Opioid Use Disorder Continuum of Care

Region 4 Assessment Report

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

January 22, 2024

The following content areas are included in this assessment report

Contents

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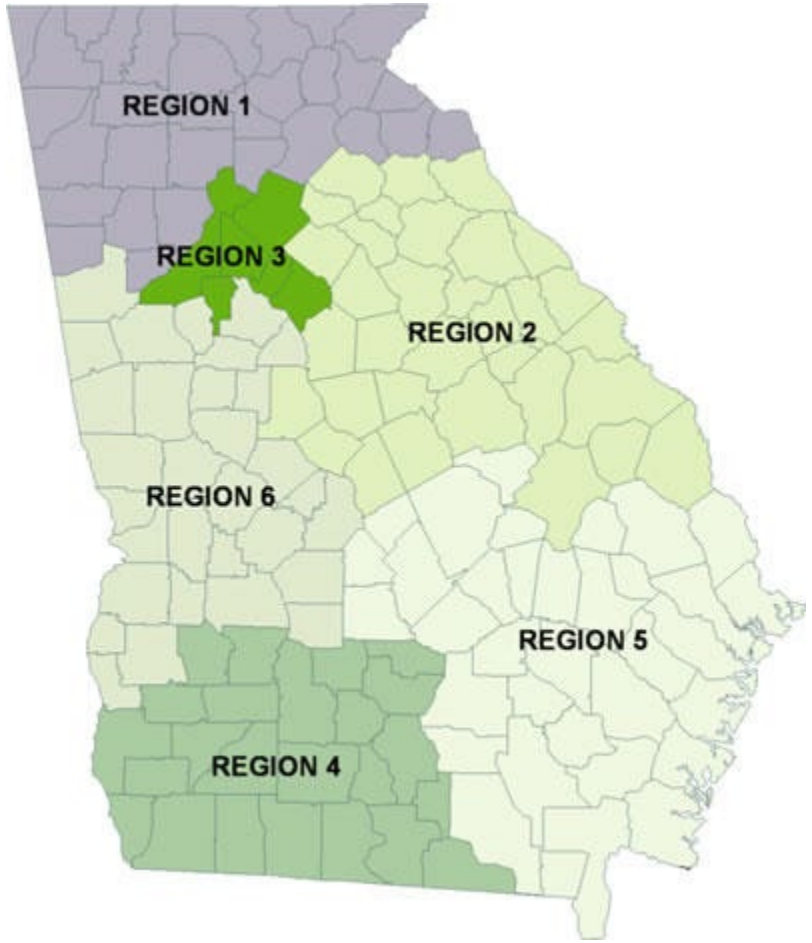
Executive Summary

DBHDD's system of services is organized into six regional field offices



Region 4

Region 4, located in southwestern Georgia, includes the following 24 counties:

- Baker
- Ben Hill
- Berrien
- Brooks
- Calhoun
- Colquitt
- Cook
- Decatur
- Dougherty
- Early
- Echols
- Grady
- Irwin
- Lanier
- Lee
- Lowndes
- Miller
- Mitchell
- Seminole
- Terrell
- Thomas
- Tift
- Turner
- Worth

Source: 1. DBHDD Regional Field Offices

While Region 4 has the lowest opioid burden compared to other regions, Dougherty County is experiencing a higher death rate and overall need for services

- From 2018 to 2022 there was a 722% increase in the synthetic opioid overdose deaths across Region 4. Additionally, there was a consistent increase in opioid overdose deaths across all groups except for ages 10-19; age group 25-34 saw the highest percentage increase in total opioid overdose deaths and synthetic opioid overdose deaths at 360% and 1000% respectively.
- Compared to the other regions, Region 4 had the lowest opioid overdose death rate, at 10.1 compared to the state average of 12.5 across over a five-year span from 2018 to 2022.
- Across the region, Dougherty County experienced the highest total number of opioid overdose deaths in 2022 at 24 deaths compared to all other counties with total death counts that were less than 10.
- Naloxone distribution is highly concentrated in Dougherty County, which could be attributed to the higher burden in the county and need for resources.
- Compared to other counties, Dougherty County has several zip codes that are experiencing higher social determinant vulnerabilities across economic circumstances, housing, accessibility, and access to medical help. This could be a contributing factor to the overall high opioid burden this county is experiencing compared to its peers.
- Across the continuum of care:
  - There are primary prevention programs and initiatives catering to students and families
  - The majority of treatment offerings are being provided in the same counties within the region including Thomas, Tift, Lowndes, Calhoun,, Dougherty, Grady, and Decatur
  - There are only three Addiction Recovery Support Centers located throughout the region, and unlike some of the other regions there are no documented plans for expansion at this time
  - Harm Reduction services are offering naloxone support and syringe exchange programs in five of 24 counties
- There remain gaps and service variability across Region 4:
  - There are no MAT/OTP providers located in the counties in the middle of the region
  - There are no Independent Residential Treatment providers offering services for men or women and there are no Semi-Independent Residential Treatment providers offering services to women

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)

*Information included in the report is based on data provided by DBHDD and DBHDD funded OUD/SUD Providers.

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.

Source: DBHDD Office of Addictive Diseases

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 • 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) • 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 • SAIOP Outpatient • Intensive Outpatient (Women)				
Transitional Housing • Men • Women (WTRS and non-WTRS)				
Addiction Recovery Support Center				
Harm Reduction Services • Naloxone • Fentanyl test strips • Syringe exchange • HIV Early Intervention • Hep C testing and treatment				

Source: DBHDD Office of Addictive Diseases

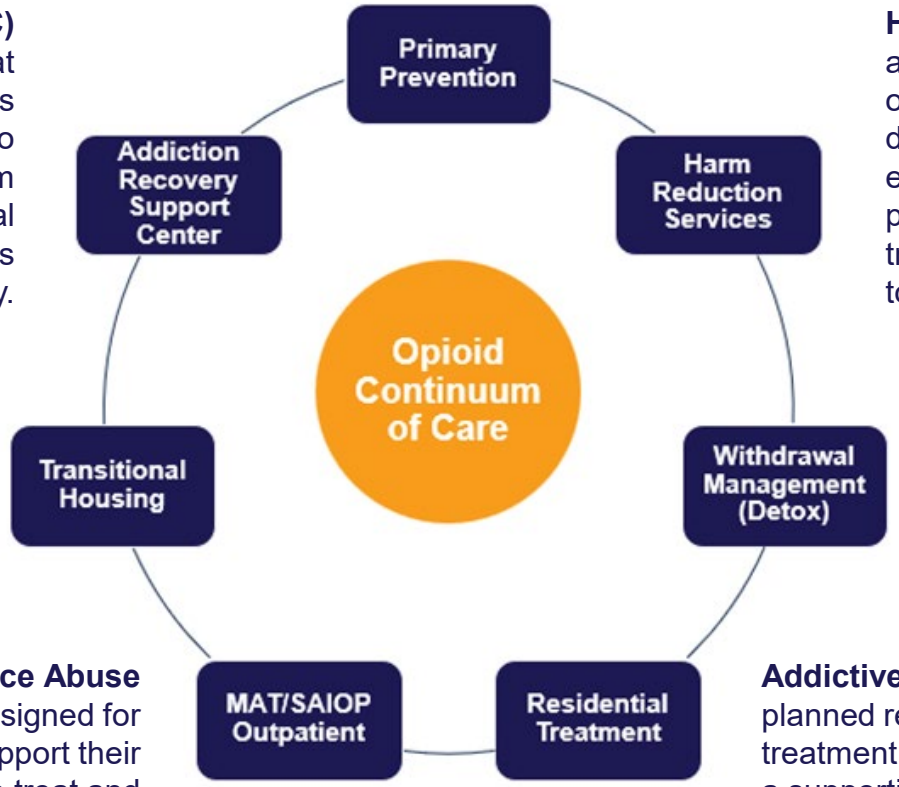
DBHDD's proposed Opioid Use Disorder Continuum of Care Model includes seven components

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.

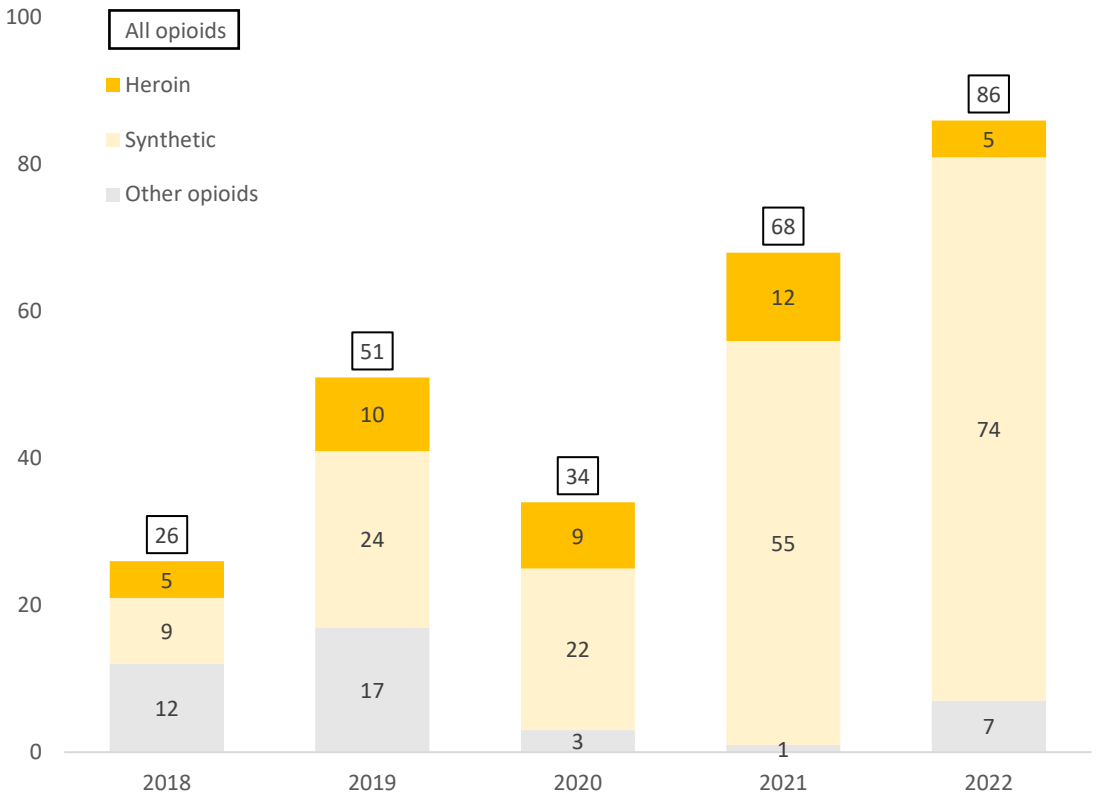
Source: DBHDD Office of Addictive Diseases, Continuum of Care, December 13, 2023

Epidemiological Data Analysis and Findings

Opioid Overdose Deaths

From 2018 to 2022, the total annual number of opioid overdose deaths in Region 4 more than tripled, with significant growth among synthetic opioids

Total overdose deaths for all opioids in Region 4, 2018-2022

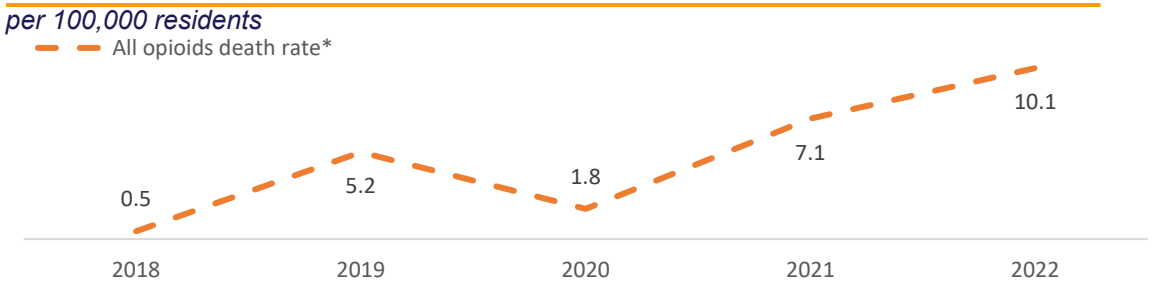


Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. The synthetic drug subcategory and heroin subcategory are not necessarily mutually exclusive, and thus, may sum to a value larger than total. The synthetic category represents drug overdoses involve synthetic opioids other than methadone. The heroin category represents drug overdoses related to the opioid drug, heroin.

Key findings

- In 2022, **all opioid deaths in Region 4 totaled 86**, representing a rate of 10.1 per 100,000 residents
  - Overall, deaths increased 231% from 26 in 2018
  - On average, deaths increased at a compound annual growth rate of 34.9%
- **Synthetic drugs** are a specific type of opioid drug (the synthetic drug data shown includes fentanyl and excludes methadone). From 2018 to 2022, the total number of synthetic drug overdoses increased from 9 to 74.
  - This represents an overall increase of 722% and a compound annual growth rate of 69.3%
- **Heroin** is a specific type of opioid drug. From 2018 to 2022, heroin drug overdoses remained at 5.

Rate of opioid overdose deaths in Region 4, 2018-2022

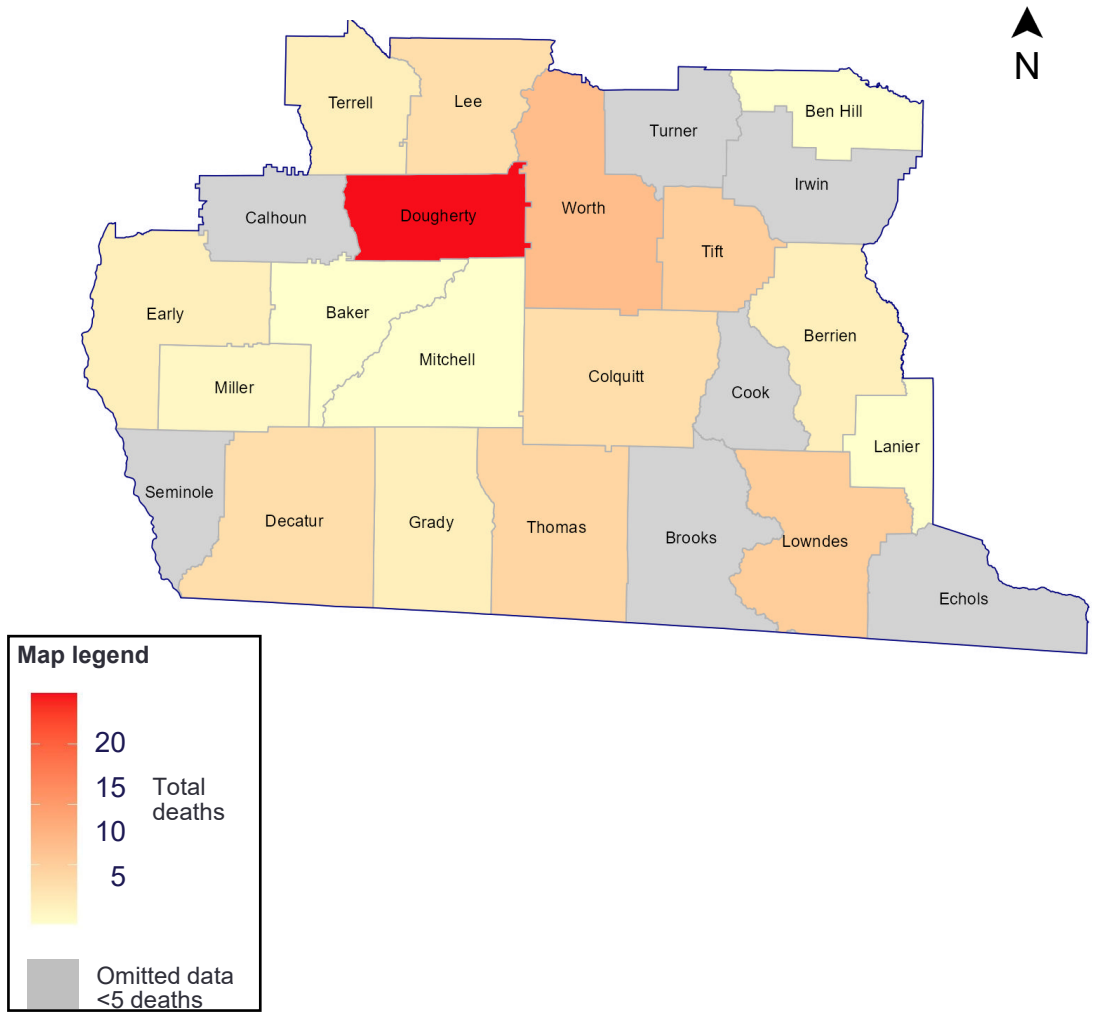


Note: Rate represents an average rate across all counties with 5 or more deaths.

Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

Dougherty County in the northern half of Region 4 had the highest number of total opioid overdose deaths in 2022

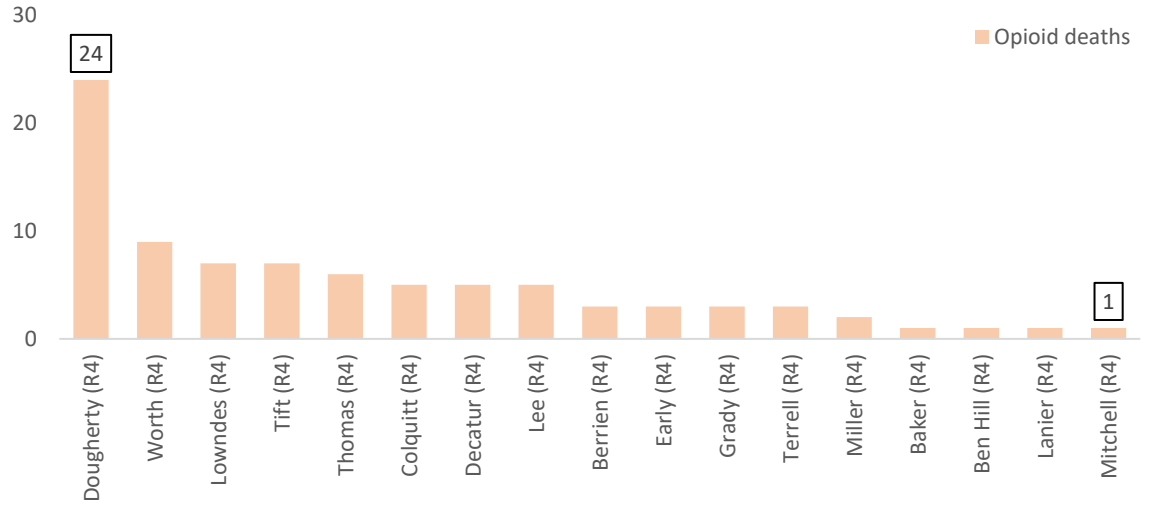
Map of total opioid overdose deaths by county in Region 4, 2022



Key findings

- In 2022, the **top five counties with the largest total number of opioid overdose deaths** were Dougherty (24), Worth (9), Lowndes (7), Tift (7), and Thomas (6)
- Decatur, Lee, and Colquitt Counties also all **had five opioid overdose deaths** in 2022

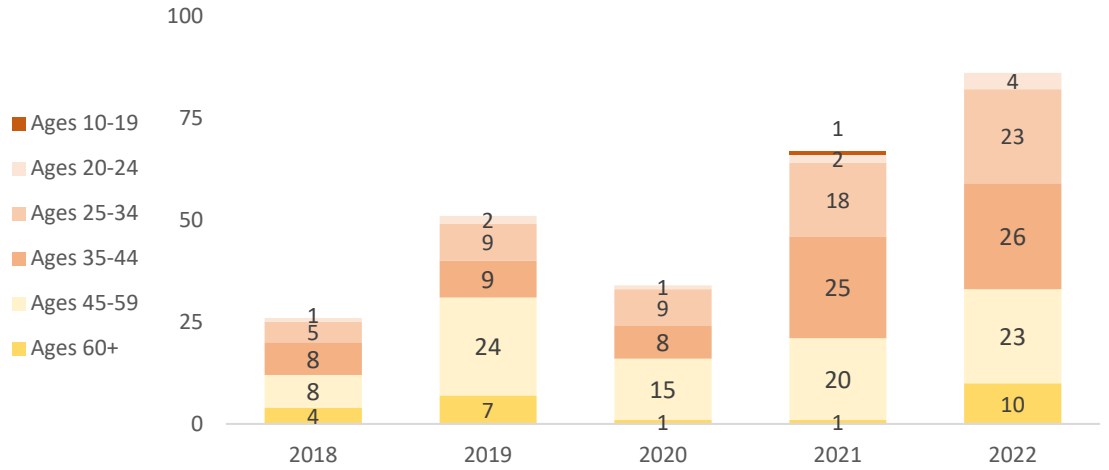
Opioid overdose deaths by county in Region 4, 2022



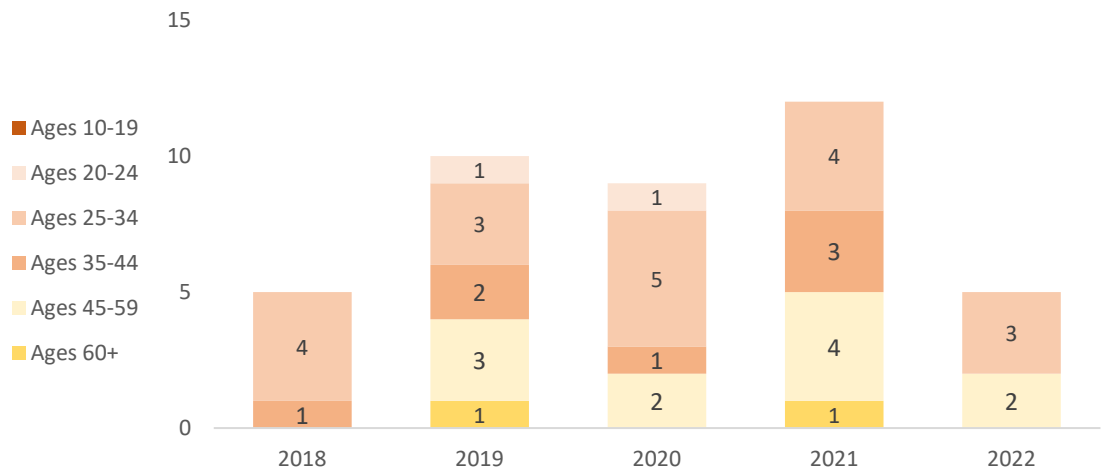
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

From 2018 to 2022, the total opioid overdose deaths in Region 4 increased across all age groups, except among ages 10-to-19

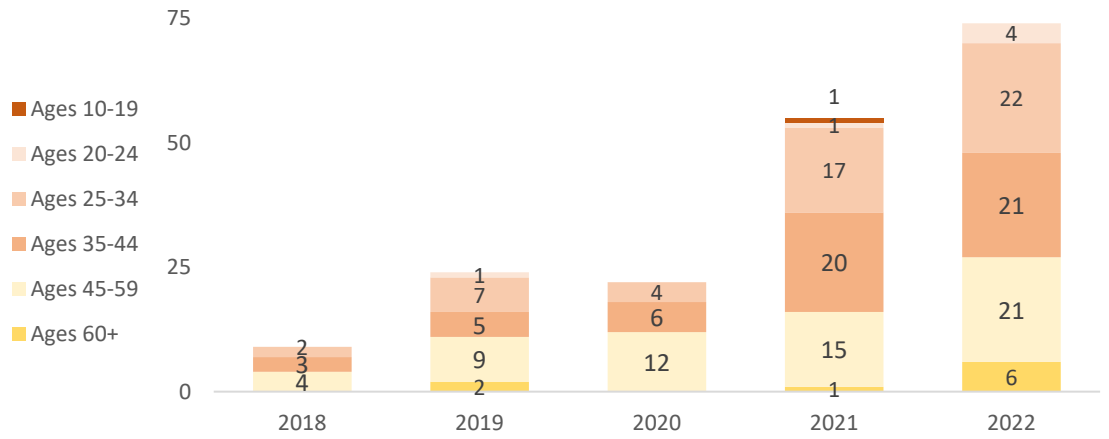
Total opioid overdose deaths by select age groups



Heroin opioid overdose deaths by select age groups



Synthetic opioid overdose deaths by select age groups*



Key findings

- Opioid overdose deaths increased for all age groups shown except the 10-19 age group from 2018-2022
  - The synthetic opioid subset increased in overdose deaths for all age groups except 10-19
  - The heroin subset decreased for the 25-34 and 35-44 age groups, while heroin deaths increased for the 45-59 age group
- Ages 25-34 saw the largest percent increase (360%) in total opioid overdose deaths from 5 in 2018 to 23 in 2022. For this age group, deaths from synthetic opioid increased from 2 in 2018 to 22 in 2022, a 1000% increase
- From 2018-2022, opioid overdose deaths increased from 1 to 4 (300%) for ages 20-24 and from 8 to 26 (225%) for ages 35-44

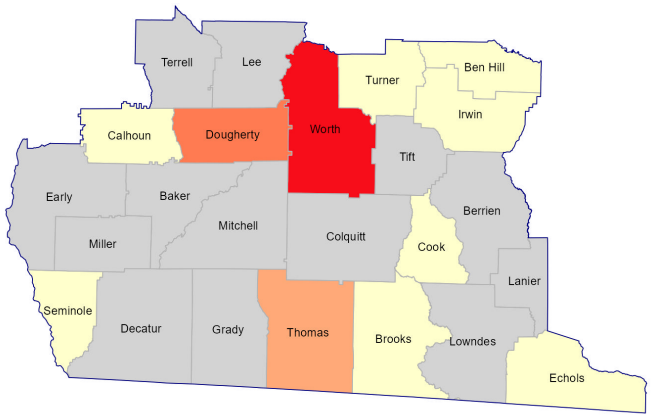
*Synthetic opioids (e.g., fentanyl) include those other than Methadone.
Notes: Data labels are not shown for years where there were no deaths for select age groups. Deaths for ages 0-9 totaled less than 5 during the five-year period and are not shown.
Source: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS).

The rate of opioid deaths among males in Region 4 has increased more significantly than females over the last five years

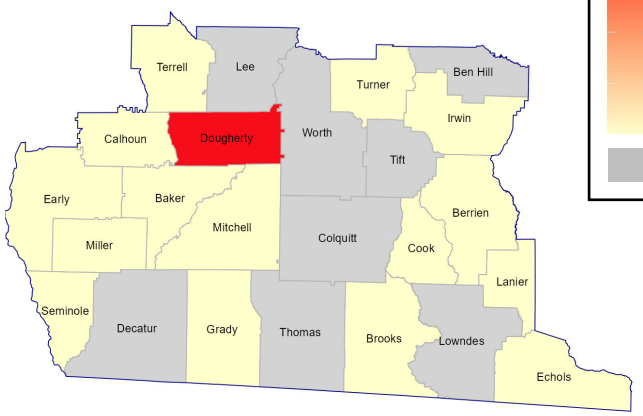
Map of rates of opioid deaths by county, 2022

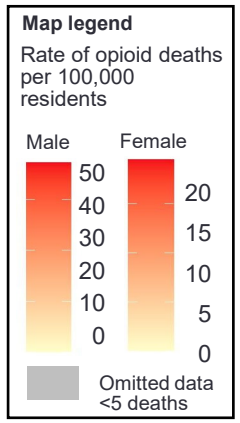
per 100,000 residents

Males



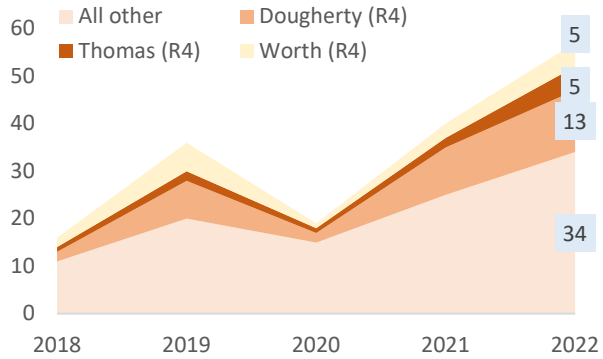
Females





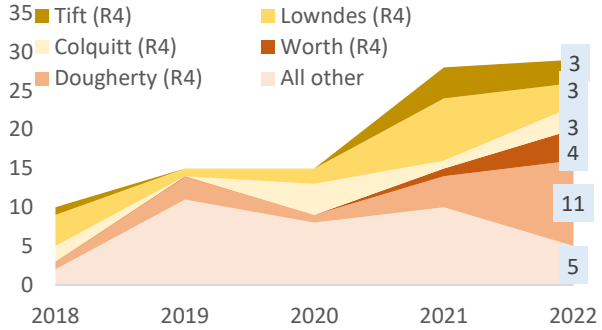
Opioid deaths by county, 2018-2022

Male



County	5-yr Total
R4	168
Worth	17
Thomas	11
Dougherty	35
Other	105

Female



County	5-yr Total
R4	97
Tift	8
Lowndes	18
Colquitt	10
Worth	5
Dougherty	20
Other	36

*Region represents average rates across counties within region

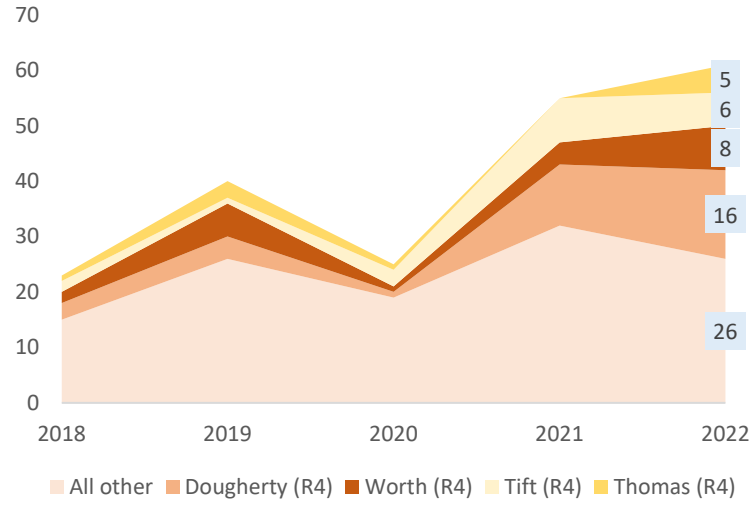
Key findings

- Opioid deaths among male increased from 16 in 2018 to 57 in 2022, representing a compound annual growth rate of 37%. Dougherty County had the most opioid deaths among males during the five-year timeframe (35), followed by Worth County (17).
- Opioid deaths among females increased from 10 in 2018 to 29 in 2022, representing a compound annual growth rate of 30%. Dougherty County had the most opioid deaths among females during the five-year timeframe (20), followed by Lowndes County (18).

Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

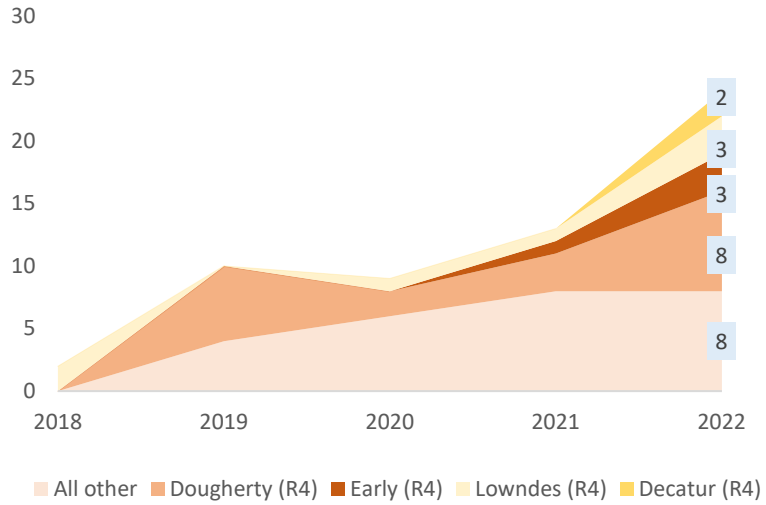
The White population in Region 4 experienced the highest total number of opioid overdose deaths over the 2018-2022 period compared to other racial and ethnic groups

Opioid deaths for the White population, 2018-2022



Region	5-yr Total
R4	204
Thomas	10
Tift	20
Worth	21
Dougherty	35
All other	118

Opioid deaths for the Black or African-American population, 2018-2022



Region	5-yr Total
R4	58
Decatur	2
Lowndes	7
Early	4
Dougherty	19
All other	26

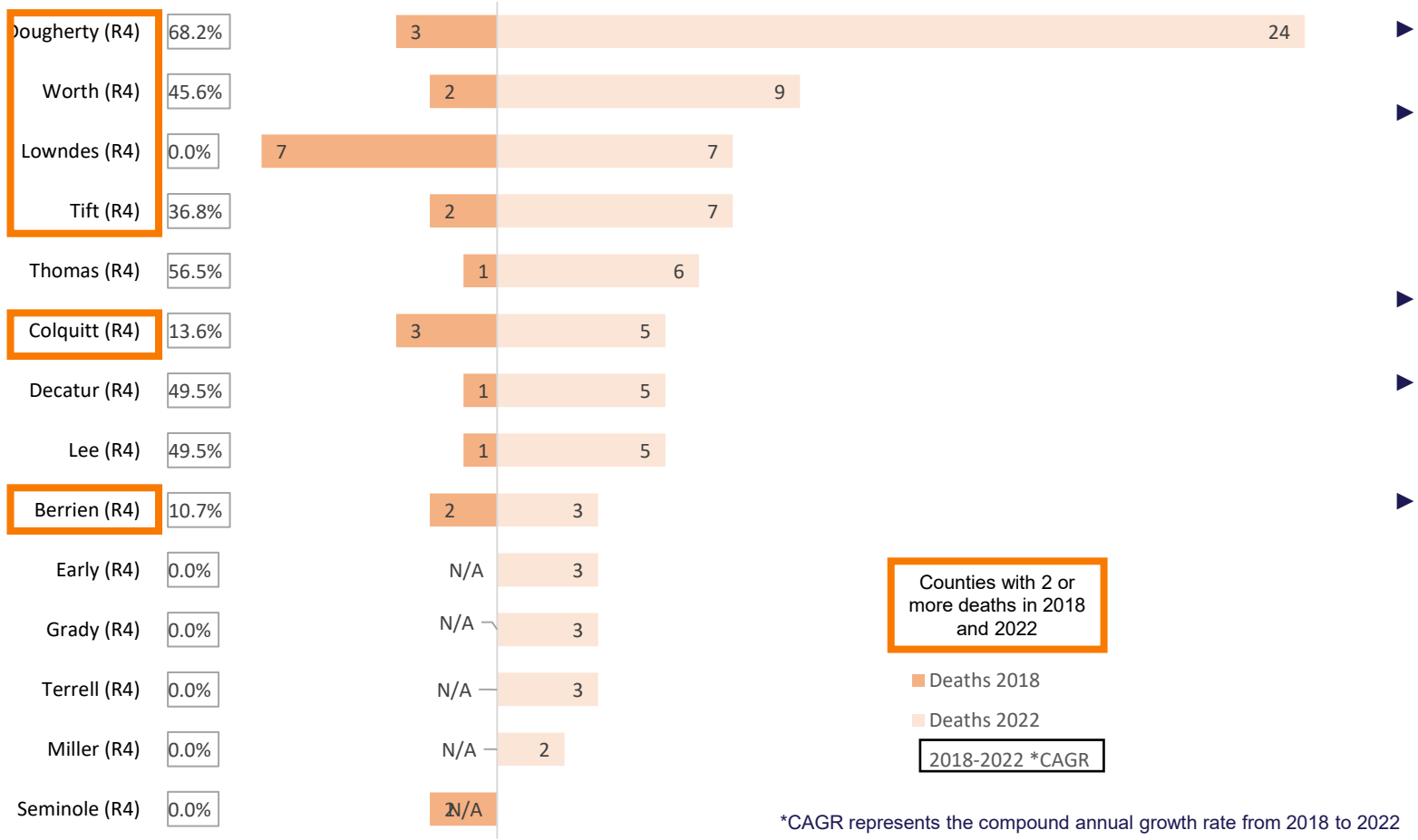
Key findings

- From 2018 to 2022, opioid overdose deaths totaled 204 for the White population, 58 for the Black or African-American population, 6 for the Hispanic population, and 1 for the Asian population
- Dougherty County had the most overall opioid overdose deaths among the White population (35) and the Black or African-American population (19)
- The Hispanic population had two opioid overdose deaths in 2022, one in Mitchell County and one in Tift County
- The Asian population had one opioid overdose death in Dougherty County in 2019

Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

From 2018 to 2022 in Region 4, the majority of counties saw an increase in the number of opioid overdose deaths, with Dougherty County experiencing the highest growth rate

Opioid overdose deaths and growth rates among top 10 counties in Region 4 for the years 2018 and 2022



*CAGR represents the compound annual growth rate from 2018 to 2022

Key findings

- Six counties had two or more opioid overdose deaths in both 2018 and 2022
- All counties with two or more deaths in 2018 or 2022 experienced either the same number of or an increase in deaths from 2018, with the exception of Seminole County
- Seminole County and Cook County had two deaths in 2018 but 0 in 2022
- Early, Grady, Terrell, and Miller Counties had two or more deaths in 2022, but none in 2018
- Among all counties with two or more deaths in 2018 or 2022, **Dougherty County had the largest average annual growth rate (68.2%)**, followed by Thomas County (56.5%) and Lee and Decatur Counties (49.5%)

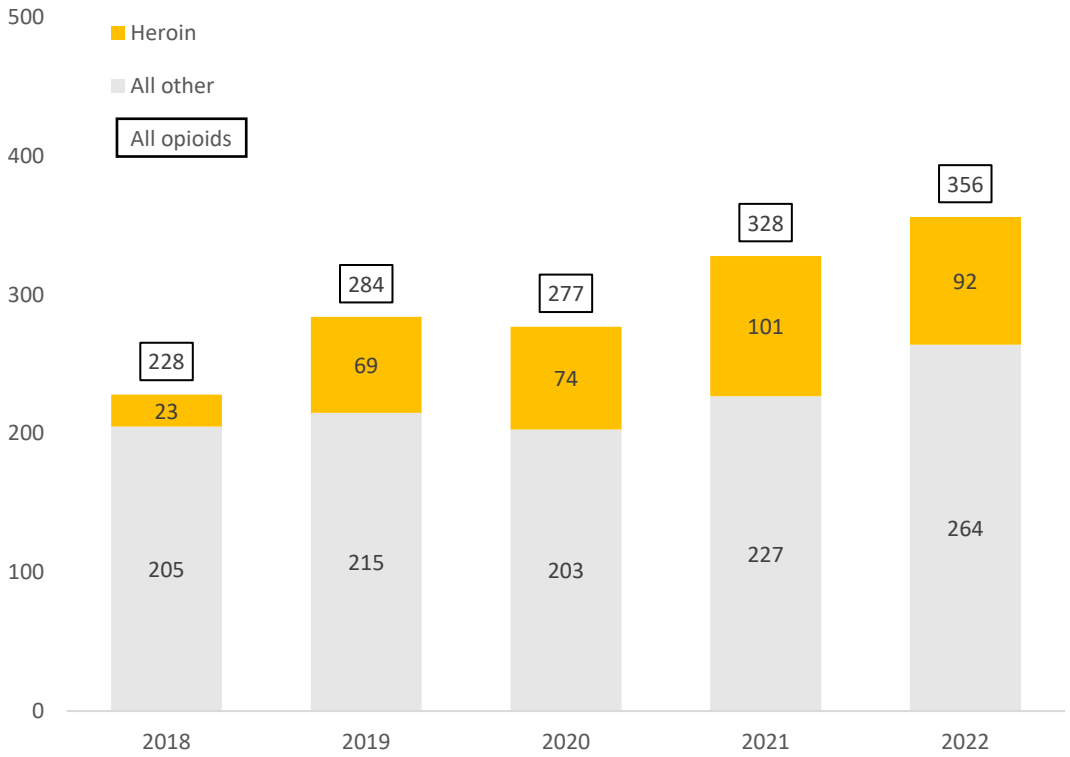
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. The synthetic drug subcategory and heroin subcategory are not necessarily mutually exclusive. The synthetic category represents drug overdoses involve synthetic opioids other than methadone. The heroin category represents drug overdoses related to the opioid drug, heroin.

Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

Opioid-related Emergency Department Visits

Between 2018 and 2022 in Region 4, the total number of opioid-related emergency department (ED) visits peaked in 2022

Total opioid-related ED visits in Region 4, 2018-2022



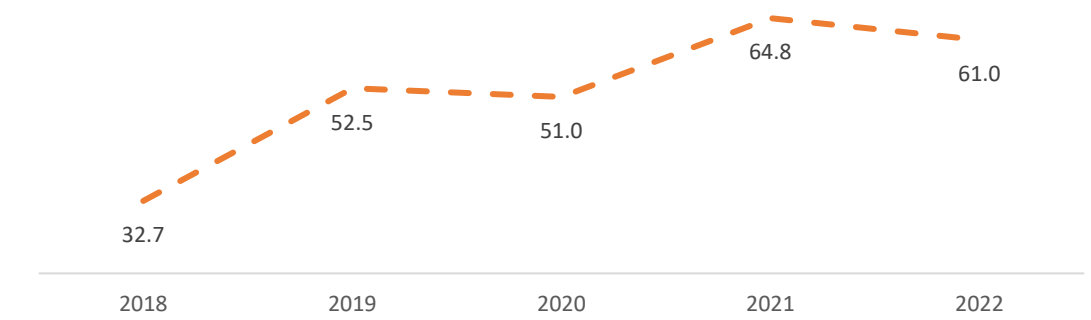
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. The synthetic drug subcategory and heroin subcategory are not necessarily mutually exclusive, and thus, may sum to a value larger than total. The synthetic category represents drug overdoses involve synthetic opioids other than methadone. The heroin category represents drug overdoses related to the opioid drug, heroin.

Key findings

- In 2022, **all opioid-related ED visits in Region 4 totaled 356,** representing a rate of 61.0 per 100,000 residents
  - Overall, opioid-related ED visits increased 56% from 228 in 2018
  - On average, opioid-related ED visits increased at a compound annual growth rate of 11.8%
- **Heroin** is a specific type of opioid-related drug. **From 2018 to 2022, heroin-related ED visits increased from 23 to 92**
  - This represents an increase of 300% and a compound annual growth rate of 41.4%

Rate of opioid-related ED visits in Region 4, 2018-2022

per 100,000 residents

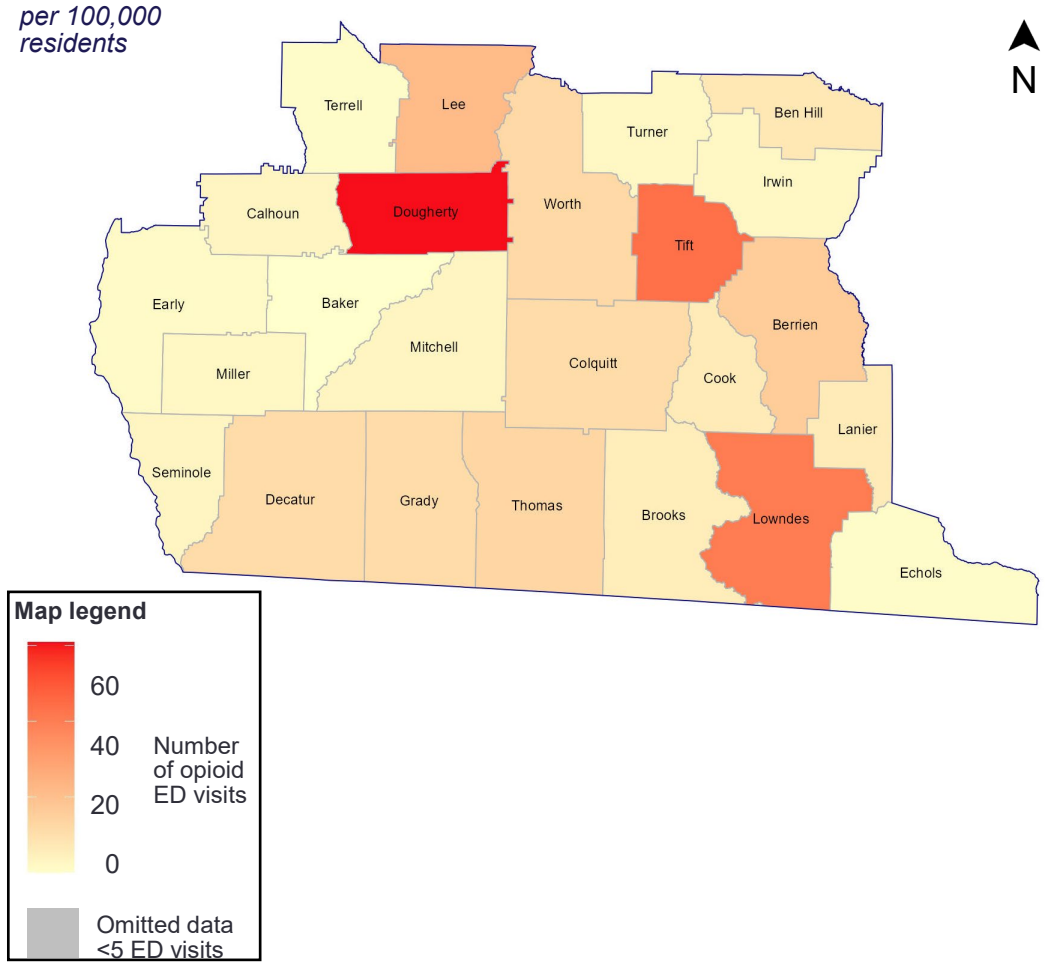


Note: Rate represents an average rate across all counties with 5 or more ED visits.

Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

Dougherty County within Region 4 experienced the largest number of total opioid-related ED visits in 2022

Map of opioid-related ED visits by county, 2022

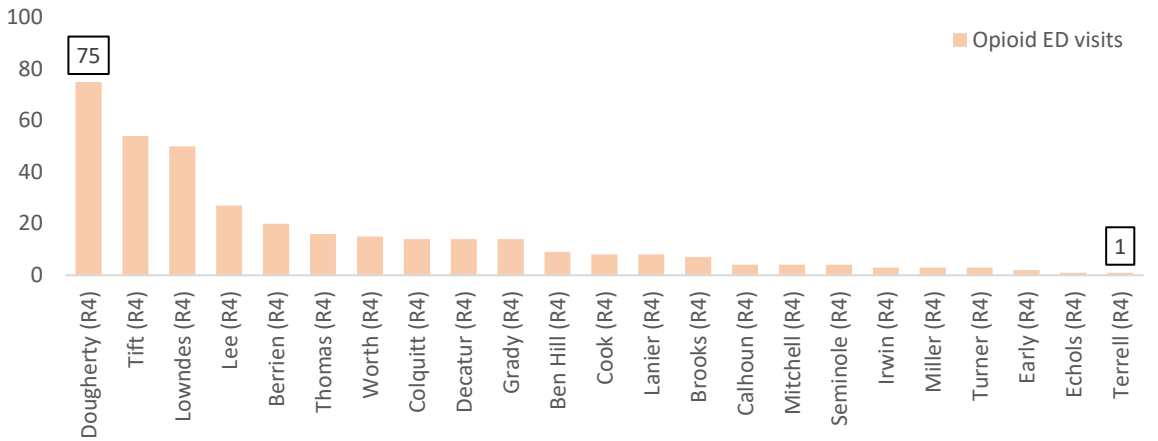


Key findings

- In 2022, the **top four counties with the largest total number of opioid-related ED visits** were Dougherty (75), Tift (54), Lowndes (50), and Lee (27)
- In addition to the top four counties, Berrien (20), Thomas (6) and Worth (15) Counties **had at least 15 opioid-related ED visits**

Opioid-related ED visits, 2022

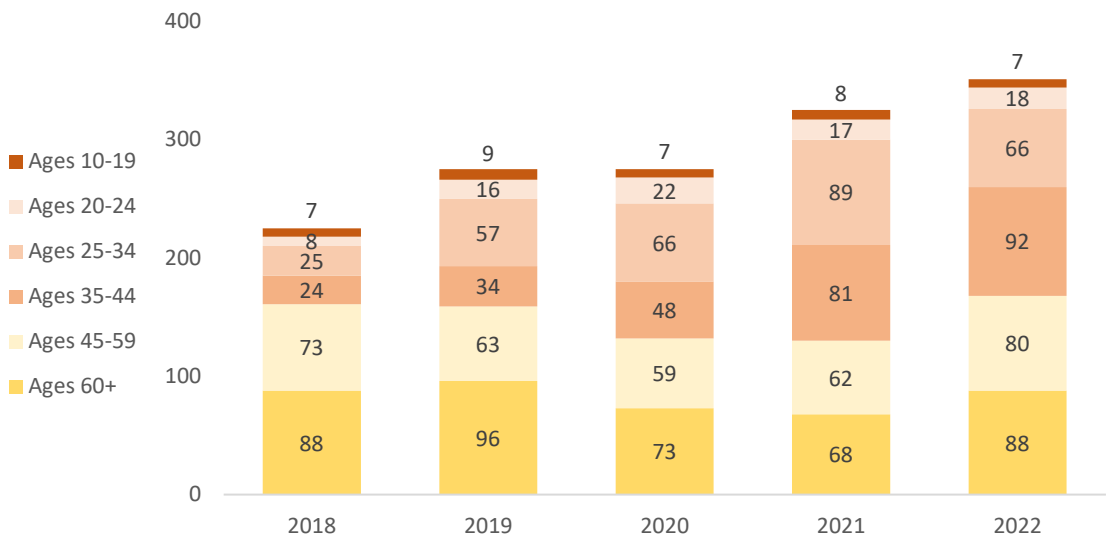
per 100,000 residents



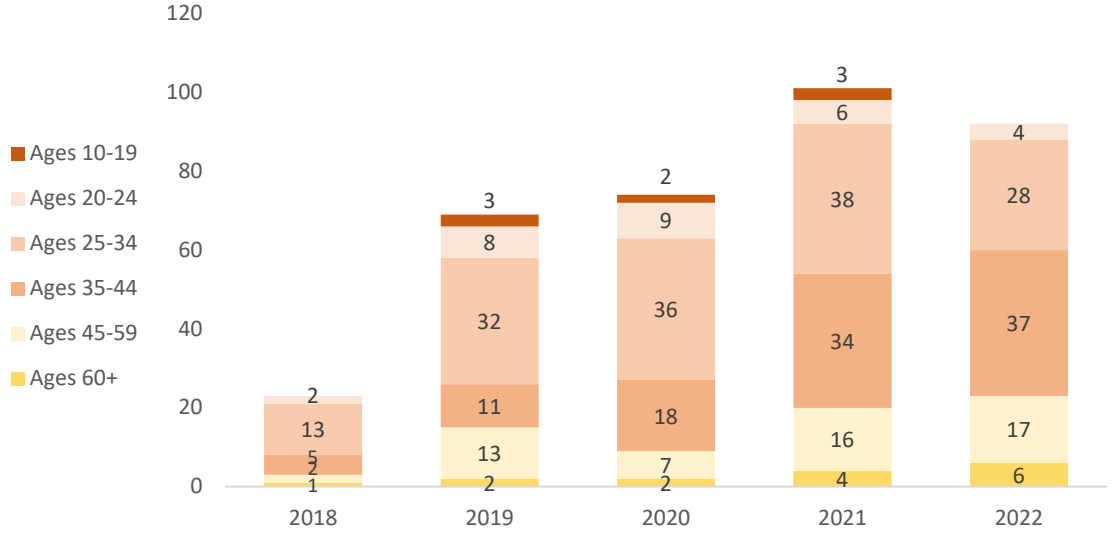
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

From 2018 to 2022, the total number of opioid-related ED visits increased for all age groups in Region 4 except for the 10-to-19 and 60+ age groups

Total opioid-related ED visits by select age groups



Heroin ED visits by select age groups



Key findings

- Opioid-related ED visits increased for all age groups shown from 2018-2022, with the exception of the 10-19 and 60+ age groups which saw no change
- Ages 35-44 saw the largest percentage increase (283%) in total opioid-related ED visits, followed by ages 25-34 (164%)
- The subset of heroin ED visits increased for all age groups shown, with the exception of ages 10-19

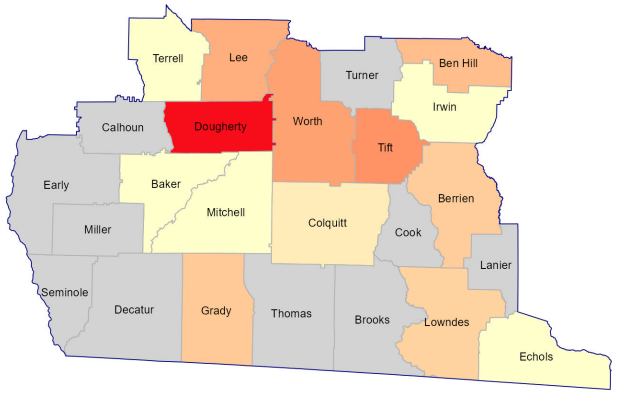
Notes: Data labels are not shown for years where there were no deaths for select age groups. ED visits for ages 0-9 totaled less than 30 during the five-year period and are not shown.
Source: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS).

