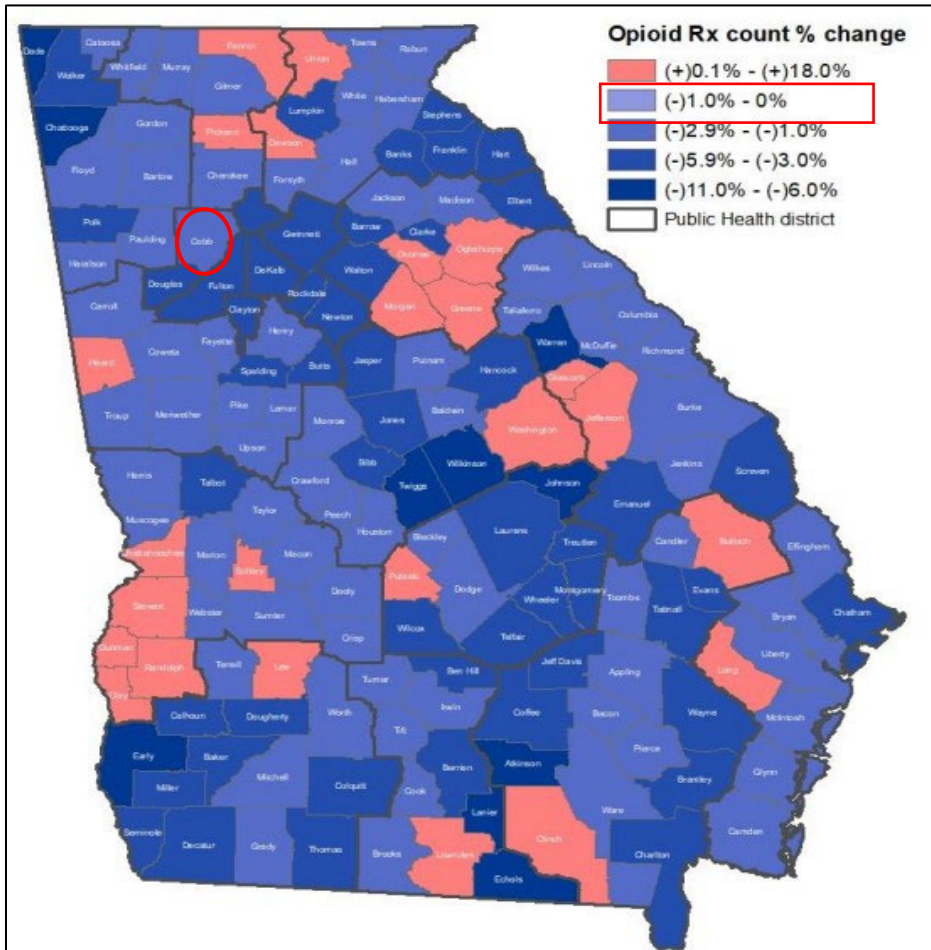


Age-adjusted opioid prescription rate by county, 2022¹



The total count of opioid prescriptions in **Cobb County** has decreased from 2021 to 2022 and there are eighteen facilities offering SUD services

% change in opioid prescription count by county, Jan-Dec 2022 vs Jan-Dec 2021¹



Availability of treatment facilities³

Facilities providing substance use services, 2023 (accepting Medicaid)

18(8)

Facilities providing some MAT, 2023 (accepting Medicaid)

7(3)

Facilities providing at least two different forms of MAT, 2023 (accepting Medicaid)

5(2)

Facilities providing all MAT, 2023 (accepting Medicaid)

0

Substance use facilities offering HIV testing, 2023

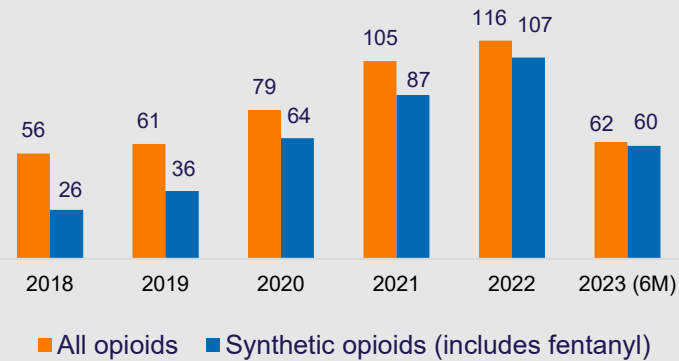
8

In DeKalb County, the number of opioid and synthetic opioid-related overdose deaths increased at CAGR of 20% and 42% respectively, from 2018 to 2022

Macro indicators, 2022

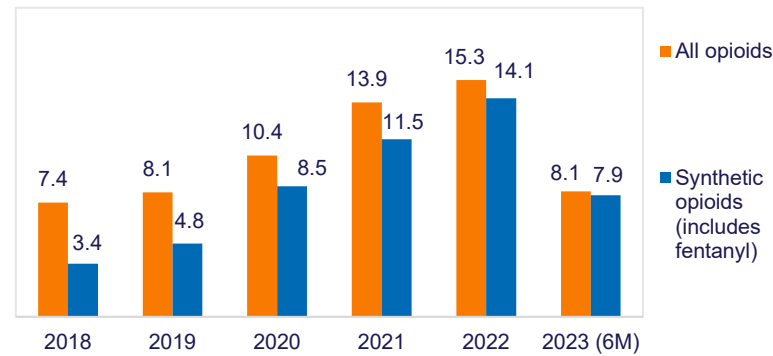
Population ¹	762,820
Unemployment rate ¹	4.9%
% of people without health insurance ¹	12.1%
No. of suicides (intentional self-harm) ²	105
Homeless per 10,000 people ³	7.9
Neonatal abstinence syndrome cases, 5 year combined rate per 1,000 Hospital Births, 2017 to 2021 ⁵	1.15

Overdose death counts, 2018-2023⁴

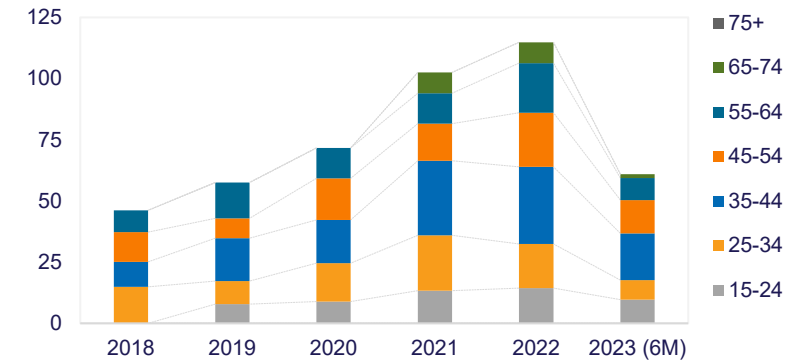


Change over time, 2018-2023, drug overdose death crude rate (per 100,000)

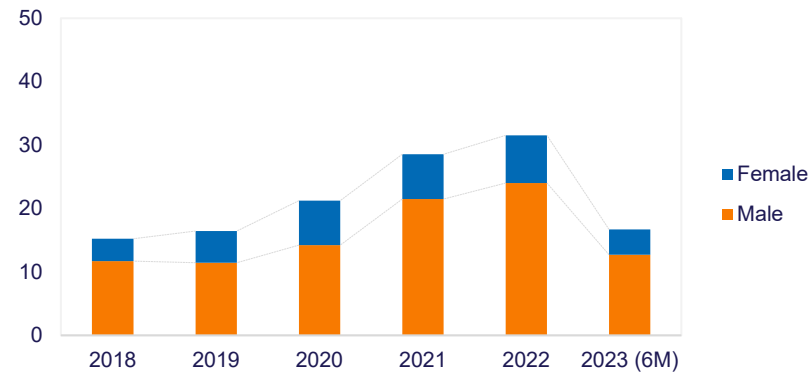
All opioids and synthetic opioids⁴



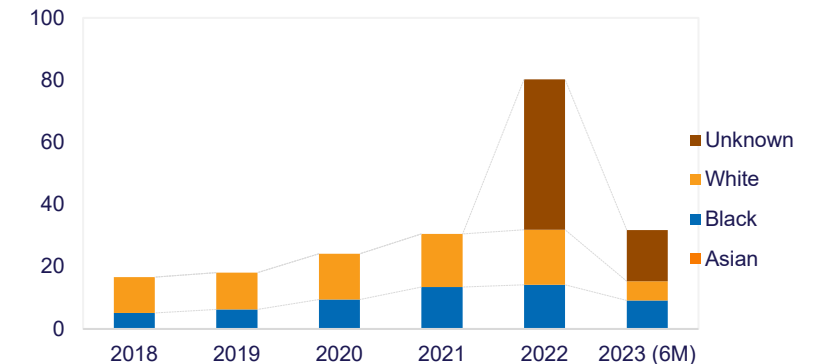
All opioids (by age)⁴



All opioids (by gender)⁴



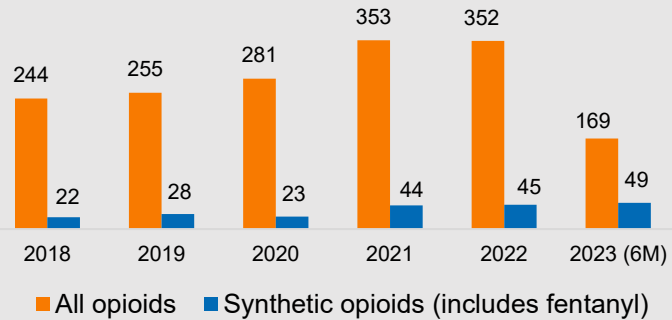
All opioids (by race)⁴



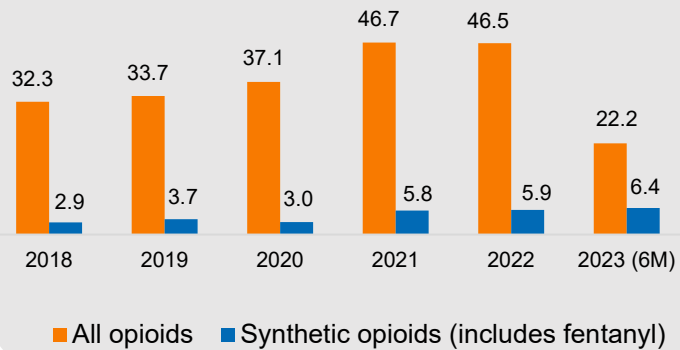
*As per the source, opioid data by race is categorized as follows: Asian, Black, White, American Indian / Alaska Native, Native Hawaiian / Pacific Islander, Unknown Race, and Other. The 'Other' category includes any race not specified. For representation, we have plotted Asian, Black, White, and Other based on available data
 For categories where no data is available, the values have been assumed to be zero
 Source: 1) data.census.gov 2) Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). <https://oasis.state.ga.us/> 3) endhomelessness.org 4) [ESRI-Health](https://esri.com) 5) [GASPS data warehouse](https://gaspss.com)

ED visits and hospitalizations linked to all opioids and synthetic opioids in DeKalb County saw a substantial rise from 2018 to 2022, with jumps of 44% and 105% respectively

Emergency department (ED) visits and hospitalizations, 2018-2023¹

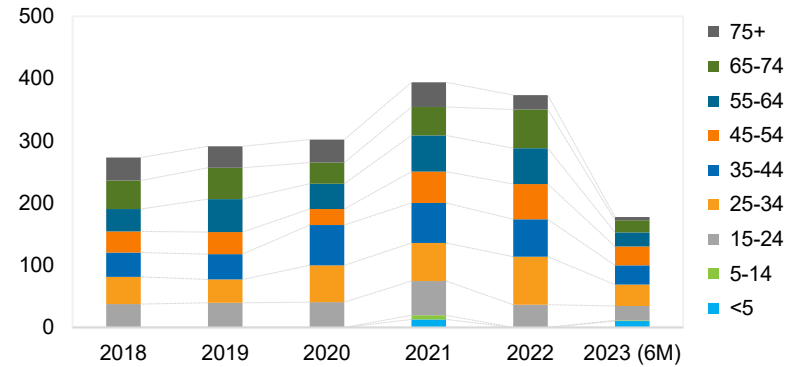


ED visits and hospitalizations crude rate (per 100,000), 2018-2023¹

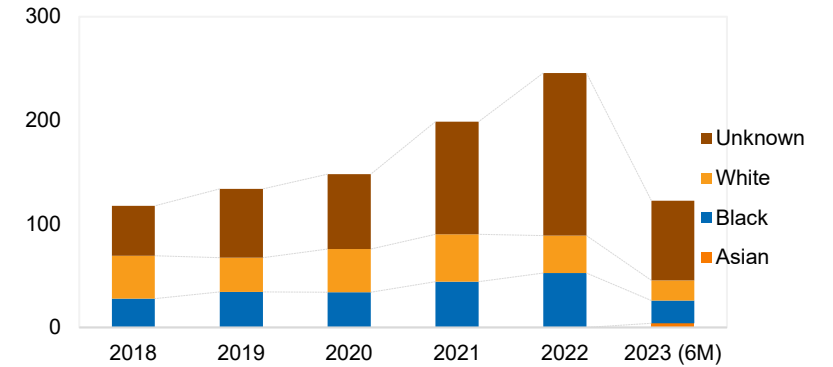


Change over time, 2018-2023, All opioid related ED visits and hospitalizations crude rate (per 100,000)

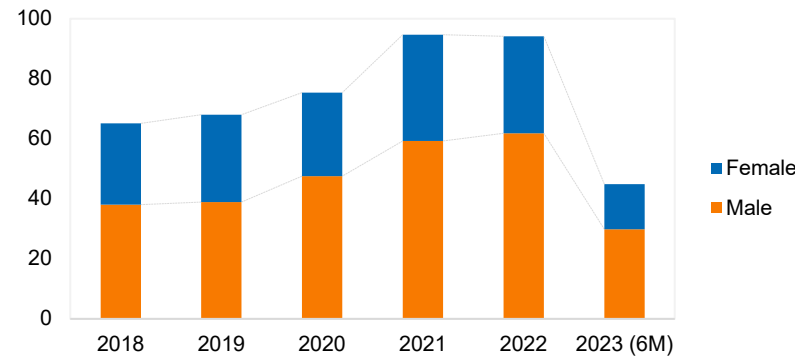
By age¹



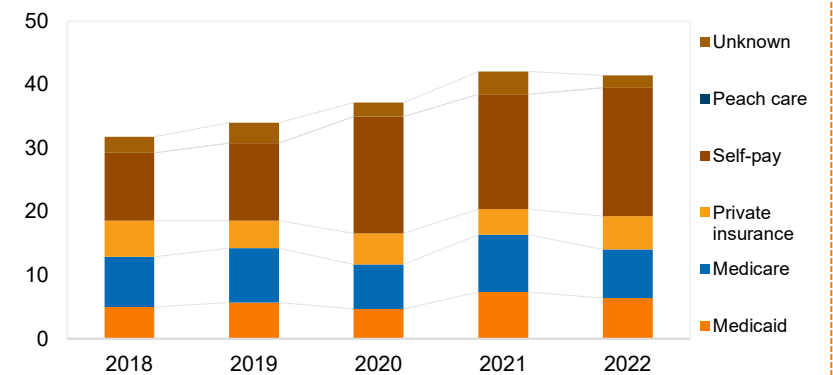
By race*¹



By gender¹



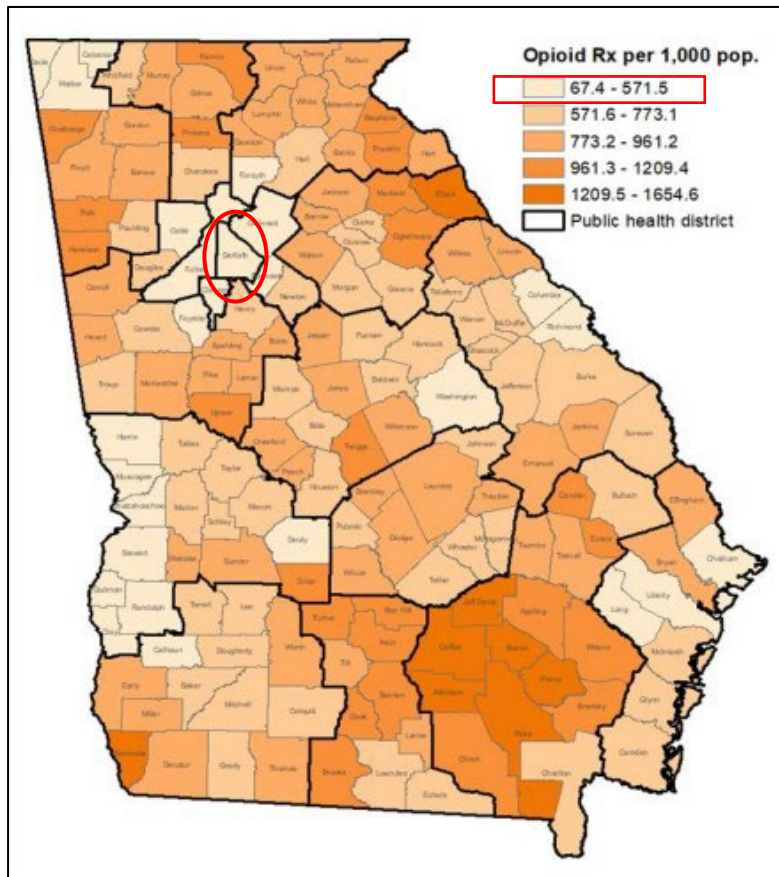
By payer type**²



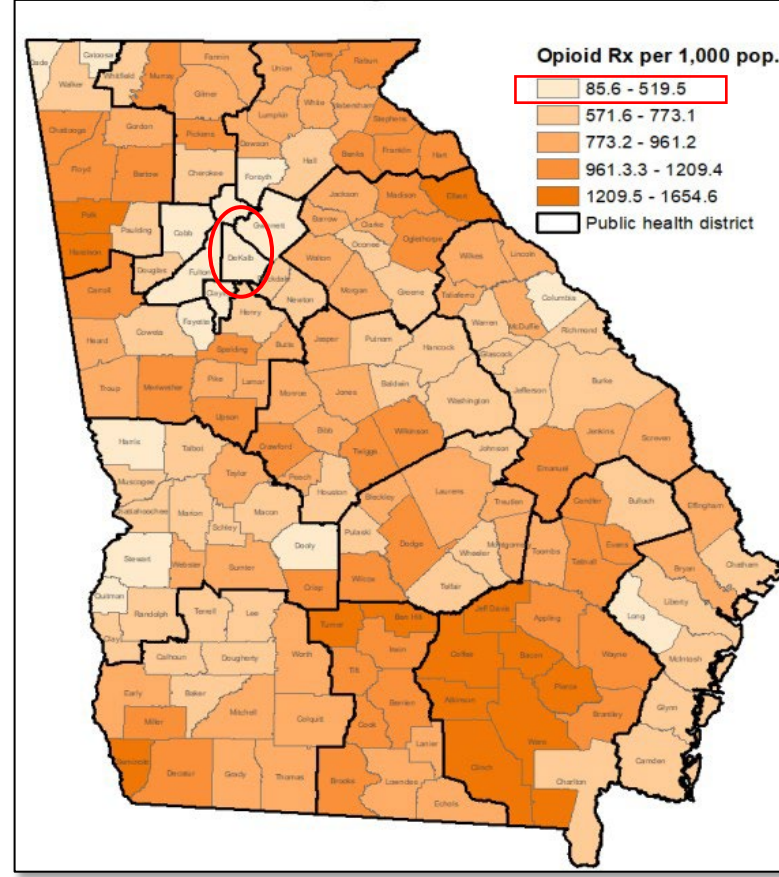
* As per the source, opioid data by race is categorized as follows: Asian, Black, White, American Indian / Alaska Native, Native Hawaiian / Pacific Islander, Unknown Race, and Other. The 'Other' category includes any race not specified. For representation, we have plotted Asian, Black, White, and Other based on available data
 ** 'Other' refers to all plans beyond those specified in the source
 For categories where no data is available, the values have been assumed to be zero
 Source: 1) ESRI-Health 2) Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). <https://oasis.state.ga.us/>

