Opioid Use Disorder Continuum of Care

Statewide 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

While there are a variety of services offered across the SUD/OUD Continuum of Care across the state, from 2018 to 2022, all regions in Georgia have experienced increased opioid-related deaths and ED visits

- From 2018 to 2022, the rate of opioid overdose deaths in Georgia more than doubled, from 8.2 deaths per 100,000 residents in 2018 to 18.1 in 2022. Synthetic opioid overdose deaths (including fentanyl) significantly contributed to an increase in total deaths. From 2018 to 2022, Georgia experienced a 398% increase in the total number of synthetic opioid overdose deaths. The counties in and surrounding metro-Atlanta experienced the highest total numbers of overdose deaths in the state (Fulton, Cobb, DeKalb and Gwinnett Counties). However, death rates per 100,000 residents are higher in some of the other areas of the state including Madison, Crisp, Worth and Richmond Counties.
- Opioid-related ED visits in Georgia increased from 2018 to 2021, then decreased slightly in 2022. During this five-year time period, ED visits among males increased by 9% and decreased by 1% for females. The 35-44 (81%) and 10-19 (52%) age groups saw the largest increases in number of ED visits during this time period.
- Across the state, since 2018, there has been an increase in the total number of treatment facilities and a decrease in the number of opioid prescriptions.
- Across the state, there are SUD/OUD providers offering services across the continuum of care:
    - Primary prevention programs are offered in K-12, higher education institutions, and workplaces.
    - Of the treatment services, there is greater availability of OTP/MAT, Residential Treatment and Transitional Housing providers. There are few Stand Alone Detox Centers, SAIOP providers, Intensive Outpatient (Women) however.
    - Addiction Recovery Support Centers (ARSCs) are offering services in all six regions, with investment to expand recovery services through the opening of new ARSCs underway.
    - Harm reduction services, including syringe exchanges and naloxone distribution, are widely available across the state.
- There remain gaps and service variability across Georgia:
    - Across the service types, many providers are concentrated near the northern portion of the state and metro-Atlanta. Regions 2, 4, 5, and 6 cover a wider geographic area and as a result contain relatively more counties without SUD/OUD providers.
    - Stand Alone Detox Centers and SAIOP Outpatient providers are the least represented service area across the continuum, with only ten total providers offering services near Atlanta and Savannah.
    - Transitional Housing is more widely available for women than men, despite men experiencing higher rates of opioid overdose death.

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.

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

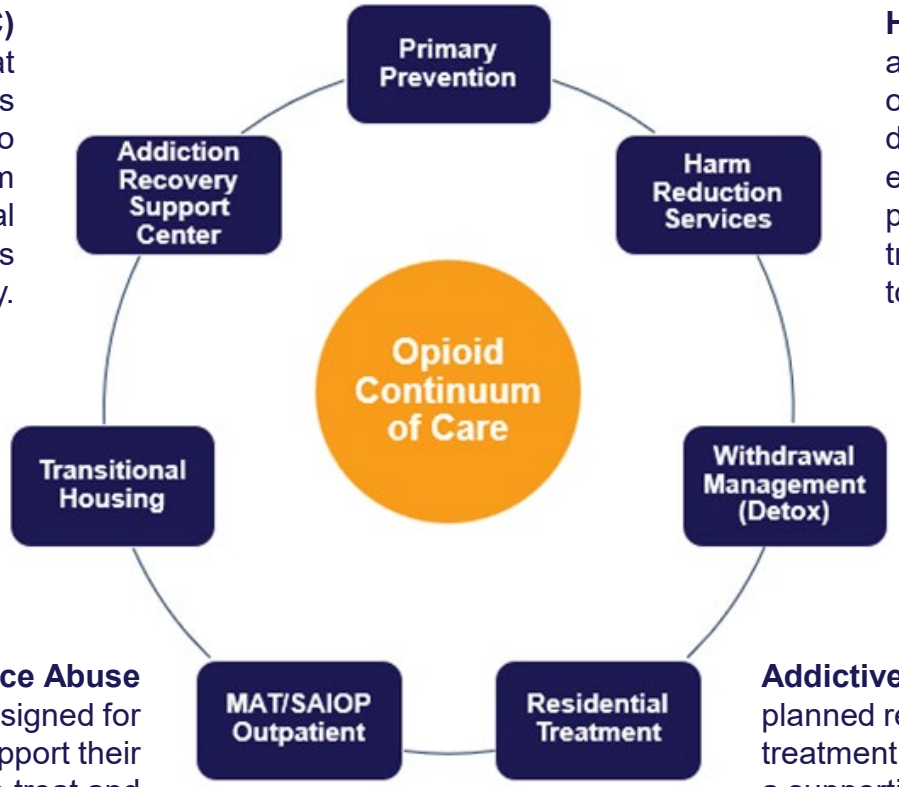
DBHDD's proposed Opioid Use Disorder Continuum of Care Model includes seven components

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.

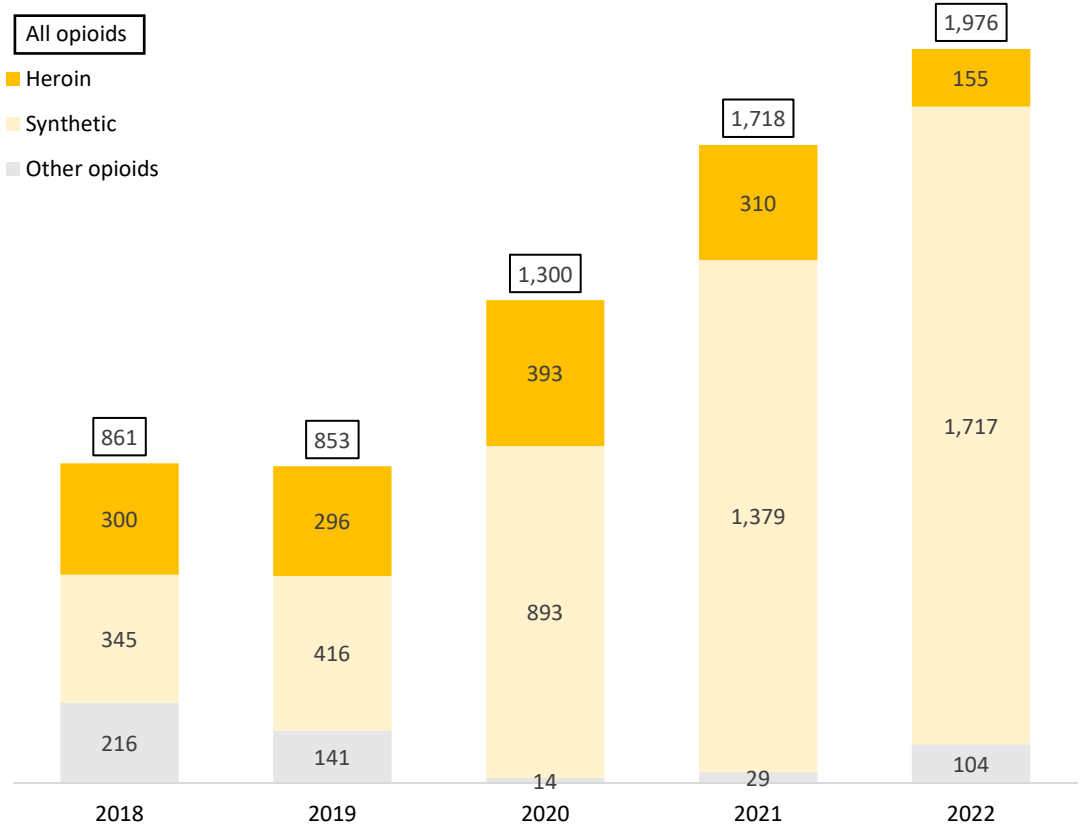
Source: DBHDD Office of Addictive Diseases, Continuum of Care, December 13, 2023

Epidemiological Data Analysis and Findings

Opioid Overdose Deaths

From 2018 to 2022, the annual number of total opioid overdose deaths in Georgia more than doubled, and reflected significant increase of synthetic opioids use

Total overdose deaths for all opioids in Georgia, 2018-2022

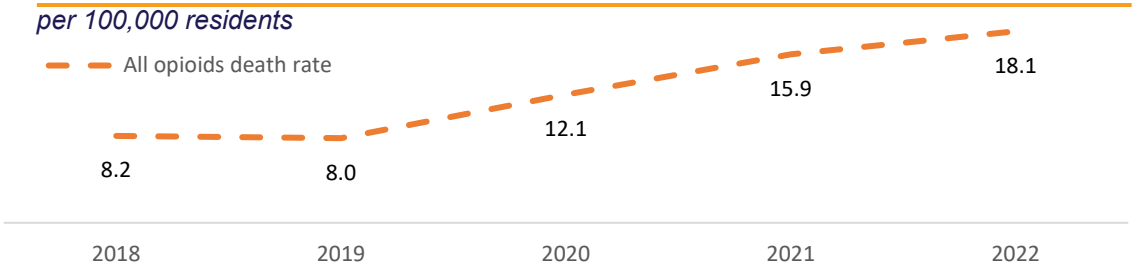


Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. The synthetic drug subcategory and heroin subcategory are not necessarily mutually exclusive. 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 Georgia totaled 1,976**, representing a rate of 18.1 per 100,000 residents
  - Overall, deaths increased 130% from 861 in 2018
  - On average, deaths increased at a compound annual growth rate of 23.1%
- **Synthetic drugs** are a specific type of opioid drug (the synthetic data shown includes fentanyl and excludes methadone). From 2018 to 2022, the total number of synthetic drug overdoses increased from 345 to 1,717
  - This represents an overall increase of 398% and a compound annual growth rate of 49.4%
- **Heroin** is a specific type of opioid drug. From 2018 to 2022, heroin drug overdoses decreased from 300 to 155
  - This represents an overall decline of 48% and an average annual decrease of 15.2%

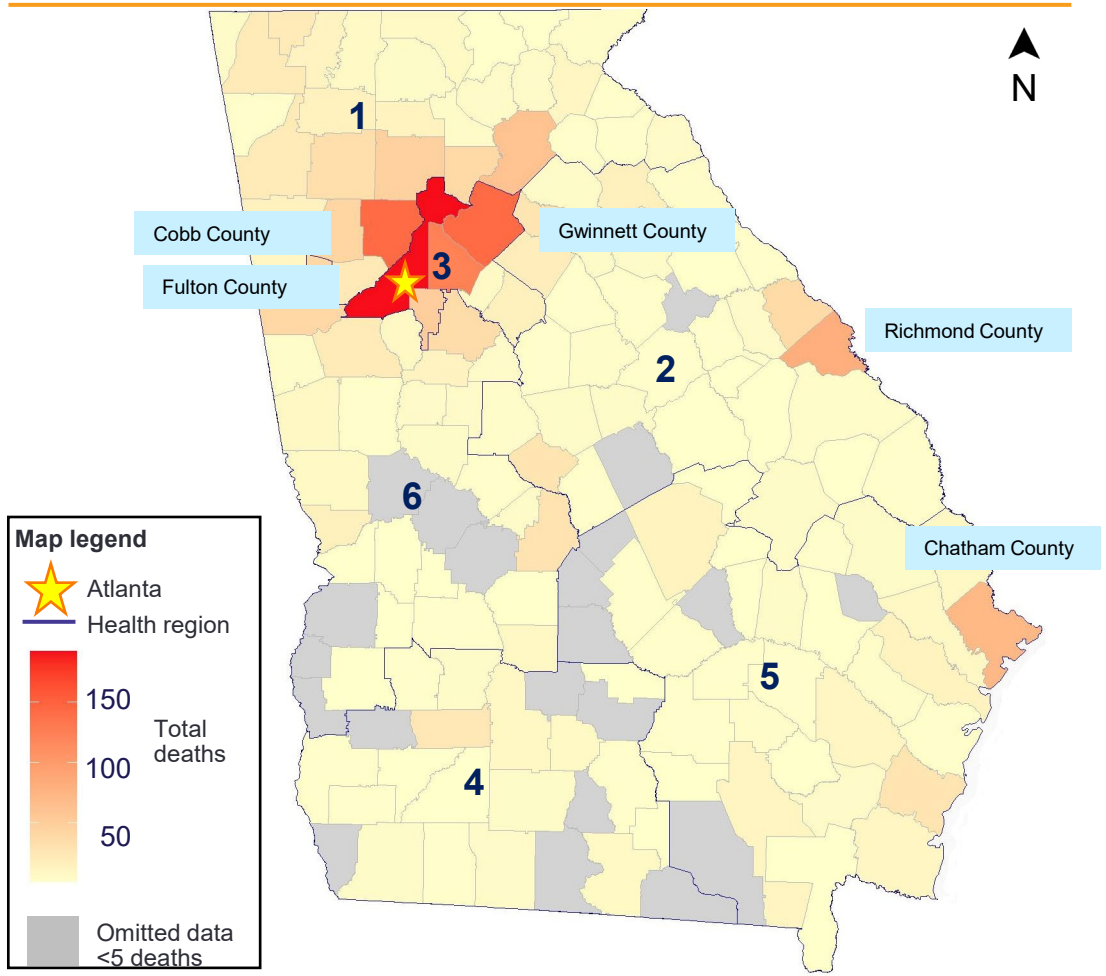
Rate of opioid overdose deaths in Georgia, 2018-2022



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

Regions 1 and 3 consistently account for the largest number of total opioid overdose deaths in the state

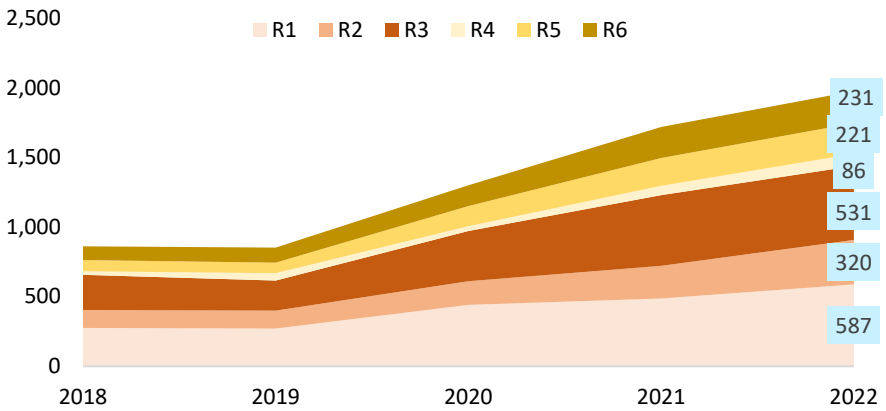
Map of total opioid overdose deaths by county, 2022



Key findings

- In 2022, the **top five counties with the largest total number of opioid-related deaths** were Fulton (192), Cobb (143), Gwinnett (143), Richmond (125), and Chatham (82)
  - The largest number of deaths coincided with counties with some of the largest population sizes in the state
- Region 1 had the **largest number of total deaths** in 2022 (587) and the five-year period from 2018 to 2022 (2,061)
- Region 3 had the **second largest number of total deaths** in 2022 (531) and the five-year period from 2018 to 2022 (1,868)

Five-year trend in total opioid overdose deaths by region*



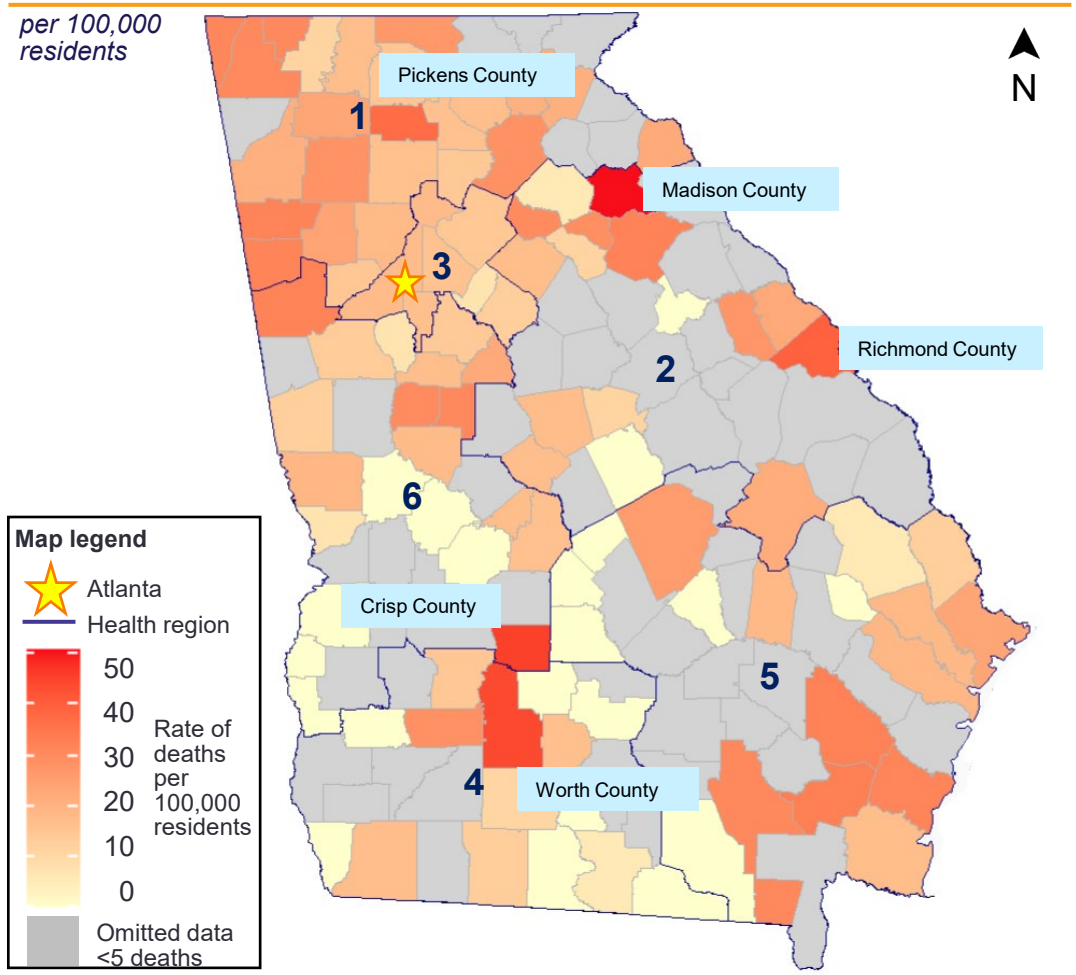
Region	5-yr Total
GA	6,708
R6	811
R5	722
R4	265
R3	1,868
R2	981
R1	2,061