There was an increase in the number of opioid-related ED visits over the past five years for both males and females in Region 4

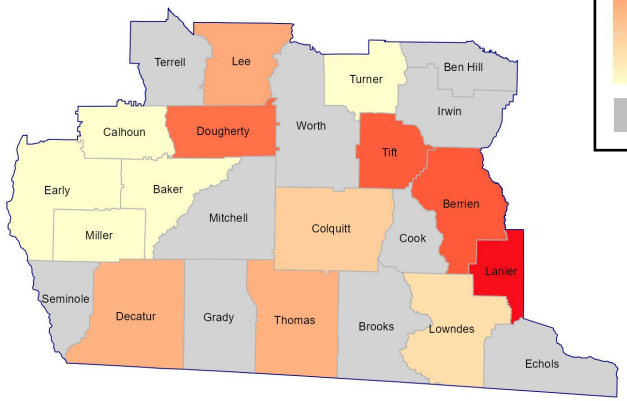
Map of rates of opioid-related ED visits by county, 2022

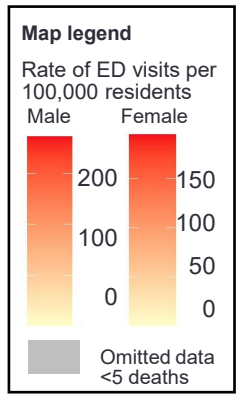
per 100,000 residents

Males



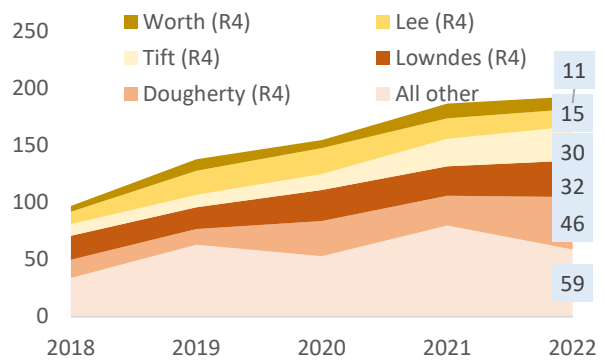
Females





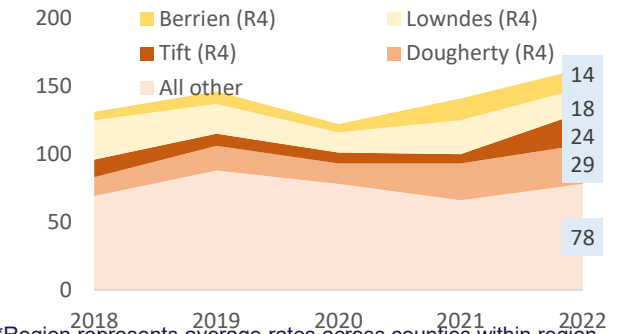
Opioid-related ED visits in Region 4, 2018-2022

Males



County	5-yr Total
R4	770
Worth	46
Lee	88
Tift	89
Lowndes	125
Dougherty	133
All other	289

Females



Region	5-yr Total
R4	703
Berrien	51
Lowndes	109
Tift	61
Dougherty	103
All other	379

*Region represents average rates across counties within region

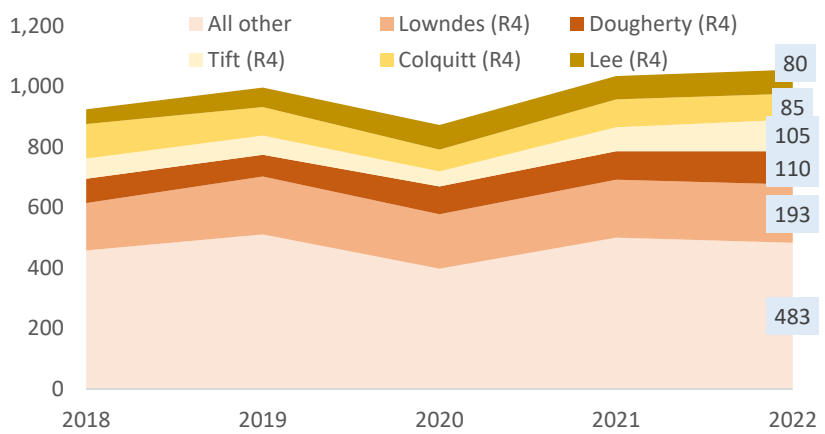
Key findings

- Opioid-related ED visits among males increased from 97 in 2018 to 193 in 2022, representing a compound annual growth rate of 19%. Dougherty County had the most male opioid-related ED visits during the five-year timeframe (133), followed by Lowndes County (125).
- Opioid-related ED visits among females increased from 131 in 2018 to 163 in 2022, representing a compound annual growth rate of 6%. Lowndes County had the most opioid-related ED visits among females during the five-year timeframe (109), followed by Dougherty County (103).

Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

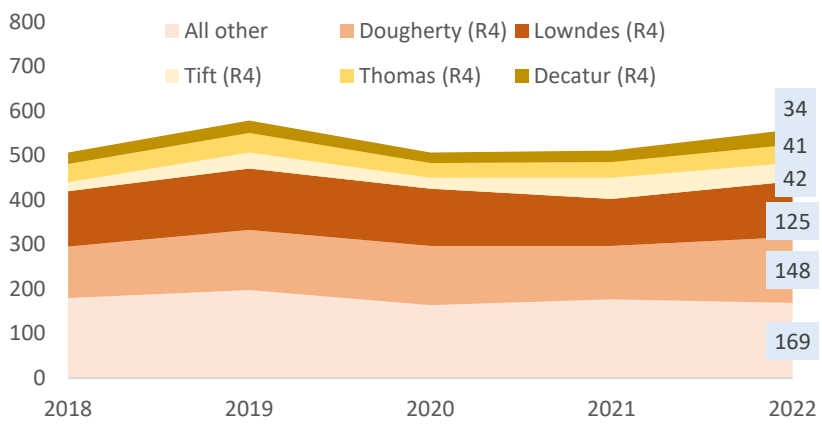
From 2018 to 2022, the majority of opioid-related ED visits in Region 4 were among the White population

Opioid-related ED visits for the White population, 2018-2022



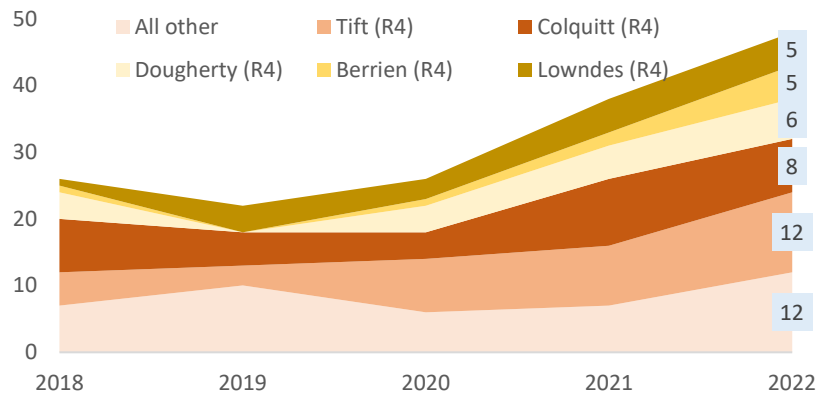
Region	5-yr Total
R4	4,885
Lee	353
Colquitt	457
Tift	365
Dougherty	449
Lowndes	911
All other	2,350

Opioid-related ED visits for the Black or African-American population, 2018-2022



Region	5-yr Total
R4	2,663
Decatur	138
Thomas	194
Tift	169
Lowndes	622
Dougherty	652
All other	888

Opioid-related ED visits for the Hispanic population, 2018-2022



Region	5-yr Total
R4	160
Lowndes	18
Berrien	9
Dougherty	19
Colquitt	35
Tift	37
All other	42

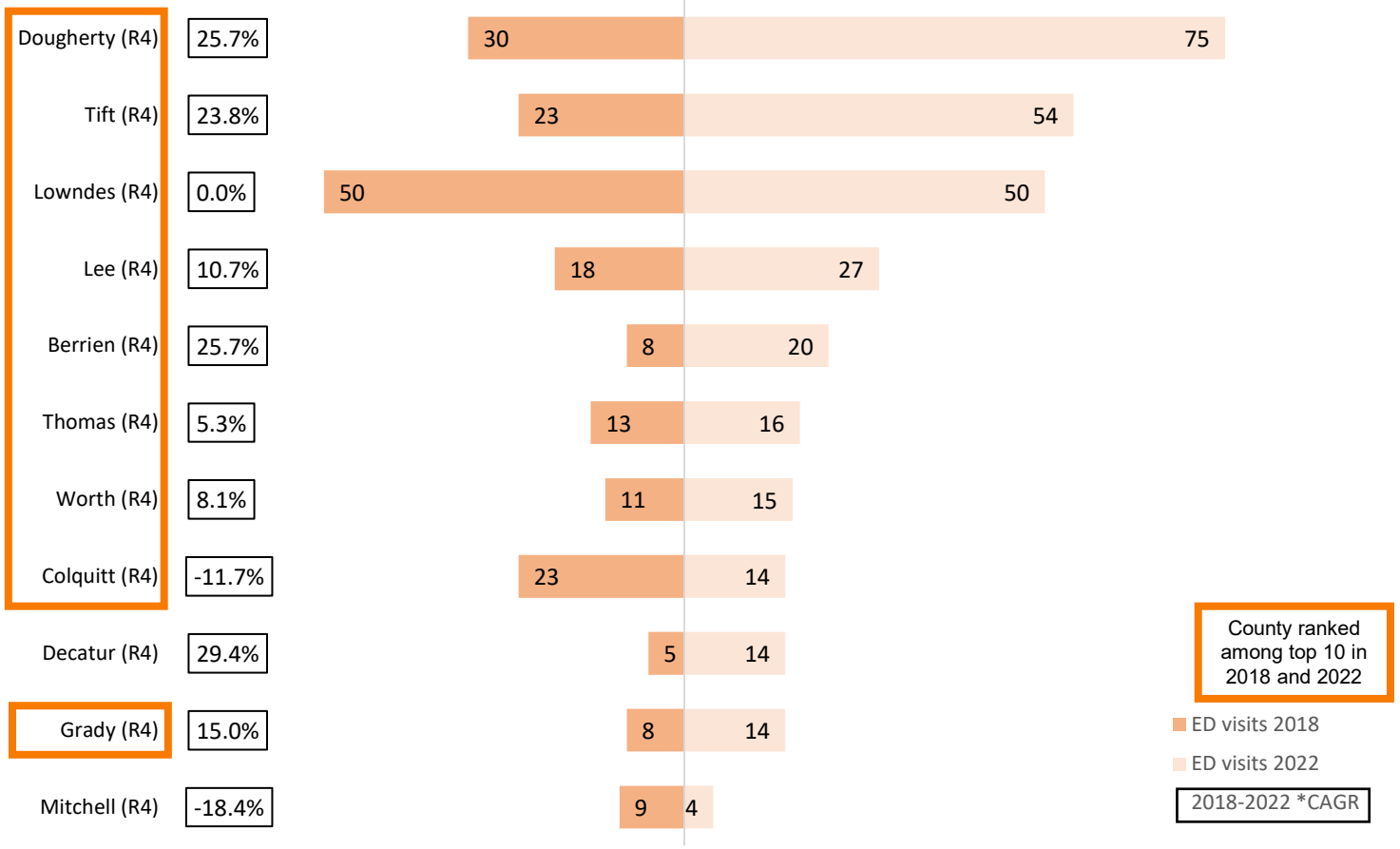
Key findings

- From 2018 to 2022, opioid-related ED visits totaled 4,885 for the White population, 2,663 for the Black or African-American population, 160 for the Hispanic population, and 13 for the Asian population
- Lowndes County had the most opioid-related ED visits for the White population (911), Dougherty County had the most opioid-related ED visits for the Black or African-American population (652), and Tift County had the most opioid-related ED visits for the Hispanic population (37)

Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

From 2018 to 2022, the county with the highest total number of opioid-related ED visits in Region 4 shifted from Lowndes County to Dougherty County

Opioid-related ED visits and growth rates among top 10 counties in Region 4 in the years 2018 and 2022



*CAGR represents the compound annual growth rate from 2018 to 2022

Key findings

- Nine counties in Region 4 ranked in the top 10 for total opioid-related ED visits in 2018 and 2022
- Colquitt and Mitchell Counties had a decrease in opioid-related ED visits in 2022 compared to 2018
- Mitchell County ranked in the top 10 for opioid-related ED visits in 2018, but not 2022
- Decatur County ranked in the top 10 in 2022, but not 2018
- Among all counties ranking in the top 10 in 2018 or 2022, **Decatur County had the largest average annual growth rate of opioid-related ED visits (29.4%)**, followed by Dougherty County and Berrien County (25.7%)

Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. The synthetic drug subcategory and heroin subcategory are not necessarily mutually exclusive. The synthetic category represents drug overdoses involve synthetic opioids other than methadone. The heroin category represents drug overdoses related to the opioid drug, heroin.

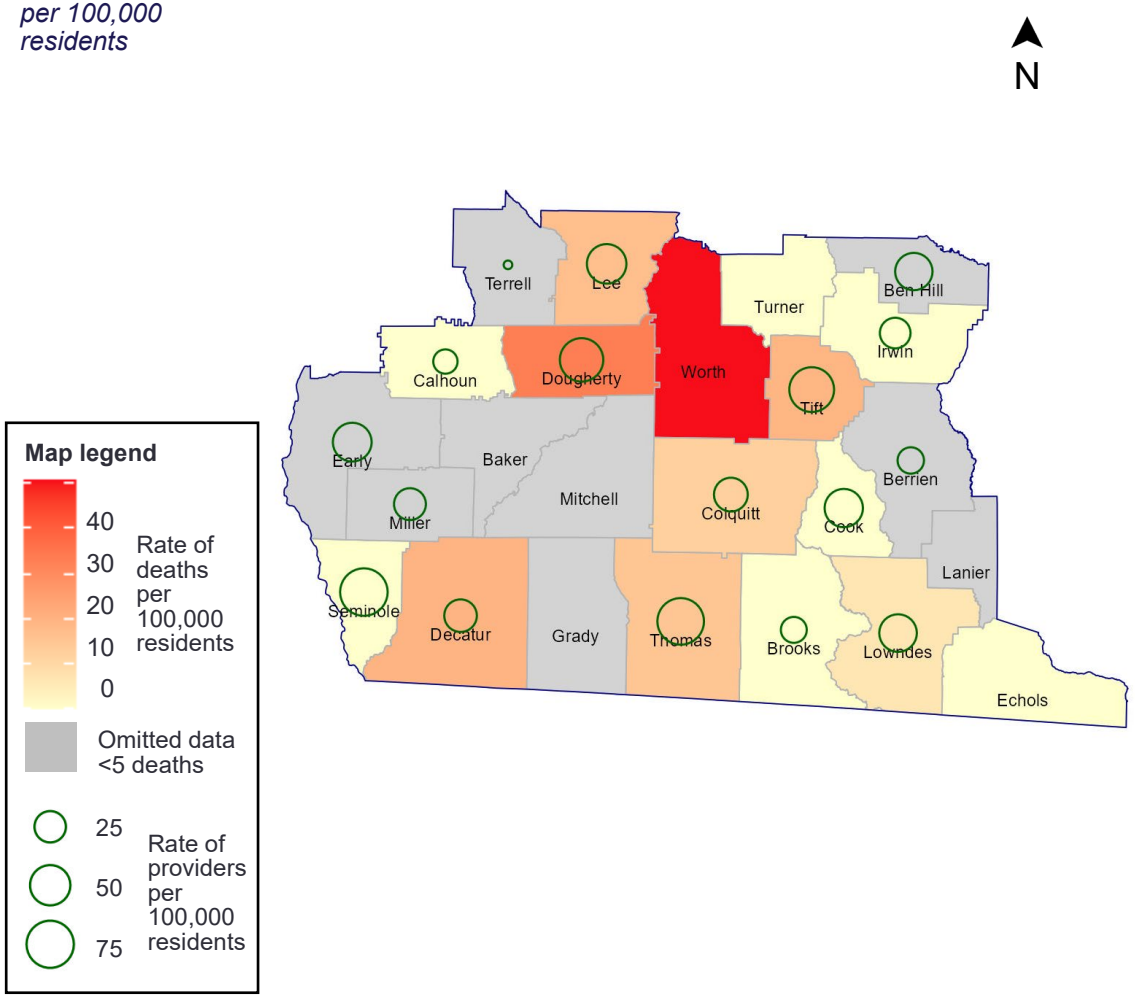
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

Overall Opioid Burden Relative to BHSS Provider Prevalence

The opioid overdose death rate in 2022 across Region 4 was 10.1 compared to a behavioral health and social services provider rate of 22.1 in 2021