The age-adjusted opioid prescription rate in **DeKalb County** has been a consistent range from 2020 to 2022

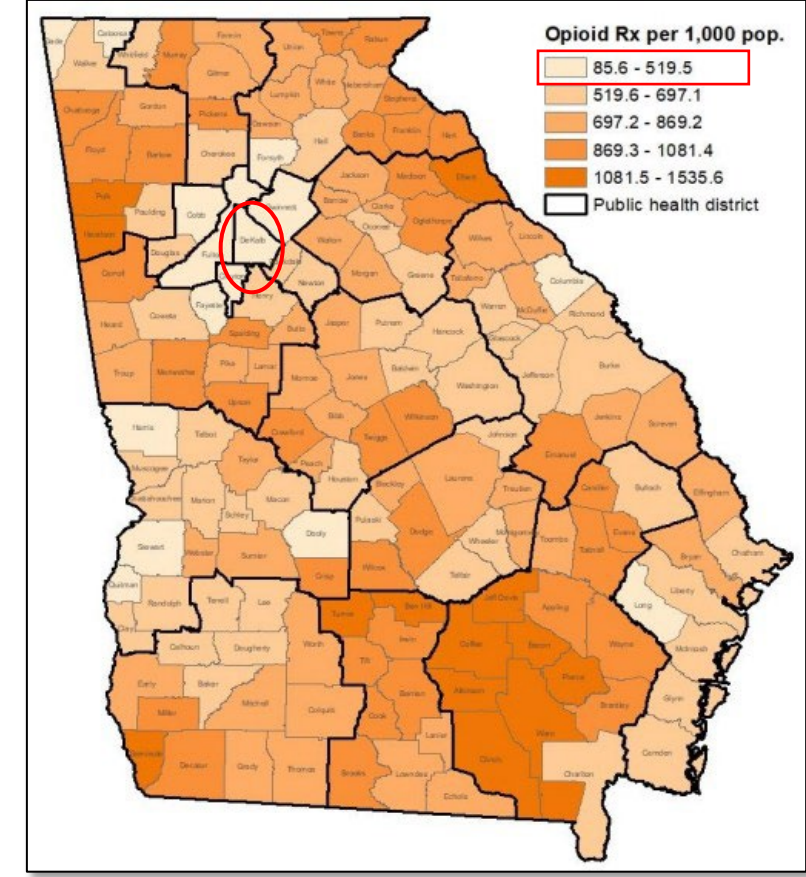
Age-adjusted opioid prescription rate by county, 2020²



Age-adjusted opioid prescription rate by county, 2021²

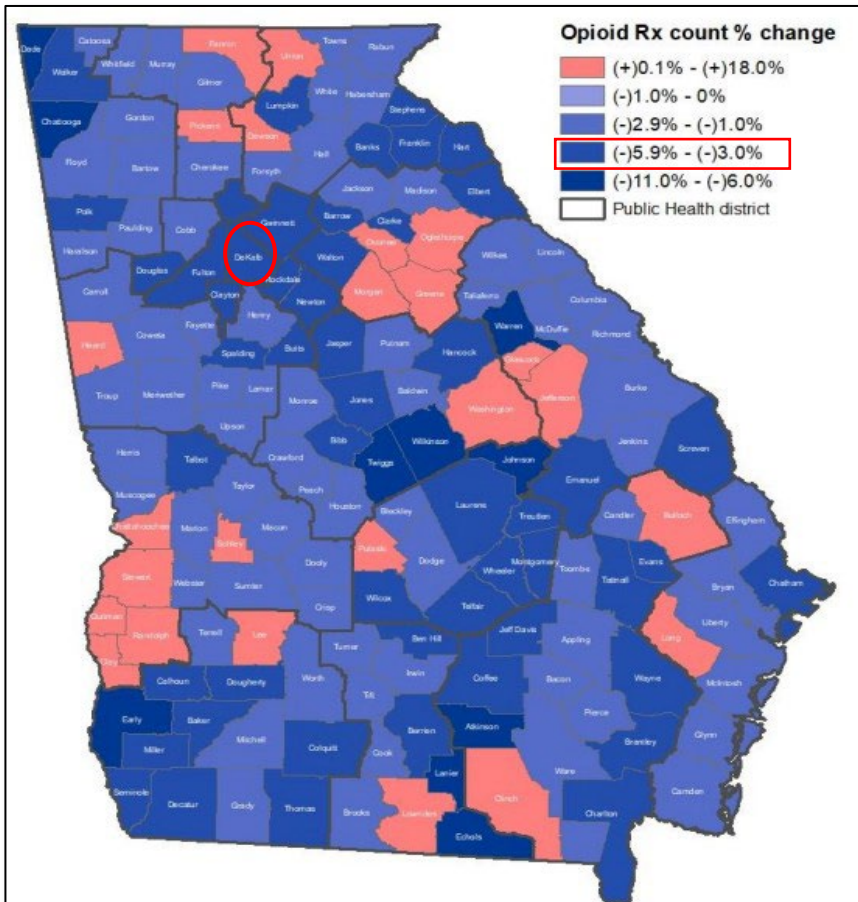


Age-adjusted opioid prescription rate by county, 2022¹



The total count of opioid prescriptions in **DeKalb County** has decreased from 2021 to 2022 and there are nineteen facilities offering SUD services

% change in opioid prescription count by county, Jan-Dec 2022 vs Jan-Dec 2021¹



Availability of treatment facilities³

Facilities providing substance use services, 2023 (accepting Medicaid)

19 (10)

Facilities providing some MAT, 2023 (accepting Medicaid)

11 (4)

Facilities providing at least two different forms of MAT, 2023 (accepting Medicaid)

5 (3)

Facilities providing all MAT, 2023 (accepting Medicaid)

1 (1)

Substance use facilities offering HIV testing, 2023

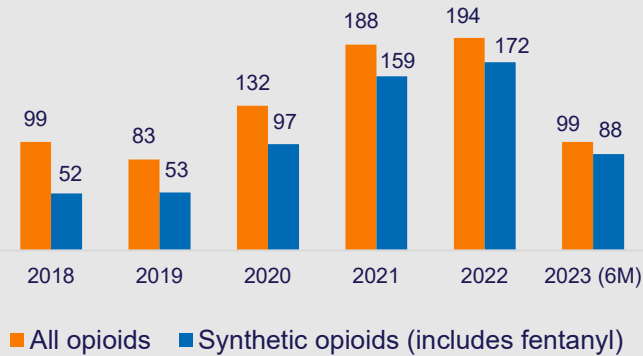
10

From 2018 to 2022, **Fulton County** saw a surge in opioid and synthetic opioid overdose deaths, with CAGR of 18% and 35%, respectively

Macro indicators, 2022

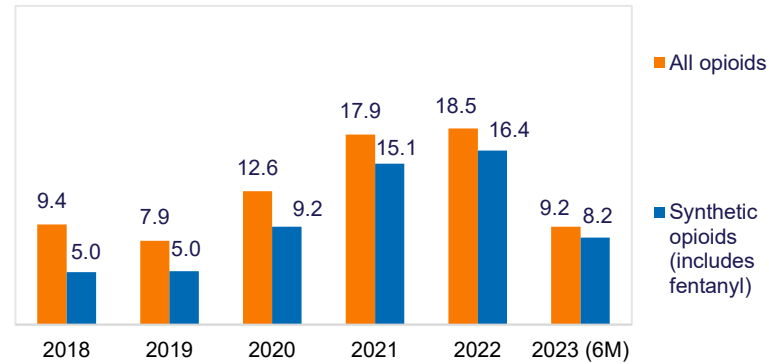
Population ¹	1,074,634
Unemployment rate ¹	4.4%
% of people without health insurance ¹	9.4%
No. of suicides (intentional self harm) ²	131
Homeless per 10,000 people ³	4.5
Neonatal abstinence syndrome cases, 5 year combined rate per 1,000 Hospital Births, 2017 to 2021 ⁵	1.33

Overdose death counts, 2018-2023⁴

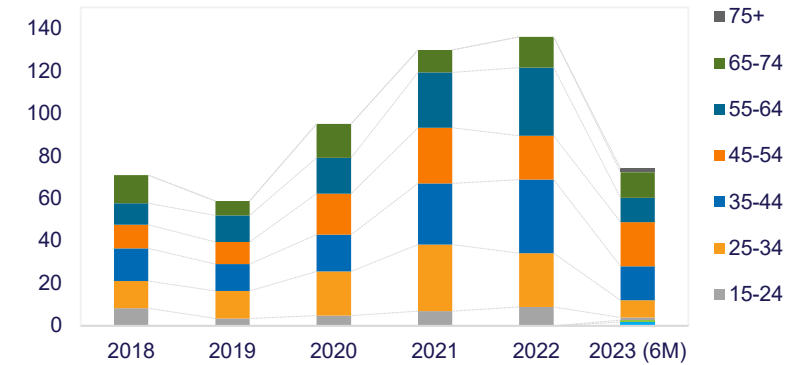


Change over time, 2018-2023, Drug overdose death crude rate (per 100,000)

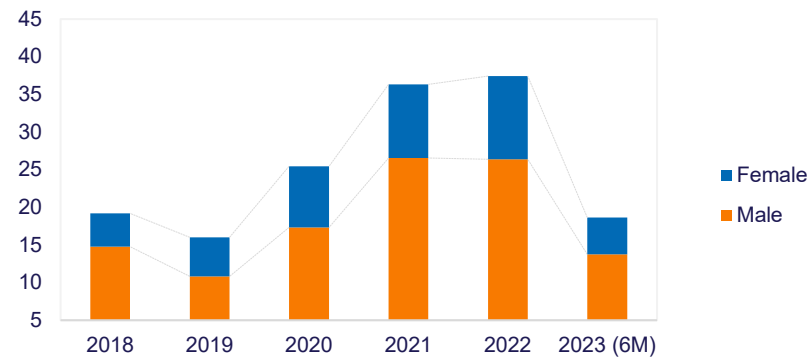
All opioids and synthetic opioids⁴



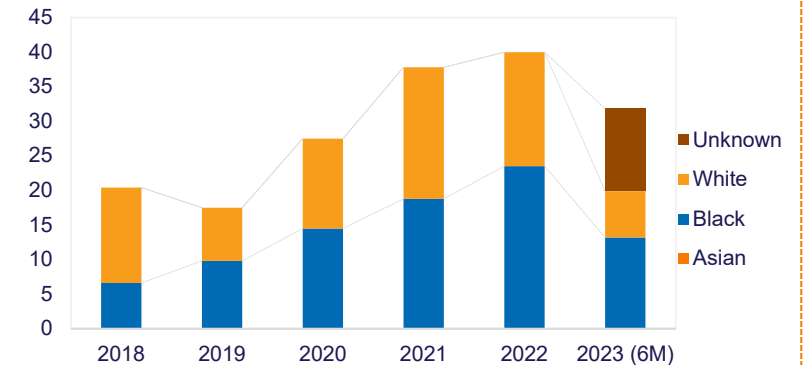
All opioids (by age)⁴



All opioids (by gender)⁴



All opioids (by race)^{*4}



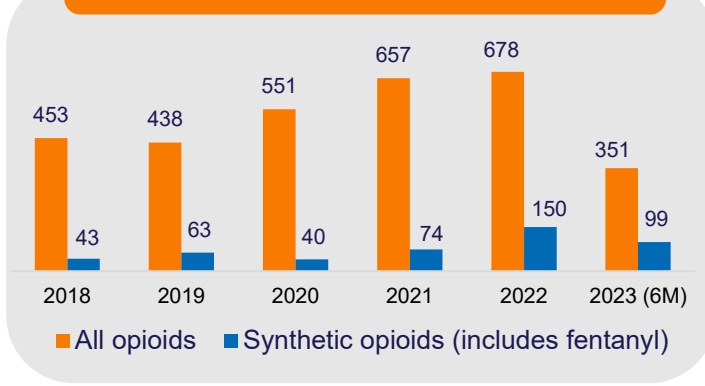
*As per the source, opioid data by race is categorized as follows: Asian, Black, White, American Indian / Alaska Native, Native Hawaiian / Pacific Islander, Unknown Race, and Other. The 'Other' category includes any race not specified. For representation, we have plotted Asian, Black, White, and Other based on available data

For categories where no data is available, the values have been assumed to be zero

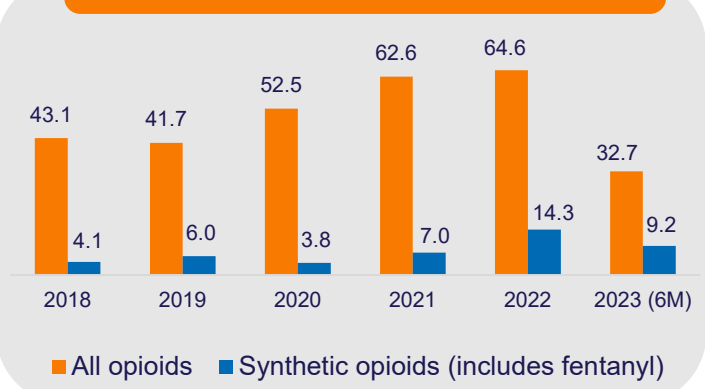
Source: 1) data.census.gov 2) Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). <https://oasis.state.ga.us/> 3) endhomelessness.org 4) [ESRI-Health](https://esri-health.com) 5) [GASPS data warehouse](https://gaspss.com)

Between 2021 and 2022 in **Fulton County**, there was a 103% increase in ED visits and hospitalizations associated with synthetic opioids

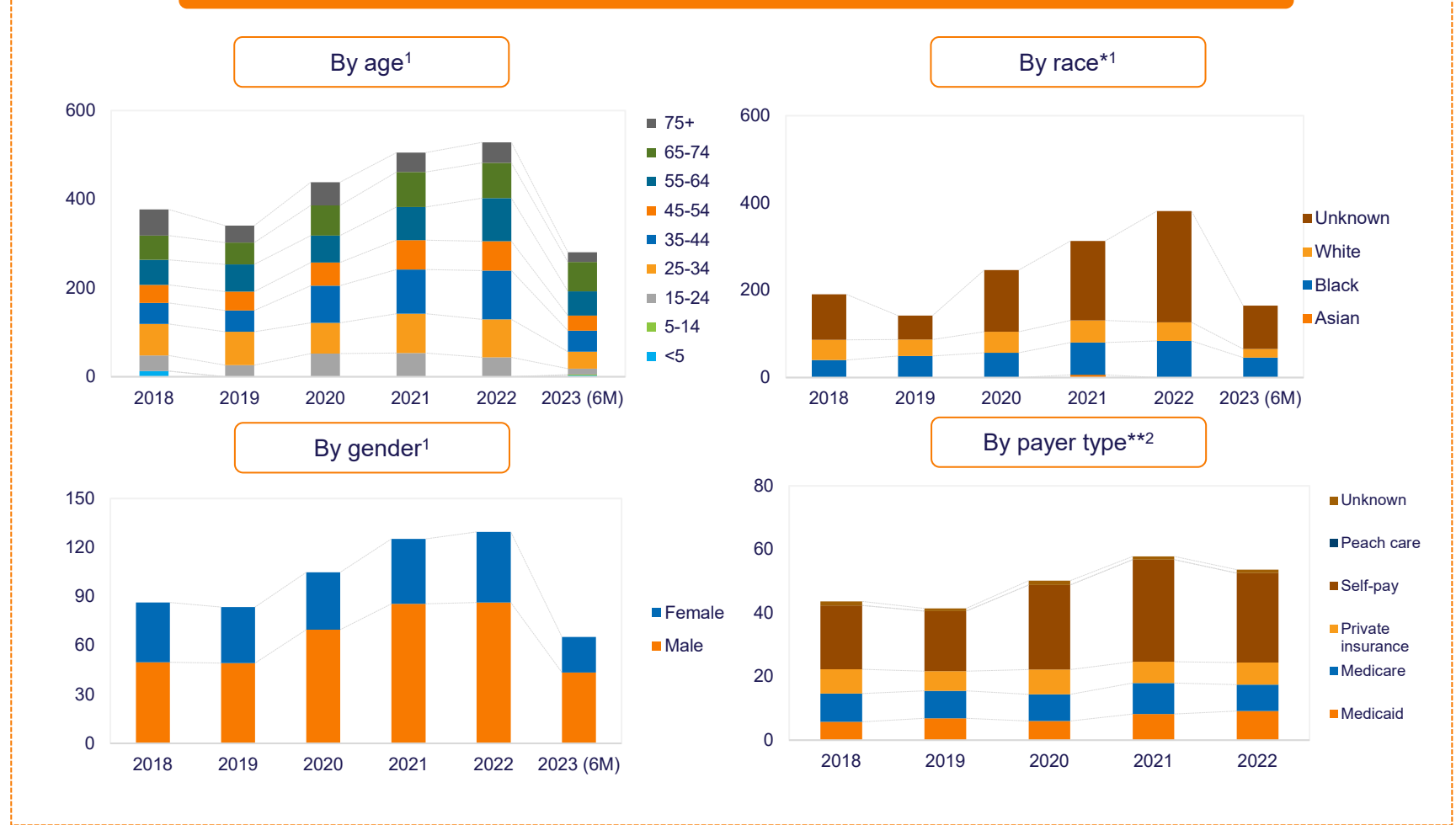
Emergency department (ED) visits and hospitalizations, 2018-2023¹



ED visits and hospitalizations crude rate (per 100,000), 2018-2023¹



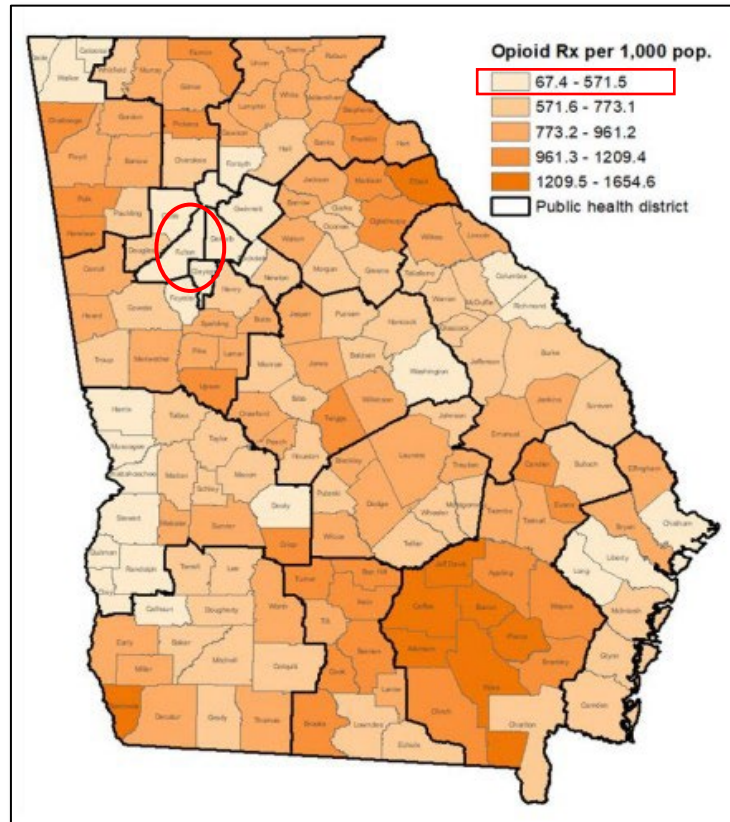
Change over time, 2018-2023, All opioid related ED visits and hospitalizations crude rate (per 100,000)