*Region represents average rates across counties within region

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 average opioid overdose death rate per 100,000 residents increased from 8.2 to 18.1 from 2018 to 2022

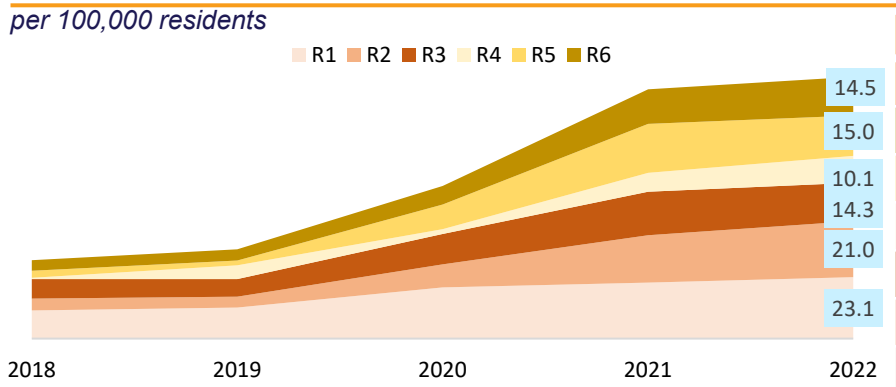
Map of rates of opioid overdose deaths by county, 2022



Key findings

- In 2022, the **top five counties with the largest opioid overdose death rates** per 100,000 residents were Madison County (50.8), Crisp County (45.7), Worth County (44.1), Richmond County (39.7) and Pickens County (37.3)
- Region 1 had the **largest death rate** per 100,000 residents in 2022 (23.1)
- Across Georgia, the **average death rate** per 100,000 residents was 12.5, increasing from 8.2 to 18.1 per 100,000 residents from 2018 to 2022
  - Region 1 had the **largest average death rate** per 100,000 residents for the five-year period from 2018 to 2022 (17.1)

Five-year trends in overdose death rates by region*



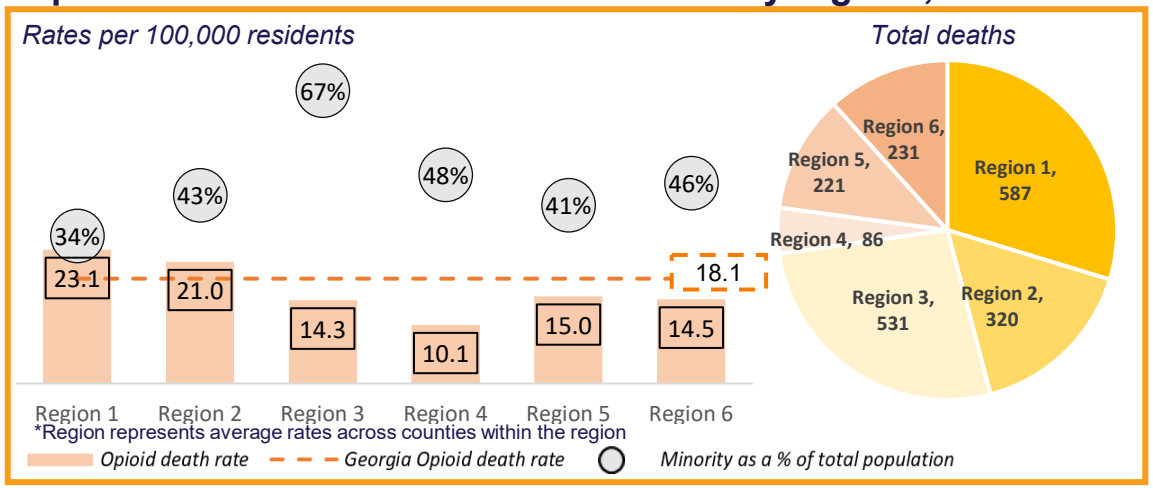
Region	5-yr Avg.
GA	12.5
R6	8.5
R5	9.4
R4	4.9
R3	11.2
R2	11.2
R1	17.1

*Region represents average rates across counties within region

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.

Regions 1 and 3 have the largest number of total opioid overdose deaths, however five counties across Regions 1, 2, 4, and 6 experienced the highest death rates per 100,000 residents

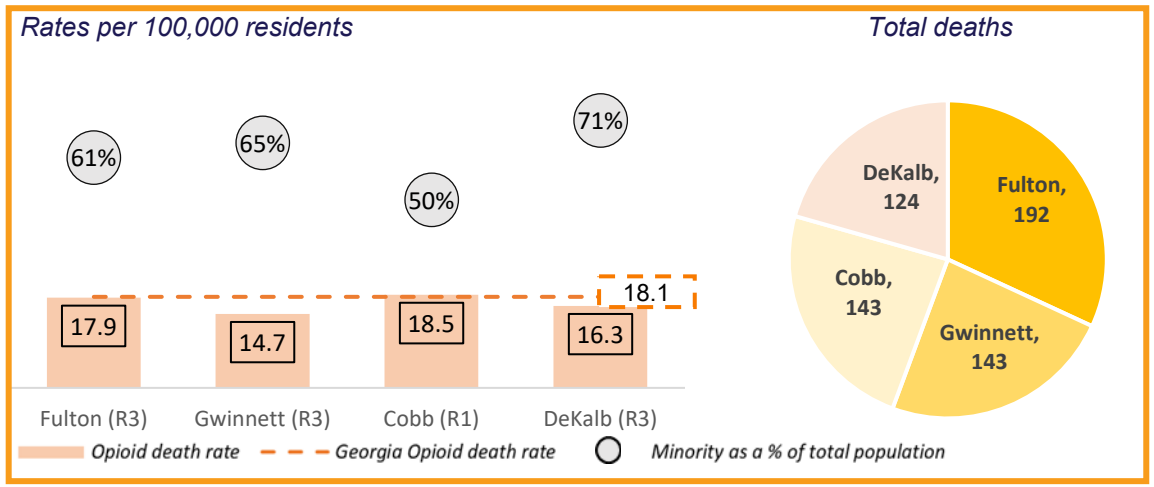
Opioid overdose deaths and death rates by region*, 2022



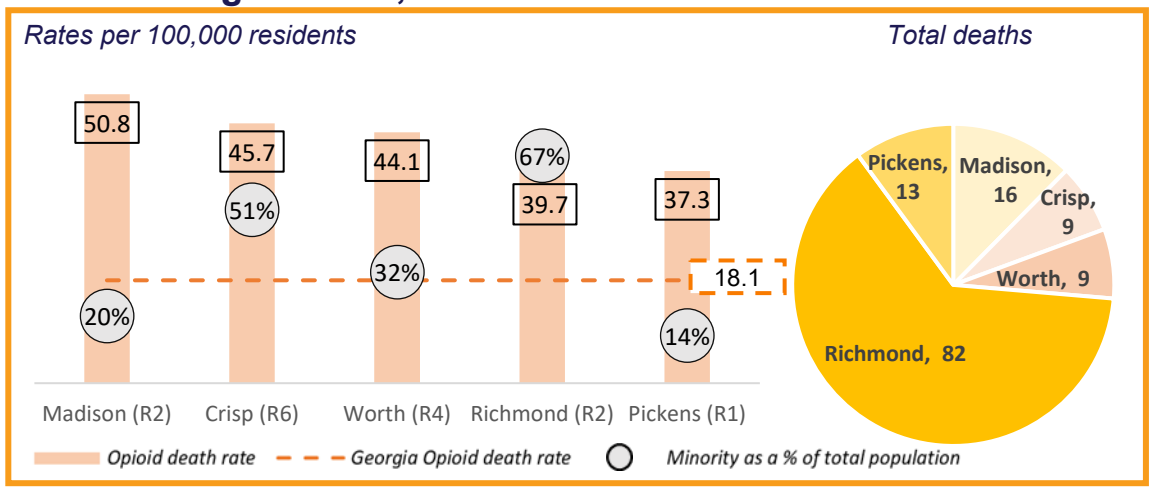
Key findings

- Region 1 had the **highest number of deaths (587) and overdose death rate (23.1)**. Minorities represent 34% of region 1's population
- Region 3 has the **second highest number of deaths in 2022** (531) and an overdose death rate of 14.3 per 100,000 residents. Minorities represent 67% of the region's population
- **Together, Fulton, Gwinnett, Cobb, and DeKalb had 30% of total deaths in the state**. The minority population in these QBGs range from 50% to 71% of the total population
- **For the top five counties, opioid-related death rates ranged from 37.3 to 50.8** per 100,000 residents. Together, the top five counties had a total of 129 deaths, or 6.5% of the total deaths in the state. The minority population in these counties ranges from 14% to 67% of the total population for each area

Opioid overdose deaths and death rates by Qualified Block Grantees (QBGs), 2022



Opioid overdose death and death rates for top five counties with the largest rates, 2022

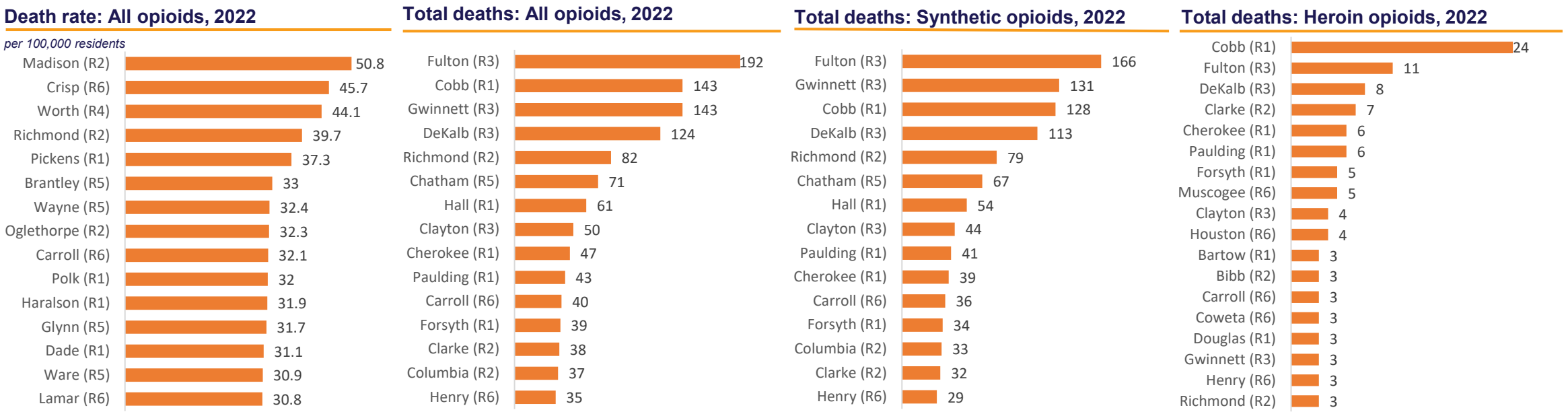


Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

There are some consistencies in counties experiencing the largest total number of opioid overdose deaths and the highest average death rate

Key findings

- Richmond County and Carroll County **rank among the top 15 across all counties for both death rate for all opioids** (39.7 and 32.1 per 100,000 residents) and **total opioid-related deaths** (82 and 40 deaths)
- Among the top 15 counties, **deaths related to synthetic opioids exceed deaths related to heroin** for all counties
  - Ranking in the top four among all counties, Fulton County, Gwinnett County, Cobb County, and DeKalb County all had **more than 100 deaths from synthetic opioids** (e.g., fentanyl) in 2022
  - Cobb County had **the most heroin deaths (24)** across all counties in 2022

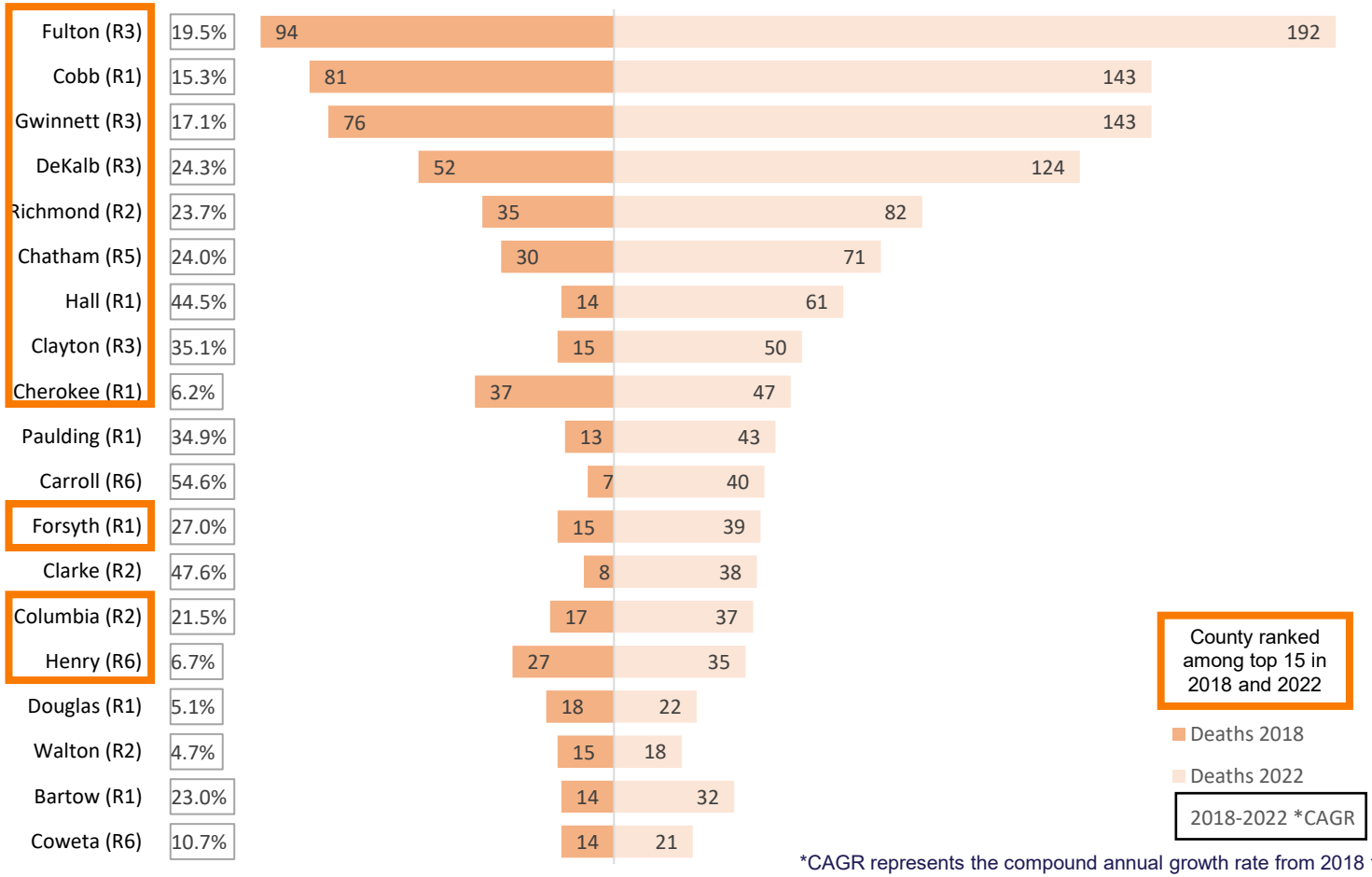


Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured)..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