Map of rates of opioid overdose deaths and behavioral health and social services providers by county in Region 4, 2022

per 100,000 residents

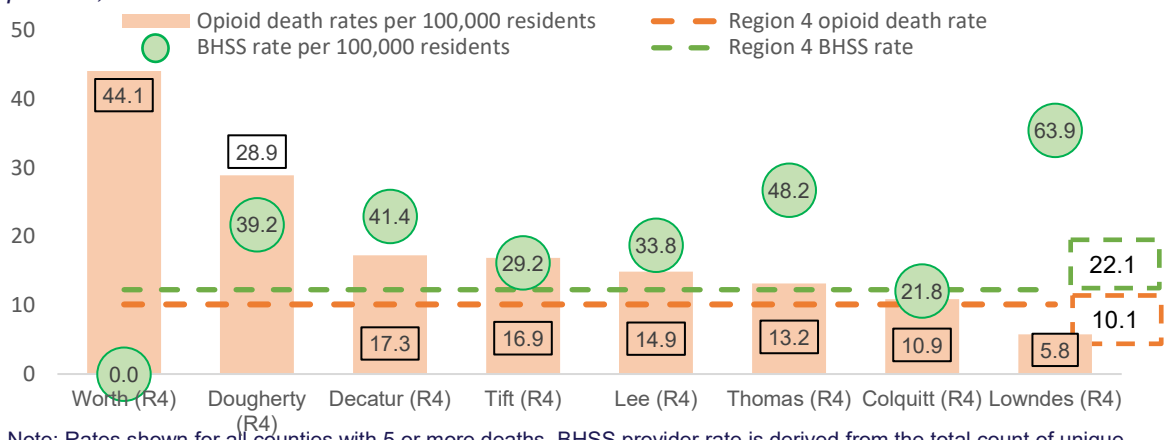


Key findings

- Across Region 4, **there were 10.1 opioid overdose deaths and 22.1 behavioral health and social services (BHSS) providers** per 100,000 residents
- Worth and Colquitt Counties had **opioid overdose death rates above the regional average and BHSS provider rates below the regional average**
- Worth County has the **highest death rate** (44.1) per 100,000 residents, followed by Dougherty (28.9) and Decatur (17.3)
- The BHSS provider rate in Worth County is 0 per 100,000 residents

Rates of opioid overdose deaths (2022) and behavioral health and social services providers (2021) by county in Region 4

per 100,000 residents



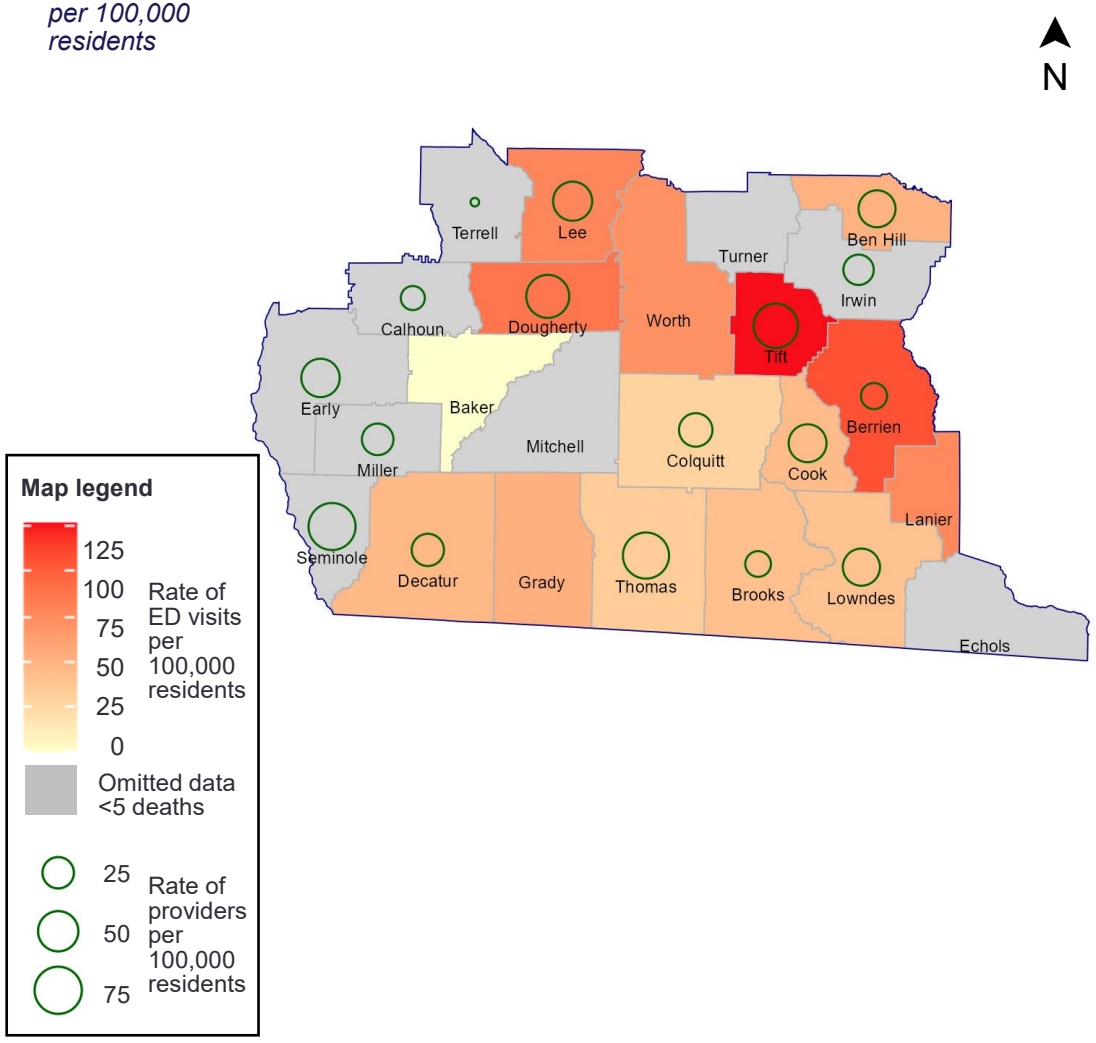
Note: Rates shown for all counties with 5 or more deaths. BHSS provider rate is derived from the total count of unique behavioral and social service provider NPI's on the Georgia Dept. of Health active provider directory per 100,000 residents.

Sources: 2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data. 2022 Georgia Department of Community Health active provider directory.

Region 4, there does not appear to be an association between the number of behavioral health and social services providers in a county and opioid-related ED visits

Map of rates of opioid-related ED visits and behavioral health and social services providers by county, 2022

per 100,000 residents

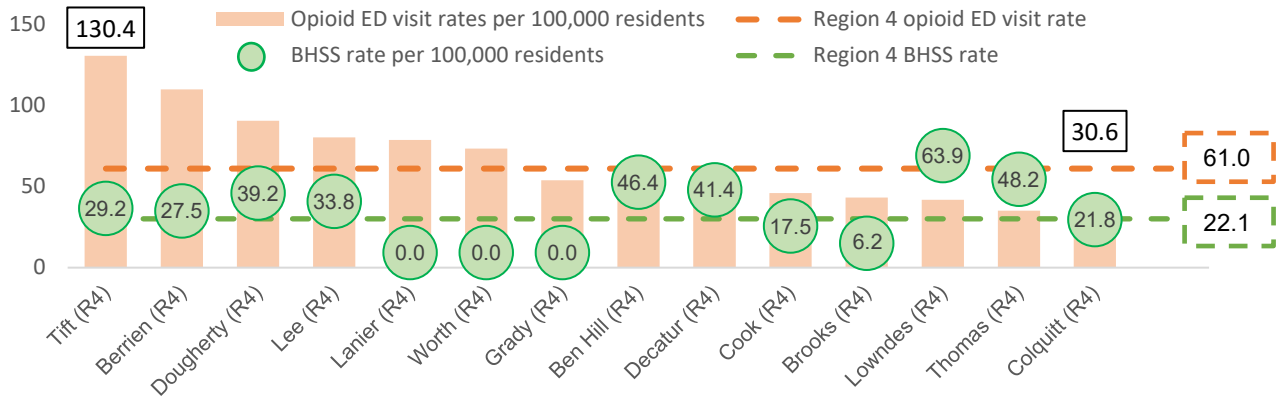


Key findings

- Across Region 4, **there were 61.0 opioid-related ED visits and 22.1 behavioral and social services (BHSS) providers** per 100,000 residents
- Lanier and Worth Counties had **opioid-related ED visits above the regional average and BHSS provider rates below the regional average**
- Tift County has the **largest ED visit rate** (130.4) per 100,000 residents, followed by Berrien (109.8) and Dougherty (90.4)
- The BHSS provider rates in Lanier, Worth, and Grady Counties are essentially 0 per 100,000 residents

Rates of opioid-related ED visits (2022) and behavioral health and social services providers (2021) by county in Region 4

per 100,000 residents



Note: Rates shown for all counties with 5 or more ED visits. BHSS provider rate is derived from the total count of unique behavioral and social service provider NPI's on the Georgia Dept. of Health active provider directory per 100,000 residents.

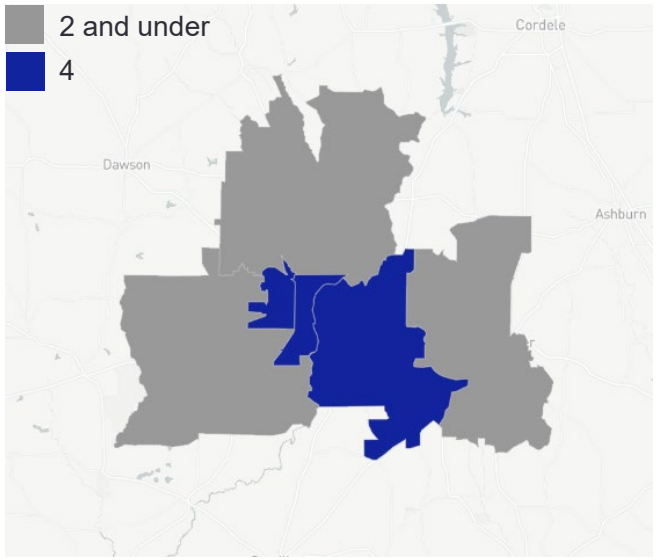
Sources: 2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data. 2022 Georgia Department of Community Health provider list.

Dougherty County Vulnerability Analysis and Findings

Three of the six zip codes assessed within Dougherty County were indicated to have high social determinant vulnerabilities which may be contributory factors that warrant further exploration

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 Dougherty County



Zip codes of populations by scenario

Four scenario types

Zip Code	Medically Underserved	Housing Unstable	Socially Marginalized	Economically Marginalized	Number of scenarios
31701	■	■	■	■	4
31705	■	■	■	■	4
31707	■	■	■	■	4

Key observations of social determinants:

Medically Underserved: 4 out of 6 in-scope zip codes in Dougherty County 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: 5 out of 6 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: 5 out of 6 in-scope zip codes in Dougherty County 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: 3 out of 6 in-scope zip codes in Dougherty County 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.

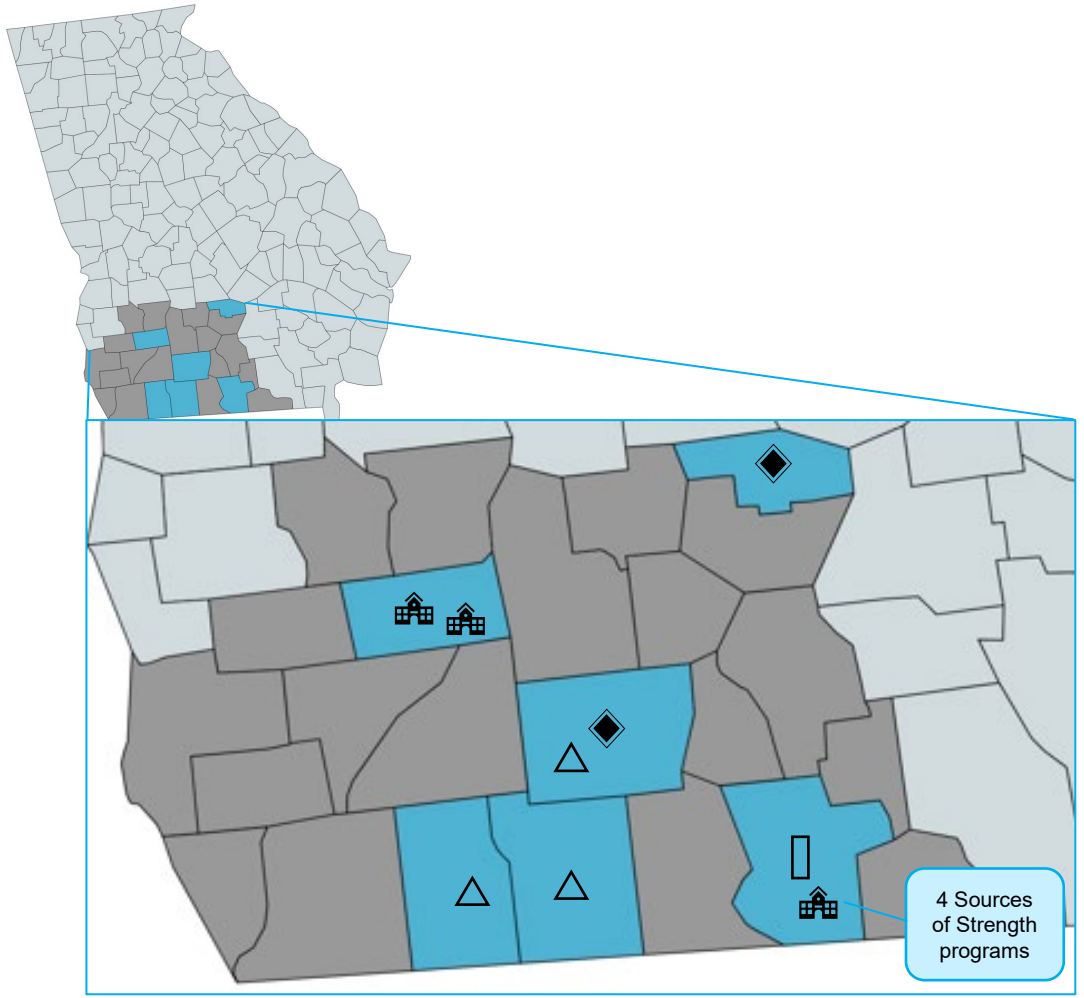
Note: Zip codes are included as communities experiencing disparities if they contain at least one census tract that meets 100% of the criteria for the scenario. Only zip codes defined as in-scope are reported. Health Professional Shortage Area (HPSA) is an index that measures whether there are shortages 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.

See Appendix for full zip code table

Continuum of Care Assessment Findings

Within Region 4, there are Primary Prevention programs target services across six counties to students in middle school, high school and college



County where Primary Prevention services are provided

PIP
School based program
Clubhouse
College Program
SPF Suicide Prevention

Key Takeaway

There are at six counties with Primary Prevention programs in Region 4

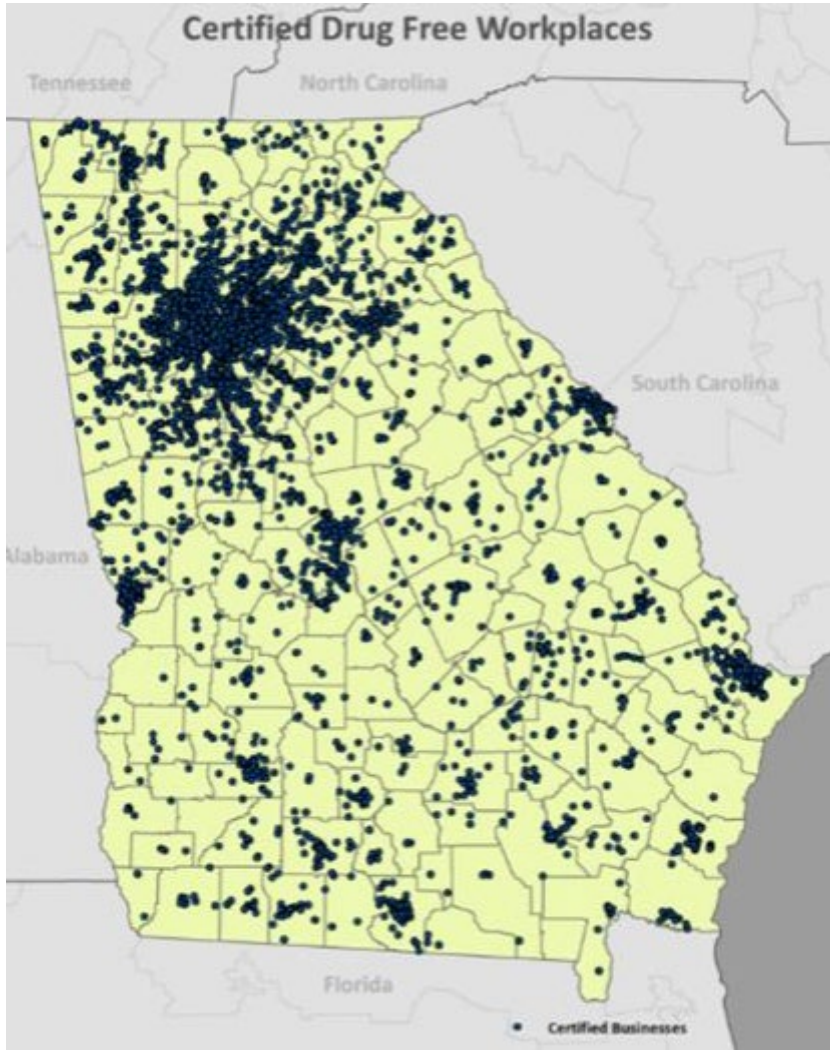
Additional Findings

- Partners in Prevention (PIP) Project offersv prevention services to middle and high school students in Colquitt and Ben Hill Counties
- Suicide Prevention Framework (SPF) Suicide Project is delivering gatekeeper training and media campaigns across Grady, Colquitt, and Thomas Counties
- Valdosta State University is a part of the College of Prevention Project Expansion program in Lowndes County
- Dougherty High School in Albany participates in the Adopt-A-School program in Dougherty County
- Sources of Strength operates in four locations across Lowndes County and in one location in Dougherty County

Source: DBHDD ECCO report Sample Data Fields 2023.
*Icons may not be an accurate depiction of placement of prevention service site as some prevention services do not have one designated address.