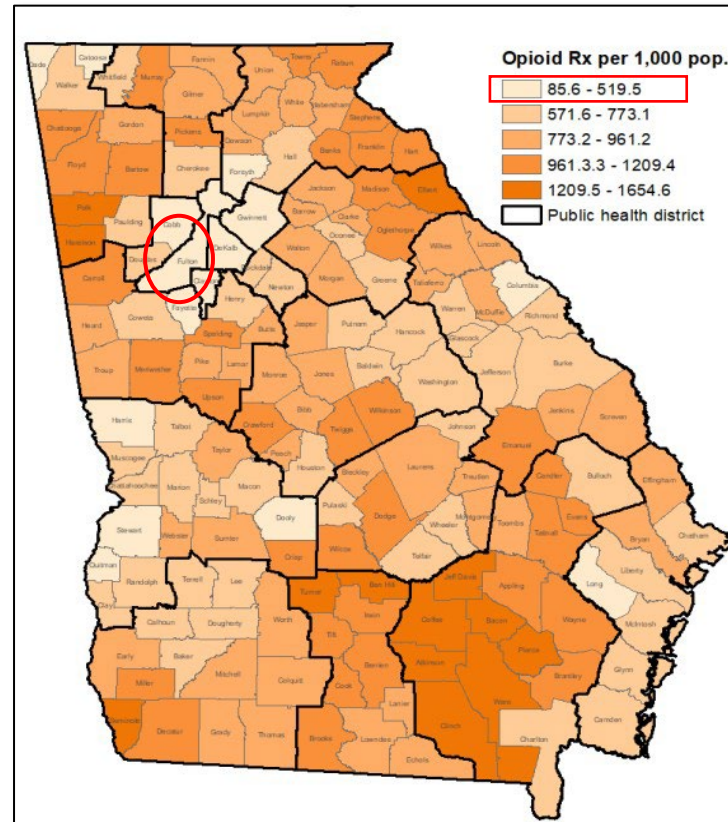
* As per the source, opioid data by race is categorized as follows: Asian, Black, White, American Indian / Alaska Native, Native Hawaiian / Pacific Islander, Unknown Race, and Other. The 'Other' category includes any race not specified. For representation, we have plotted Asian, Black, White, and Other based on available data
 ** 'Other' refers to all plans beyond those specified in the source
 For categories where no data is available, the values have been assumed to be zero
 Source: 1) ESRI-Health 2) Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). <https://oasis.state.ga.us/>

The age-adjusted opioid prescription rate in **Fulton County** has been a consistent range from 2020 to 2022

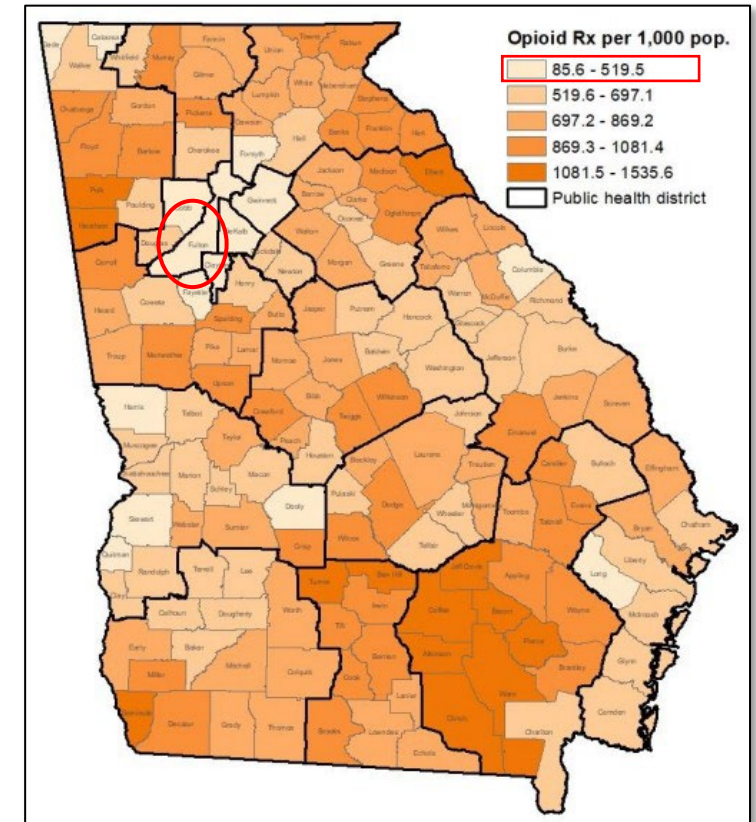
Age-adjusted opioid prescription rate by county, 2020²



Age-adjusted opioid prescription rate by county, 2021²

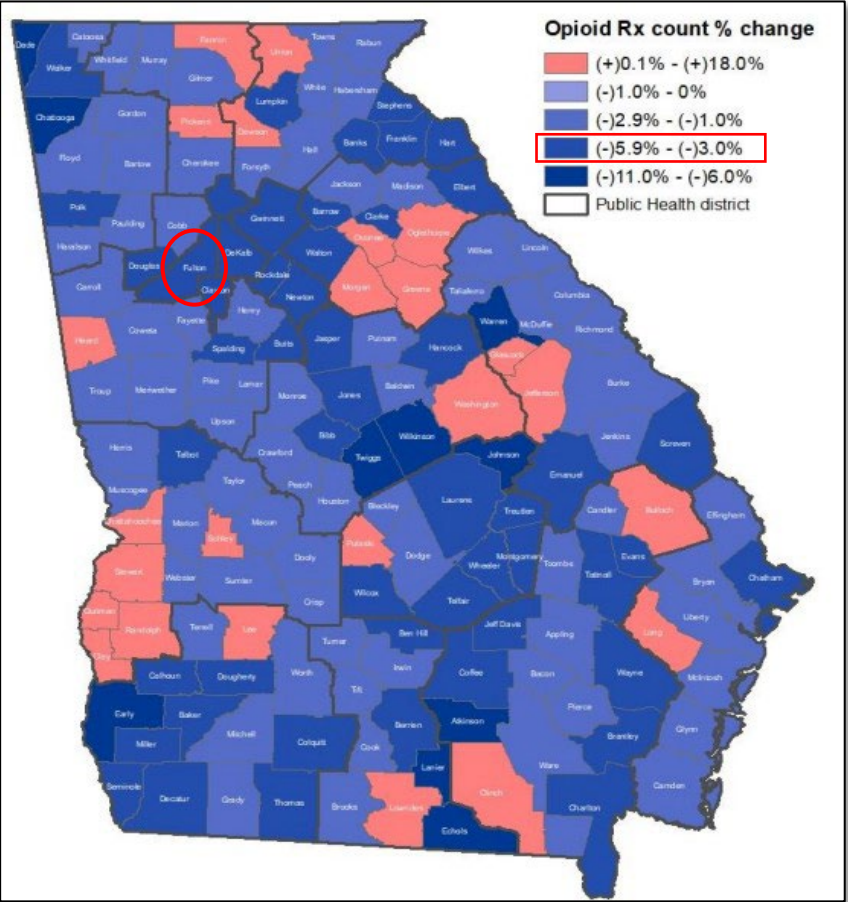


Age-adjusted opioid prescription rate by county, 2022¹



The total count of opioid prescriptions in **Fulton County** has decreased from 2021 to 2022 and there are twenty-five facilities offering SUD services

% change in opioid prescription count by county, Jan-Dec 2022 vs Jan-Dec 2021¹



Availability of treatment facilities³

Facilities providing substance use services, 2023 (accepting Medicaid)
25 (15)

Facilities providing some MAT, 2023 (accepting Medicaid)
15 (10)

Facilities providing at least two different forms of MAT, 2023 (accepting Medicaid)
12 (8)

Facilities providing all MAT, 2023 (accepting Medicaid)
0

Substance use facilities offering HIV testing, 2023
17

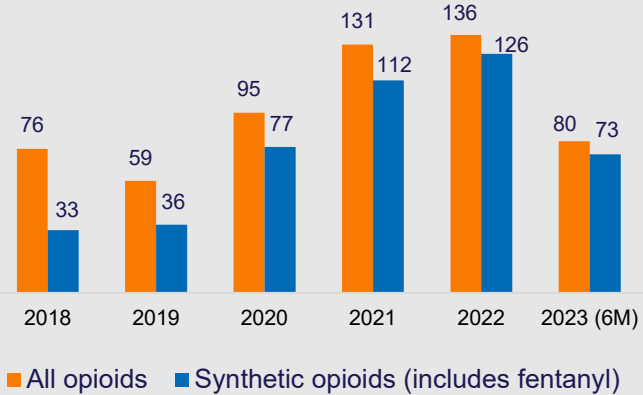
Source: 1) [2022 PDMP annual surveillance report](#) 2) [2021 PDMP annual surveillance report](#) 3) <https://opioid.amfar.org/about/sources>

From 2018 to 2022, **Gwinnett County** experienced an increase in opioid and synthetic opioid overdose deaths, at respective CAGR of 16% and 40%

Macro indicators, 2022

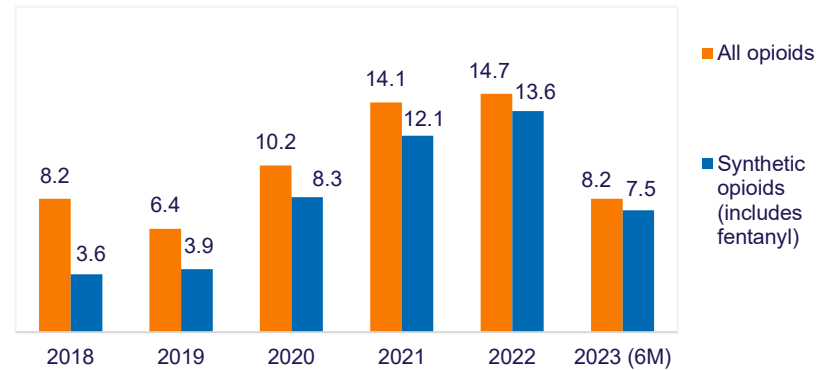
Population ¹	975,353
Unemployment rate ¹	3.8%
% of people without health insurance ¹	13.6%
No. of suicides (intentional self harm) ²	125
Total homeless count ³	269
Neonatal abstinence syndrome cases, 5 year combined rate per 1,000 Hospital Births, 2017 to 2021 ⁵	2.25

Overdose death counts, 2018-2023⁴

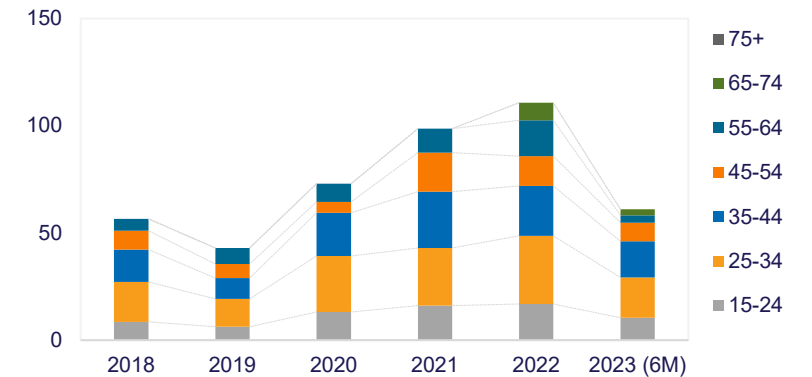


Change over time, 2018-2023, drug overdose death crude rate (per 100,000)

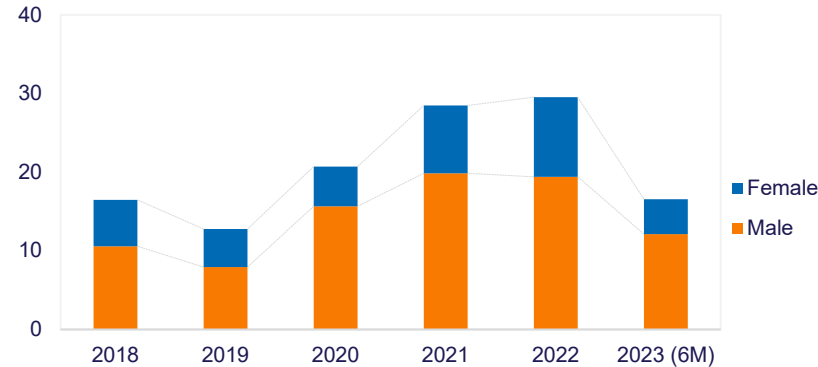
All opioids and synthetic opioids⁴



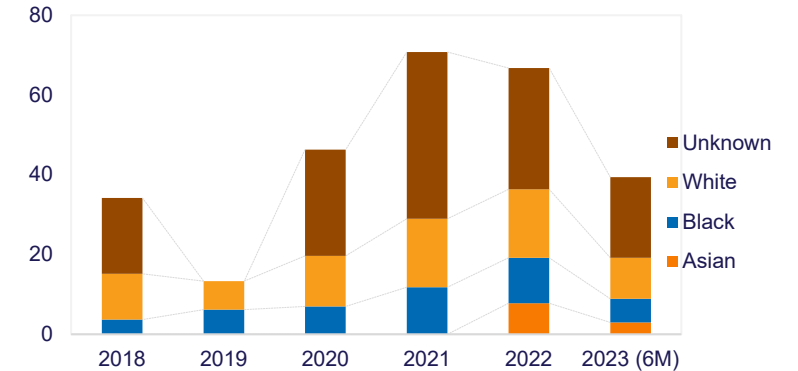
All opioids (by age)⁴



All opioids (by gender)⁴



All opioids (by race)⁴



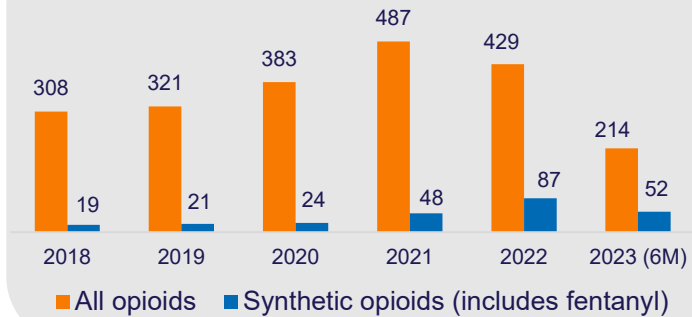
*As per the source, opioid data by race is categorized as follows: Asian, Black, White, American Indian / Alaska Native, Native Hawaiian / Pacific Islander, Unknown Race, and Other. The 'Other' category includes any race not specified. For representation, we have plotted Asian, Black, White, and Other based on available data

For categories where no data is available, the values have been assumed to be zero

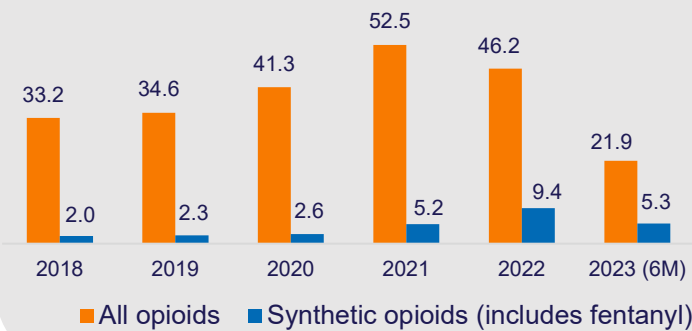
Source: 1) data.census.gov 2) Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). <https://oasis.state.ga.us/> 3) endhomelessness.org 4) [ESRI-Health](https://esri-health.com) 5) [GASPS data warehouse](https://gaspss.com)

ED visits and hospitalizations associated with synthetic opioids experienced a significant increase of 358% from 2018 to 2022 in Gwinnett County

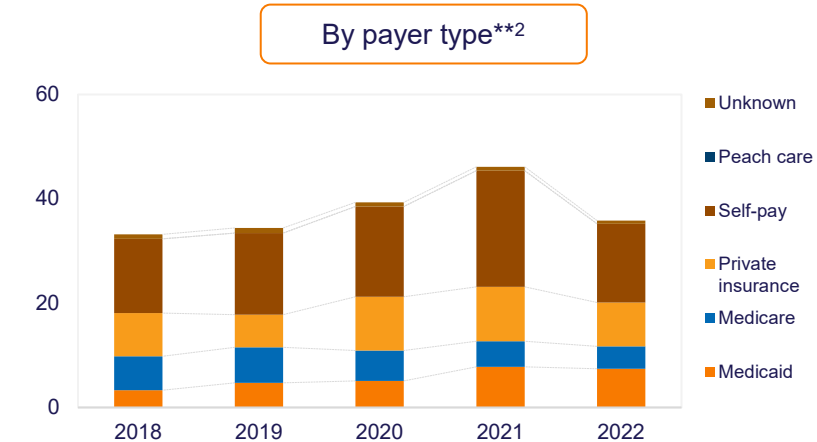
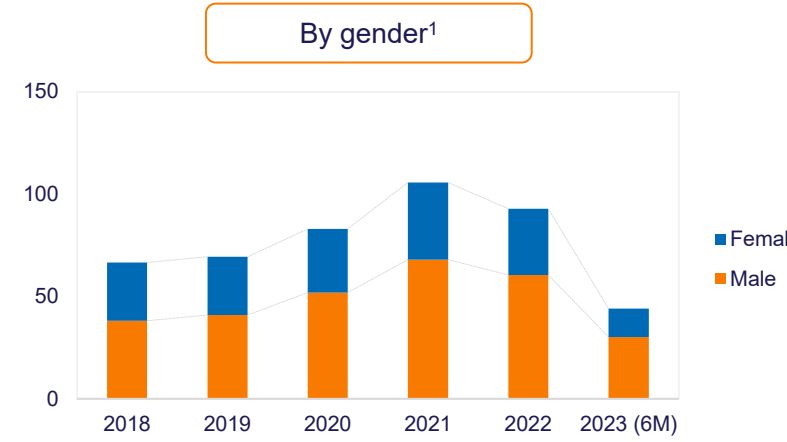
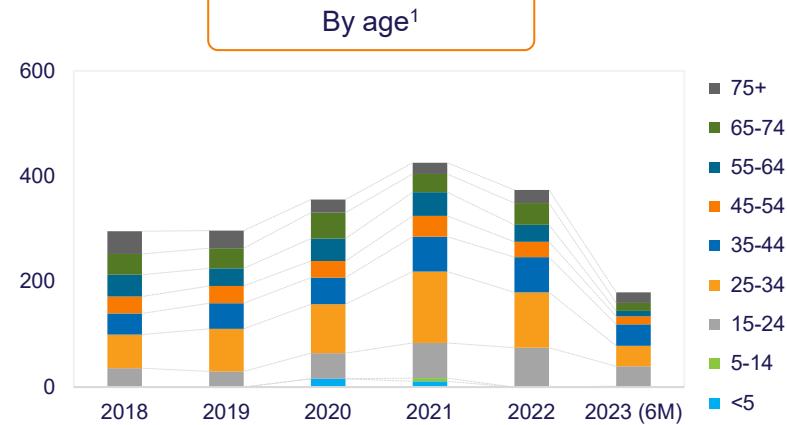
Emergency department (ED) visits and hospitalizations, 2018-2023¹