From 2018 to 2022, several counties have consistently had the largest total number of opioid overdose deaths

Opioid overdose deaths and growth rates among top 15 counties in 2018 and 2022



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

Key findings

- The following counties ranked **among the top 15 for opioid overdose deaths in both 2018 and 2022:** Fulton, Cobb, Gwinnett, DeKalb, Richmond, Chatham, Hall, Clayton, Cherokee, Forsyth, Columbia, and Henry
- **Douglas, Walton, Bartow, and Coweta Counties** ranked among the top 15 counties for overdose deaths in 2018, but not in 2022
- **Paulding, Carroll, and Clarke Counties** ranked among the top 15 for overdose deaths in 2022, but not 2018
- All counties ranking in the top 15 for opioid overdose deaths in 2018 or 2022 experienced an increase in deaths from 2018
- Among all counties ranking in the top 15 in 2018 or 2022, **Carroll County had the largest average annual growth rate (54.6%)**, followed by Clarke County (47.6%) and Hall County (44.5%)

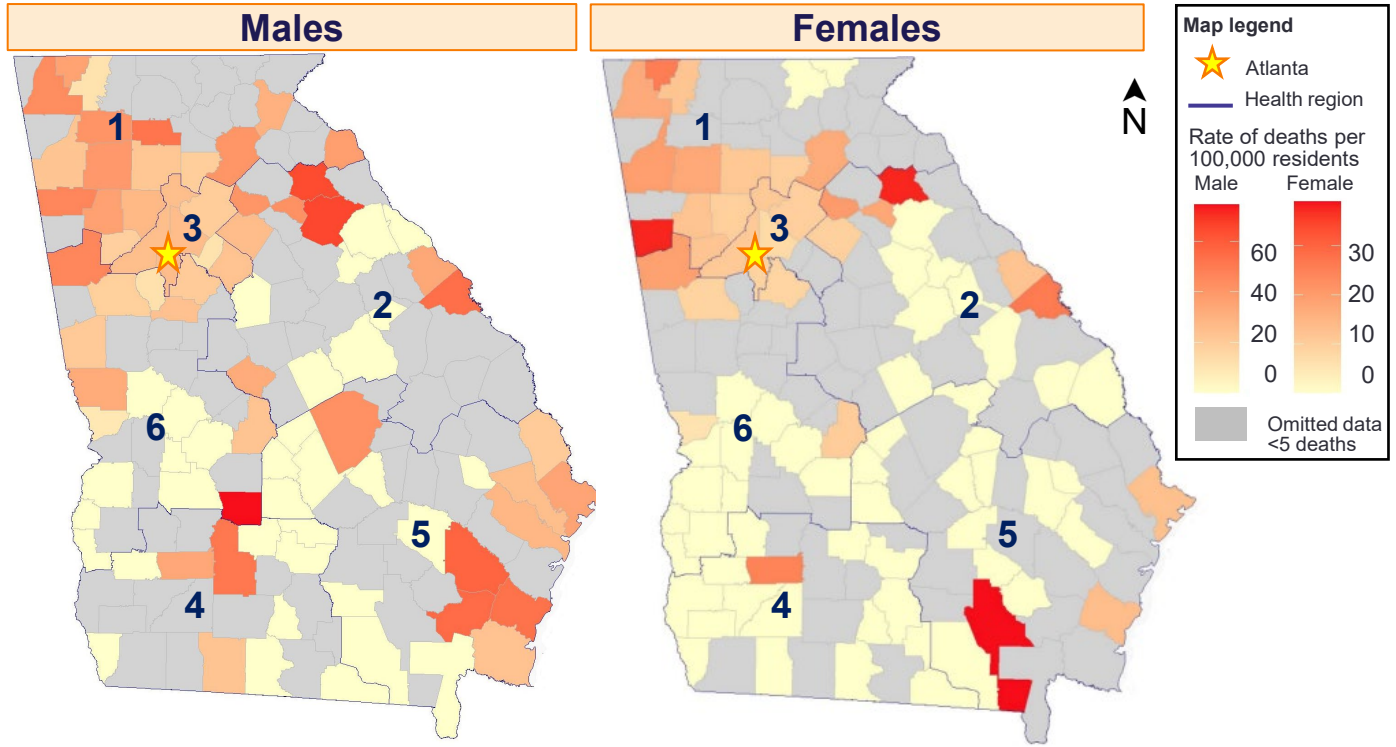
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. 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)

The total number of opioid overdose deaths among males in Georgia over a five-year period was more than double the number of female deaths

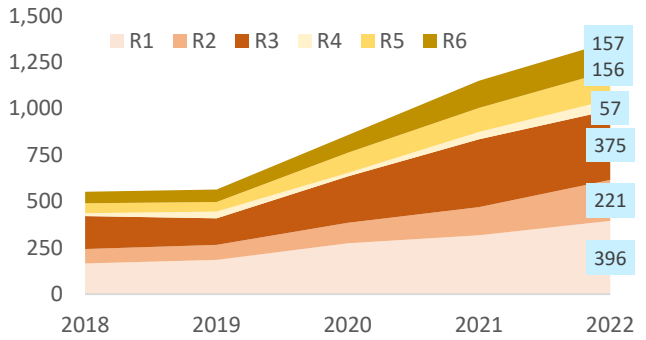
Map of rates of opioid overdose deaths by county, 2022

per 100,000 residents



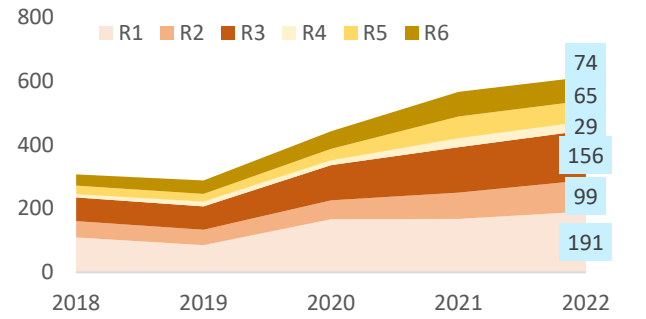
Opioid overdose deaths by region*, 2018-2022

Males



Region	5-yr Total
GA	4,487
R6	527
R5	500
R4	168
R3	1,311
R2	642
R1	1,339

Females



Region	5-yr Total
GA	2,221
R6	284
R5	222
R4	97
R3	557
R2	339
R1	772

*Region represents average rates across counties within region

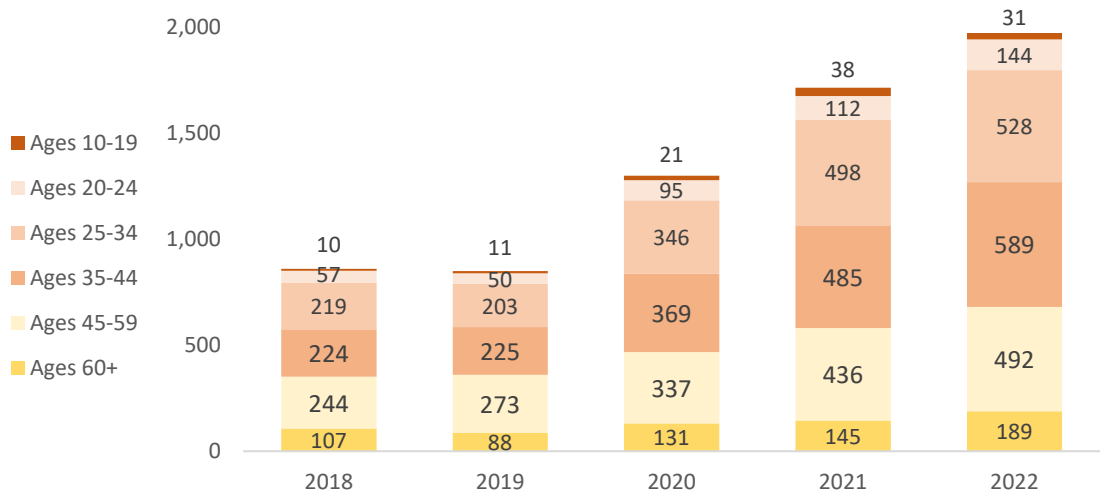
Key findings

- Opioid overdose deaths increased among males from 553 in 2018 to 1,362 in 2022, representing a compound annual growth rate of 25%. Region 1 had the most male deaths over the five-year timeframe (1,339), followed by Region 3 (1,311)
- Opioid overdose deaths increased among females from 308 in 2018 to 614 in 2022, representing a compound annual growth rate of 19%. Region 1 had the most female deaths over the five-year timeframe (772), followed by Region 3 (557)

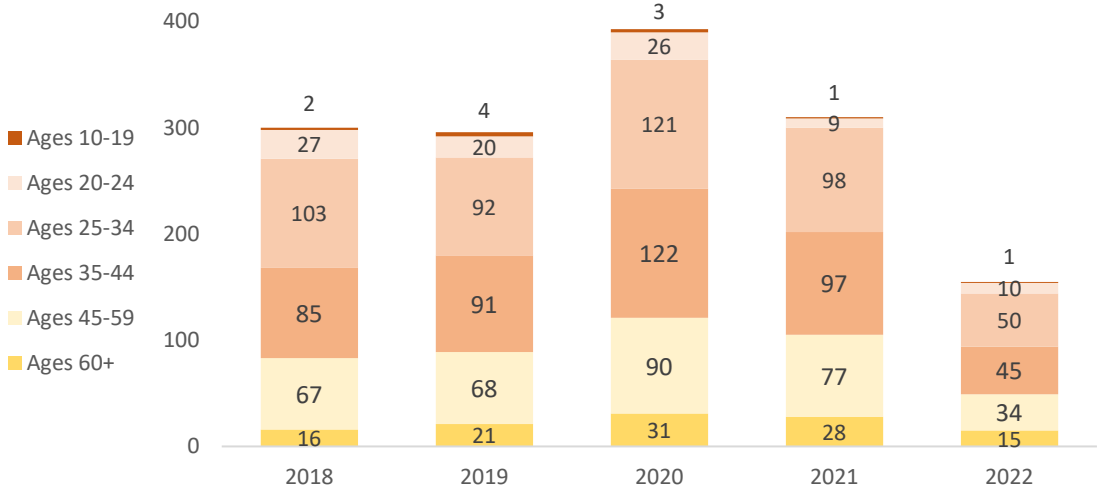
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

Opioid overdose deaths increased across all age groups from 2018 to 2022, with the largest increase among ages 10 to 19

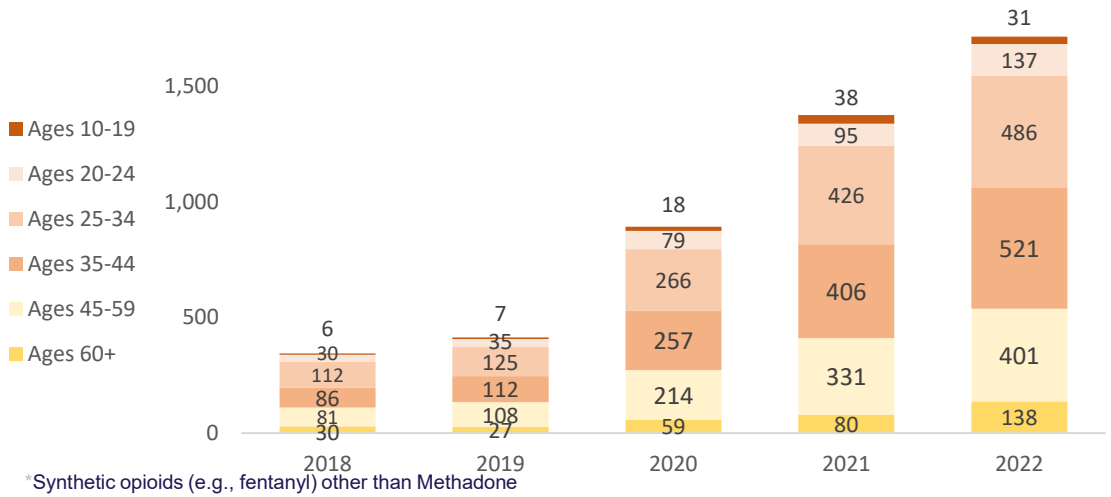
Total opioid overdose deaths by select age groups



Heroin opioid overdose deaths by select age groups



Synthetic* opioid overdose deaths by select age groups



*Synthetic opioids (e.g., fentanyl) other than Methadone

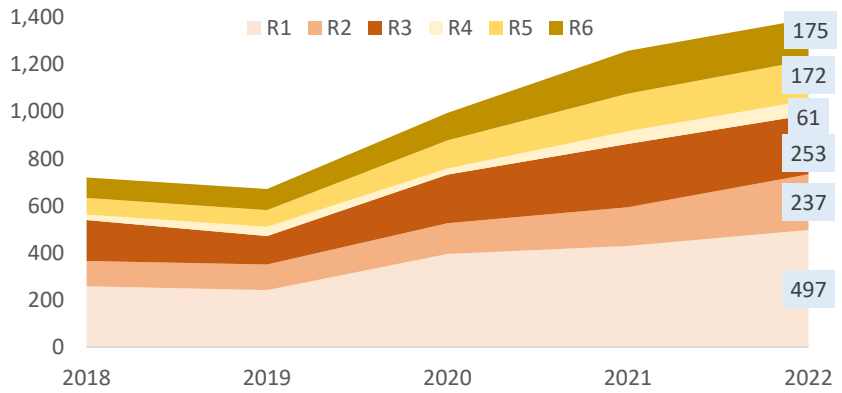
Key findings

- Opioid overdose deaths increased for all age groups shown from 2018-2022
  - The synthetic opioid subset also increased in overdose deaths for each age group, while heroin overdose deaths decreased for each age group
- Ages 10-19 saw the largest percent increase (210%) in total opioid overdose deaths from 2018 to 2022. Deaths from synthetic opioid overdoses increased 417% for this age group.
- From 2018-2022, synthetic opioid overdose deaths increased 506% for ages 35-44 and 395% for ages 45-59

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

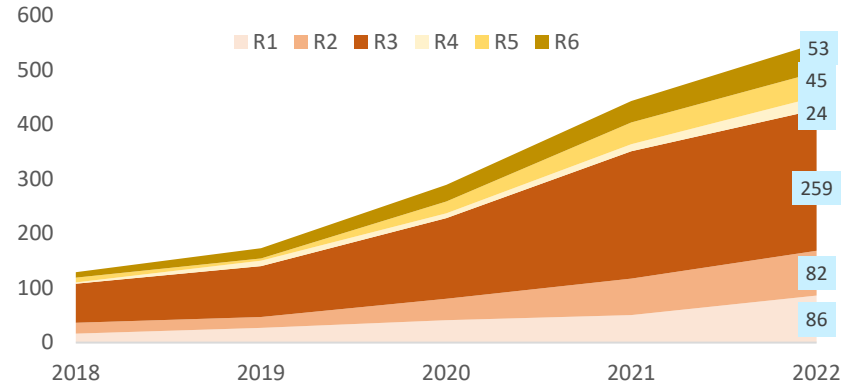
Georgia's White population experienced the largest total number of opioid overdose deaths over the 2018 - 2022 period compared to other racial and ethnic groups

Opioid overdose deaths for the White population, 2018-2022



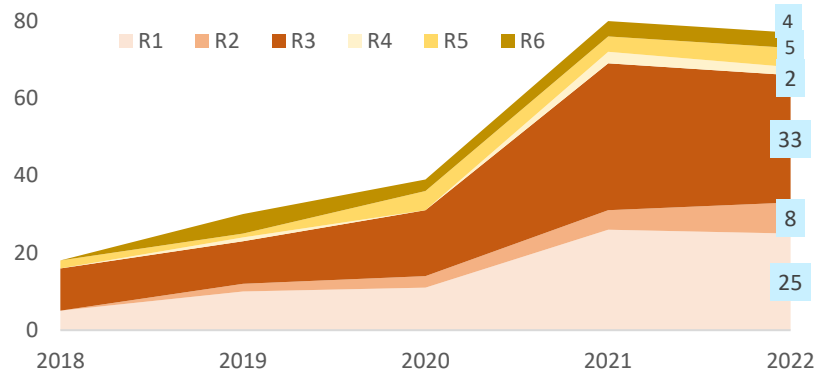
Region	5-yr Total
GA	5,041
R6	650
R5	594
R4	204
R3	1,023
R2	747
R1	1,823

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



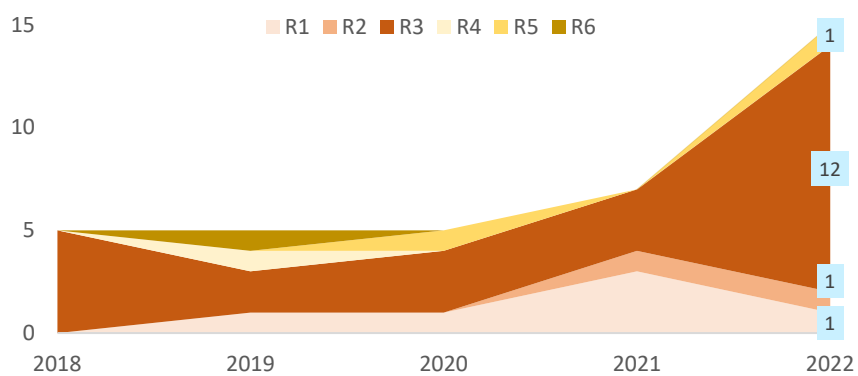
Region	5-yr Total
GA	1,583
R6	151
R5	120
R4	58
R3	806
R2	228
R1	220

Opioid overdose deaths for the Hispanic population, 2018-2022



Region	5-yr Total
GA	244
R6	16
R5	17
R4	6
R3	110
R2	18
R1	17

Opioid overdose deaths for the Asian population, 2018-2022



Region	5-yr Total
GA	37
R6	1
R5	2
R4	1
R3	25
R2	2
R1	6

Note: Data labels are not shown in 2022 for regions where there were no deaths.