See Appendix for list of providers

Drugs Don’t Work is a program that offers Primary Prevention services focused on establishing drug-free workplaces to foster healthy communities



Key Takeaway

Drugs Don’t Work (DDW) has 7,284 certified drug-free workplaces throughout the state of Georgia, including locations across Region 4

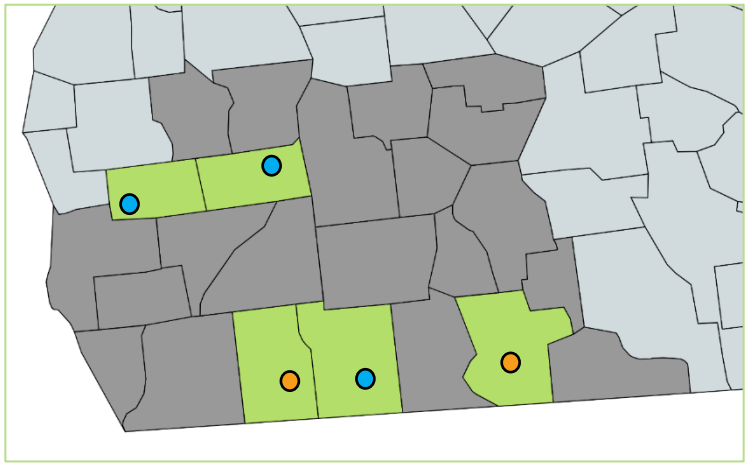
Additional Findings

- Drugs Don’t Work is a program established by the nonprofit The Council on Alcohol and Drugs, Inc. offers drug-free workplace services and educate parents on how to talk to children about drugs.
- The DDW program receives funding from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention through the Georgia Department of Behavioral Health and Developmental Disabilities, Office of Prevention Services and Programs

Sources: Drugs Don’t Work website, DBHDD website

Seven provider locations offer Intensive and Semi-Independent Residential Treatment in Region 4; there are no Residential Treatment: Independent services for men or women

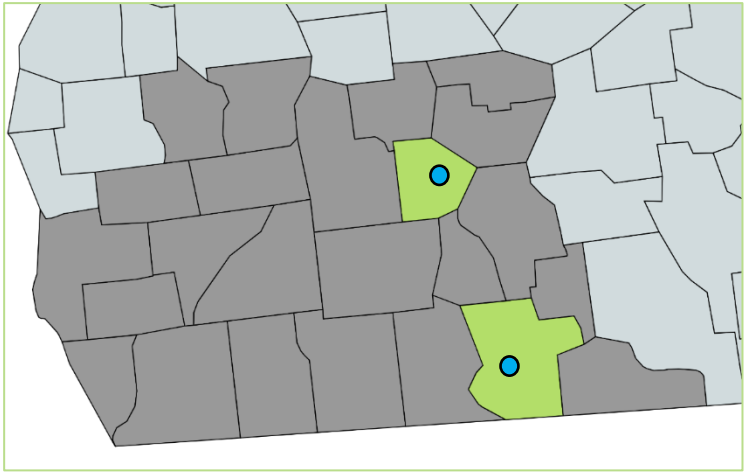
Intensive Residential Treatment (IRT)



County with Intensive Residential Treatment Provider

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

Residential Treatment: Semi-Independent



County with Residential Treatment Provider: Semi-Independent

- Residential Treatment – Semi-Independent Provider: Men's
- Residential Treatment – Semi-Independent Provider: Women's (WTRS and non-WTRS)

Source: DBHDD Survey results as of November 3, 2023.

See Appendix for list of providers

The Intensive and Semi-Independent Residential Treatment providers offer services in six out of the 24 counties in Region 4, with more IRT providers compared to Semi-Independent providers

Key Takeaways – Residential Treatment

- There are more Residential Treatment providers offering services to men in Region 4
- There are no Residential Treatment Independent services offered in Region 4
- There are no Intensive Residential: Transition-Aged Youth providers in Region 4

Additional Findings

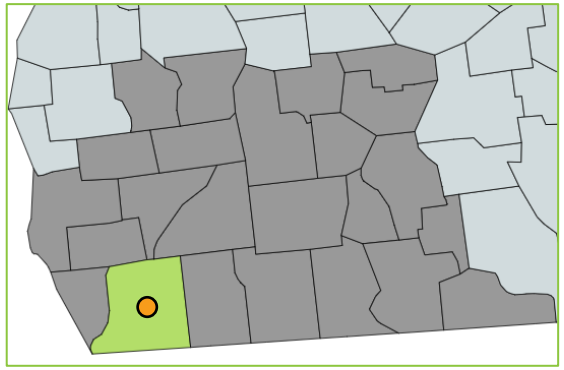
- All the Residential Treatment providers in Region 4 indicated that they have sustainable funding
- Intensive Residential Treatment
  - Three of the IRT providers in Region 4 serve men, and two offer services to women
  - There are no IRT services (for neither men nor women) in the northeast quadrant of Region 4
- Residential Treatment: Semi – Independent
  - The two Semi-Independent Residential Treatment providers serving men are located in the eastern area of Region 4
  - Both of the Semi-Independent Residential Treatment providers in Region 4 are CSBs

Source: DBHDD Survey results as of November 3, 2023.

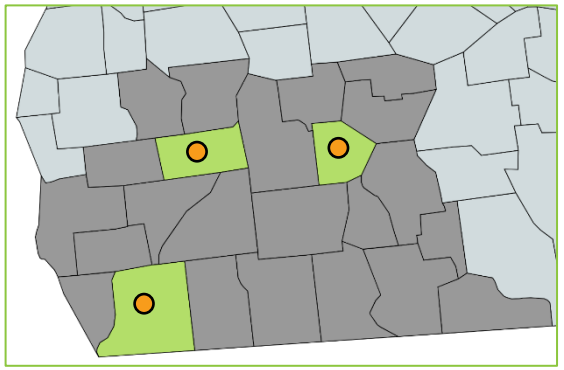
See Appendix for list of providers

OTP and MAT providers – including state and federally funded, MAT Medicaid, MAT-Office based non-OTP treatment, and Non-Funded Self-Pay Only OTPs – offer services across five counties in Region 4

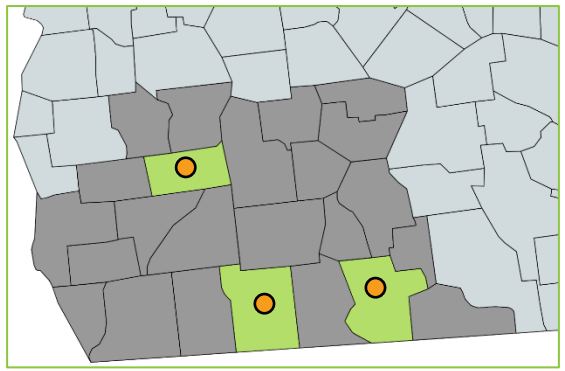
OTP (State and Federal Funded Providers)



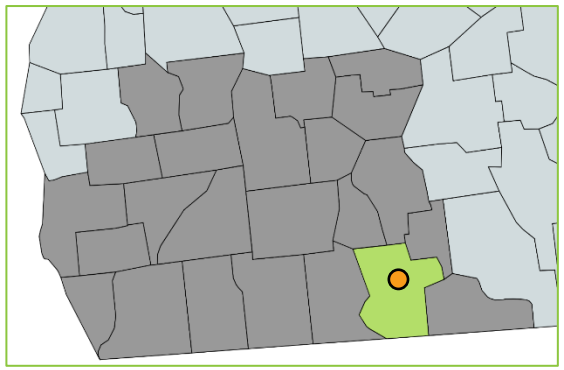
OTP (MAT Medicaid Providers Only)



MAT-Office based Treatment Non-OTP Based Treatment



Non-Funded Self-Pay Only OTP Providers



County with OTP or MAT Treatment Provider

OTP or MAT Treatment Provider

Source: DBHDD MAT OTP Recovery Center Sites, November 30, 2023

See Appendix for list of providers

The seven OTP and MAT treatment providers offer services in five counties 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

Seven providers offer OTP and MAT treatment services in five out of the 24 counties in Region 4

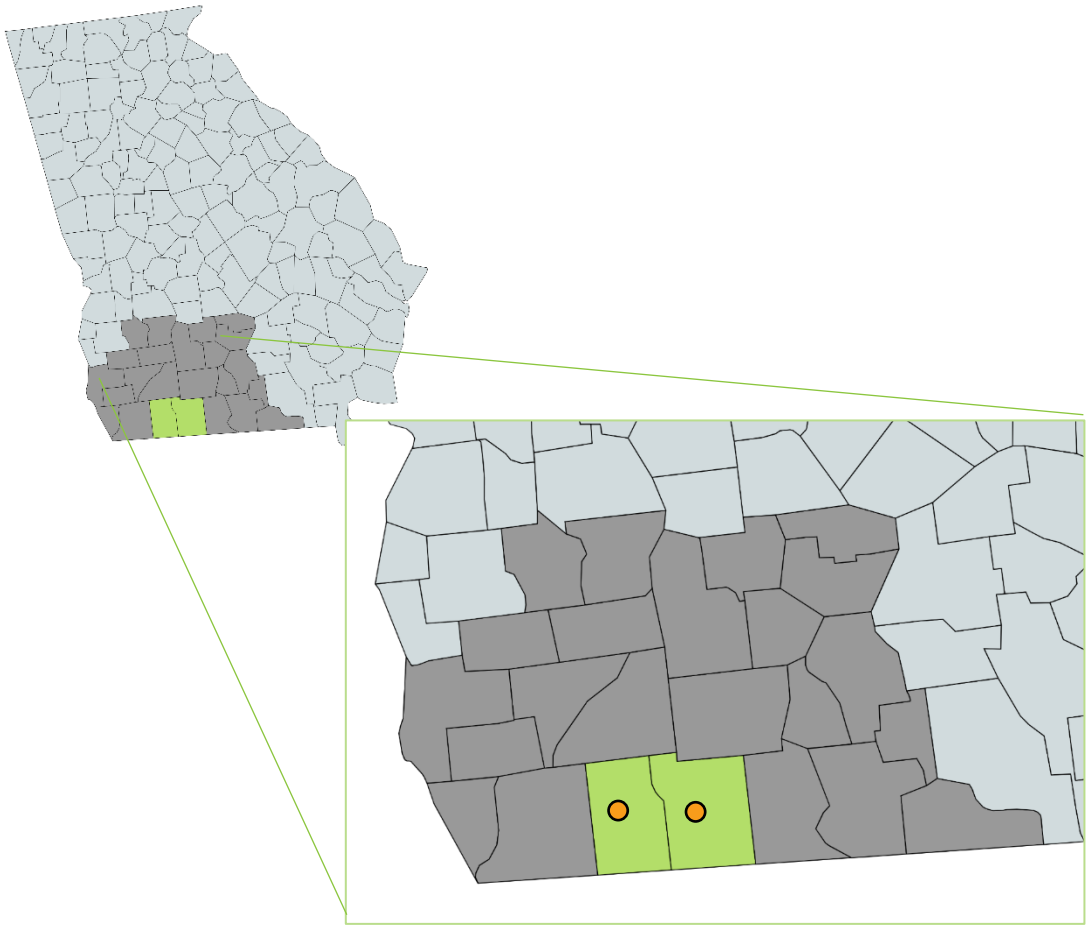
Additional Findings

- All the OTP providers in Region 4 accept individuals who opt to self-pay
- The OTP - State and Federal Funded Provider in Decatur County, Bainbridge Treatment Center, uses Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. Bainbridge Treatment Center has some funding scheduled to end in 2025 which may impact ongoing service capacity.
- Legacy Behavioral Health, the MAT-Office Based Treatment provider is located in Lowndes County and has indicated sustainable funding

Source: DBHDD MAT OTP Recovery Center Sites, November 30, 2023

See Appendix for list of providers

Two provider locations offer Intensive Outpatient Women's services in Region 4 in Grady and Thomas Counties



County with Intensive Outpatient (Women) Provider

Intensive Outpatient (Women) Provider

Key Takeaway – Intensive Outpatient (Women)

Intensive Outpatient (Women) services are offered in Grady and Thomas Counties in Region 4

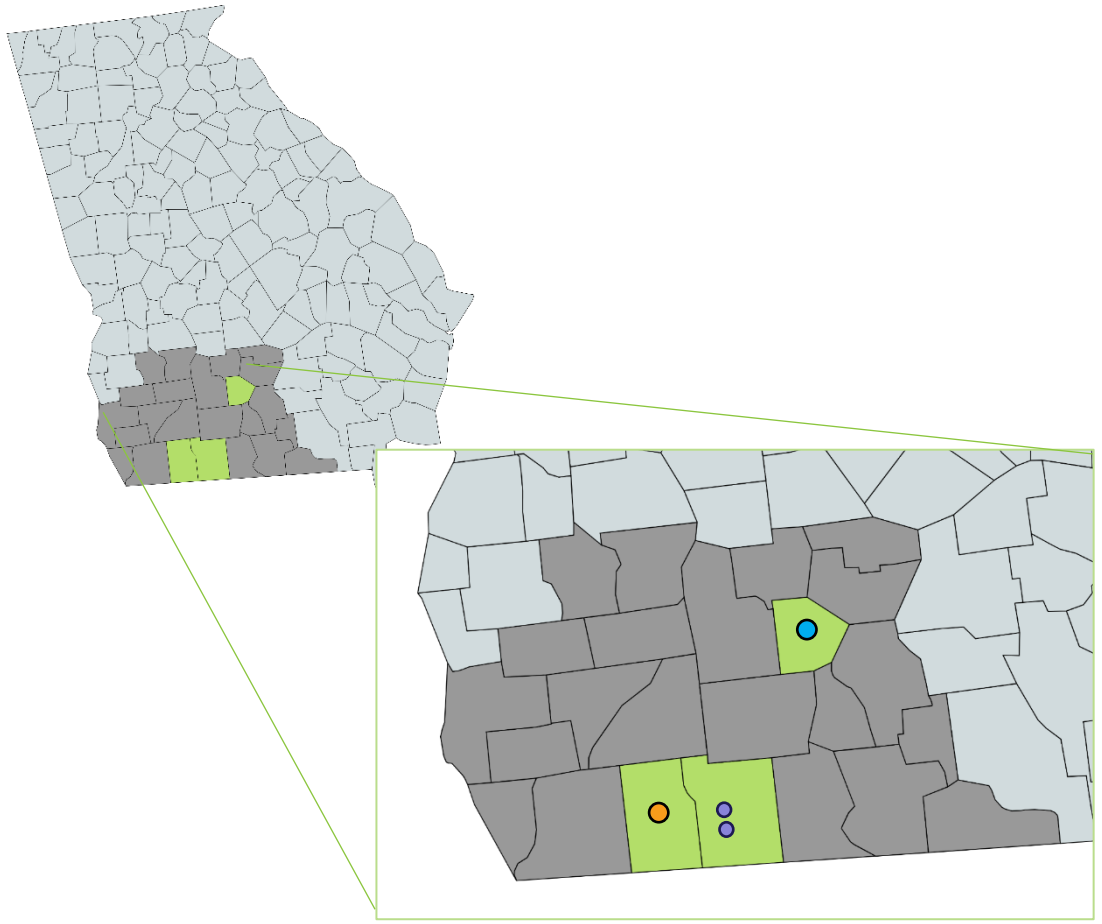
Additional Findings

- Heritage Foundation, in Grady and Thomas Counties, has indicated that there is sustainable funding to continue offering services
- There are no services across the northern region of the county. Both Intensive Outpatient (Women) providers are located on the southern border of Region 4.

Source: DBHDD Survey results as of November 3, 2023.