ED visits and hospitalizations crude rate (per 100,000), 2018-2023¹



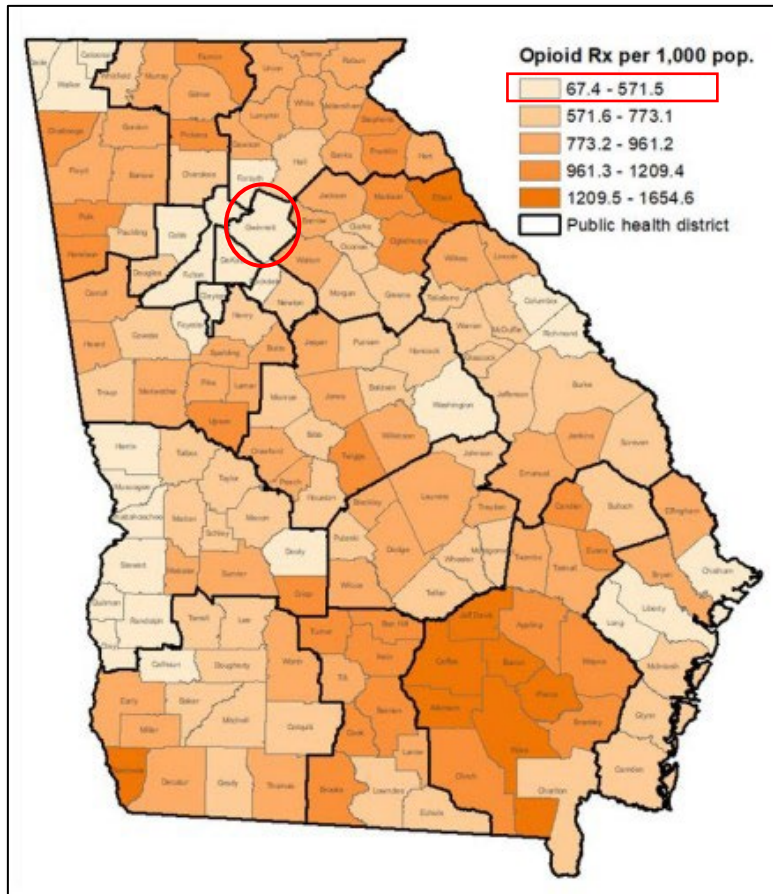
Change over time, 2018-2023, All opioid related ED visits and hospitalizations crude rate (per 100,000)



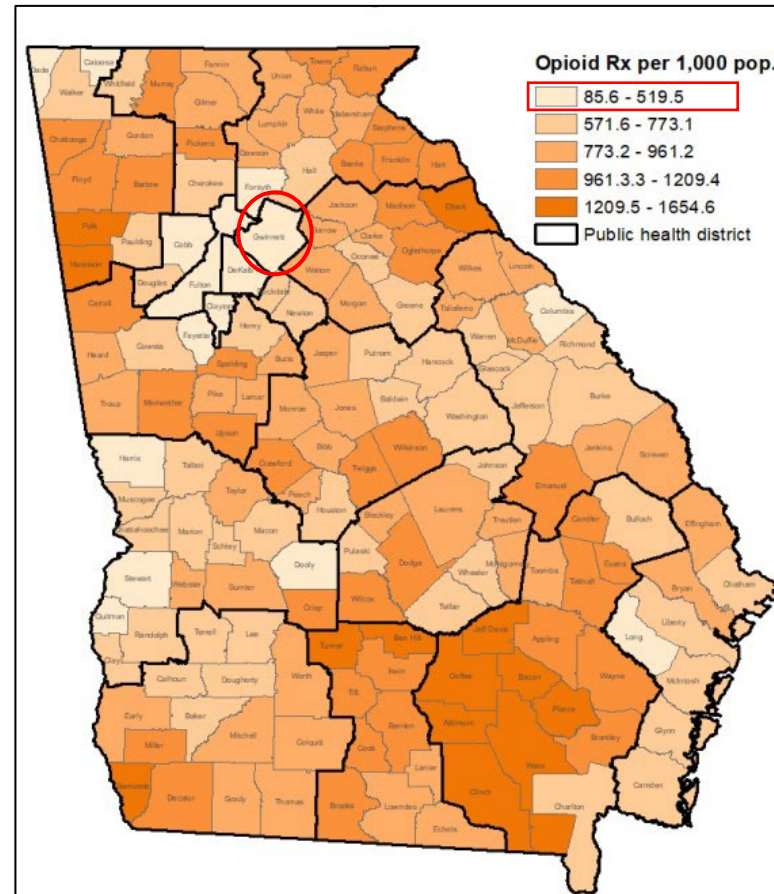
* As per the source, opioid data by race is categorized as follows: Asian, Black, White, American Indian / Alaska Native, Native Hawaiian / Pacific Islander, Unknown Race, and Other. The 'Other' category includes any race not specified. For representation, we have plotted Asian, Black, White, and Other based on available data
 ** 'Other' refers to all plans beyond those specified in the source
 For categories where no data is available, the values have been assumed to be zero
 Source: 1) ESRI-Health 2) Online Analytical Statistical Information System (OASIS), Web Query Tool, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP). <https://oasis.state.ga.us/>

The age-adjusted opioid prescription rate in **Gwinnett County** has been a consistent range from 2020 to 2022

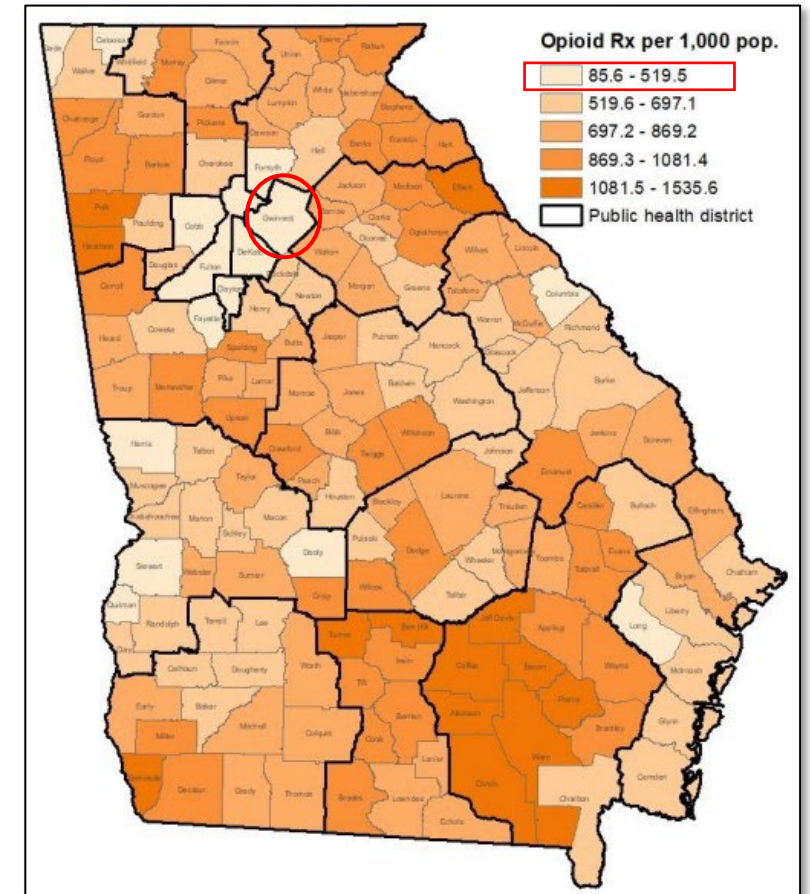
Age-adjusted opioid prescription rate by county, 2020²



Age-adjusted opioid prescription rate by county, 2021²

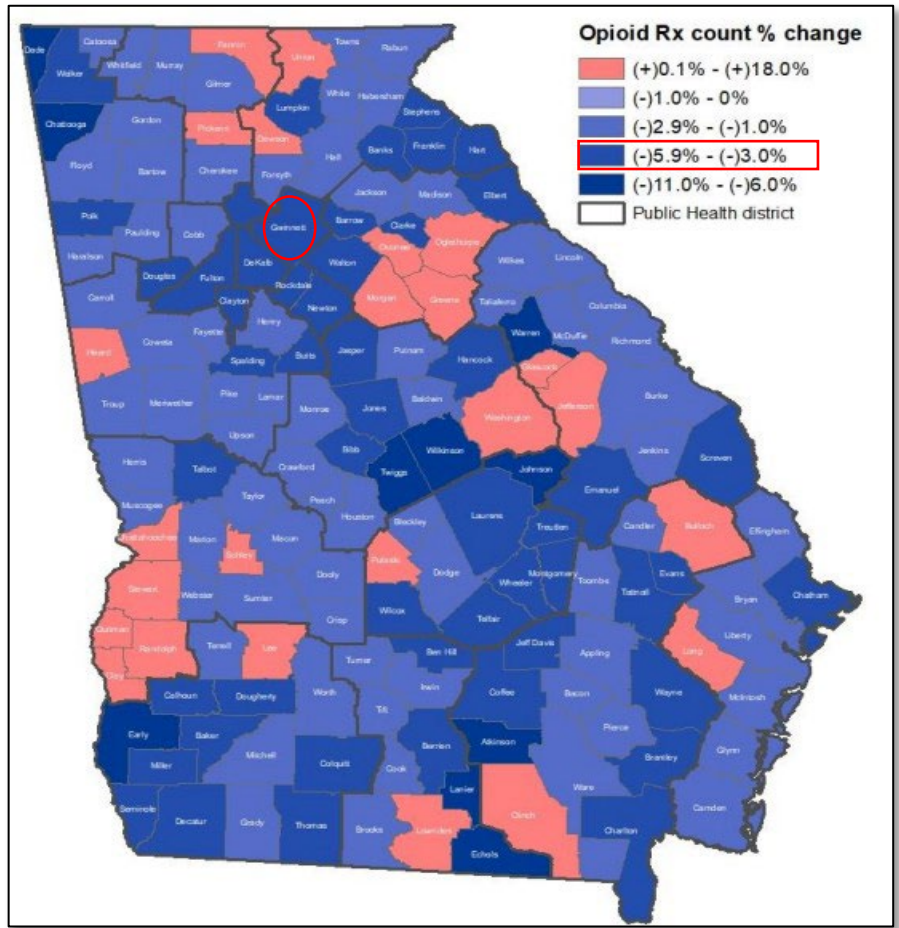


Age-adjusted opioid prescription rate by county, 2022¹



The total count of opioid prescriptions in **Gwinnett County** has decreased from 2021 to 2022 and there are fifteen facilities offering SUD services

% change in opioid prescription count by county, Jan-Dec 2022 vs Jan-Dec 2021¹



Availability of treatment facilities³

- Facilities providing substance use services, 2023 (accepting Medicaid) **15(3)**
- Facilities providing some MAT, 2023 (accepting Medicaid) **10(1)**
- Facilities providing at least two different forms of MAT, 2023 (accepting Medicaid) **7(1)**
- Facilities providing all MAT, 2023 (accepting Medicaid) **0**
- Substance use facilities offering HIV testing, 2023 **9**

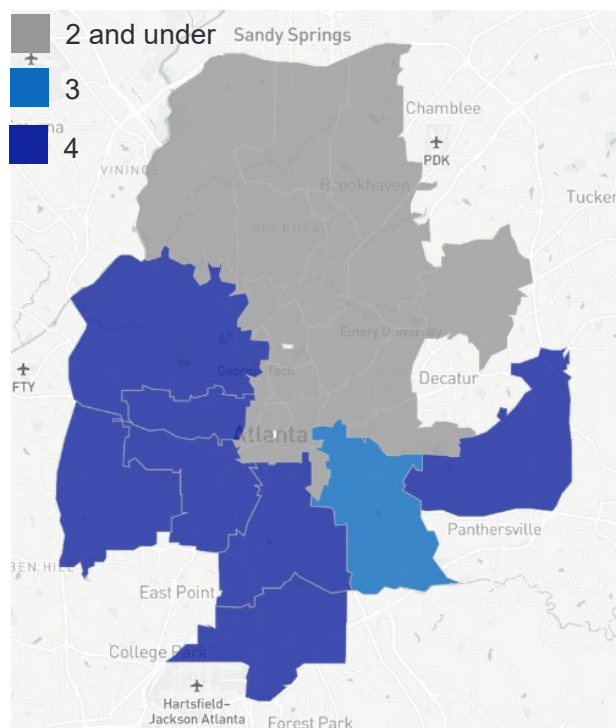
Source: 1) 2022 PDMP annual surveillance report 2) 2021 PDMP annual surveillance report 3) <https://opioid.amfar.org/about/sources>

Eight of the 26 zip codes assessed within the City of Atlanta were indicated to have high social determinant vulnerability

EY designed scenarios across determinants such as access to medical services, housing stability, and economic status. The zip codes in the table below represent those where determinants are lower than the state average.

Heatmap of communities that are underserved and marginalized in the City of Atlanta

Number of scenarios



Zip codes of populations by scenario

Zip Code	Four scenario types				Number of scenarios
	Medically Underserved	Housing Unstable	Socially Marginalized	Economically Marginalized	
30314	Yes	Yes	Yes	Yes	4
30310	Yes	Yes	Yes	Yes	4
30354	Yes	Yes	Yes	Yes	4
30311	Yes	Yes	Yes	Yes	4
30315	Yes	Yes	Yes	Yes	4
30032	Yes	Yes	Yes	Yes	4
30318	Yes	Yes	Yes	Yes	4
30316	Yes	Yes	Yes	No	3

Key observations:

Medically Underserved: 11 out of 26 in-scope zip codes in the City of Atlanta have above average shares of the population without health insurance or with Medicaid, above average HPSA scores and a significant minority population.

Socially marginalized without access: 11 out of 26 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

Economically marginalized: 9 out of 26 in-scope zip codes in the City of Atlanta have above average shares of the population enrolled in Medicaid and SNAP, poverty rates and unemployment rates and a below average share without a college degree.

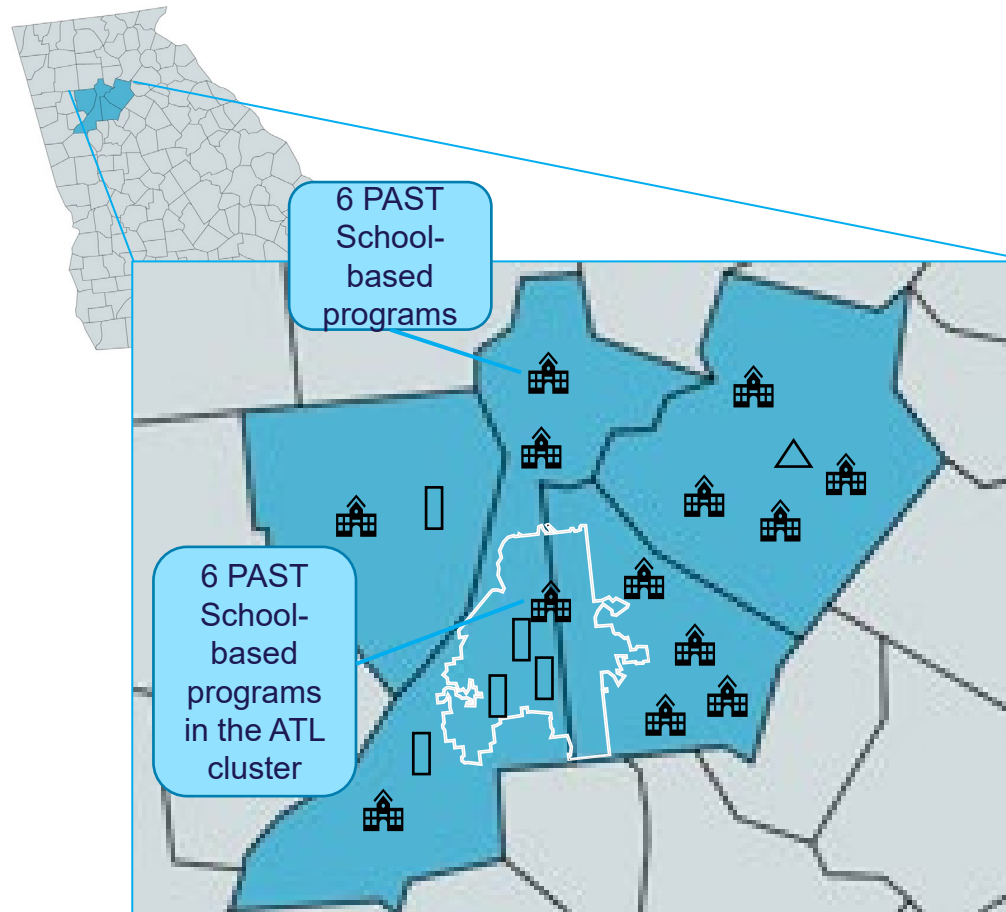
Housing unstable: 11 out of 26 in-scope zip codes in the City of Atlanta have below average median incomes and above average shares of households being renters, households with homes built in 1959 or earlier, and above average unemployment rates.

Note: Zip codes are included as communities experiencing disparities if they contain at least one census tract that meets 100% of the criteria for the scenario. Only zip codes defined as in-scope are reported. Health Professional Shortage Area (HPSA) is an index that measures whether there are shortages of primary care providers for an entire group of people within a defined geographic area. The HPSA score was created by the National Health Services Corps. The score is a range from 0 to 26 with higher score indicating a greater shortage.

Source: Census Bureau, American Community Survey 2021 5-year estimates, Health Resources and Services Administration.