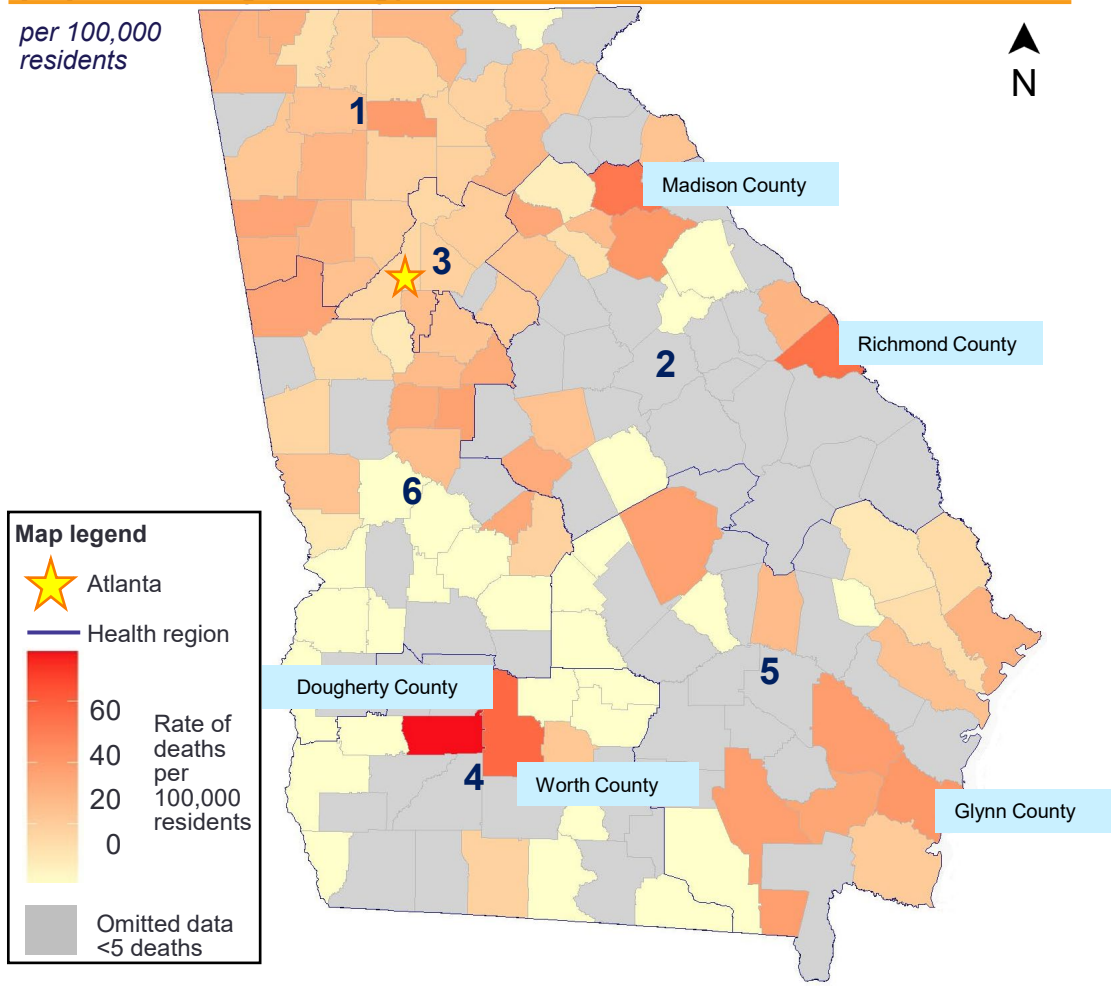
Key findings

- From 2018 to 2022, opioid overdose deaths totaled 5,041 for the White population, 1,583 for the Black or African-American population, 244 for the Hispanic population, and 37 for the Asian population
- Region 1 had the most deaths for Whites (1,823), while Region 3 had the most deaths for the Black or African-American (806), Hispanic (110), and Asian (25) population

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

In 2022, Regions 1 and 2 had the highest opioid overdose death rate among the White population

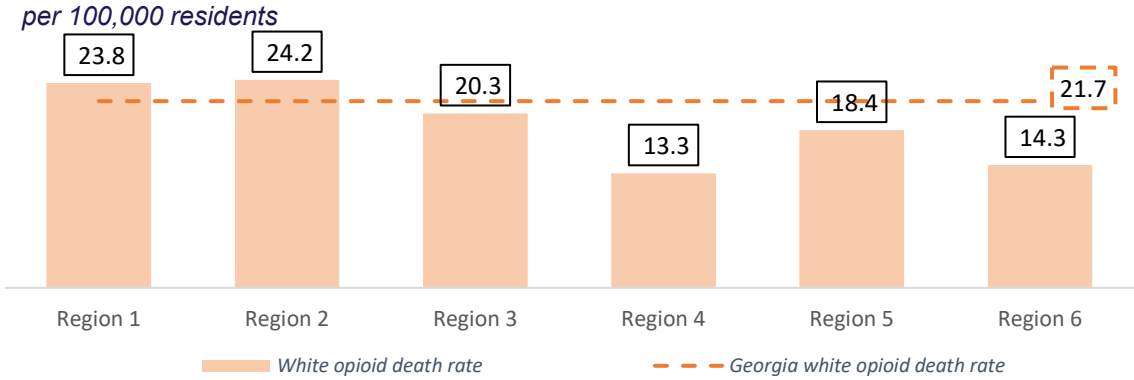
Map of rates of opioid overdose deaths for the White population by county, 2022



Key findings

- **Across Georgia in 2022, there were 21.7 opioid overdose deaths** per 100,000 white residents
- Among the White population, **56 counties had five or more opioid overdose deaths per 100,000 residents**
  - Opioid overdose death rates in these counties ranged from 6.9 per 100,000 minority residents to 76.1 per 100,000 white residents
- The **counties with the highest opioid-related death rates among the white population** were Dougherty (76.1), Worth (56.9), Richmond (54.0), Madison (52.2) and Glynn (40.7)
- **Across QBGs**, rates were 15.8 for Fulton, 19.8 for Gwinnett, 20.1 for Cobb, and 18.6 for DeKalb

Rates of opioid overdose deaths for the White population by region*, 2022

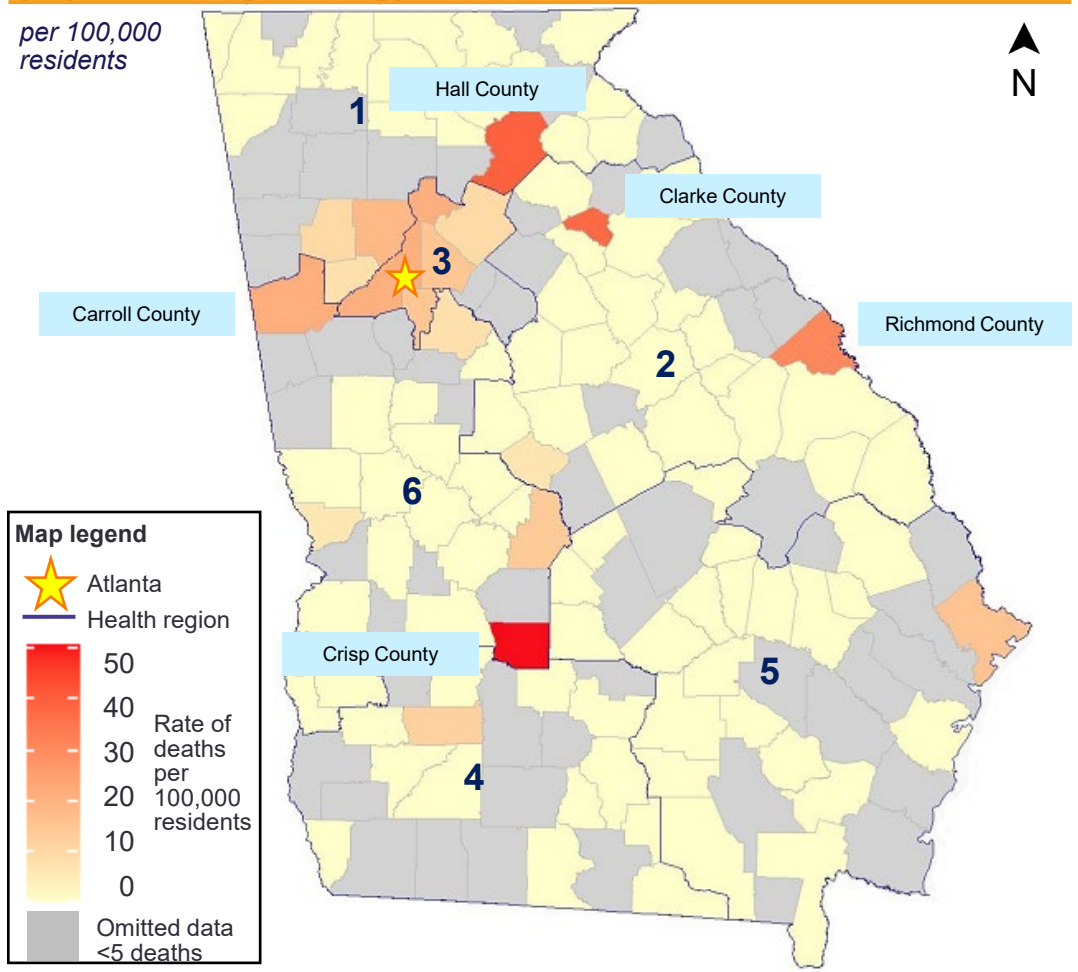


*Region represents average rates across counties within region

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.

In 2022 Region 3 experienced the highest opioid overdose death rate among Georgia's minority population, however the five counties with the highest minority death rates are spread across the state

Map of rates of opioid overdose deaths for the minority population by county, 2022

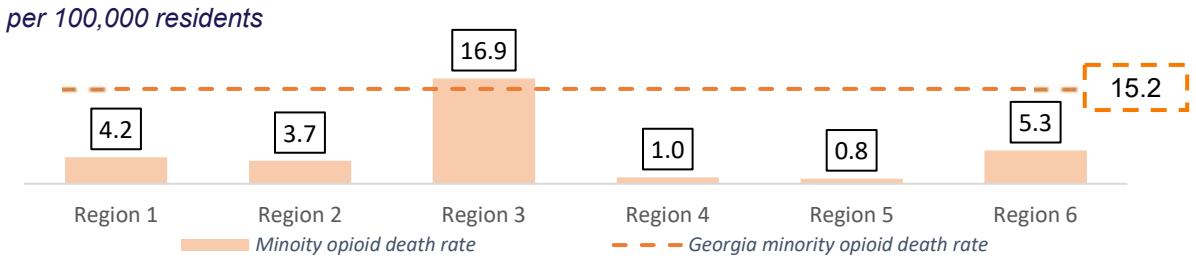


*The opioid overdose death rate for the Black or African American population serves as a proxy for the death rate for the Minority population. This is done because rate data for Asian, Multiracial and other races available for less than two counties.

Key findings

- Among the minority population, **18 counties had five or more opioid overdose deaths per 100,000 residents**
  - Opioid overdose death rates in these counties ranged from 7 per 100,000 minority residents to 56.7 per 100,000 minority residents
- The **counties with the highest opioid-related death rates among the minority population** were Crisp (56.7), Hall (44.3), Clarke (42), Richmond (34.5), and Carroll (23.7)
- Crisp County had **the highest opioid overdose death rate (56.7)** per 100,000 residents in the minority population
  - Hall County had the second largest opioid overdose death rate, 44.3 per 100,000 residents in the minority population

Rates of opioid overdose deaths for the minority population by region**, 2022



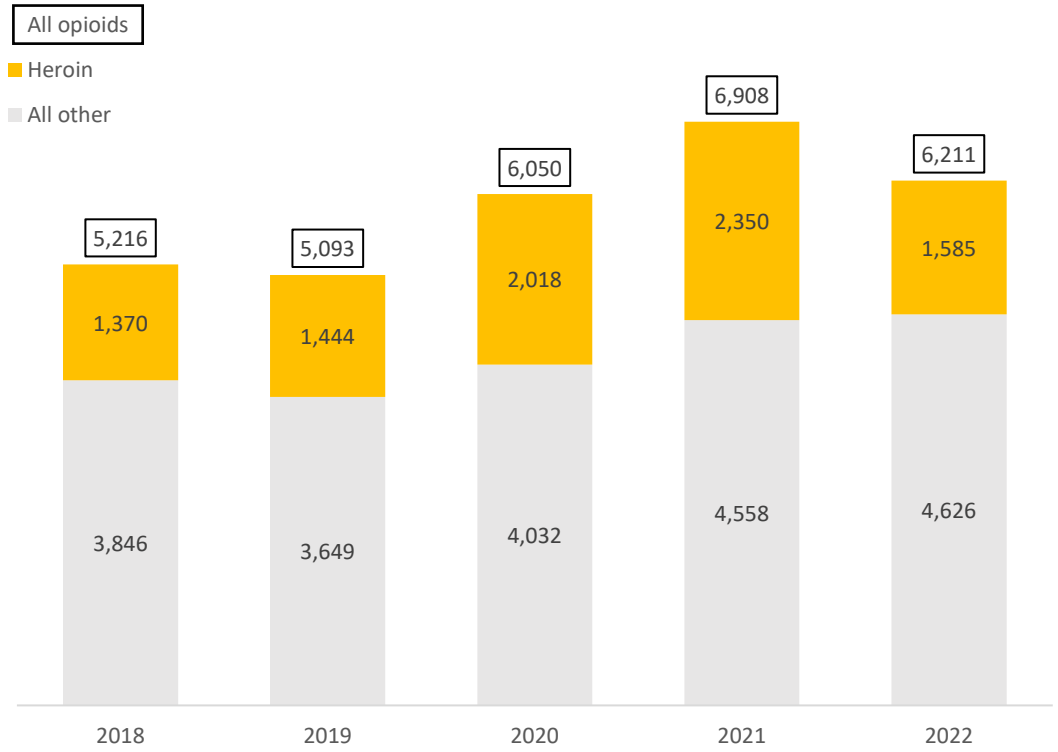
**Region represents average rates across counties within region

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.