See Appendix for list of providers

Transitional Housing services are offered across three counties in Region 4, services are offered to men and women



County with Transitional Housing Provider

Transitional Housing: Men's Provider

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

Transitional Housing Provider for Men *and* Women

Key Takeaway – Transitional Housing (Men and Women)

Four provider locations offer Transitional Housing services in Region 4, with two locations for men and two locations for women

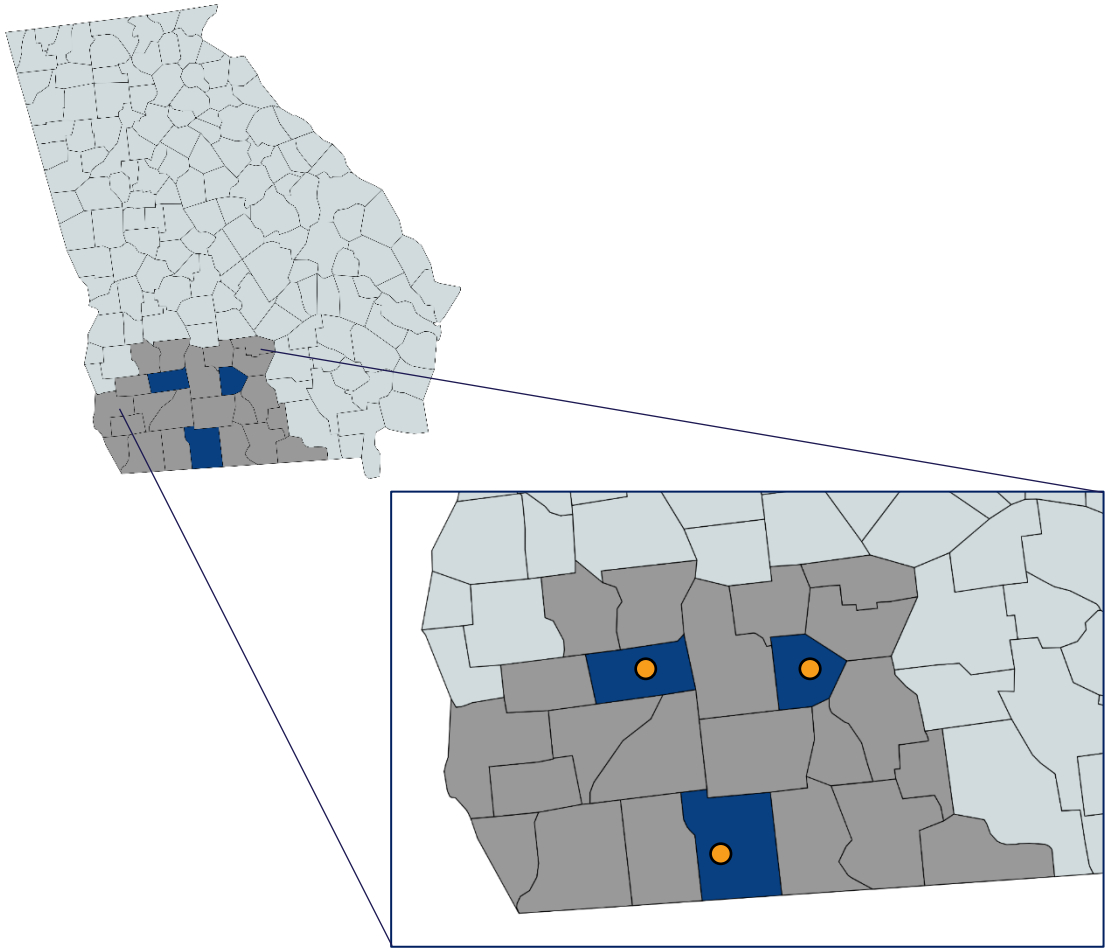
Additional Findings

- GA Pines Community Service Board has two locations in Thomas County that offer Transitional Housing services to both men and women. Both locations have indicated sustainable funding.
- South GA Community Service Board in Tift County offers Transitional Housing to men
- Heritage Foundation in Grady County offers Transitional Housing to women and has indicated sustainable funding

Source: DBHDD Survey results as of November 3, 2023.

See Appendix for list of providers

There are three Addiction Recovery Support Centers providing OUD/SUD recovery services in Region 4



County with ARSC Provider

ARSC Provider

Key Takeaway

There are three Addiction Recovery Support Centers in Region 4, each located in a different county

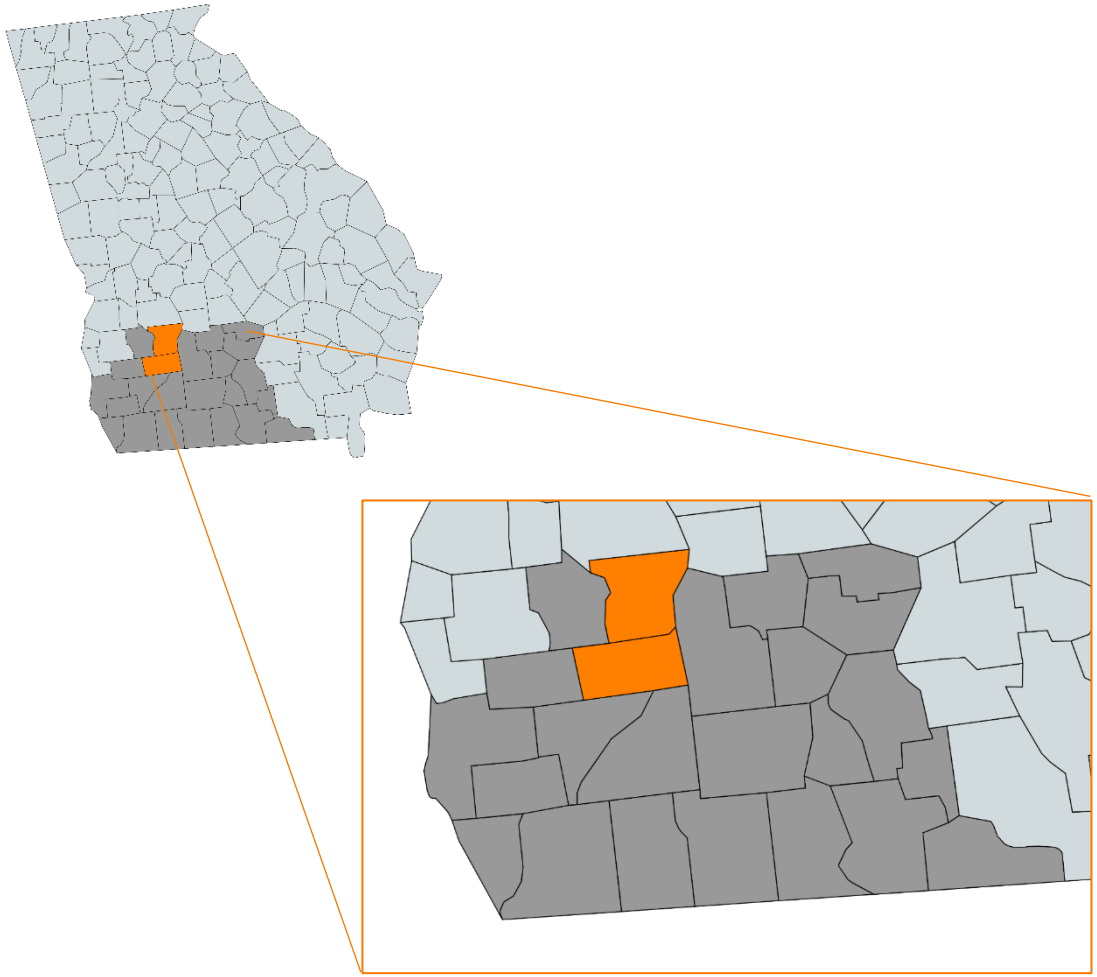
Additional Findings

- All the ARSCs in Region 4 have indicated sustainable funding
- The ARSCs in Thomas and Dougherty Counties are CSBs, while the ARSC in Tift County is not a CSB

Source: DBHDD OUD Provider Locator data as of October 2023; DBHDD Survey results as of November 3, 2023.

See Appendix for list of providers

The Georgia Harm Reduction Coalition Syringe Services Program operates across two counties in Region 4



County with a GA Harm Reduction Coalition SSP Site

Source: Georgia Harm Reduction Coalition, 11/14/2023.

Key Takeaway

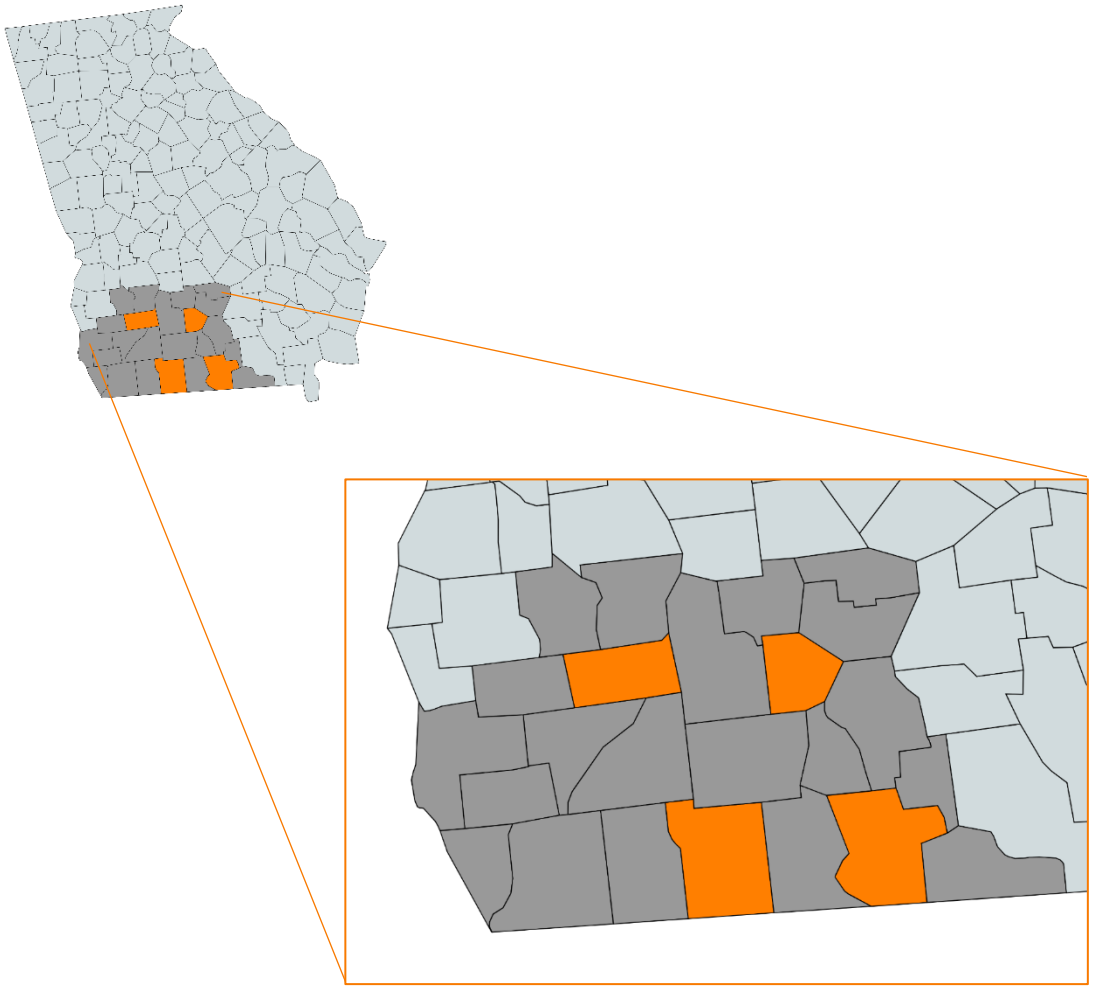
The Georgia Harm Reduction Coalition currently operates across two counties in Region 4

Additional Findings

- The SSP site in Region 4 serves Lee and Dougherty Counties and distributed 104,000 syringes since the program initiation in February 2022, the highest count across all SSPs in Georgia
- Along with 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
- The Georgia Harm Reduction Coalition is concentrating efforts to increase the Syringe Services Program (SSP) capacity in Region 4

See Appendix for list of providers

The McKinsey Settlement funds distribution of Naloxone to providers across four counties in Region 4



County with a McKinsey Settlement Naloxone Provider

Key Takeaway

Seven providers in four of the 24 counties across Region 4 receive Naloxone as part of the McKinsey Settlement

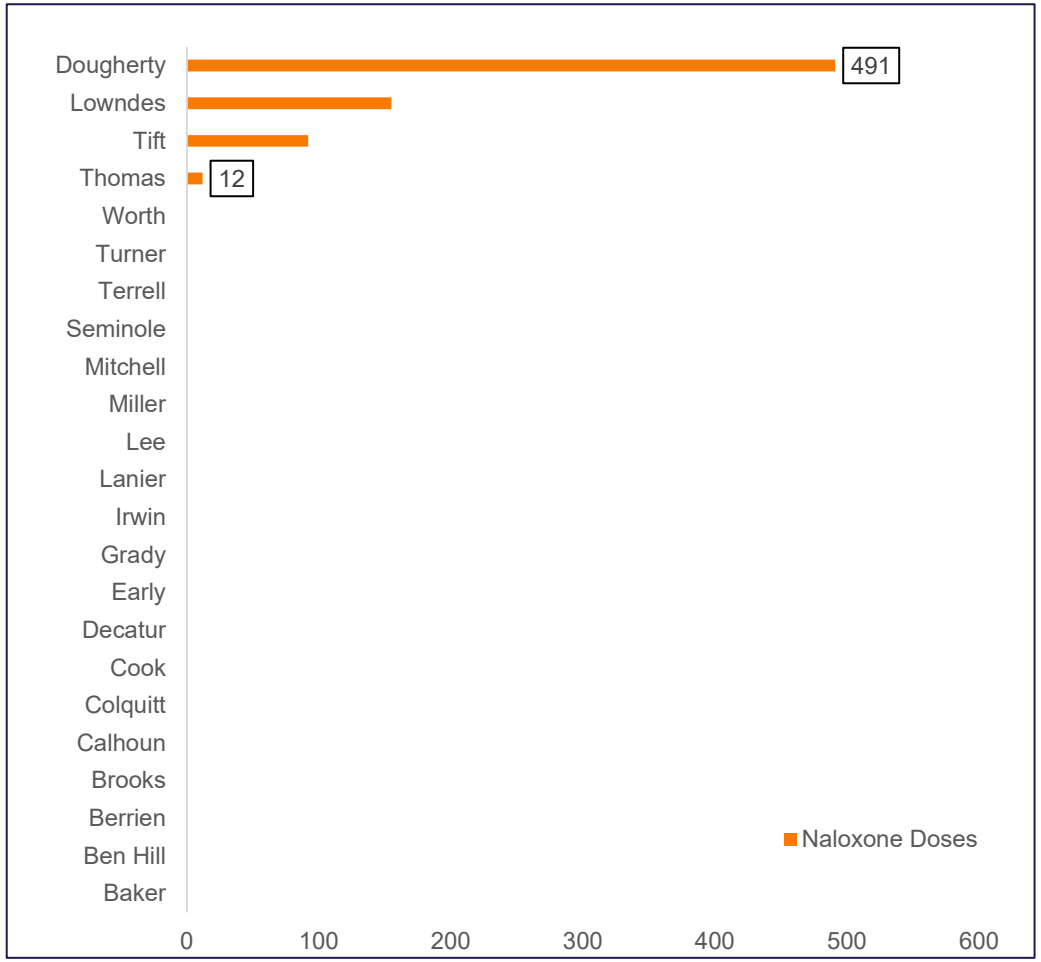
Additional Findings

- Seven providers throughout Region 4 received Naloxone, including DBHDD OUD/SUD providers, the DBHDD Mobile Crisis providers, and the Department of Public Health Local Health Departments.
  - Dougherty County has three Naloxone providers
  - Thomas County has two Naloxone providers
  - Tift and Lowndes Counties each has one Naloxone provider

Source: Georgia DBHDD Narcan McKinsey Settlement Data, 11/7/2023.

From January 2022 to December 2023, Dougherty, Lowndes, and Tift Counties administered the highest total number of Naloxone doses across Region 4

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



Source: Georgia DPH Biospatial Naloxone Doses, December 12, 2023

Key Takeaway

Dougherty County recorded the highest number of Naloxone doses administered across all counties in Region 4

Additional Findings

- Collectively, the counties in Region 4 totaled 750 doses of Naloxone administered from January 2022 – December 2023*
- Dougherty County recorded 491 Naloxone doses administered from January 2022 – December 2023, which is over three times the number of doses in the next highest county, Lowndes which recorded 155 Naloxone doses during the same time-period
- DPH indicated that there were no Naloxone doses administered in Echols County (therefore is not reflected in the chart)

*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.