Continuum of Care Assessment Findings

There are at least six programs providing prevention services to youth and families across the QBGs






Key Takeaway – Primary Prevention


Primary Prevention services are offered across each of the QBGs

Additional Findings

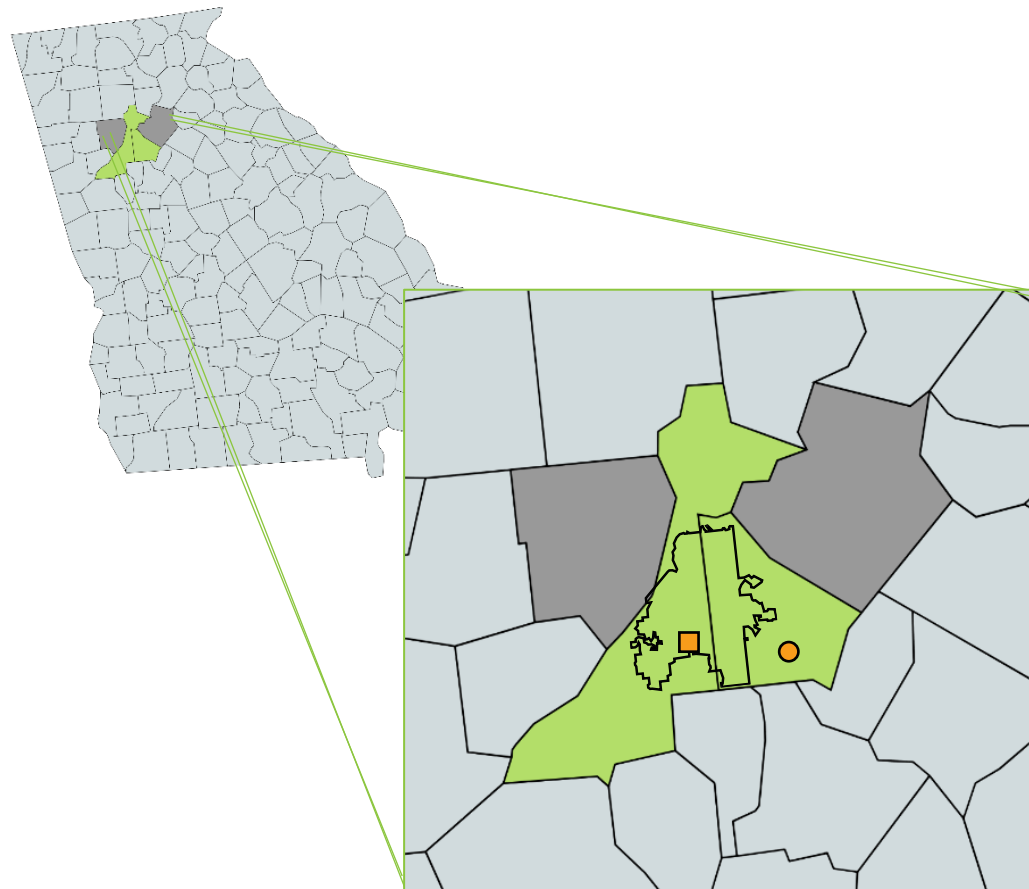
- SOR Sources of Strength is participating in Primary Prevention services across three locations in DeKalb, four in Gwinnett, and two in Fulton County
- The College of Prevention Project Expansion is working with the following colleges in Fulton County: Clarke Atlanta University, Spellman College, Emory University, and Kennesaw State University. Additionally, the HBCU Behavioral Health Initiative is working with Morehouse School of Medicine.
- The PAST project works with six schools in the Atlanta city limits and six schools in the greater Fulton County
- The Suicide Prevention Project offers services in Gwinnett County
- Adopt-a-School is partnering with Kennesaw State University and Marietta High School in Cobb County
- The Street Smart Youth Project Inc. held Community Education and Awareness events in DeKalb County

 Atlanta City Limits

 School based program  SPF Suicide Prevention
 College Program

 County where Primary Prevention services are provided

Across the QBGs, there are two Stand Alone Detox Center located in DeKalb County and Fulton QBG



Key Takeaway – Stand Alone Detox

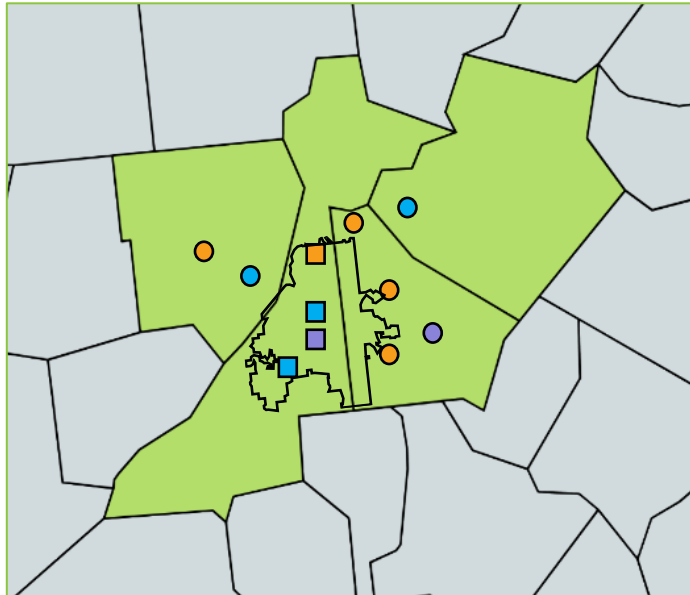
There are two Stand Alone Detox Centers located in DeKalb County QBG and Fulton County QBG which also falls within the City of Atlanta QBG boundaries

Additional Findings

- Ascensa Health is located in the City of Atlanta
- Newport Integrated Behavioral Health is located in DeKalb County
 - This Stand Alone Detox center has indicated sustainable funding
- Newport Integrated Behavioral Health also offers SAIOP services

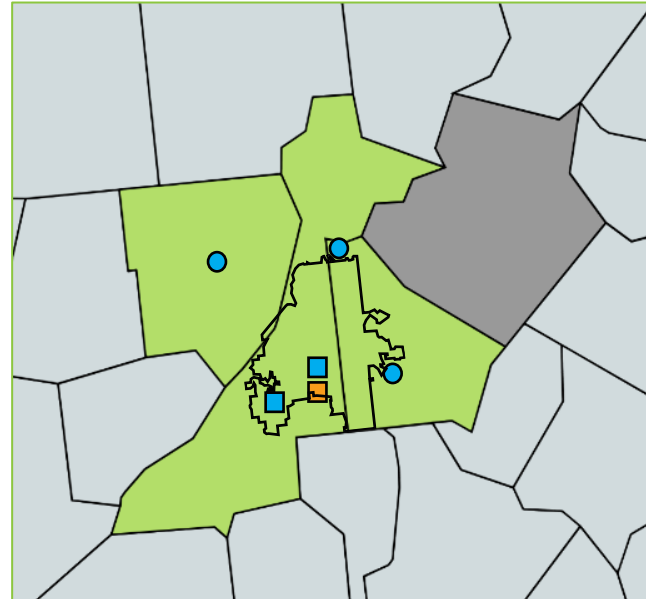
At least one Residential Treatment provider is located in every QBG; Fulton County and the City of Atlanta QBGs offer all three types of Residential Treatment services

Intensive Residential Treatment (IRT)



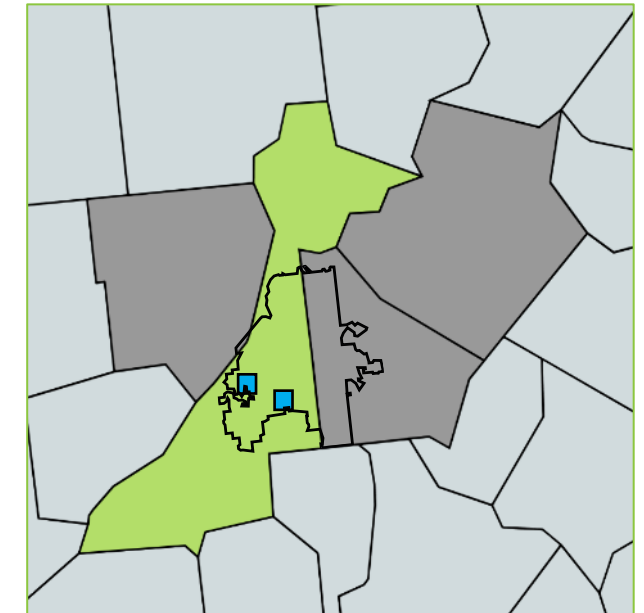
- County QBG with Intensive Residential Treatment Provider
- IRT Provider: Men's
- IRT Provider: Women's
- IRT Provider: Men's *and* Women's
- IRT Provider: Men's – located in the City of Atlanta QBG *and* a County QBG
- IRT Provider: Women's – located in the City of Atlanta QBG *and* a County QBG
- IRT Provider: Men's *and* Women's located in the City of Atlanta QBG *and* a County QBG

Residential Treatment: Semi-Independent



- County with Residential Treatment Provider: Semi-Independent
- Semi-Independent Provider: Men's
- Semi-Independent Provider: Men's – located in the City of Atlanta QBG *and* a County QBG
- Semi-Independent Provider: Women's – located in the City of Atlanta QBG *and* a County QBG

Residential Treatment: Independent



- County with Residential Treatment Provider: Independent
- Independent Provider: Men's – located in the City of Atlanta QBG *and* a County QBG



Fulton County and the City of Atlanta QBGs contain the highest number of residential treatment providers

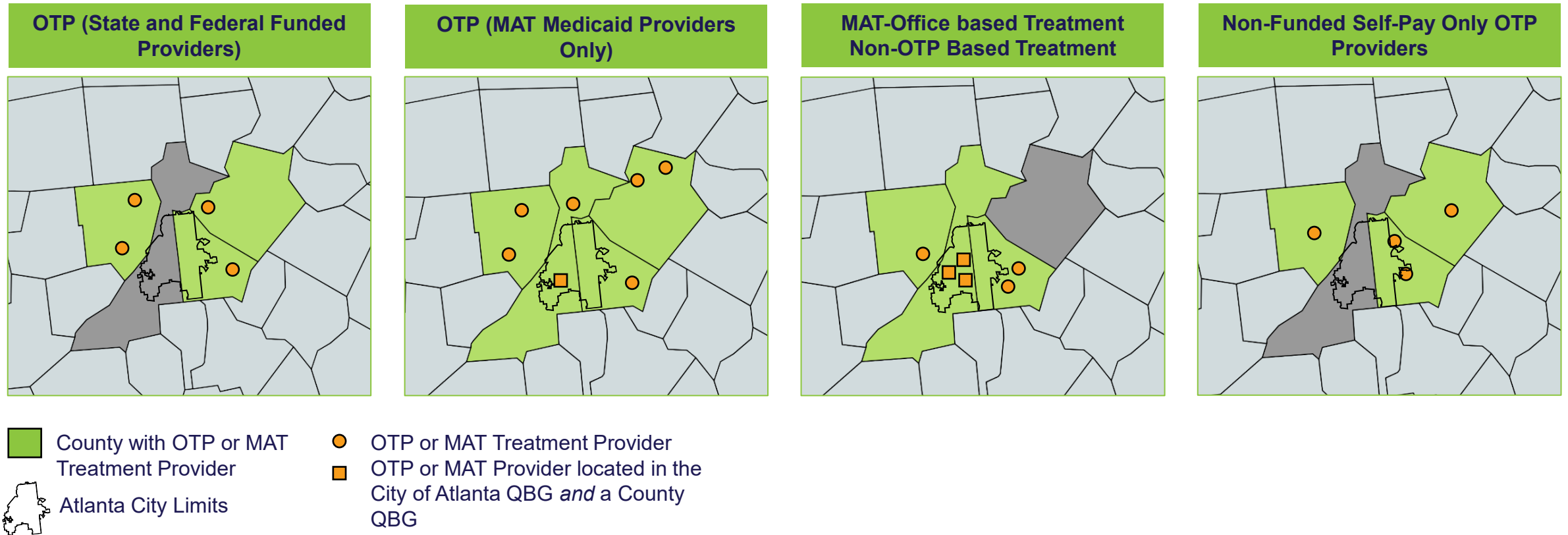
Key Takeaway – Residential Treatment

- Fulton County and the City of Atlanta QBGs contain 10 of the 21 Residential Treatment provider locations across the QBGs
- Gwinnett County QBG only contains one residential treatment provider across all the service types

Additional Findings

- **Intensive Residential Treatment**
 - Across the QBGs, there are 13 IRT provider locations: two in Cobb County, five in Fulton County and the City of Atlanta, five in DeKalb County, and one in Gwinnett County
 - IRT services available to men and women across the QBGs are roughly equally split, seven serve women and six serve men
 - There are no Intensive Residential: Transition-Aged Youth providers across the QBGs
- **Residential Treatment: Semi – Independent**
 - Across the QBGs, there are six semi-independent provider locations: one in Cobb County, three in Fulton County and the City of Atlanta, two in DeKalb County, and zero in Gwinnett County
 - All semi-independent providers across the QBGs serve men except for one location in Fulton County and the City of Atlanta which serves women
- **Residential Treatment: Independent**
 - Across the QBGs, there are two independent provider locations that serve men, both located in Fulton County and the City of Atlanta. There are no independent providers that serve women

OTP and MAT providers offer services across the five QBGs, including state and federally funded, MAT Medicaid, MAT-Office based non-OTP treatment, and Non-Funded Self-Pay only OTP



18 OTP and MAT treatment providers are offering services across the QBGs and are funded through a mix of state and federal funds, grants, Medicaid, and private sources

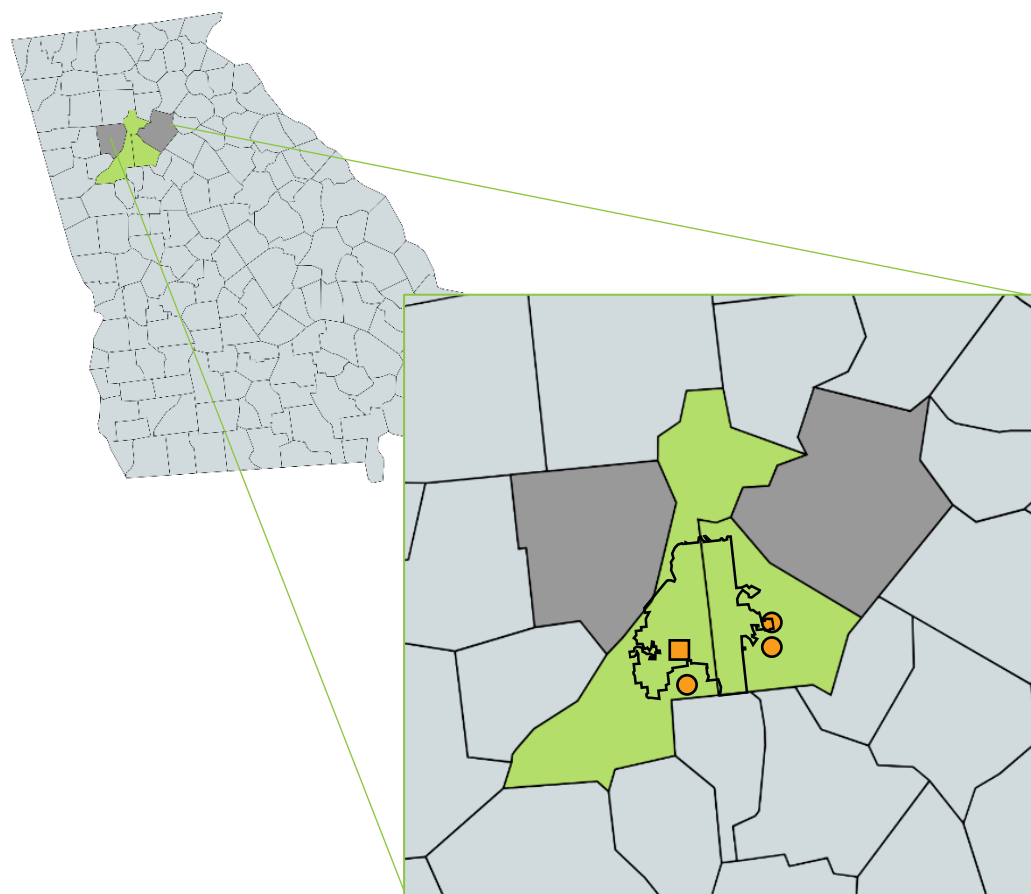
Key Takeaway – OTP (State and Federal Funded Providers) / OTP (MAT Medicaid Providers Only) / MAT-Office based Treatment Non OTP Based Treatment / Non-Funded Self-Pay Only OTP Providers

18 providers offer OTP and MAT treatment services across the five QBGs; with Cobb and DeKalb QBGs offering an OTP or MAT provider across each of the four funding types

Additional Findings

- All OTP providers in the QBGs accept individuals who opt for self-pay
- Neither Fulton County QBG nor the City of Atlanta QBG contain an OTP (State and Federal Funded Provider)
- Fulton and DeKalb County QBGs each contain five OTP and/or MAT providers across the four funding types
- Cobb County QBG contains two OTP State and Federal Funded Providers
 - Changing Phases Behavioral Support is funded through SOR funds, and Harbor Springs Counseling Services LLC is funded through SAPT BG SUPP funds
- DeKalb County QBG contains one OTP State Funded Provider: Alliance Recovery Center
- Cobb County QBG, Fulton County QBG, the City of Atlanta QBG, and DeKalb County QBG contain at least one MAT Medicaid Provider; Gwinnett County QBG does not
- There are six MAT-Office Based Treatment (Non-OTP Based Treatment) Providers across the QBGs
 - All are funded through SOR funds
 - Three are located in Fulton County QBG and the City of Atlanta QBG, two in DeKalb County QBG and one in Cobb County QBG

Three of the five QBGs in Georgia contain at least one SAIOP provider location






Key Takeaway – SAIOP Outpatient

There are four SAIOP providers across Fulton and DeKalb Counties, with one SAIOP provider located in the City of Atlanta QBG

Additional Findings

- Ascensa Health is located in the City of Atlanta, within Fulton County
- Odyssey Family Counseling Center in Fulton County has indicated sustainable funding
- Newport Integrated Behavioral Health, Mary Hall Freedom and STAND, Inc. are all located in DeKalb County

 County QBG with SAIOP Provider

 SAIOP Provider
 SAIOP Provider located in the City of Atlanta QBG and a County QBG

 Atlanta City Limits

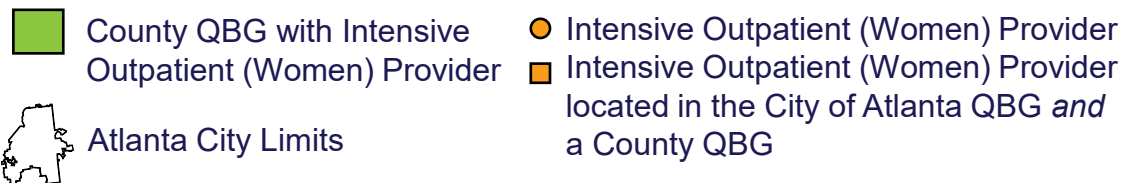
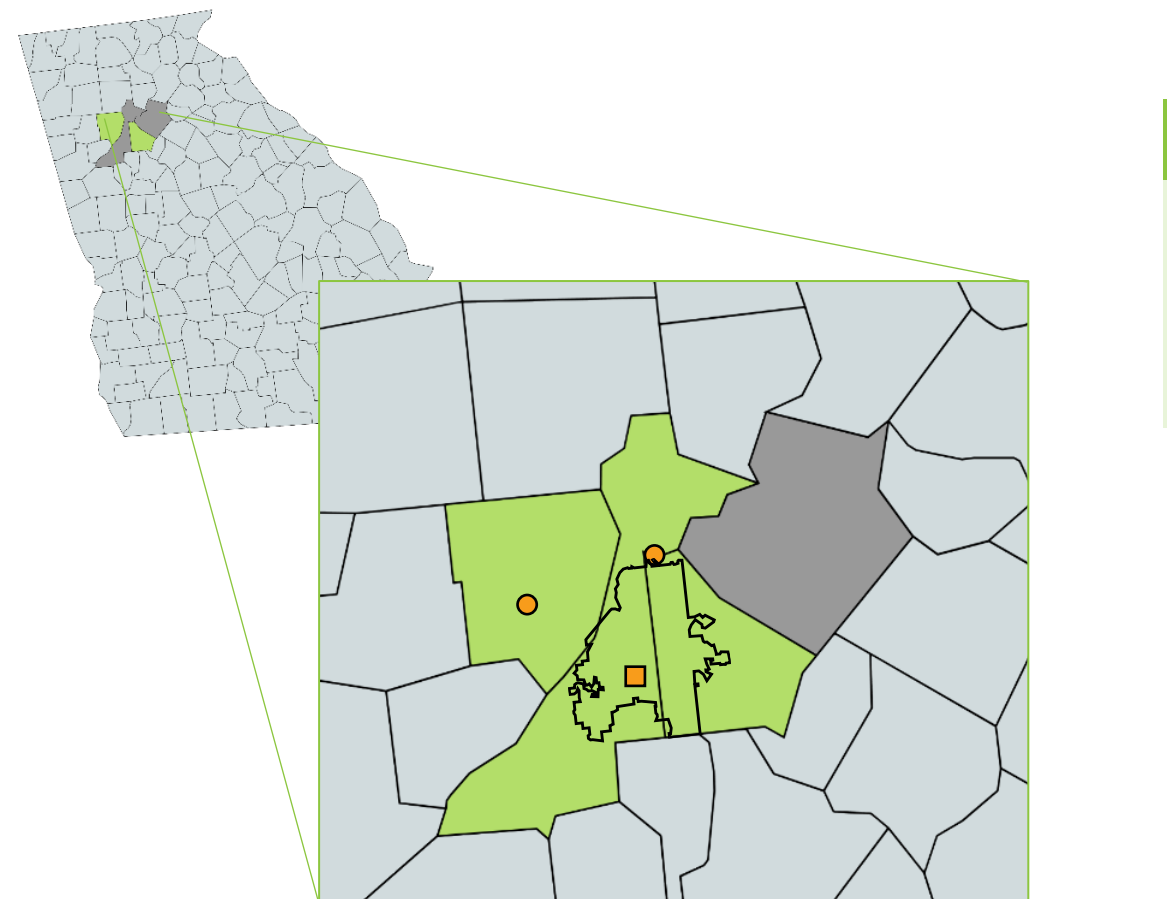
Three of the five QBGs in Georgia contain one Intensive Outpatient (Women) provider

Key Takeaway – Intensive Outpatient (Women)

There are three providers offering Intensive Outpatient services to women across the QBGs, one in Cobb County, one in DeKalb County, and one in Fulton County.