Opioid-related Emergency Department Visits

Between 2018 and 2022, the total number of opioid-related emergency department (ED) visits peaked in 2021

Total opioid-related ED visits for all opioids in Georgia, 2018-2022



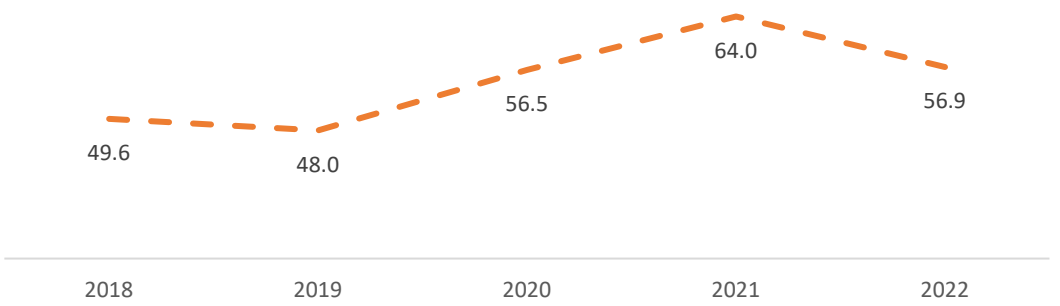
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. The synthetic drug subcategory and heroin subcategory are not necessarily mutually exclusive. 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 Georgia totaled 6,211,** representing a rate of 56.9 per 100,000 residents
  - Overall, opioid-related ED visits increased 19% from 5,216 in 2018
  - On average, opioid-related ED visits increased at a compound annual growth rate of 4.5%
- **Heroin** is a specific type of opioid-related drug. **From 2018 to 2022, heroin ED visits increased from 1,370 to 1,585**
  - This represents an increase of 16% and a compound annual growth rate of 3.7%

Rate of opioid-related ED visits in Georgia, 2018-2022

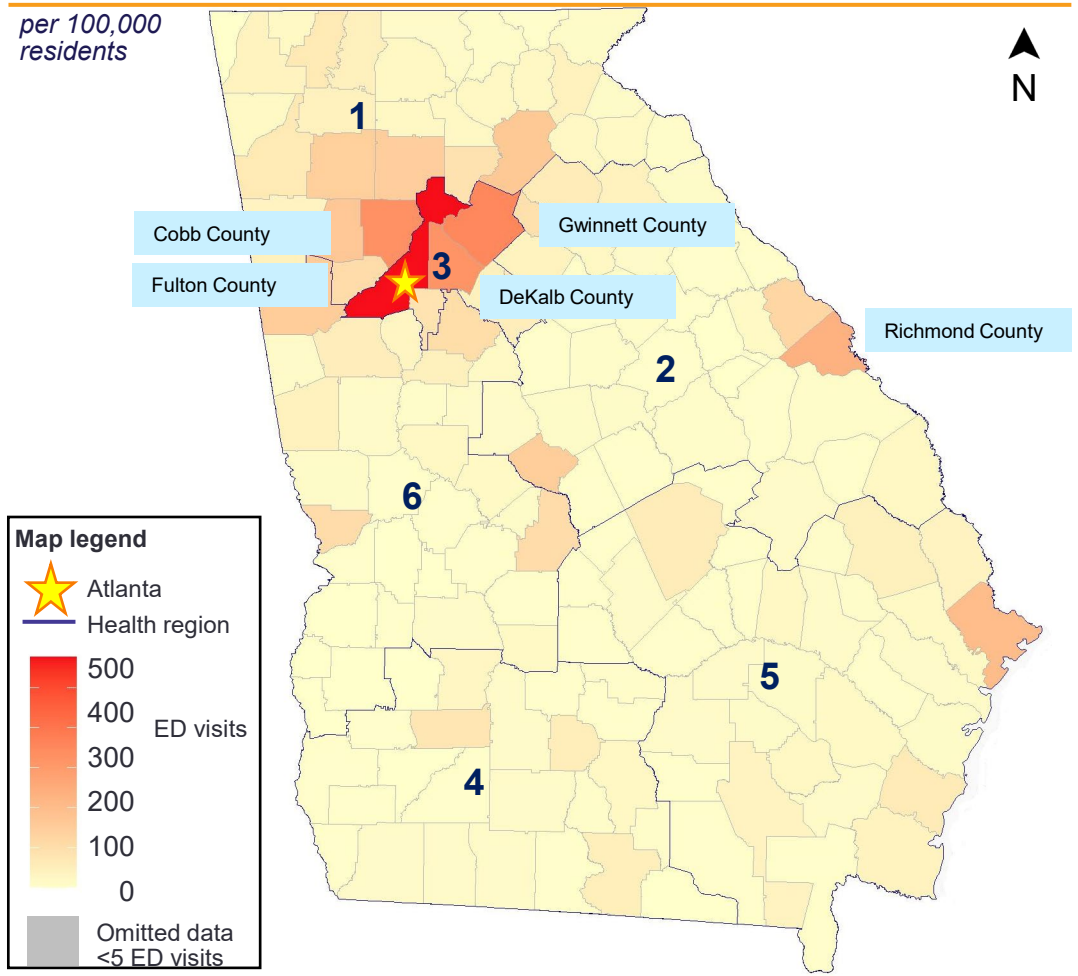
per 100,000 residents



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

Regions 1 and 3 had the largest total number of opioid-related ED visits from 2018 to 2022

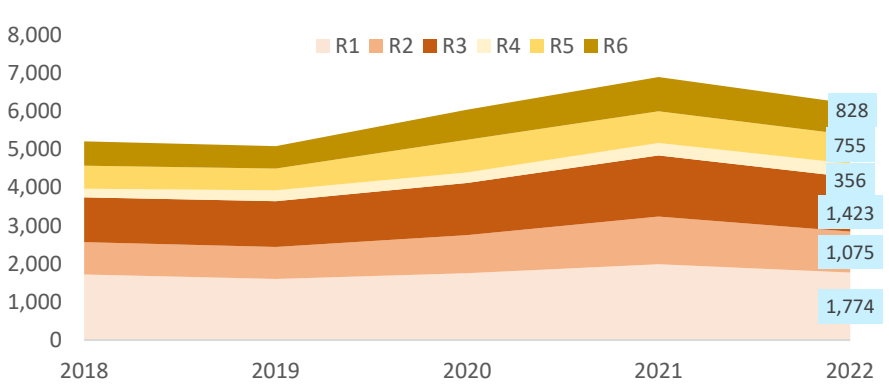
Map opioid-related ED visits by county, 2022



Key findings

- In 2022, **the top five counties with the largest number of opioid-related ED visits** were in Fulton (577), Gwinnett (350), Cobb (327), DeKalb (319), and Richmond (233)
  - The largest number of opioid-related ED visits coincided with counties with some of the largest population sizes in the state
- Region 1 had the **largest number of total opioid-related ED visits** in 2022 (1,774) and for the five-year period from 2018-2022 (8,836)
- Region 3 had the **second largest number of total opioid-related ED visits** in 2022 (1,423) and for the five-year period from 2018-2022 (6,783)

Five-year trends in total opioid-related ED visits by region*



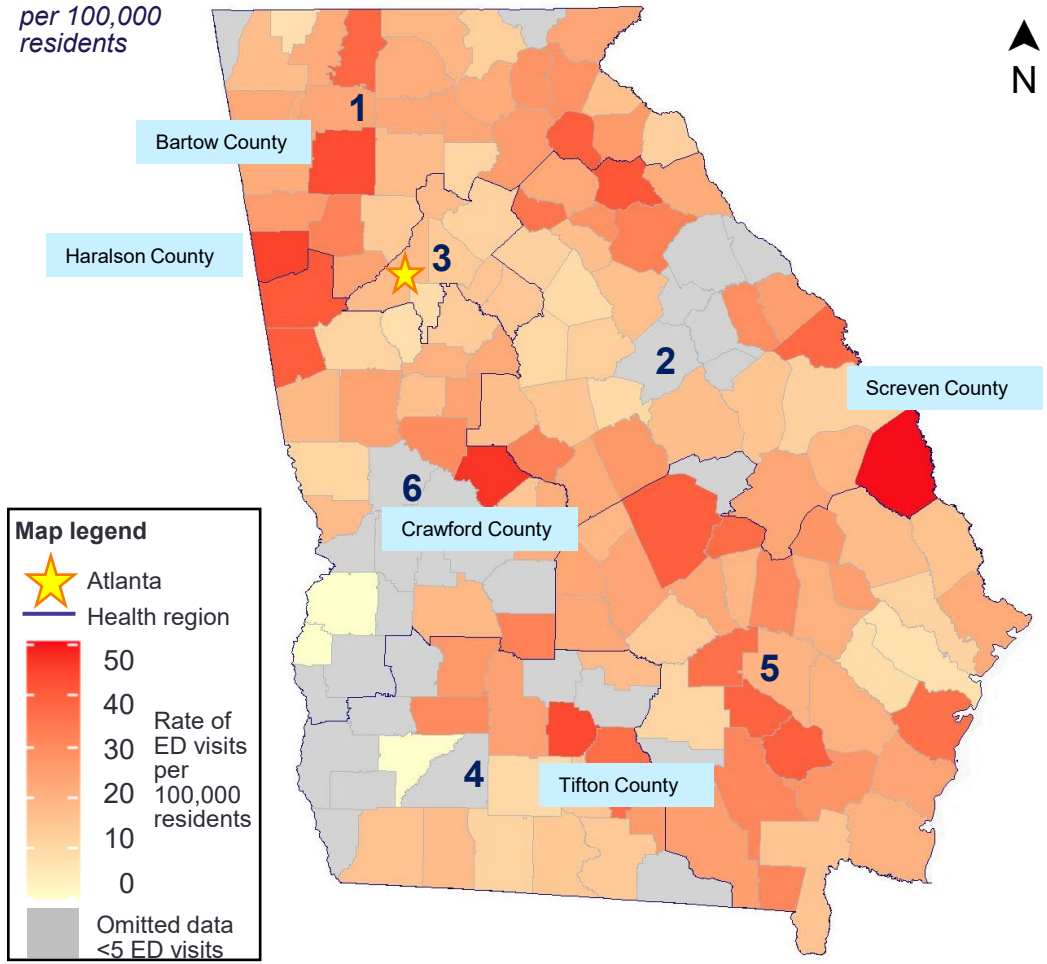
Region	5-yr Total
GA	29,478
R6	3,743
R5	3,620
R4	1,473
R3	6,783
R2	5,023
R1	8,836

*Region represents average rates across counties within region

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 rates of opioid-related ED visits have increased across the state since 2018

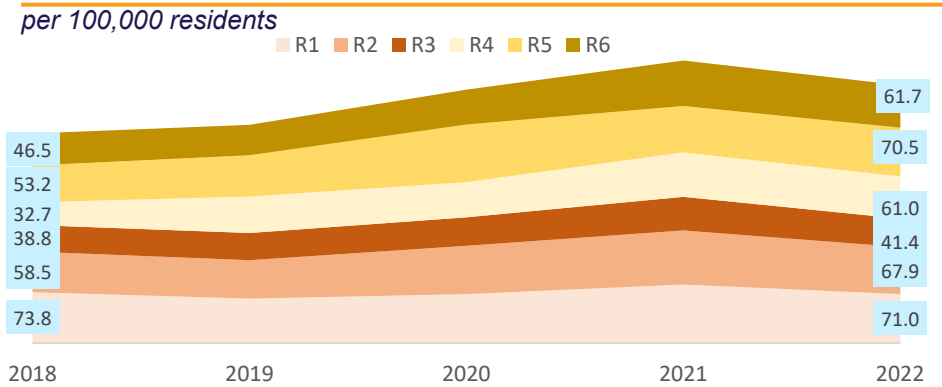
Map of rates of opioid-related ED visits by county, 2022



Key findings

- In 2022**, the top five counties with the highest rate of opioid-related ED visits** per 100,000 residents were Screven County (150.2), Crawford County (140.0), Haralson County (134.0), Tift County (130.4) and Bartow County (129.4)
- Region 1 had **the largest opioid-related ED visit rate** per 100,000 residents in 2022 (71.0)
- Across Georgia, from 2018 to 2022, the **average opioid-related ED visit rate** increased from 49.6 to 56.9 per 100,000 residents
  - Region 1 had the largest five-year average rate of 72.9 per 100,000 residents

Five-year trends in rates of opioid-related ED visits by region*



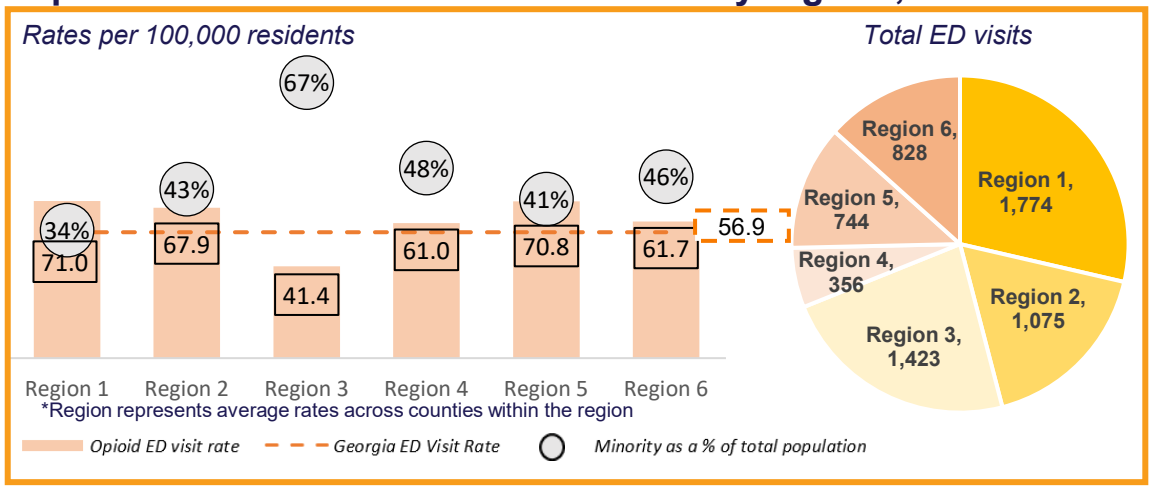
Region	5-yr Avg.
R6	53.8
R5	66.9
R4	52.4
R3	41.9
R2	66.1
R1	72.9

*Region represents average rates across counties within region

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.

Five regions out of the six regions have a higher rate of opioid-related ED visits per 100,000 residents compared to the state average

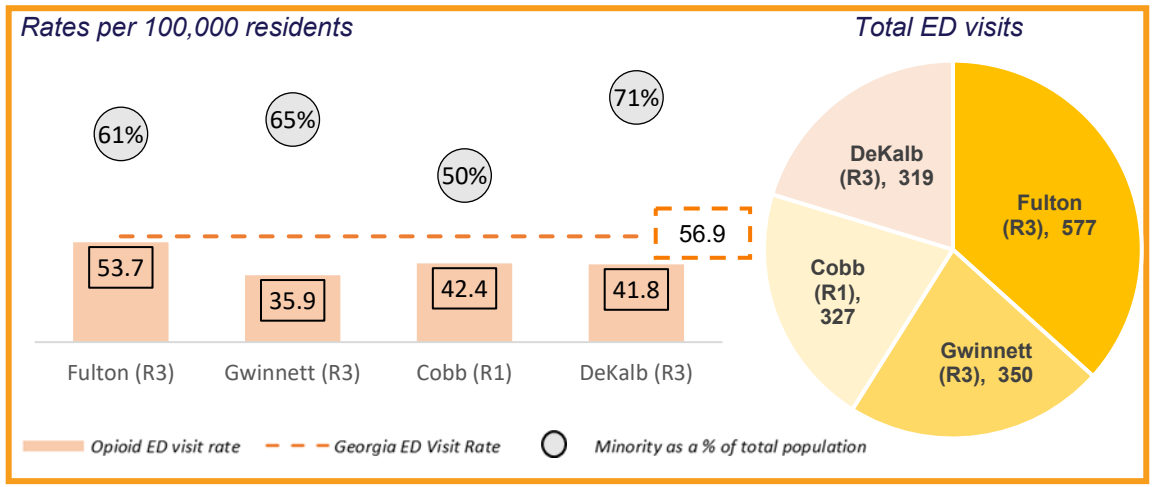
Opioid-related ED visits and visit rates by region*, 2022



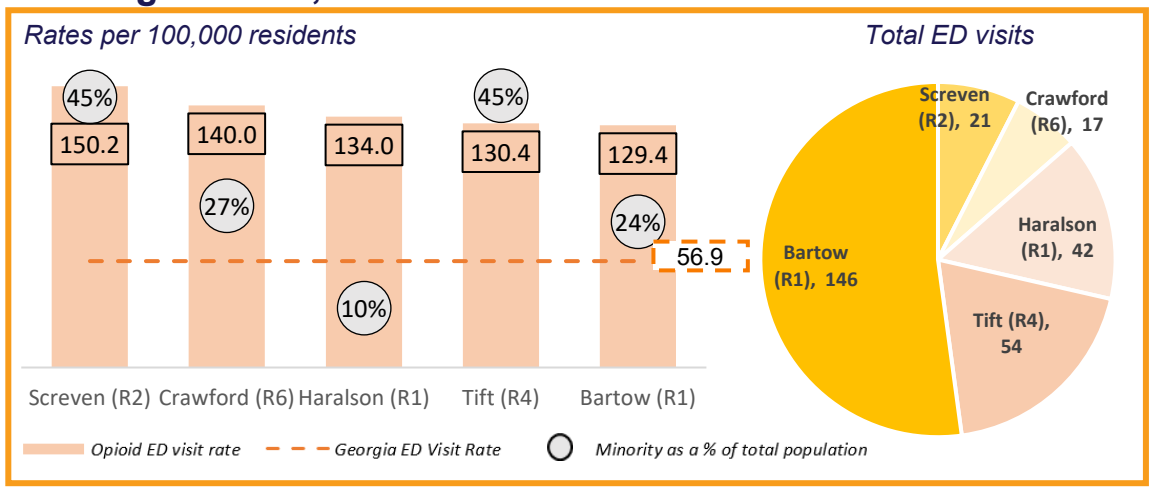
Key findings

- Region 1 had the **highest number of ED visits (1,774) and ED visit rate (71.0)**. Minorities represent 34% of region 1's population
- Region 3 has the **second highest number of ED visits in 2022** (1,423) and an ED visit rate of 41.4 per 100,000 residents. Minorities represent 67% of the region's population
- **Together, Fulton, Gwinnett, Cobb, and DeKalb had 1,573 opioid-related visits in 2022, or 25% of total 6,211 ED visits in the state**. The minority population in these QBGs range from 50% to 71% of the total population
- **For the top five counties, ED visit rates ranged from 129.4 to 150.2** per 100,000 residents. Together, the top five counties had a total of 280 ED visits, or 4.5% of the total ED visits in the state. The minority population in these counties ranges from 10% to 45% of the total population for each area