In Region 4, providers offer OUD/SUD services across thirteen facilities and most operate 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 = 13

Number of facilities by total workforce

Number of facilities by type of services

Harm reduction services	4
Residential treatment: women independent*	3
Intensive residential treatment: women*	2
MAT / opioid maintenance outpatient programs	3
Intensive residential treatment : men	1
Residential treatment: men - independent	2
Intensive outpatient (WTRS)	2
Residential treatment: men - semi-independent	1
Residential treatment: women - semi-independent*	1
SAIOP outpatient programs	2
Addiction recovery support center	1

Key findings

- **Harm reduction services, an evidence-based approach,** are the most widely offered services, available in **31%** of the facilities
- **85% of the facilities** have a workforce size ranging from 0-20 individuals

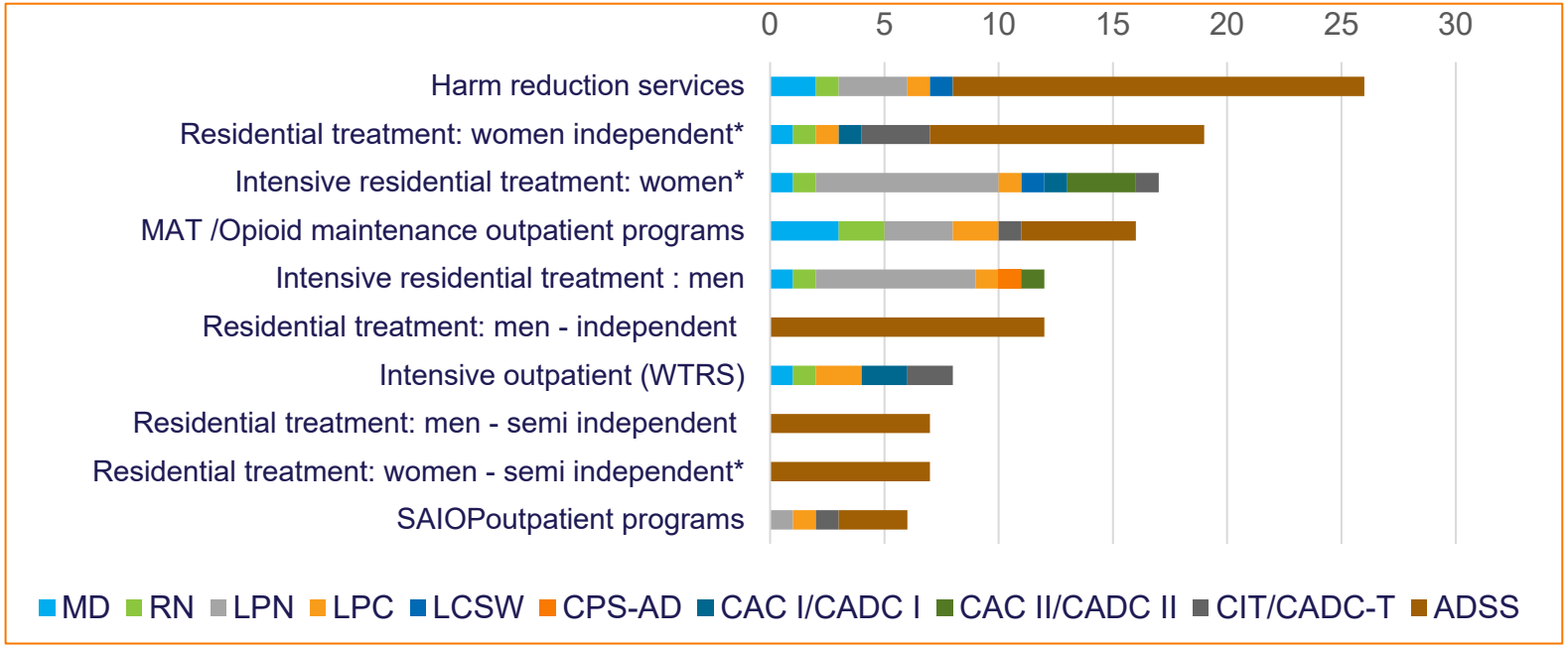
Note: None of the facilities responded for standalone/residential detox, intensive residential treatment: transition aged youth, transitional housing – men and transitional housing - women* services. One facility is counted more than once depending on the number of services provided by that facility;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

Source : *DBHDD OUD/SUD Provider Survey Results as of 12/1/2023.*

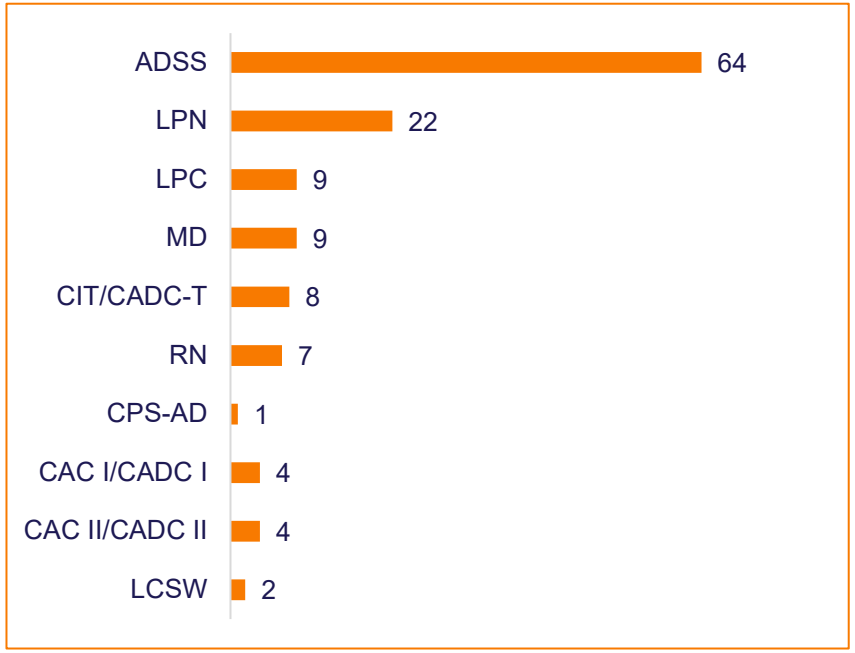
As of 12/7/2023

In Region 4, the most common certification across the provider facilities is a ADSS and is the largest total number of FTEs are associated with Harm Reduction services

Total workforce for different designations by services



Total workforce by designations across facilities



Key findings

- **Harm Reduction services** also have the **highest workforce numbers (26)**, primarily consisting **ADSSs** responsible for providing support, assessment, and counseling services to individuals struggling with addiction

Source : *DBHDD OUD/SUD Provider Survey Results as of 12/1/2023.*

As of 12/7/2023

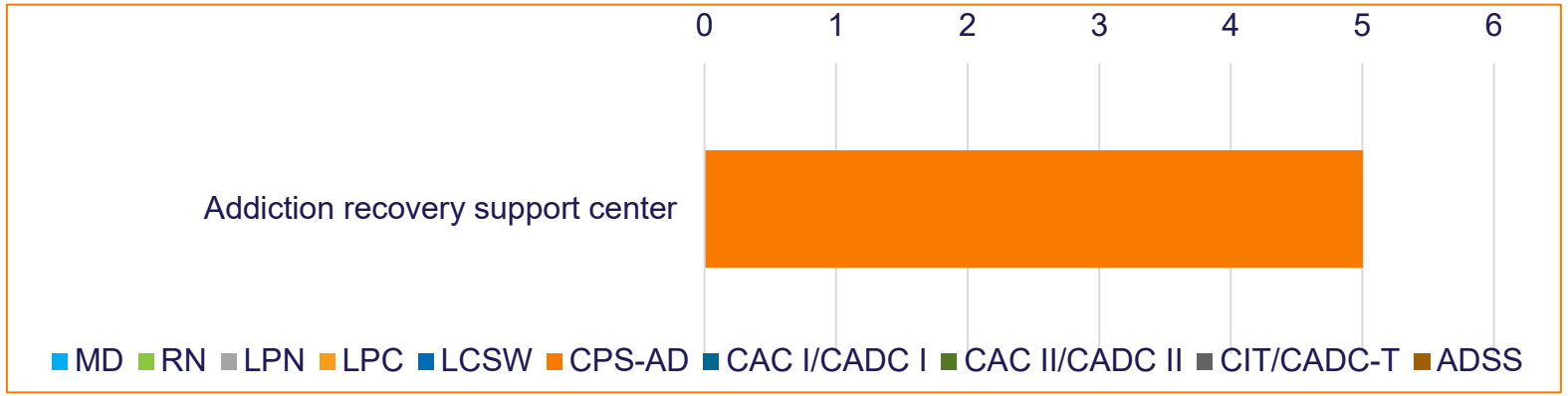
In Region 4, one of three ARSCs completed the provider survey and indicated they operate with a workforce of five CPS-ADs

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

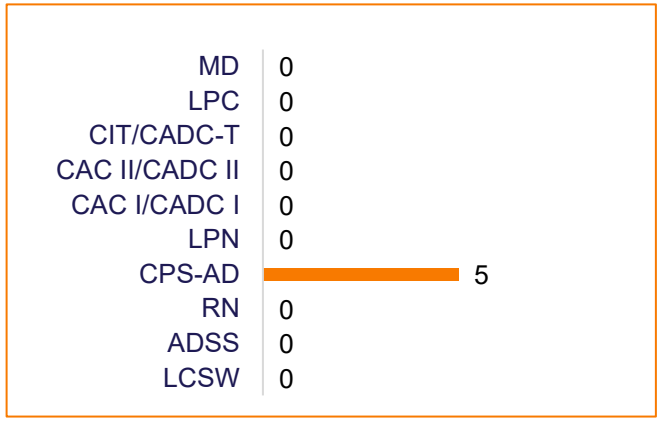
Respondent mix

Total no. of facilities = 1

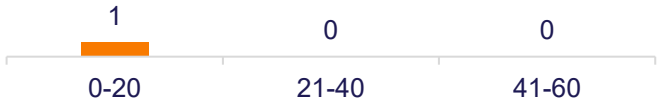
Total workforce for different designations by services



Total workforce by designations across facilities



Number of facilities by total workforce



Key findings

- **OASIS Recovery Community Organization** has five CPS-AD employees

Source : *DBHDD OUD/SUD Provider Survey Results as of 12/1/2023.*

Note: Of the three ARSCs in the region but only one facility completed the survey

Summary of Findings and Gaps

Region 4 is a rural area with a lower population density, which may be associated with the relatively low number of opioid overdose deaths

Opioid Use Disorder in Region 4

- Region 4 had the lowest total number of opioid overdose deaths compared to other regions across the state, with a total of 265 deaths from 2018 to 2022
- In 2022, Dougherty County experienced the highest number of opioid overdose deaths in Region 4 (24 deaths)
- In 2022, Worth County had the highest opioid overdose death rate across Region 4 (44.1 deaths per 100,000 residents); additionally, there are no BHSS providers in the county
- Across Region 4, males and the White population experienced more opioid-related ED visits and overdose deaths:
  - From 2018 – 2022, there were 168 opioid overdose deaths among males and 97 among females
  - From 2018 – 2022, the White population in Region 4 had almost double the total number of opioid overdose deaths (204 deaths), compared to the Black or African American population (58 deaths). The Hispanic and Asian populations had two and one opioid overdose deaths over the five-year span, respectively
- Dougherty (24 deaths), Worth (9 deaths), Lowndes (7 deaths) and Tift (7 deaths) Counties experienced the largest total number of opioid overdose deaths in the region from 2018 to 2022
- Three zip codes located in Dougherty County (31701, 31705 and 31707) have high social determinant vulnerabilities based on the following factors: medically underserved, housing unstable, socially marginalized and economically marginalized

Region 4 has DBHDD funded providers operating across all four categories of the CoC

Availability of Services and Gaps Across the Opioid Continuum of Care

Availability of Services

- At least six counties with Primary Prevention programs in Region 4
- DBHDD providers offer Treatment service across nine counties in Region 4
- Three Addiction Recovery Support Centers offer Recovery services across Thomas, Dougherty and Tift Counties
- The Georgia Harm Reduction Coalition has focused Harm Reduction efforts in Lee and Dougherty Counties. Naloxone distribution funded by the McKinsey settlement have been distributed in Dougherty, Thomas, Tift and Lowndes Counties.

Gaps in Services

- There are no Intensive Residential Treatment providers for transition-aged youth or Residential Treatment-Independent providers for men or women
- There are no Stand-Alone Detox Centers in Region 4
- Across all categories of MAT and OTP providers, there are only five counties with provider locations

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	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 sings or symptoms foreshadowing mental, emotional, or behavioral disorders.[1]
Stand-alone detox	**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. 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]
Residential Treatment • Intensive Residential Treatment: Men • Intensive Residential Treatment Women (Women's Treatment and Recovery Services (WTRS) and non-WTRS)	**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]

Sources: 1. DBHDD Office of Addictive Diseases. 2. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers.

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

OUD CoC Service	Service Definition
Residential Treatment • Intensive Residential Transition Aged Youth	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]
Residential Treatment • Residential Treatment Men: Semi Independent • Residential Treatment Women: Semi Independent (WTRS and non-WTRS)	**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]
Residential Treatment • Residential Treatment Men: Independent • Residential Treatment Women: Independent (WTRS and non-WTRS)	**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]

Sources: 1. DBHDD Website. 2. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers.

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

OUD CoC Service	Service Definition
Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP) • Opioid Maintenance outpatient programs • Intensive Outpatient (Women)	**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] **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]

Sources: 1. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers.

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

OUD CoC Service	Service Definition
Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP) • Opioid Maintenance outpatient programs • Intensive Outpatient (Women)	**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] **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]
Transitional Housing • Men	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]

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
Transitional Housing • Women (WTRS and non-WTRS)	**Women's Treatment and Recovery Services: Transitional Housing** 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]
Addiction Recovery Support Center	**Addiction Recovery Support Center** 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]
Harm Reduction Services	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]

Sources: 1. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers. 2. SAMHSA Harm Reduction

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.

Dougherty County Vulnerability Analysis

Region 4 vulnerability analysis with all zip codes

Zip codes of populations by scenario in Dougherty County

	Four scenario types					
Zip Code	**Medically Underserved**	**Housing Unstable**	**Socially Marginalized**	**Economically Marginalized**	**Number of scenarios**	**Equity Quotient (EQ)**
31701	■	■	■	■	4	0.86
31705	■	■	■	■	4	0.86
31707	■	■	■	■	4	0.64
31791	■		■		2	0.63
31721			■	■	2	0.45
31763				■	1	0.31

Key observations of social determinants:

Medically Underserved: 4 out of 6 in-scope zip codes in Dougherty County 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: 5 out of 6 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: 5 out of 6 in-scope zip codes in Dougherty County 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: 3 out of 6 in-scope zip codes in Dougherty County 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 & Services Administration.

Provider Locations

Region 4 Providers and Services

Prevention Providers	
Project Name	***Service Location***
HEARTS for Families, Inc. (Colquitt County)	Colquitt County Middle and High School
Street Smart Youth Project (Ben Hill County)	Ben Hill County Middle and High School
SPF Suicide Prevention Project	Grady, Colquitt, and Thomas Counties
College of Prevention Project Expansion	Valdosta State University
Adopt A School	Dougherty High School in Albany, GA
SOR Sources of Strength Project	2600 Radium Springs Rd, Albany, GA 31705
SOR Sources of Strength Project	101 S Nelson St, Hahira, GA 31632
SOR Sources of Strength Project	1606 Norman Dr Valdosta, GA 31601
SOR Sources of Strength Project	2379 Copeland Rd Valdosta, GA 31601
SOR Sources of Strength Project	4159 River Road Valdosta, GA 31605

Region 4 Providers and Services

Residential Treatment Providers				
Provider Name	***Address***	***County Name***	***Zip Code***	***Residential Type***
GA Pines Community Service Board 3	136 Oakwood Trace Thomasville, GA 31792	Thomas	31792	Intensive Residential Treatment: Men
South GA Community Service Board 2	1301 Crescent Drive Tifton GA 31794	Tift	31794	Residential Treatment: Men - Semi Independent
South GA Community Service Board 3	1718 Northside Drive K9 Valdosta, GA 31602	Lowndes	31602	Residential Treatment: Men - Semi Independent
Albany Area CSB 1	55 R E Jennings Arlington, GA 39813	Calhoun	39813	Intensive Residential Treatment: Men
Albany Area CSB 2	601 West 11th Avenue Albany, GA 31702	Dougherty	31702	Intensive Residential Treatment: Men
Heritage Foundation 1	920 4th Street SE Cairo, GA 39828	Grady	39828	Intensive Residential Treatment: Women (WTRS and non-WTRS)
VOA Pines Family Campus	305 Smith Ave. Valdosta GA 31601	Lowndes	31601	Intensive Residential Treatment: Women (WTRS and non-WTRS)

Region 4 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 Provider**
Bainbridge Treatment Center	931 S. West Street, Bainbridge, GA, 39819	39819	Decatur	X	X		
BHG Albany Treatment Center	2607 Ledo Road, Albany, GA, 31707	31707	Dougherty		X		
BHG Tifton Treatment Center	2402 N. Tift Avenue , Tifton, GA, 31794	31794	Tift		X		
Aspire Behavioral Health	1120 W Broad Ave Ste C5, Albany, GA. 31707	31707	Dougherty			X	
Georgia Pines	1102 Smith Avenue Suite H, Thomasville, GA.31792	31792	Thomas			X	
Legacy Behavioral Health	3120 N. Oak Street Valdosta, GA 31602	31602	Lowndes			X	
Treatment Center of Valdosta	2301 University Drive, Valdosta, GA, 31602	31602	Lowndes				X

Region 4 Providers and Services

Intensive Outpatient (Women) Providers

Provider Name	*Address*	*County Name*	*Zip Code*
Heritage Foundation 1	920 4th Street SE Cairo, GA 39828	Grady	39828
Heritage Foundation 2	14382 Hwy 195 Thomasville, GA 31799	Thomas	31799

Transitional Housing Providers

Provider Name	*Address*	*County Name*	*Zip Code*	*Housing Type*
Georgia Pines	1102 Smith Avenue Suite H, Thomasville, GA	Thomas	31792	Men Women (WTRS and non-WTRS)
GA Pines Community Service Board 2	415 East Washington Street Thomasville, GA 31792	Thomas	31792	Men Women (WTRS and non-WTRS)
South GA Community Service Board 1	334 Tifton Eldorado Road Tifton, GA 31794	Tift	31794	Men
Heritage Foundation 1	920 4th Street SE Cairo, GA 39828	Grady	39828	Women (WTRS and non-WTRS)

Region 4 Providers and Services

Addiction Recovery Support Centers				
Provider Name	***Address***	***County Name***	***Zip Code***	***Existing or New Location***
Change Center	500 Pine Ave, Albany, GA 31701	Dougherty	31701	Existing
WECOVERY Peer Recovery Support Center	2004 Georgia Hwy, Suite 5036, Thomasville, GA 31757	Thomas	31757	Existing
OASIS, Inc.	902 South Main Street, Tifton, GA 31794	Tift	31794	Existing

Region 4 Providers and Services

Harm Reduction Providers	
SSP Locations	***Syringes distributed***
Lee/Dougherty	104,000

Harm Reduction Providers	
Naloxone Distribution Provider	***Counties***
8-1 South (Valdosta)	Lowndes
8-2 Southwest (Albany)	Dougherty
Aspire BH	Dougherty
Change Center	Dougherty
GA Pines CSB	Thomas
Legacy BH Services	Tift
WECOVERY Peer Recovery Support Center	Thomas

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