Additional Findings

- Highland Rivers CSB in Cobb County has indicated sustainable funding
- Ascensa Health is located in the City of Atlanta within the Fulton County QBG
- Mary Hall Freedom in DeKalb County has indicated sustainable funding
 - This provider also offers Intensive Residential treatment and Semi-Independent treatment to women




Three of the four Transitional Housing providers across the QBGs serve women, with one location offering services to men



Key Takeaway – Transitional Housing (Men and Women)


Fulton and Gwinnett Counties and the City of Atlanta do not offer Transitional Housing services to men or women

Additional Findings

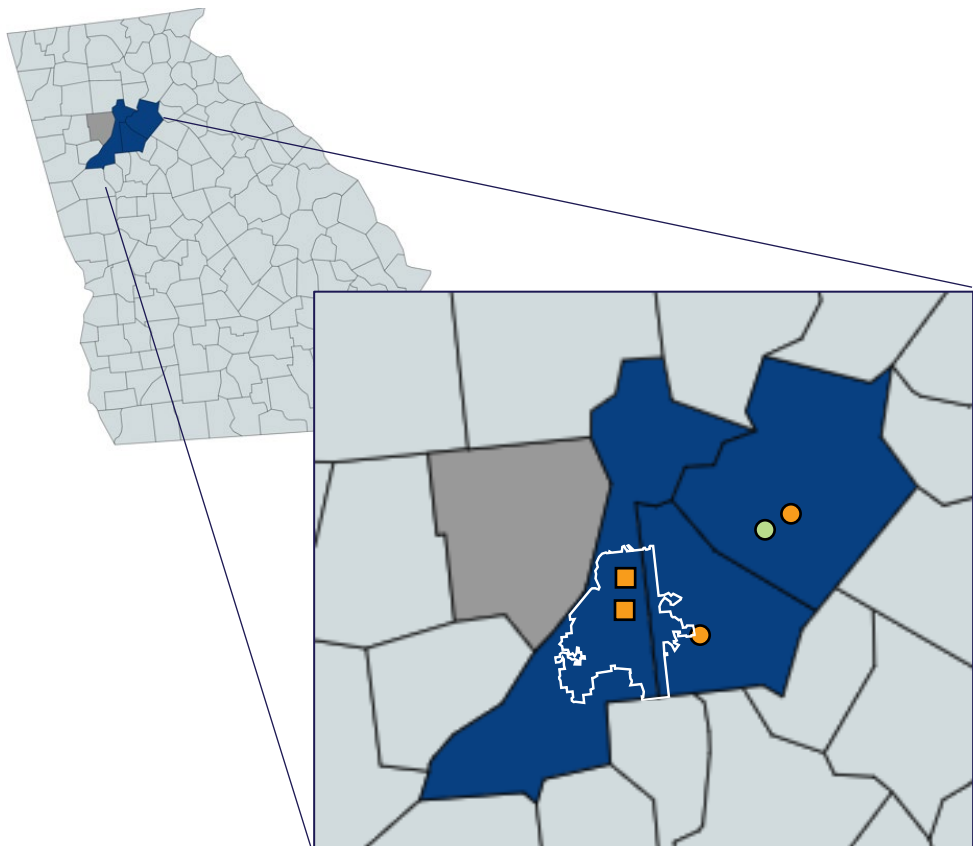
- Highland Rivers CSB has two locations providing Transitional Housing services to women in Cobb County
- Caring Works INC in DeKalb County, is the only provider offering transitional housing services to men; they have indicated partial grant funding scheduled to end in 2025 which may impact their capacity

 County QBG with Transitional Housing Provider

 Transitional Housing: Men's Provider
 Transitional Housing: Women's (WTRS and non-WTRS)

 Atlanta City Limits

There are four Addiction Recovery Support Centers currently operating across the QBGs, with one pending new location



County QBG with ARSC Provider

Atlanta City Limits

ARSC Provider located in the City of Atlanta QBG *and* a County QBG

ARSC Provider located in a County QBG

New ARSC Provider with pending contract

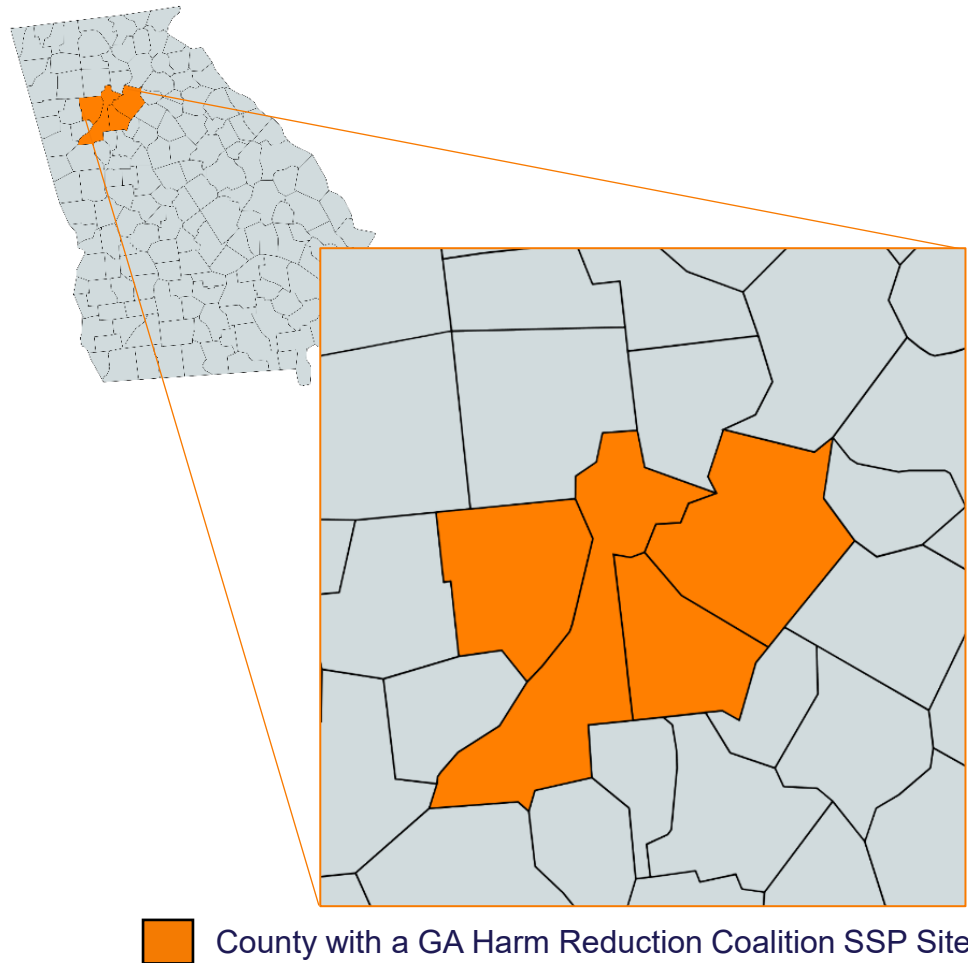
Key Takeaway

All QBGs contain at least one Addiction Recovery Support Center except for Cobb County QBG

Additional Findings

- Two ARSCs are located in the Fulton County QBG, within the City of Atlanta
- One new ARSC is pending contract in Gwinnett County QBG and one other is currently operating
- DeKalb County QBG contains one ARSC

The Georgia Harm Reduction Coalition Syringe Services Program (SSP) operates in six locations across the QBGs



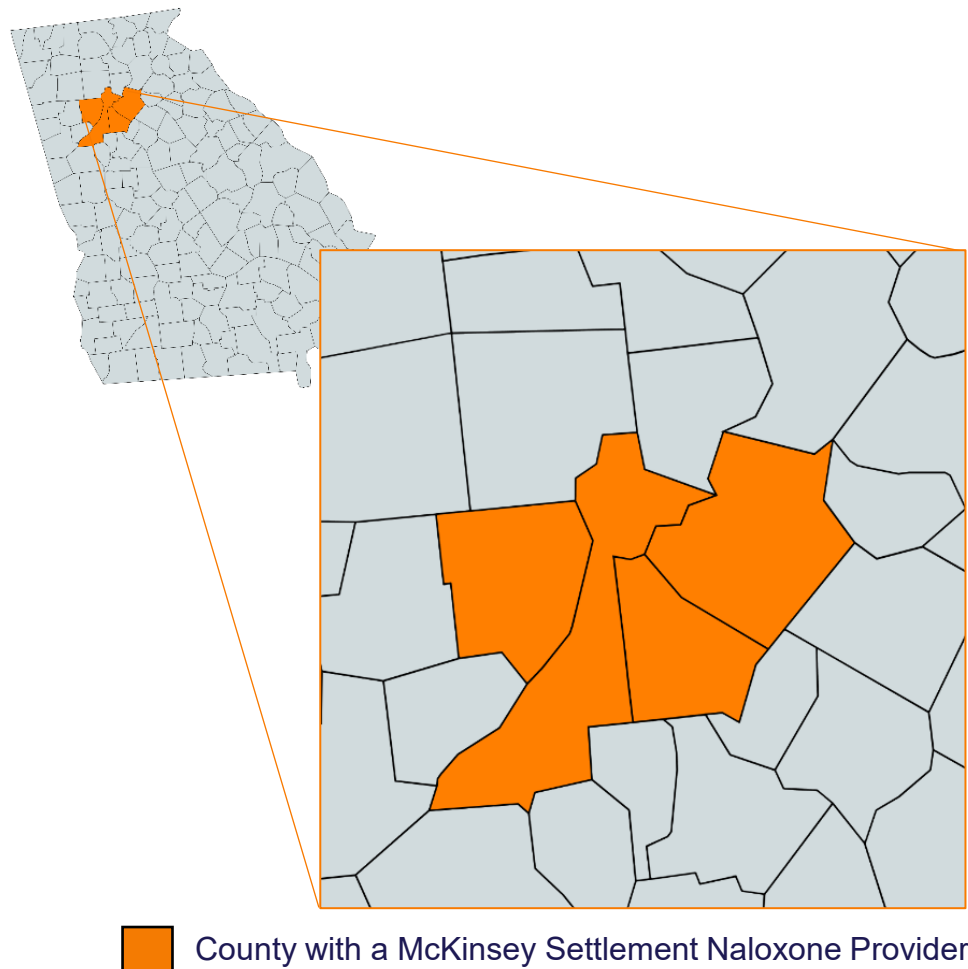
Key Takeaway

The Georgia Harm Reduction Coalition currently operates six sites across the QBGs

Additional Findings

- Along with the syringe exchange, the SSP sites also provide additional Harm Reduction services including hygiene kits, condoms, fentanyl test strips, xylazine test strips, and Hep-C/HIV testing with referrals to treatment, if necessary
- Three of the six SSP sites in the QBGs have distributed 10,000 or more syringes since the program initiation in February 2022:
 - Chamblee (in DeKalb County): 37,000 syringes
 - Fulton: 33,833 syringes
 - Gwinnett: 29,500 syringes

The McKinsey Settlement is funding distribution of Naloxone to providers across all five QBGs



Key Takeaway

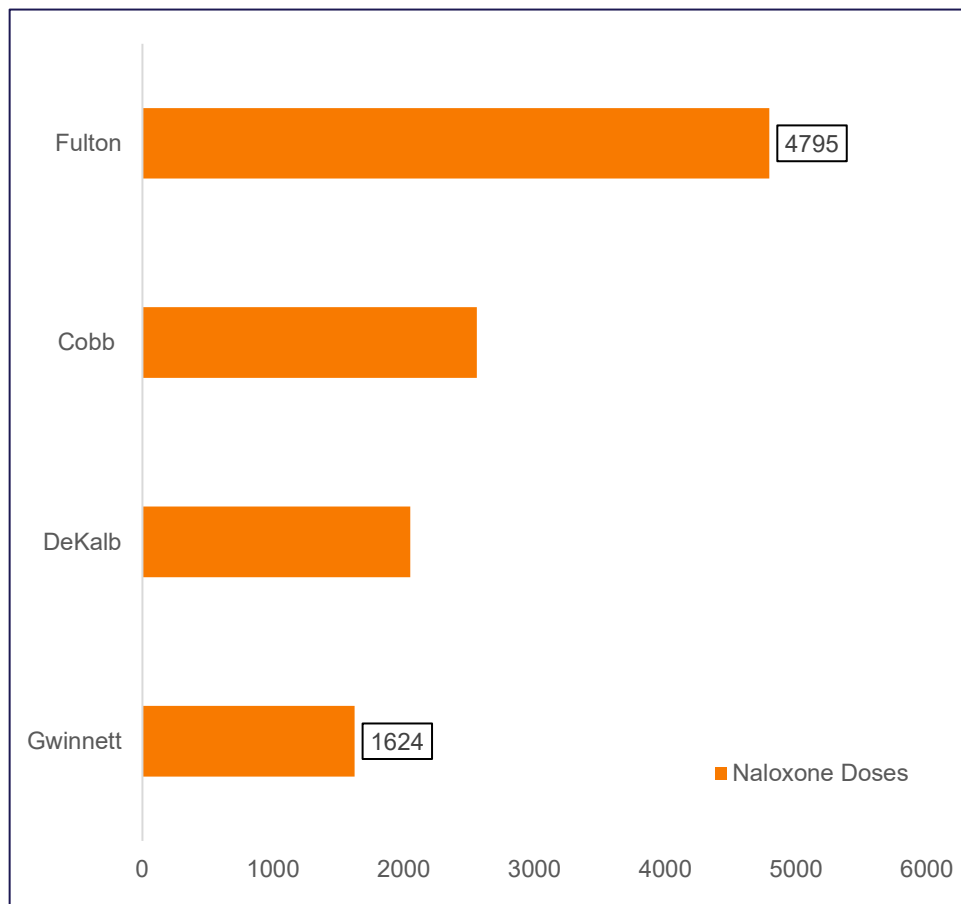
29 providers across the five QBGs are receiving Naloxone as part of the McKinsey Settlement

Additional Findings

- Naloxone is being distributed across the QBGs that span Region 1 and Region 3, with a concentration of providers around the metro-Atlanta area
- 29 providers across the QBGs received Naloxone, including DBHDD OUD/SUD providers, the DBHDD Mobile Crisis providers, and the Department of Public Health Local Health Departments.
 - 12 providers received Naloxone in Fulton County QBG
 - 6 providers received Naloxone in Cobb County QBG
 - 6 providers received Naloxone in DeKalb County QBG
 - 5 providers received Naloxone in Gwinnett County QBG

From January 2022 to December 2023, over 1,500 Naloxone doses were administered in each QBG

Total Naloxone doses administered by County, January 2022-December 2023*



Key Takeaway

Fulton County QBG recorded the highest number of Naloxone doses administered across all the QBG Counties

Additional Findings

- Collectively, the QBG counties in totaled 11,025 doses of Naloxone administered from January 2022 – December 2023*
- Fulton County QBG recorded 4,795 Naloxone doses administered from January 2022 – December 2023, which is almost double the number of doses in the next highest QBG, Cobb County which recorded 2,557 Naloxone doses during the same time-period
- Data were not available at a city-level to determine Naloxone doses in the City of Atlanta QBG boundaries

*DPH records Naloxone data at a monthly frequency. In an effort to protect PHI, any county with administered doses less than 10, DPH has labeled as “suppressed” and did not provide an actual number. As such, for this analysis “suppressed” months were counted as 0.

Across the QBGs, providers are offering OUD/SUD services across twenty-six facilities, and most are operating with a total workforce of less than 20 FTEs

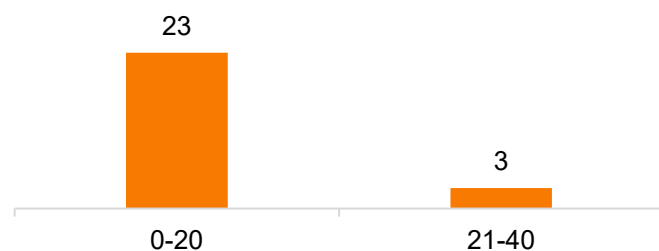
A survey was administered to DBHDD-funded OUD/SUD providers to assess the availability of services across the State of Georgia. Data were collected and analyzed at both the state and regional levels to provide a comprehensive view of the CoC service offerings as well as the corresponding facility staffing resources.

Respondent mix



Total no. of facilities = **26**

Number of facilities by total workforce



Number of facilities by type of services

MAT / opioid maintenance outpatient programs	9
Addiction recovery support center	2
SAIOP outpatient programs	5
Standalone/residential detox	2
Harm reduction services	2
Intensive residential treatment : men	2
Residential treatment: men - semi-independent	3
Transitional housing - men	2
Residential treatment: men - independent	1

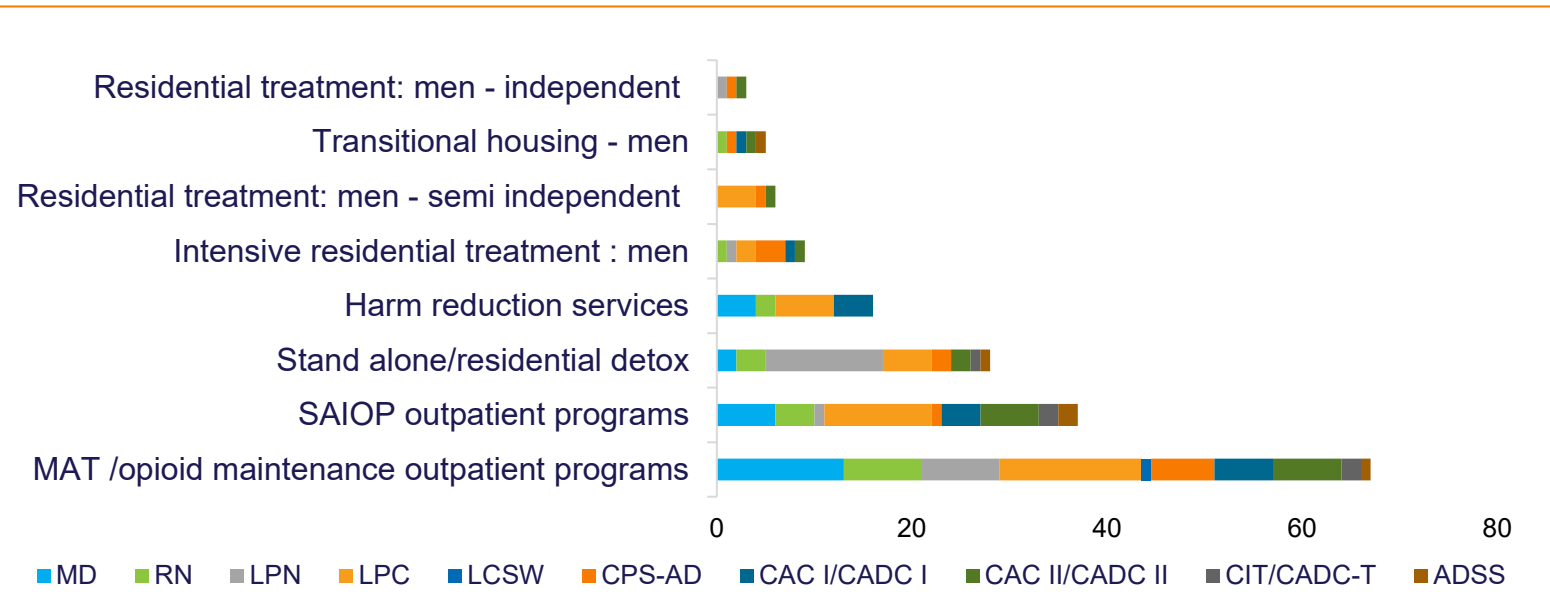
Key findings

- **89% of the facilities** have less than 20 individuals available to provide different services

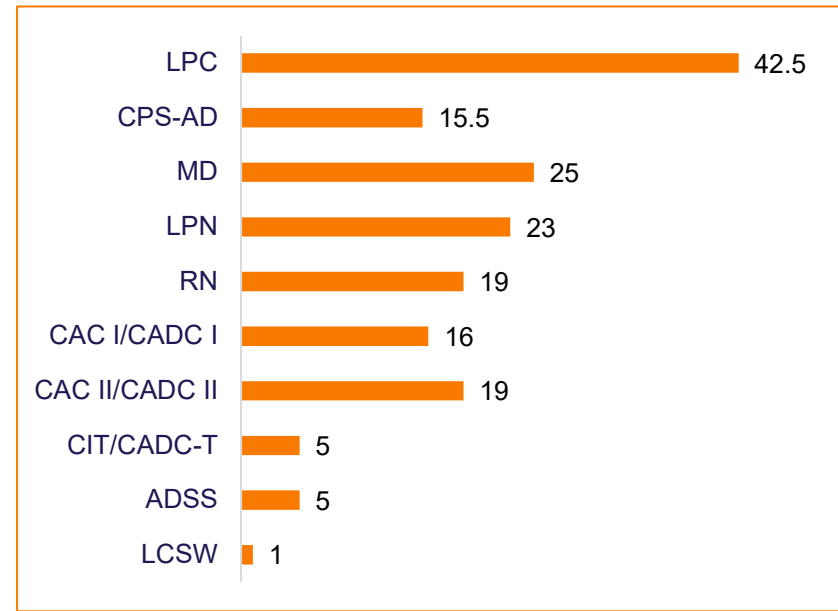
Note: None of the facilities responded for intensive residential treatment: women*, residential treatment: women - semi-independent*, residential treatment: women independent*, intensive residential treatment: transition aged youth, intensive outpatient (WTRS) and transitional housing - women* services. One facility is counted more than once depending on the number of services provided by that facility; Limited data availability w.r.t services for 10 facilities due to lack of responses.