Opioid-related ED visits and visit rates by Qualified Block Grantees (QBGs), 2022



Opioid-related ED visits and visit rates for top five counties with the largest rates, 2022

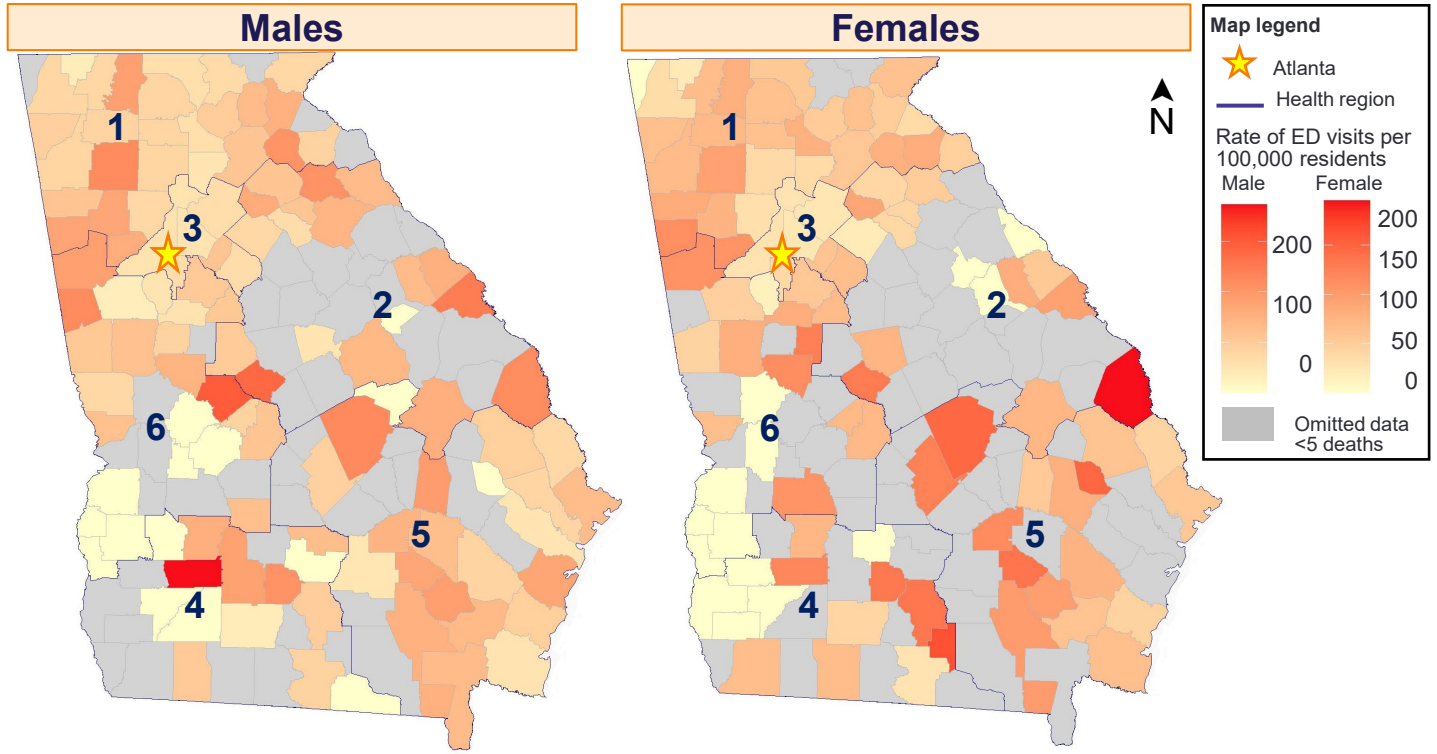


Sources: 2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

The rate of opioid-related ED visits among males has grown more significantly than females over the last five years

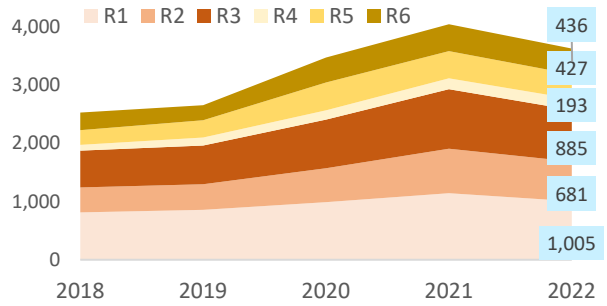
Map of rates of opioid-related ED visits by county, 2022

per 100,000 residents



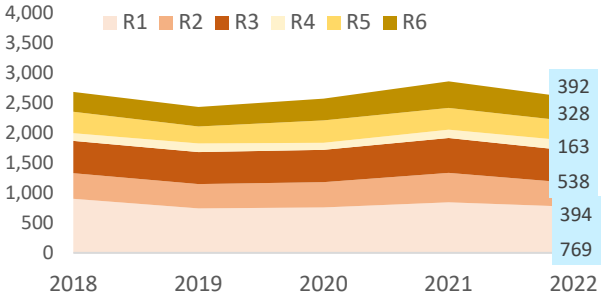
Opioid-related ED visits by region*, 2018-2022

Males



Region	5-yr Total
GA	16,332
R6	1,886
R5	1,922
R4	770
R3	4,049
R2	2,888
R1	4,817

Females



Region	5-yr Total
GA	13,146
R6	1,857
R5	1,698
R4	703
R3	2,734
R2	2,135
R1	4,019

*Region represents average rates across counties within region

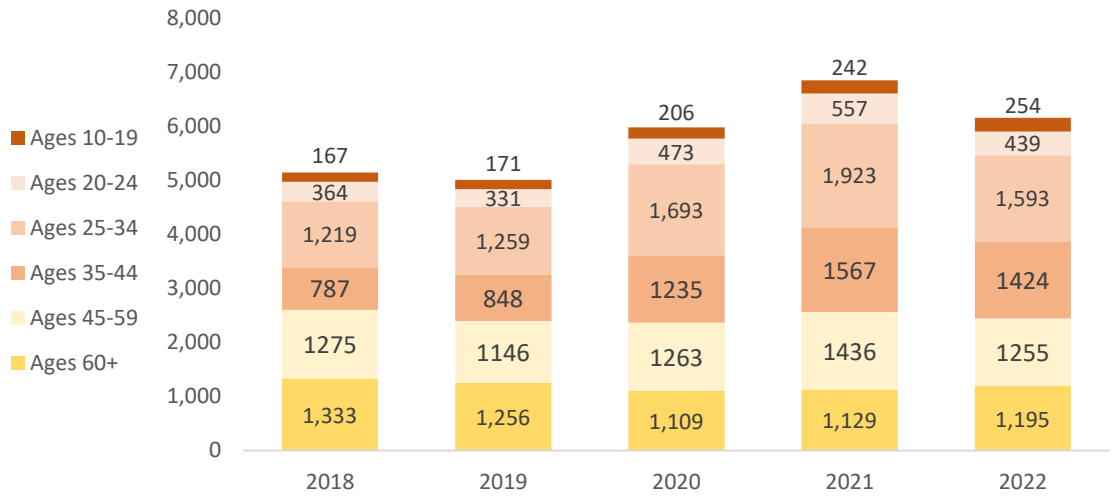
Key findings

- Across Georgia, opioid-related ED visits among males increased from 2,528 in 2018 to 3,627 in 2022, representing a compound annual growth rate of 9%. Region 1 had the most male opioid-related ED visits over the five-year timeframe (4,817), followed by Region 3 (4,049)
- Across Georgia, opioid-related ED visits females decreased from 2,688 in 2018 to 2,584 in 2022, representing a compound annual decline of -1%. Region 1 had the most female opioid-related ED visits over the five-year timeframe (4,019), followed by Region 3 (2,734)

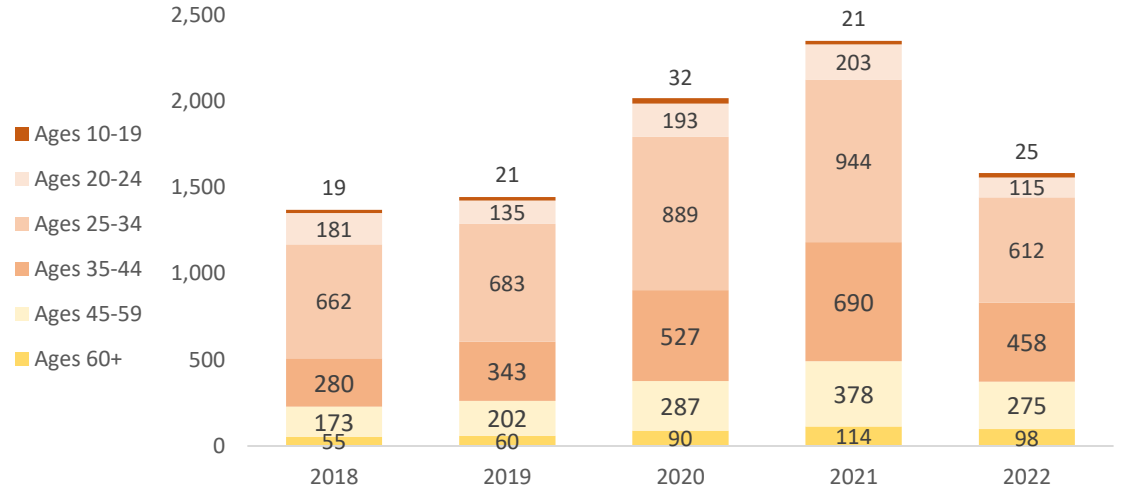
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

The number of opioid-related ED visits increased for all age groups from 2018 to 2022 except the 45 and older age groups

Total opioid-related ED visits by select age groups



Heroin ED visits by select age groups



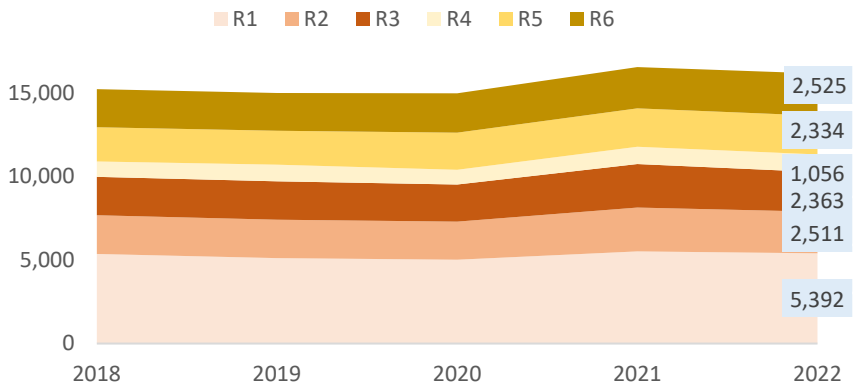
Key findings

- Opioid-related ED visits increased for all age groups shown from 2018-2022, with the exception of ages 45-59 and those ages 60 and up
- Ages 35-44 saw the largest percentage increase (81%) in opioid-related ED visits, followed by age 10-19 (52%)
- The subset of heroin ED visits increased 64% for ages 35-44 and 32% for ages 10-19
- Ages 60 and up saw the largest percentage increase (78%) in heroin ED visits
- In 2021, ED visits peaked for both opioids (6,908) and heroin visits (2,350)

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

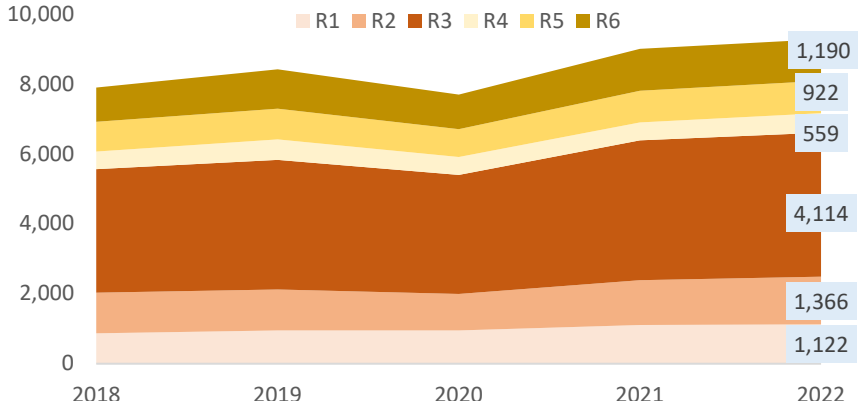
The majority of total opioid-related ED visits are attributed to Georgia's White population

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



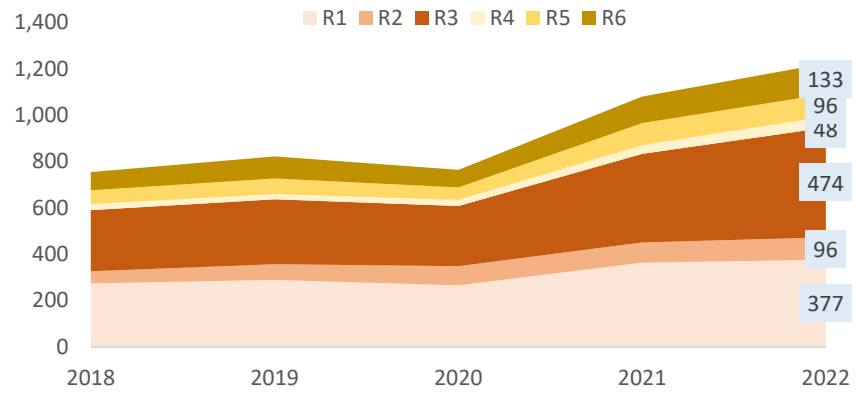
Region	5-yr Total
GA	78,007
R6	11,949
R5	10,906
R4	4,885
R3	11,820
R2	12,038
R1	26,409

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



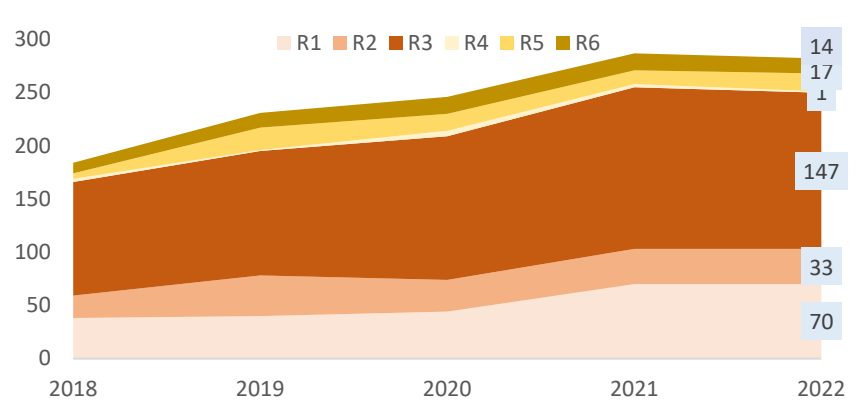
Region	5-yr Total
GA	42,275
R6	5,481
R5	4,355
R4	2,663
R3	18,761
R2	6,020
R1	4,995

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



Region	5-yr Total
GA	4,647
R6	498
R5	372
R4	160
R3	1,660
R2	386
R1	1,571

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



Region	5-yr Total
GA	1,230
R6	70
R5	72
R4	13
R3	658
R2	155
R1	262

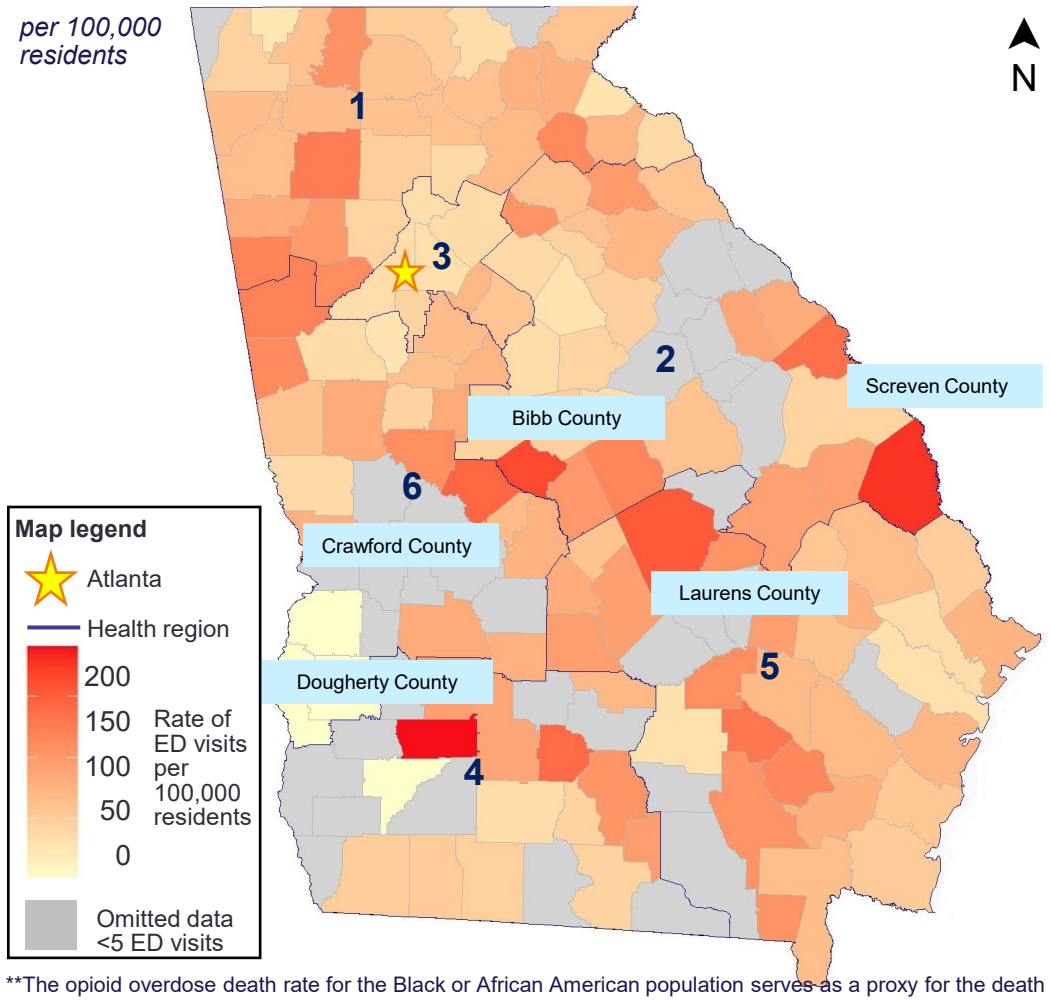
Key findings

- From 2018 to 2022, opioid-related ED visits totaled 78,007 for the White population, 42,275 for the Black or African-American population, 4,647 for the Hispanic population, and 1,230 for the Asian population
- Region 1 had the most opioid-related ED visits for Whites (26,409), while Region 3 had the most ED visits for the Black or African-American (18,761), Hispanic (1,660), and Asian (658) population

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

Rural regions experienced the highest rates of opioid-related ED visits among the White population in 2022

Map of rates of opioid-related ED visits for the White population by county, 2022

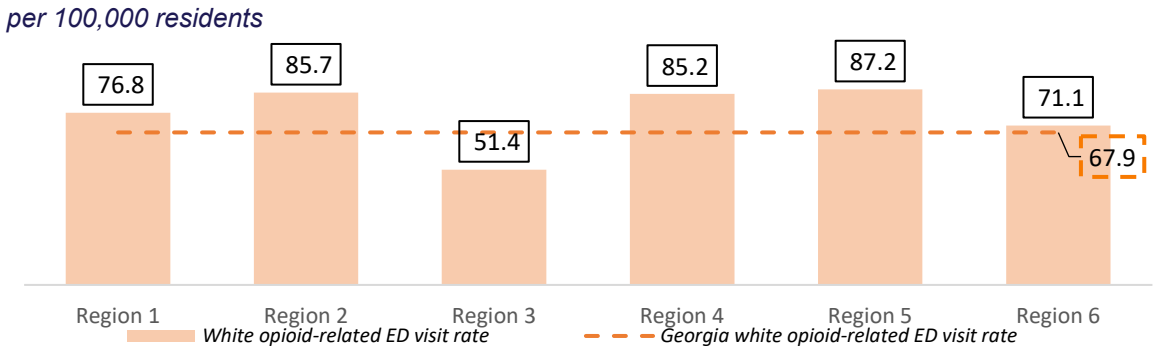


**The opioid overdose death rate for the Black or African American population serves as a proxy for the death rate for the Minority population. This is done because rate data for Asian, Multiracial and other races available for less than two counties.

Key findings

- **Across Georgia, there were 69.7 opioid-related ED visits** per 100,000 White residents in 2022
- Among the White population, **85 counties had five or more opioid-related ED visits per 100,000 residents**
  - Opioid-related ED visit rates in these counties ranged from 30.7 per 100,000 White residents to 214.1 per 100,000 White residents
- The **counties with the highest opioid-related ED visits among the White population** were Dougherty (214.1), Screven (199.4), Bibb (186.4), Laurens (172.8), and Crawford (163.5)
- **Across QBGs**, rates were 37.5 for Fulton, 40.9 for Gwinnett, 49.1 for Cobb, and 35.5 for DeKalb

Rates of opioid-related ED visits for the White population by *region, 2022



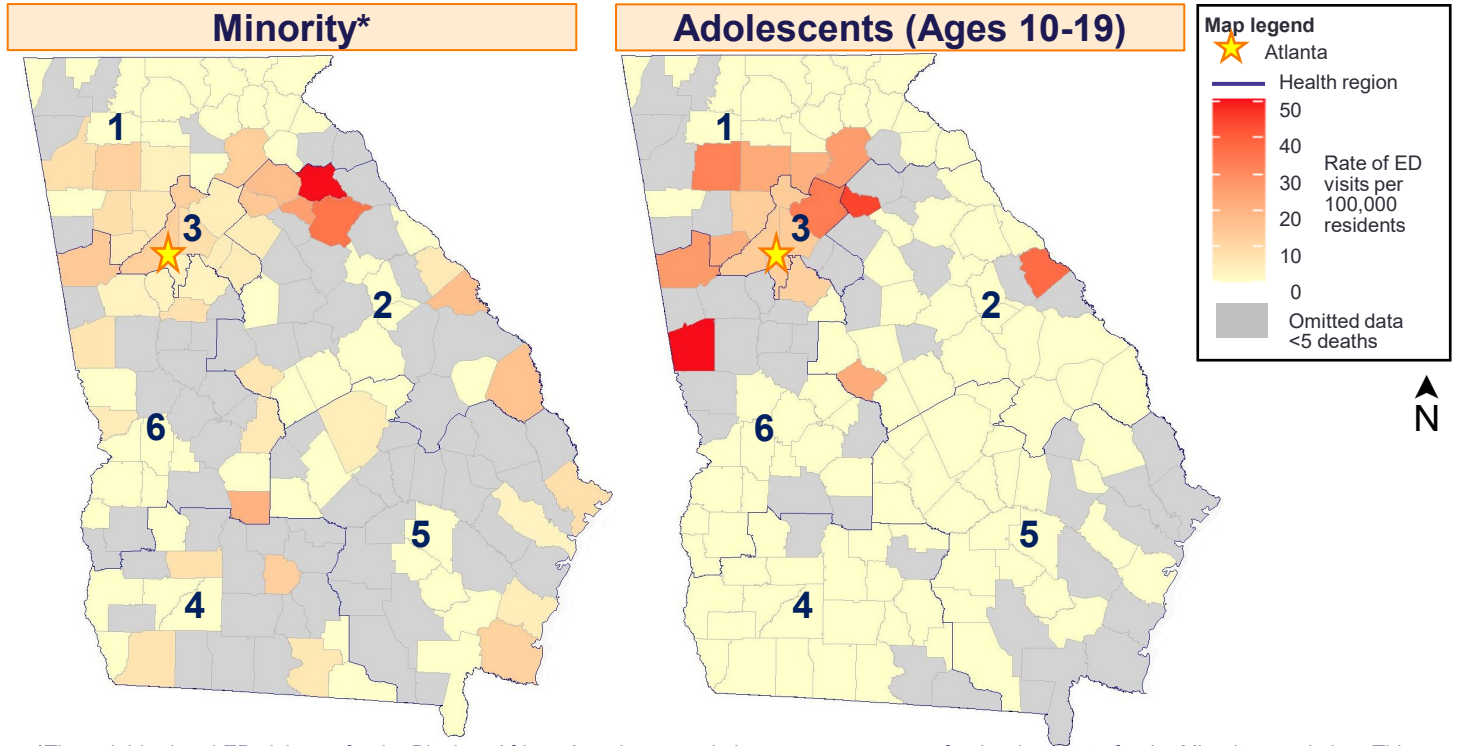
*Region represents average rates across counties within region

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 counties with the highest rates of minority and adolescent opioid-related ED visits are in the northern portion of the state

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

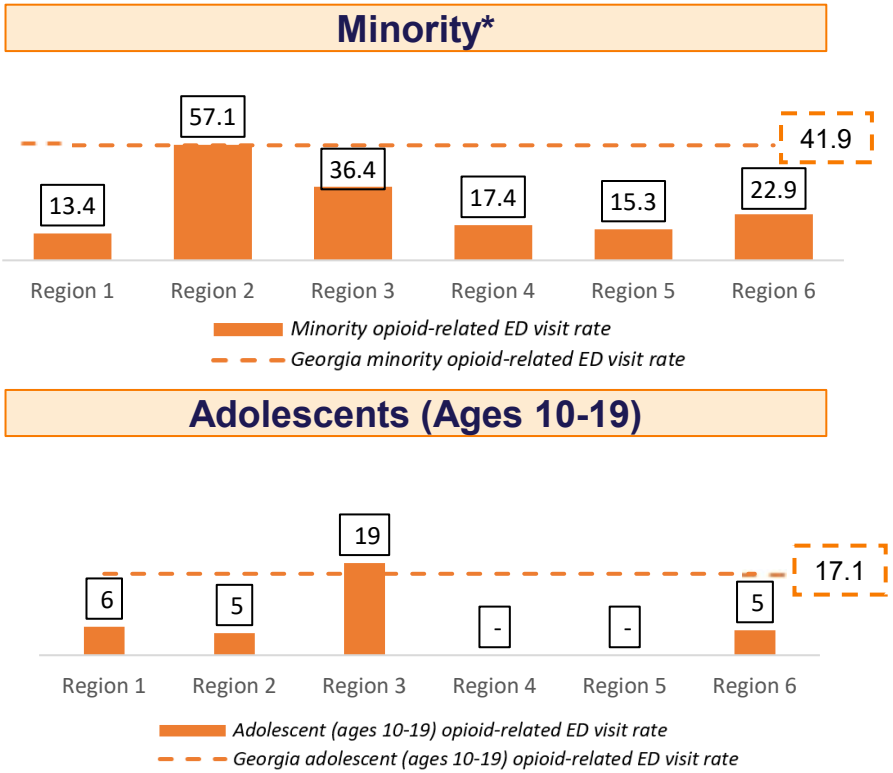
per 100,000 residents



*The opioid-related ED visit rate for the Black or African American population serves as a proxy for the death rate for the Minority population. This is done because rate data for Asian, Multiracial and other races are notably smaller.

Rates of opioid-related ED visits by region, 2022

per 100,000 residents



Key findings

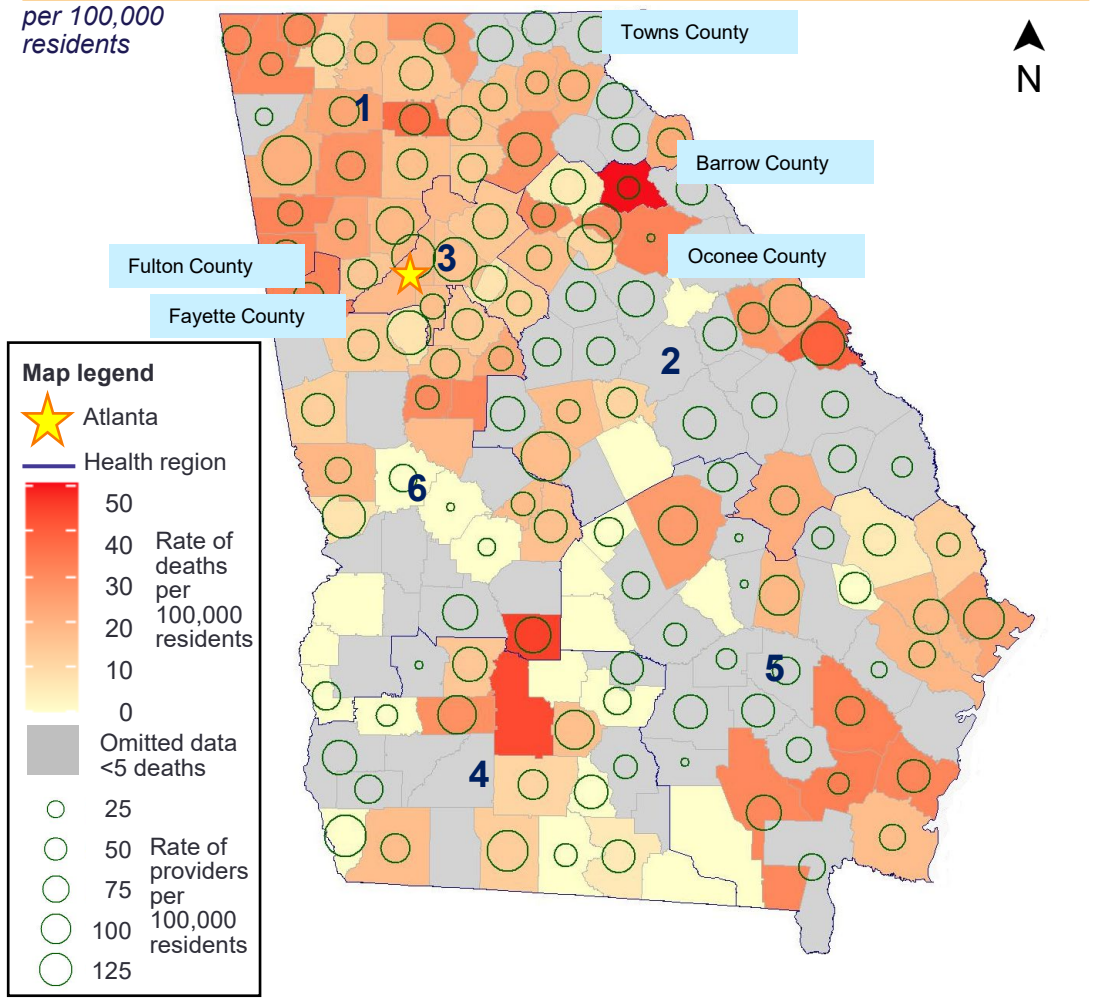
- In 2022, Region 2 had the highest opioid-related ED visit rate of 57.1 per 100,000 residents for the minority population, relative to the state rate of 41.9 per 100,000 minority residents
- Region 3 had the highest adolescent (ages 10-19) opioid-related ED visit rate of 19.4 per 100,000 adolescents, relative to the state rate of 17.1 per 100,000 adolescent 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.