Across the QBGs, the largest number of FTEs offer MAT services and the most common certification across the provider facilities is a LPC

Total workforce for different designations by services



Total workforce by designations across facilities



Key findings

- Across all of the **MAT/ opioid maintenance outpatient program providers** in the QBGs, there are a total of 67 employees that are currently aiding providers in offering MAT services. Compared to the other OUD/SUD CoC services, MAT/opioid maintenance outpatient programs have the **highest number of employees**.
- **LPCs responsible for providing counseling and support to individuals** are the largest workforce type across facilities

Within the QBGs there were two ARSCs indicated in the surveys, both operating with a workforce under 10

The survey results for Addiction Recovery Support Centers have been separated to clearly indicate the differences among the ARSC workforce from other provider types.

Respondent mix

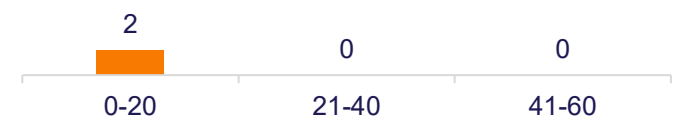


Total no. of facilities = 2

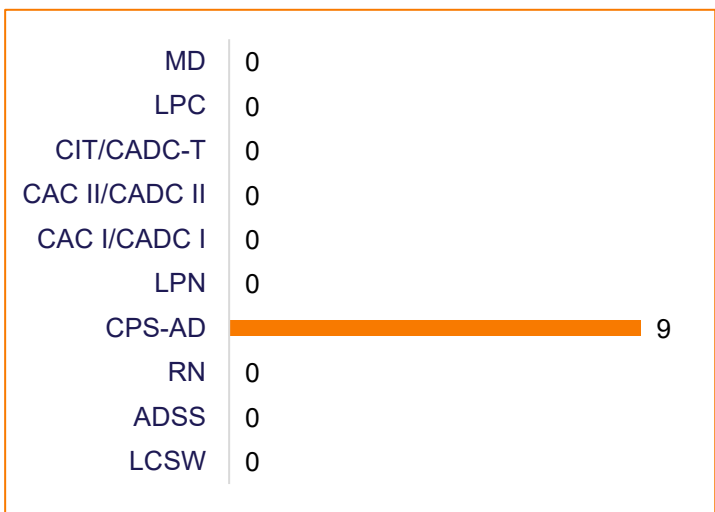
Key findings

- There are a total of 4 ARSCs within the QBGs, only 2 were indicated in the responses from the survey
- R2ISE and Recovery Resources are located in Fulton County QBG

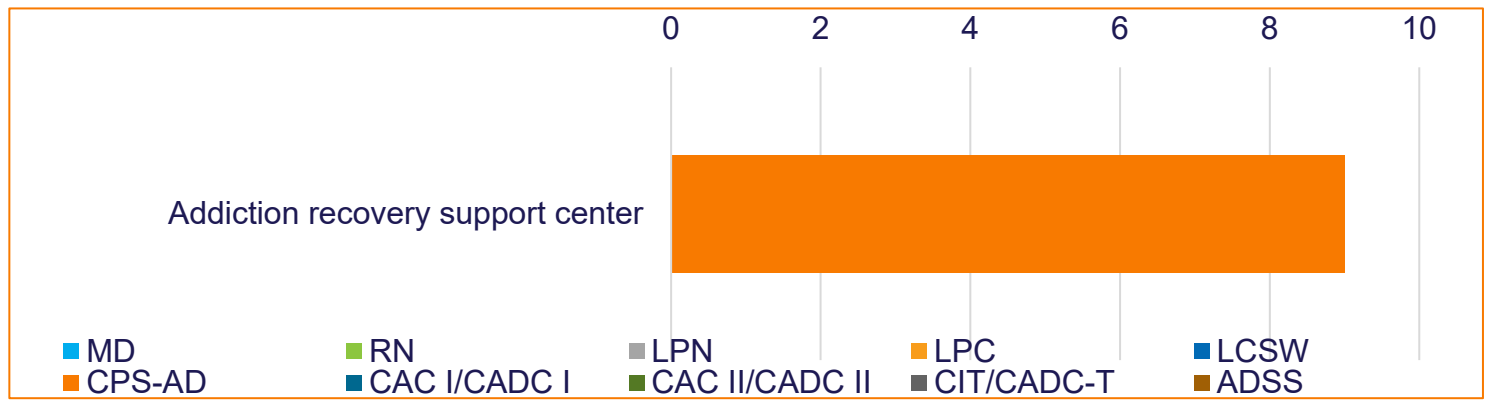
Number of facilities by total workforce



Total workforce by designations across facilities



Total workforce for different designations by services



Summary of Findings and Gaps

Considering the dense population across the QBGs, the opioid burden is higher in comparison to the other regions and has steadily increased over the past five years

OUD/SUD Burden across the QBGs

- The Qualified Block Grantees (QBGs) are located in Regions 1 and 3, where the population is dense and more diverse in race and ethnicity. The zip codes in the metro-Atlanta area also contain more vulnerable populations with limited access to healthcare, unstable housing, and income instability. There is a larger population of minority individuals in this area and therefore compared to other more rural parts of the state, higher OUD/SUD burden across all ethnicities.
- Cobb County experienced a 120% increase in synthetic opioid-related ED visits and hospitalizations from 2021-2022. During this time period, the 25-35 age group surpassed the number of visits and hospitalizations compared to other age groups.
- In 2022, Cobb County experienced the highest opioid overdose death rate (18.5) across the QBGs compared to a state average of 18.1. Additionally, in 2022, the crude death rate was almost equal amongst White and Black or African American populations.
- In 2022, Fulton County experienced the highest rate of opioid-related ED visits (53.7) which exceeded the state-level rate of 56.9.
- Across each QBG, males are experiencing a higher number of opioid-related ED visits/hospitalizations and opioid overdose deaths, which is consistent with data found across other regions in the state.
- Across the QBGs, females are experiencing higher rates of opioid overdose deaths compared to ED visits and hospitalizations, which may be due to many variables including fear of being judged, concern about removal of children from the home and financial limitations. For the female population, Fulton County experienced the highest percentage change in opioid overdose deaths from 2018 - 2022 at 150%. DeKalb County QBG followed behind at a percentage increase of 114%, Gwinnett QBG at 83% and Cobb QBG at 19%.
- Within Gwinnet QBG, the 25-34 age group experienced the highest overdose crude rate from 2018 – 2022 compared to the other age groups across the population.

While there is provider representation across all CoC services areas across the QBGs, Gwinnett County QBG does not have the same amount of resource availability as the other QBGs

Availability of Services and Gaps Across the Opioid Continuum of Care

Availability of Services

- There are Primary **Prevention** services being provided to youth through school and college programs across all of the QBGs.
- Across the QBGs there are DBHDD funded providers offering CoC services across all **Treatment** areas.
- There are currently four Addiction Recovery Support Centers offering **Recovery** services and one pending center across the City of Atlanta, Fulton DeKalb and Gwinnett. Cobb County, located in Region 1, does not have any centers nor any pending contracts.
- There are **Harm Reduction** efforts present across each of the QBGs from both the McKinsey settlement as well as the Georgia Harm Reduction Coalition. Between DeKalb, Fulton and Gwinnett QBGs there have been 100,333 syringes distributed through the SSP.
- Within the DBHDD funded provider network there are 26 providers identified that are offering CoC services throughout the QBGs. Both MAT and Addiction Recovery Support Centers have nine facilities each, the highest number of provider representation across the CoC service areas.
 - 88.4% of the provider facilities are operating with 20 or less employees, which dependent upon the size of the facility may not be sufficient staffing to support the demand of individuals that need access to treatment and resources.
 - Across all facilities the roles of LPCs and CPS-ADs are holding the majority of positions

Gaps in Services

- Gwinnett County, which has the second largest population in the state (975,353) has the least amount of DBHDD funded providers offering CoC services across treatment; there are no service offerings across the following areas: Stand Alone Detox, Residential Treatment: Semi-Independent and Independent, SAIOP Outpatient, Intensive Outpatient (Women), and Transitional Housing.
 - This may be a potential gap where services are not present to meet the need of the population. From 2018 to 2022, Gwinnett experienced a 198% change in the crude rate of opioid overdose deaths per 100,000 residents amongst their older adults (55-64 age group). Additionally, the Black or African American population which makes up 65% of Gwinnett's population has experienced a 208% increase in opioid overdose deaths from 2018-2022

Appendix

Definitions

As Georgia's Behavioral Health Authority, DBHDD has defined each of the seven OUD/SUD services (1/5)

OUD CoC Service	Service Definition
Primary Prevention Services	<p>Interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder. They are broken into 3 sub-categories: Universal, Selected, and Indicated. Universal targets the general public. Selected targets individuals or populations sub-groups who are at risk of developing disorders or substance use disorders is significantly higher than average. Indicated are for high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorders.¹</p>
Stand-alone detox	<p>Ambulatory Substance Abuse Detoxification: This service is the medical monitoring of the physical process of withdrawal from alcohol or other drugs in an outpatient setting for those individuals with an appropriate level of readiness for behavioral change and level of community/social support. It is indicated when the individual experiences physiological dysfunction during withdrawal, but life or significant bodily functions are not threatened.</p> <p>This service must reflect ASAM (American Society of Addiction Medication) Levels 1-WM (Ambulatory Without Extended On-Site Monitoring) and 2-WM (Ambulatory with Extended Onsite Monitoring) and focuses on rapid stabilization and entry into the appropriate level of care/treatment based upon the ASAM guidelines placement criteria. These services may be provided in traditional Outpatient, Intensive Outpatient, Day Treatment, Intensive Day Treatment or other ambulatory settings.²</p>
Residential Treatment <ul style="list-style-type: none"> • Intensive Residential Treatment: Men • Intensive Residential Treatment Women (Women's Treatment and Recovery Services (WTRS) and non-WTRS) 	<p>Intensive Residential AD Services: AD Intensive Residential Service (associated with ASAM Level 3.5) provides a planned regimen of 24-hour observation, monitoring, treatment and recovery supports utilizing a multi-disciplinary staff for individuals who require a supportive and structured environment due to a Substance Use Disorder. This Intensive level of Residential Service maintains a basic rehabilitative focus on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills.²</p>

As Georgia's Behavioral Health Authority, DBHDD has defined each of the seven OUD/SUD services (2/5)

OUD CoC Service	Service Definition
<p>Residential Treatment</p> <ul style="list-style-type: none"> Intensive Residential Transition Aged Youth 	<p>Adolescent Intensive Residential Treatment (IRT) Programs provide 24-hour supervised residential treatment for adolescents ages 13-17 who need a structured residence due to substance abuse issues. The programs are in the metropolitan and southern regions of the state to provide statewide access. Treatment services are within the level of care as defined by the American Society of Addiction Medicine (ASAM Level 3.5) which is the Clinically Managed Medium-Intensity Residential Services.¹</p>
<p>Residential Treatment</p> <ul style="list-style-type: none"> Residential Treatment Men: Semi Independent Residential Treatment Women: Semi Independent (WTRS and non-WTRS) 	<p>Semi-Independent AD Residential Services: AD Semi-Independent Residential Services provides or coordinates on-site or off-site treatment services in conjunction with on-site recovery support programming that aligns with a supportive and structured living environment for individuals with a Substance Use Disorder. The residential setting is less restrictive with reduced supervision as individuals begin to strengthen living skills and focus on creating financial, environmental, and social stability to increase the probability of long-term recovery. Residential Care maintains a basic rehabilitation focus on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills.²</p>
<p>Residential Treatment</p> <ul style="list-style-type: none"> Residential Treatment Men: Independent Residential Treatment Women: Independent (WTRS and non-WTRS) 	<p>Independent AD Residential Services: AD Independent Residential Services provides recovery housing with a supportive and structured living environment for individuals with a Substance Use Disorder. This is a lower level of care with minimal supervision designed to promote independent living in a recovery environment for individuals who have established and maintained some consistent level of sobriety and does not require 24/7 supervision. Residents continue to maintain basic rehabilitation with focus on early recovery skills that include the negative impact of substances use, tools for developing positive support, and relapse prevention skills.²</p>

As Georgia's Behavioral Health Authority, DBHDD has defined each of the seven OUD/SUD services (3/5)

OUD CoC Service	Service Definition
<p>Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP)</p> <ul style="list-style-type: none"> • Opioid Maintenance outpatient programs • Intensive Outpatient (Women) 	<p>Medicaid Assisted Treatment: Medication Assisted Treatment (MAT) provides specific interventions for reducing and/or eliminating the use of illicit opioids and other drugs of abuse; while developing the individuals social support network and necessary lifestyle changes; psychoeducational skills; pre-vocational skills leading to work activity by reducing substance use as a barrier to employment; social and interpersonal skills; improved family functioning; the understanding of substance use disorders; and the continued commitment to a recovery and maintenance program. MAT is a multi-faceted approach treatment service for adults who require structure and support to achieve and maintain recovery from Opioid Use Disorder.¹</p> <p>Substance Abuse Intensive Outpatient Program : An outpatient approach to treatment services for adults eighteen (18) years or older who require structure and support to achieve and sustain recovery, focusing on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills. Through the use of a multi-disciplinary team, medical, therapeutic and recovery supports are provided in a coordinated approach to access and treat individuals with substance use disorders in scheduled sessions, utilizing the identified components of the service guideline. This service can be delivered during the day and evening hours to enable individuals to maintain residence in their community, continue work or go to school. The duration of treatment should vary with the severity of the individual's illness and response to treatment based on the individualized treatment plan, utilizing the best/evidenced based practices for the service delivery and support.¹</p>

As Georgia’s Behavioral Health Authority, DBHDD has defined each of the seven OUD/SUD services (4/5)

OUD CoC Service	Service Definition
<p>Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP)</p> <ul style="list-style-type: none"> • Opioid Maintenance outpatient programs • Intensive Outpatient (Women) 	<p>Opioid Maintenance Treatment: An organized, usually ambulatory, substance use disorder treatment service for individuals who have an addiction to opiates. The nature of the services provided (such as dosage, level of care, length of service or frequency of visits) is determined by the individual's clinical needs, but such services always includes scheduled psychosocial treatment sessions and medication visits (often occurring on a daily basis) within a structured program. Services function under a defined set of policies and procedures, including admission, discharge and continued service criteria stipulated by state law and regulation and the federal regulations at FDA 21 CFR Part 291. Length of service varies with the severity of the individual's illness, as well as his or her response to and desire to continue treatment. Treatment with methadone or LAAM is designed to address the individual’s goal to achieve changes in his or her level of functioning, including elimination of illicit opiate and other alcohol or drug use. To accomplish such change, the Individualized Recovery/Resiliency Plan must address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of recovery. The Individualized Recovery/Resiliency Plan should also include individualized treatment, resource coordination, and personal health education specific to addiction recovery (including education about human immunodeficiency virus [HIV], tuberculosis [TB], and sexually transmitted diseases [STD]).¹</p> <p>Women’s Treatment and Recovery Support (WTRS): Outpatient Services: WTRS Outpatient Services will provide comprehensive gender specific treatment for addictions. These services will encompass ASAM Level 1 Outpatient services and ASAM Level 2.1 Intensive Outpatient Services. ASAM Level 1 outpatient encompasses organized services that may be delivered in a wide variety of settings. Such services are provided in regularly scheduled sessions and follow a defined set of policies and procedures. ASAM Level 2.1 is an intensive outpatient set of services that maybe offered during the day, before or after work, in the evening or on weekends. Such programs provide essential support and treatment services while allowing the individual to apply his/her newly acquired skills in “real world “environments. The WTRS Outpatient Program assumes an average length of stay in outpatient treatment of 4 to 12 months or based on individual clinical need.¹</p>
<p>Transitional Housing</p> <ul style="list-style-type: none"> • Men 	<p>Transitional Housing linked to MAT OP provides a less restrictive residential setting with reduced supervision in conjunction with off-site treatment utilizing medication to support long-term recovery from Opioid Use Disorder. The residential program is designed to help individuals begin to strengthen their living skills and focus on creating financial, environmental, and social stability to increase the probability of long-term recovery beyond the artificial environment.²</p>

Sources: 1. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers. 2.DBHDD Recommended Opioid Use Disorder Continuum of Care, 5/14/2023.

As Georgia's Behavioral Health Authority, DBHDD has defined each of the seven OUD/SUD services (5/5)

OUD CoC Service	Service Definition
<p>Transitional Housing</p> <ul style="list-style-type: none"> Women (WTRS and non-WTRS) 	<p>Women's Treatment and Recovery Services: Transitional Housing</p> <p>Ready for Work Transitional Housing provide a safe, stable, drug free residence and utilities (power and water) for no more than 6 months to any woman or woman with a child that has successfully completed all recommended treatment/recovery services. The environment should be gender specific and can include dependent children between birth and 18 years old. Transitional Housing is to be a step down in service from Ready for Work residential or outpatient programs; thus, a successful completion of Ready for Work residential, outpatient, or least an ASAM level 2 program is necessary.¹</p>
<p>Addiction Recovery Support Center</p>	<p>Addiction Recovery Support Center</p> <p>An Addiction Recovery Support Center offers a set of non-clinical, peer-led activities that engage, educate and support individuals and families successfully to make life changes necessary to establish, maintain and enhance recovery (health and wellness) from substance use disorders. The recovery activities are community-based services for individuals with a substance use disorder; and consist of activities that promote recovery, self-determination, self-advocacy, well-being, and independence. Activities are individualized, recovery-focused, and based on a relationship that supports a person's ability to promote their own recovery. Activities include social support, linkage to and coordinating among other service providers, eliminating barriers to independence and continued recovery. Activities may occur in the center or in other locations in the community.¹</p>
<p>Harm Reduction Services</p>	<p>Harm Reduction Services involves the development of programs that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs, such as opioids, without necessarily reducing drug consumption. Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission; improve physical, mental, and social wellbeing; and offer low barrier options for accessing health care services, including substance use and mental health disorder treatment. The Harm Reduction approach to the opioid crisis provides the opportunity to engage in community outreach and service connection to address two major health crises that currently follow the opioid epidemic, HIV and Hepatitis C (HEP C). Additional critical components of harm reduction include syringe exchange programs and access to Naloxone.²</p>

Additional definitions for terms used throughout this report are included below

Definitions

- In this analysis, when the total number is referenced, this is used to represent the total count of an instance in an area, irrespective of the population. For example, the total number of opioid overdose deaths reflects the sum of all deaths in a region in the specified time period.
- When the data is labeled with a rate, this value is calculated to compare the number of instances in proportion to the population. For example, the rate of opioid overdose deaths per 100,000 people allows you to compare the prevalence of overdose deaths across regions with significantly different populations.
- Sustainable funding refers to ongoing state or federal funds that are expected to continue to support an OUD/SUD provider's ability to operate on an annual basis. For example, state funds included in DBHDD's base budget and anticipated to continue annually unless significant changes are made to the State of Georgia or DBHDD budget and therefore are considered a sustainable funding source. One-time funds, such as state or federal grant funds may have a time period associated with the funding allocation and are not considered a sustainable source of funding.

Epidemiological Analysis

Methodology and assumptions

Data / indicators captured

- Current opioid burden in Georgia and the counties in scope (Cobb, Fulton, DeKalb and Gwinnett) was assessed using the data on opioid-related overdose deaths (mortality) and ED visits and hospitalizations (morbidity); No data was available, for City of Atlanta
- The analysis covered a time span of five years, from 2018 to 2022, and included an additional 6 months data for 2023; Data was captured across age, gender, race, educational level, and payer type
- Data related to change in opioid prescribing practices was also captured at state level. For county level limited latest information was available
- The number of treatment facilities available, based on the availability of MAT options and some relevant findings related to recovery and treatment services from N-SUMHSS survey results, 2022 were also captured
- Certain macro indicators which are potentially associated with OUD were also captured at both the state and county levels



Data sources/ definitions

- The mortality and morbidity data were obtained from two public / DPH dashboards, namely OASIS and ArcGIS. ArcGIS was chosen as the primary source of data as it captured the most recent data points up till 2023
- Definitions as per ArcGIS:
 - Opioid overdose deaths: Drug overdose-related deaths are derived from DPH Vital Records death certificates for all deaths that occur in Georgia and deaths among Georgia residents that occur outside of the state
 - County indicates the decedent's county of residence
 - Emergency department visits and hospitalizations: Nonfatal overdose counts are derived from Georgia hospital discharge inpatient and ED visit data, and include all ED visits or hospitalizations occurring in a non-federal acute care hospital in Georgia, among Georgia residents, with a discharge diagnosis indicating acute drug overdose
 - Opioids: Includes prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl)
 - Synthetic opioids (includes fentanyl): Includes prescription or illicit fentanyl or fentanyl analogs, tramadol, or other synthetic opioids (excluding methadone)



Assumptions/ limitations

- Values for the categories where there was no available data, have been assumed to be zero; The value are taken directly from dashboard charts or excel file downloaded from dashboard
- Drug categories are not mutually exclusive
- ED visits and hospitalizations may represent multiple visits by the same individual



Abbreviations

AA	<i>Alcoholics Anonymous</i>
ArcGIS	<i>Aeronautical Reconnaissance Coverage Geographic Information System</i>
CAGR	<i>Compound Annual Growth Rate</i>
DEA	<i>Drug Enforcement Administration</i>
DPH	<i>Georgia Department of Public Health</i>
DUI/DW	<i>Driving Under the Influence / Driving while Intoxicated or Impaired</i>
ED	<i>Emergency Visits</i>
HIV/AIDS	<i>Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome</i>
LGBTQ	<i>Lesbian, Gay, Bisexual, Transgender, or Queer / Questioning</i>
MAT	<i>Medication Assisted Treatment</i>
MME	<i>Morphine Milligram Equivalent</i>
MOUD	<i>Medication for Opioid Use Disorder</i>
NA	<i>Narcotics Anonymous</i>
N-SUMHSS	<i>National Substance Use and Mental Health Services Survey</i>
OASIS	<i>Online Analytical Statistical Information System</i>
OD	<i>Opioid Use Disorders</i>
PDMP	<i>Prescription Drug Monitoring Program</i>
SAMHSA	<i>Substance Abuse and Mental Health Service</i>
SMART Recovery	<i>Self-Management and Recovery Training</i>
SSDI	<i>Social Security Disability Insurance</i>
SSI	<i>Supplemental Security Income</i>
SUD	<i>Substance Use Disorder</i>
WIC	<i>Women, Infants, and Children's program</i>

Provider Locations

QBG Providers and Services

Prevention Providers

<i>Project Name</i>	<i>Service Location</i>
PAST	2025 Jonesboro Rd SE, Atlanta, GA 30315
PAST	3200 Latona Dr SW, Atlanta, GA 30354
PAST	800 Hutchens Rd SE, Atlanta, GA 30354
PAST	301 Peyton Rd SW, Atlanta, GA 30311
PAST	3116 Benjamin E Mays Dr SW, Atlanta, GA 30311
PAST	3450 Benjamin E Mays Dr SW, Atlanta, GA 30331
PAST	285 Sheridan Dr NE, Atlanta, GA 30305
PAST	4191 Northside Dr NW, Atlanta, GA 30342
PAST	2875 Northside Dr NW, Atlanta, GA
PAST	4111 Northside Pkwy NW, Atlanta, GA 30327
PAST	1040 Fair St SW, Atlanta, GA 30314
PAST	765 Peebles St SW, Atlanta, GA 30310
PAST	45 Whitehouse Dr SW, Atlanta, GA 30314
PAST	735 Fayetteville Rd SE, Atlanta, GA 30316
College of Prevention Project Expansion	1000 Chastain Road, Kennesaw, GA 30144
HBCU Behavioral Health Initiative	Strategic Prevention Framework - Pos Soc Norms
College of Prevention Project Expansion	223 James P Brawley Dr SW, Atlanta, GA 30314
College of Prevention Project Expansion	201 Dowman Dr NE 408, Atlanta, GA 30322
College of Prevention Project Expansion	350 Spelman Lane SW Ste 927, Atlanta, GA 30314

QBG Providers and Services

Residential Treatment Providers				
Provider Name	Address	County Name	Zip Code	Residential Type
Highland Rivers - CSB 3	2650 Bentley Road Building 8 Apt #8 Marietta, GA 30067	Cobb	30067	Intensive Residential Treatment: Men
Highland Rivers - CSB 5	825 Powder springs St. SW Marietta, GA 30064 Apartment 1201	Cobb	30064	Intensive Residential Treatment: Women (WTRS and non-WTRS)
The Extension, Inc.	1507 Church Street Extension NW Marietta, GA 30060	Cobb	30060	Residential Treatment: Men - Semi Independent
Ascensa Health	95 Renaissance Parkway NE Atlanta, GA 30308	Fulton	30308	Intensive Residential Treatment: Men
Breakthru House	1866 Eastfield Street Decatur, GA 30032	DeKalb	30032	Intensive Residential Treatment: Women (WTRS and non-WTRS)
CaringWorks, Inc.	2785 Washington Street SW Atlanta, GA 30303	Fulton	30303	Residential Treatment: Men - Semi Independent
Covent Community, Inc.	623 Spring Street NW Atlanta, GA 30308	Fulton	30308	Intensive Residential Treatment: Men
HUGS	4751 Best Road Atlanta, GA 30337	Fulton	30337	Residential Treatment: Men - Semi Independent

QBG Providers and Services

Residential Treatment Providers				
<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Residential Type</i>
Mary Hall Freedom House 1	8995 Roswell Rd, Sandy Springs, GA 30350	DeKalb	30350	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Mary Hall Freedom House 2	3655 Westchase Village Lane Peachtree Corners, GA 30092	Gwinnett	30092	Intensive Residential Treatment: Men
Mary Hall Freedom House 3	9400 Roswell Road Unit 6A Sandy Springs, GA 30350	DeKalb	30350	Residential Treatment: Men - Semi Independent
Men and Women for Human Excellence 1	4283 Memorial Drive Ste C, Decatur GA 30032	DeKalb	30032	Residential Treatment: Men - Semi Independent
Metro Atlanta Recovery Residence - Right Side Up 1	2200 Ranchwood Dr, Atlanta, GA 30345	DeKalb	30345	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Metro Atlanta Recovery Residence - Right Side Up 2	5825 Glenridge Dr. Atlanta, GA 30328, Ste 118	Fulton	30328	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Newport Integrated Behavioral Health	1810 Moseri Road Decatur. GA 30032	DeKalb	30032	Intensive Residential Treatment: Men Intensive Residential Treatment: Women (WTRS and non-WTRS)
Quest Community Development Organization	615 Lindsay Street NW Atlanta, GA 30318	Fulton	30318	Residential Treatment: Men - Independent
Ascensa Health	139 Renaissance Parkway Northeast Atlanta, GA 30308	Fulton	30308	Residential Treatment: Men - Independent; Intensive Residential Treatment: Men; Intensive Residential Treatment: Women (WTRS and non-WTRS); Residential Treatment: Women - Semi Independent (WTRS and non-WTRS)

QBG Providers and Services

Stand Alone Detox Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
Newport Integrated Behavioral Health	1810 Moseri Road Decatur. GA 30032	DeKalb	30032
Ascensa Health	139 Renaissance Parkway Northeast Atlanta, GA 30308	Fulton	30308

SAIOP Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
Newport Integrated Behavioral Health	1810 Moseri Road Decatur. GA 30032	DeKalb	30032
Ascensa Health	139 Renaissance Parkway Northeast Atlanta, GA 30308	Fulton	30308
Odyssey Family Counseling Center	3578 South Fulton Avenue Hapeville, GA 30354	Fulton	30354
STAND, Inc.	4319 Covington Highway Suite 117 Decatur, GA 30035	DeKalb	30035

Intensive Outpatient (Women) Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
Mary Hall Freedom	8995 Roswell Rd, Sandy Springs, GA 30350	DeKalb	30350
Highland Rivers - CSB 5	825 Powder springs St. SW Marietta, GA 30064 Apartment 1201	Cobb	30064
Ascensa Health	139 Renaissance Parkway Northeast Atlanta, GA 30308	Fulton	30308

Transitional Housing Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Housing Type</i>
Highland Rivers - CSB 3	2650 Bentley Road Building 8 Apt #8 Marietta, GA 30067	Cobb	30067	Transitional Housing: Women (WTRS and non-WTRS)
Highland Rivers - CSB 5	825 Powder springs St. SW Marietta, GA 30064 Apartment 1201	Cobb	30064	Transitional Housing: Women (WTRS and non-WTRS)
Caring Works INC	2785 Lawrenceville Highway Ste 205 Decatur, GA 30033	DeKalb	30033	Transitional Housing: Men
Mary Hall Freedom	8995 Roswell Rd, Sandy Springs, GA 30350	DeKalb	30350	Transitional Housing: Women (WTRS and non-WTRS)

QBG Providers and Services

OTP/MAT Providers							
Provider	Address	Zip Code	County	OTP (State and Federal Funded Providers)	OTP (MAT Medicaid Providers Only)	MAT-Office based Treatment Non-OTP Based Treatment	Non-Funded Self-Pay Only OTP Providers
Alliance Recovery Center - Decatur	1116 East Ponce de Leon Ave, Decatur, GA, 30030	30030	DeKalb	X	X		
Changing Phases Behavioral Support	3655 Canton Rd. Suite 201, Marietta, GA, 30066	30066	Cobb	X	X		
Harbor Springs Counseling Services LLC	1790 Mulkey Road, Austell, GA, 30106	30106	Cobb	X	X		
Lakeland Centers Atlanta	7001 Peachtree Ind. Blvd., Norcross, GA, 30092	30092	Gwinnett	X			
Crossroads Treatment Center of Sugarloaf	2855 Lawrenceville Suwanee Road #330, Suwanee, GA, 30024	30024	Gwinnett		X		
HealthQwest Frontiers - Buford	4271 South Lee St., Suite 101, Buford, GA, 30518	30518	Gwinnett		X		
New Day Treatment Center	2563 Martin Luther King, Jr. Drive SW, Atlanta, GA, 30311	30311	Fulton		X		
North Fulton Treatment Center	601 Bombay Lane, Roswell, GA, 30076	30076	Fulton		X		
Someone Cares of Atlanta, Inc.	1950 Spectrum Circle, SE. STE 200 Marietta, GA 30067	30067	Cobb			X	
Georgia Harm Reduction Coalition, Inc.	1231 Joseph E. Boone Blvd., NW, Atlanta, GA. 30314	30314	Fulton			X	
Grady Memorial Hospital	80 Jesse Hill Jr. Drive, SE Atlanta, GA 30303	30303	Fulton			X	
Newport Integrated Behavioral Health	1810 Moseri Road Decatur, GA 30032	30032	DeKalb			X	
Ascensa Health, Inc	139 Renaissance Pkwy, NE Atlanta, GA 30308	30308	Fulton			X	
Men and Women for Human Excellence	4286 Memorial Drive, suite D Decatur, GA 30032	30032	DeKalb			X	
Atlanta VA Medical Center	1670 Clairmont Road, Decatur, GA, 30033	30033	DeKalb				X
GPA Treatment Center, Inc.	4255 Chamblee Tucker Road, Doraville, GA, 30340	30340	DeKalb				X
Toxicology Associates of North Georgia - Gwinnett	751 Collins Hill Road, Lawrenceville, GA, 30046	30046	Gwinnett				X
Toxicology Associates of North Georgia - Marietta	1700 Cumberland Point Drive, S.E., Marietta, GA, 30067	30067	Cobb				X

QBG Providers and Services

Addiction Recovery Support Centers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Existing or New Location</i>
The DOOR	4086 Covington Hwy. Suite H, Decatur, GA 30032	DeKalb	30032	Existing
Recovery Resources of Atlanta - Midtown	623 Spring Street, NW, Atlanta, GA 30308	Fulton	30308	Existing
R2ISE	675 Metropolitan Pkwy, Suite 5036, Atlanta, GA 30310	Fulton	30310	Existing
Navigate Recovery - Safe Harbor	52 Gwinnett Dr, Suite A, Lawrenceville, GA 30046	Gwinnett	30046	Existing
Recovery Connections Inc	2405 Lawrenceville Hwy, Lawrenceville, GA. 30044	Gwinnett	30044	New Location

QBG Providers and Services

Harm Reduction Providers	
<i>Naloxone Distribution Provider</i>	<i>Counties</i>
3-1 Cobb-Douglas	Cobb
3-2 Fulton	Fulton
3-4 East Metro	Gwinnett
3-5 DeKalb	Dekalb
Ascensa Health, Inc.	Fulton
Avita Community Partners	Gwinnett
Behavioral Health Link Region 2	Fulton
Changing Phases	Cobb
Circle of Recovery Peer Center	Dekalb
Clayton CSB	Fulton
DeKalb CSB	Dekalb
GNR Public Health	Gwinnett
Grady Memorial Hospital	Fulton
Grady Memorial Hospital (ER)	Fulton
Highland Rivers Health	Cobb
Little Five Points Pharmacy	Fulton
Men and Women 4 Human Excellence	Dekalb
Navigate Recovery - Safe Harbor	Gwinnett
Newport Integrated BH	Dekalb
OASIS, Inc.	Fulton

Harm Reduction Providers continued	
<i>Naloxone Distribution Provider</i>	<i>Counties</i>
Peers Empowering Peers	Fulton
Phoenix RCO	Cobb
R2ISE	Fulton
Recovery Connection	Cobb
Recovery Resources of Atlanta – Midtown	Fulton
River Edge BH	Fulton
Someone Cares of Atlanta	Cobb
The DOOR	Dekalb
View Point Health	Gwinnett

Harm Reduction Providers	
<i>SSP Locations</i>	<i>Syringes distributed</i>
Acworth (Cobb)	5,000
Chamblee (DeKalb)	37,000
Cobb	4,000
DeKalb	9452
Fulton	33833
Gwinnett	29,500

Provider Survey Analysis

Methodology and assumptions

Methodology

- **Cleaning the survey responses:** We cleaned the survey responses by designating "NA" (not available) to all blank entries. We also deleted 9 entries with no data (no provider name and subsequent data) and removed duplicate entries based on a pre-decided criteria. Further, qualitative entries, such as names under a specific designation, were converted into numbers for consistency in analysis
- **Aligning entries with county, region and QBG status:** Each entry was aligned with its respective county, region and QBG status to ensure proper classification and analysis
- **Creating a view of data by facilities:** By counting each provider more than once according to the number of locations they operated. This resulted in a total of 109 facilities
- **Facility view analysis:** We determined the number of facilities providing different services. We calculated the number of individuals at different designations across facilities by adding up the numbers under the same designation for all services. Further, we categorised the total workforce for each facility into categories such as 0-20, 20-40, and so on
- **Creating a provider view:** We prepared a provider view, counting each provider only once, regardless of the number of locations. This resulted in a total of 56 providers
- **Provider view analysis:** We counted the number of providers offering different services and total workforce for each provider based on all the services provided by and workforce from their facilities
- **QBG wise analysis:** We filtered the data based on the QBG and performed similar analysis specific to each QBG
- **Region wise analysis:** We filtered the data based on the region and performed similar analysis specific to each region



Assumptions

- Criteria: For duplicate entries of the facility (same address) we have considered those with more workforce data and deleted the others
- For those providers who responded 'yes' for another location but did not provide any address or data we have not counted those locations / facilities, given the lack of data
- Providers who have responded to the survey more than once basis locations, have been considered as a single provider in the provider view
- For provider view irrespective of the number of locations mentioned by them, we have combined the services provided by that particular provider across locations under one entry
- We have considered a particular service as offered, only when the respondents have provided at least one corresponding workforce data point
- While analysing the total number of facilities / locations for a provider, we have included the provider location if the respondent has provided the address for the location even if there is no other information (Workforce numbers)
- Total workforce for a location has been counted by the number of designation in that location (one person can be performing the role of two or more designations as well, and has been accordingly counted more than once)



Abbreviations

ADSS	<i>Alcohol and Other Drug Screening Specialists</i>
CAC I/CADC I	<i>Certified Addiction Counselor, Level I / Certified Alcohol and Drug Counselor I</i>
CAC II/CADC II	<i>Certified Addiction Counselor, Level II / Certified Alcohol and Drug Counselor II</i>
CIT/CADC-T	<i>Counselor-in-Training / Certified Alcohol and Drug Counselor – Trainee</i>
CPS-AD	<i>Certified Peer Specialist - Addictive Disease</i>
LCSW	<i>Licensed Clinical Social Worker</i>
LPC	<i>Licensed Professional Counselor</i>
LPN	<i>Licensed Practical Nurse</i>
MAT	<i>Medication Assisted Treatment</i>
MD	<i>Medical Doctor</i>
RN	<i>Registered Nurse</i>
SAIOP	<i>Substance Abuse Intensive Outpatient Program</i>
WTRS	<i>Women’s Treatment and Recovery Services</i>
QBG	<i>Qualifying Block Grantee</i>