Overall Opioid Burden Relative to BHSS Provider Prevalence

Across Georgia, there is not necessarily an association between the number of behavioral health and social services providers and opioid overdose deaths

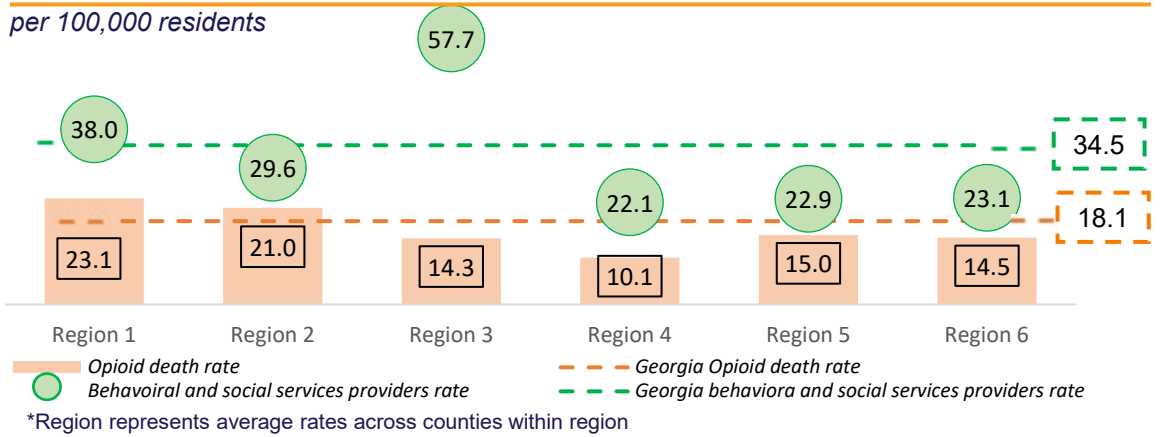
Map of rates of opioid overdose deaths and behavioral health and social services providers by county, 2022



Key findings

- Across Georgia, there are 34.5 behavioral and social services providers per 100,000 residents
- Region 3, with a rate of 57.1 providers per 100,000 residents, and Region 1, with a rate of 38.0 providers per 100,000 residents, are the only two regions that exceed the statewide rate
- On average, the lowest rates of BHSS providers per 100,000 are in Region 4 (22.1), Region 5 (22.9) and Region 6 (23.1)
- Barrow County (278.8), Fayette County (135.8), Towns County (122), Oconee County (112.2), and Fulton County (111.6) have the highest rates of providers per 100,000 residents

Rates of opioid overdose deaths and behavioral health and social services providers by region, 2021/2022

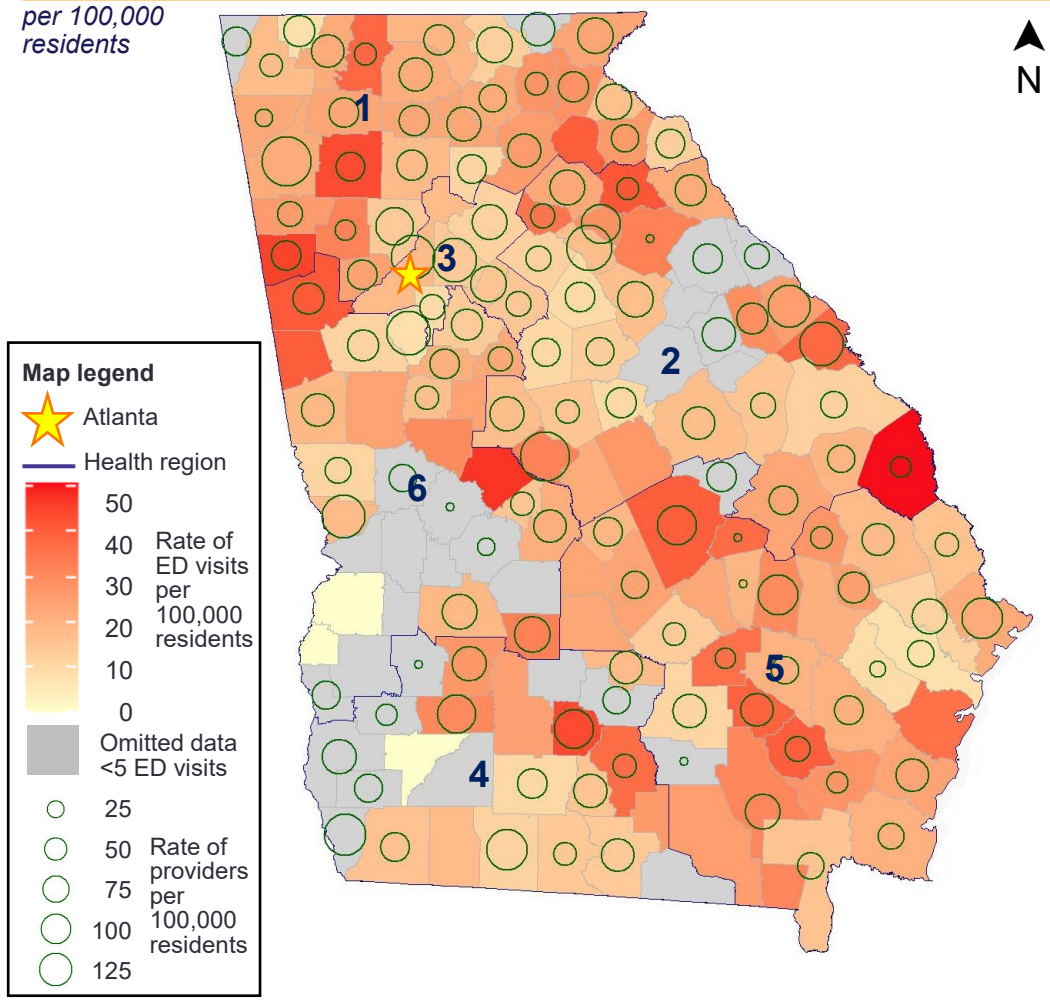


*Region represents average rates across counties within region

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.

The rural regions across the state on average have higher opioid-related ED visit rates and lower rates of BHSS providers available

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

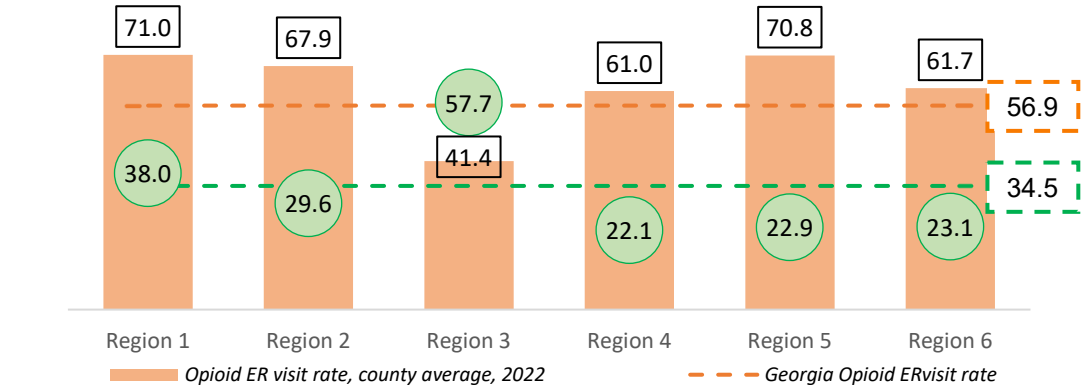


Key findings

- Regions 2, 4, 5 and 6 had opioid-related ED visit rates per 100,000 residents above the statewide rate in 2022 and below-average rates of behavioral health and social services providers
  - Region 2: 67.9 ED visits per 100,000
  - Region 4: 61.0 ED visits per 100,000
  - Region 5: 70.8 ED visits per 100,000
  - Region 6: 61.7 ED visits per 100,000

Rates of opioid-related ED visits and behavioral and social services providers by region, 2022

per 100,000 residents



*Region represents average rates across counties within region

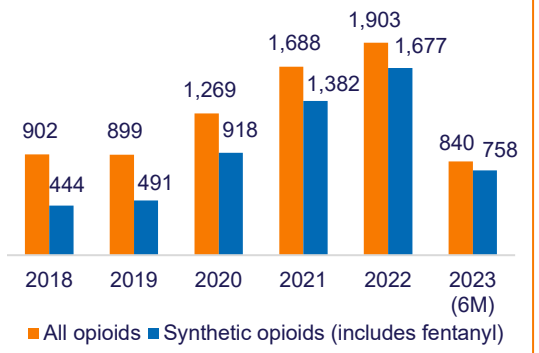
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data. 2022 Georgia Department of Health provider list.

Additional Data and Findings on Georgia's Statewide Opioid Burden

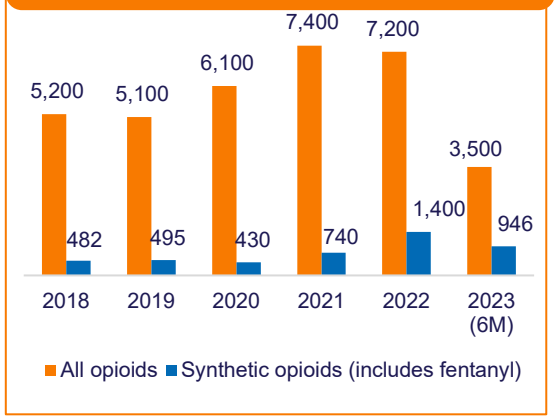
Despite improved prescribing and treatment facilities, opioid-related deaths and ED visits continue to rise in Georgia

Opioid overdose burden

Overdose death counts, 2018-2023[1]

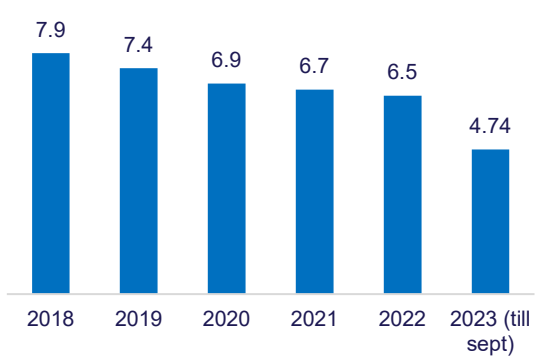


ED visits and hospitalizations, 2018-2023[1]



Opioid prescription trends

Opioid prescriptions (millions), 2016-2023[2]



Top ten opioid drugs[3]

Top ten opioid drugs[3]	No. of Rx (in 10,000s), 2022	Y-O-Y change (%)
Hydrocodone	213.6	-5.3%
Oxycodone	173.6	-0.3%
Tramadol	137.7	-4.7%
Codeine	47.2	-0.4%
Buprenorphine	33.6	2.2%
Morphine	23.7	-3.6%
Fentanyl	7.5	-11.3%
Hydromorphone	6.1	1.6%
Methadone	5.2	-8.3%
Codeine, Bultabital	2.0	-7.2%

Treatment availability

Availability of treatment facilities[4]

Facilities providing substance use services, 2023 (accepting Medicaid)
271 (156)

Facilities providing some MAT, 2023 (accepting Medicaid)
153 (82)

Facilities providing at least two different forms of MAT, 2023 (accepting Medicaid)
107 (67)

Facilities providing all MAT, 2023 (accepting Medicaid)
7 (7)

Substance use facilities offering HIV testing, 2023
151

Syringe exchange program sites[6]
30

Drug drop box locations[7]
180+

Recovery services

Recovery support services, 2022[5]

Facilities providing mentoring / peer support
208

Self-help groups (for example, AA, NA, SMART Recovery)
144

Facilities aiding in obtaining social services (for example, Medicaid, WIC, SSI, SSDI)
198

Facilities aiding in locating housing for individuals
215

Facilities offering recovery coach
95

Facilities offering employment counselling or training
176

Source: 1) ESRI-Health 2) Georgia Prescription Drug Monitoring Program (PDMP) monthly report—September 2023 3) 2022 PDMP annual surveillance report 4) https://opioid.amfar.org/indicator/SA_fac 5) N-SUMHSS state profile 2022 6) GA Harm Reduction Coalition 7) law.georgia.gov
Click on graphs for more details

Addressing the opioid burden requires a comprehensive understanding of current challenges and a proactive approach to tackle the crisis

Prevailing issues

Stigma attached to SUD might increase substance use problems, delay treatments, and increase dropout rates

Presence of illicitly manufactured **fentanyl** and **polysubstance use**

Unawareness and lack of education amongst youth and adolescents

Homelessness frequently contributes to substance use; **10,689** people were homeless in Georgia on a single night in February 2022

Limited **access** to treatment:

- Most counties in Georgia lack convenient access to methadone clinics (within a 15-minute drive radius)
- The limited number of providers accepting Medicaid / Medicare can pose a potential barrier to accessing treatment; In 2022, self-pay visits accounted for 42% of ED visits while Medicaid / Medicare covered approximately 35% of ED visits

Potential focus areas

- Three areas with the most significant need are Northwest Georgia, the Athens area, and the Metro Atlanta area*
- Enhance the workforce engaged in OUD treatment and recovery
- Establish additional behavioral health crisis centers
- Incorporate more crisis stabilization beds and temporary observation chairs to meet the demand

Relational needs

- Culturally appropriate support programs
- Create treatment programs matched to individual needs
- Awareness about the need for expanded SUD support
- Programs for non-English speakers
- Peer support among immigrant groups, and smaller cultural and demographic groups

Structural needs

- Programs for people who use more than one substance
- Safe needle exchange programs
- Basic medical support for underserved communities
- Reduction in barriers to support and care for OUD
- Enhance access to naloxone for first responders
- Housing support, vocational, support, and food support for at-risk populations

Transformational needs

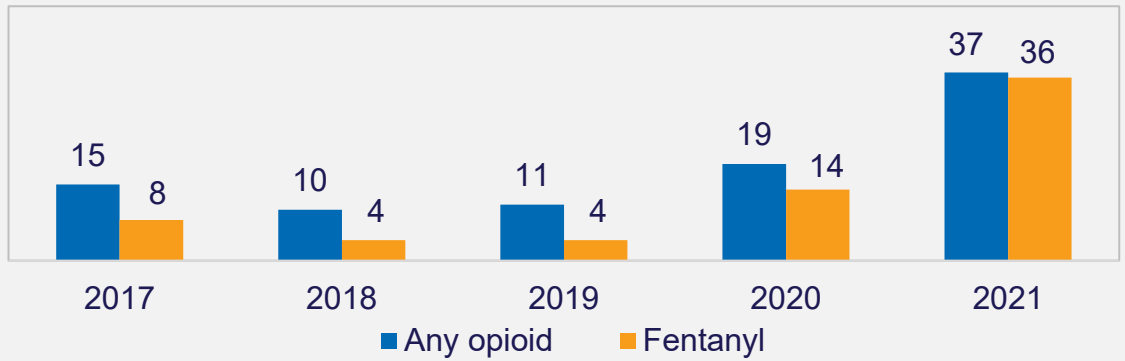
- Elimination of stigma around OUD, and OUD treatment
- Addressing the problem of overprescribing medication to older adults
- An integrated, holistic approach to SUD treatment and support
- Harm reduction programs
- Training for all physicians in identifying the signs and symptoms of substance use disorder, especially opioid use disorder

Sources: Access to methadone clinics and opioid overdose deaths in Georgia: A geospatial analysis; The Opioid Crisis in Georgia

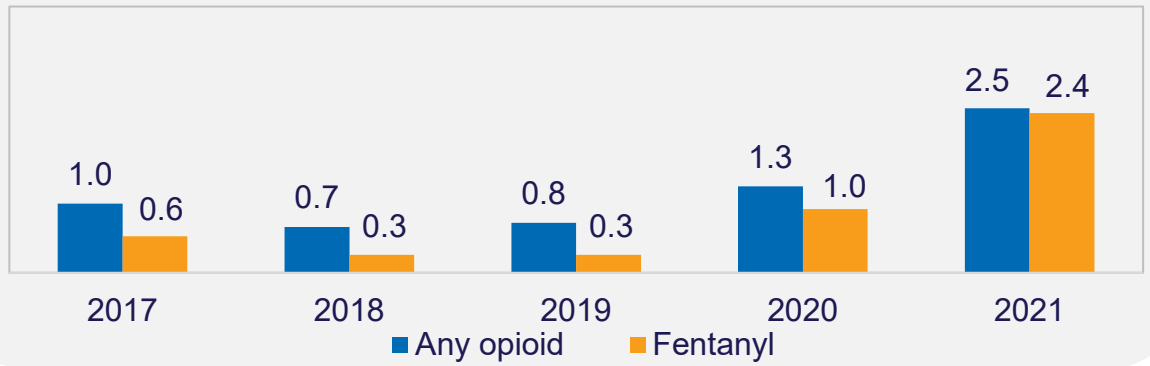
*All counties in the scope (Cobb, Fulton, DeKalb and Gwinnett) fall in the Metro Atlanta Area

Fentanyl-involved overdose deaths among adolescents increased by an alarming 800% from 2019 to 2021 in Georgia

Drug overdose deaths count among adolescents aged 10-19 years, 2017-2021



Drug overdose death rate among adolescents aged 10-19 years, 2017-2021



Key findings

Deaths involving any opioid increased by **236%** from 2019-2021

Deaths involving fentanyl increased by **800%** among adolescents form 2019-2021, **3.7 times** more than adults

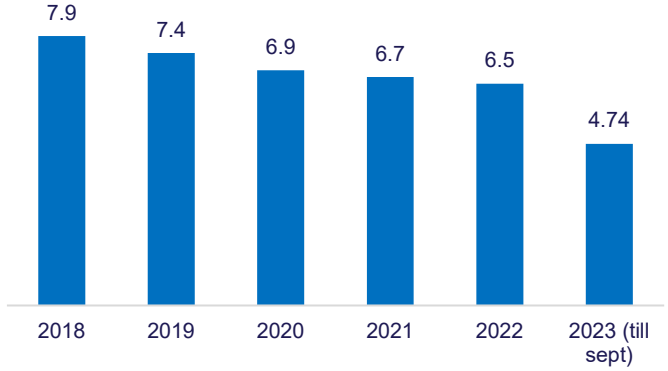
The proportion of deaths involving fentanyl rose to **78%** among adolescents, compared to 53% for adults

Rising fentanyl-related overdose deaths among adolescents **underscore the need for increased education and awareness regarding its risks and prevalence in illegal drug markets**

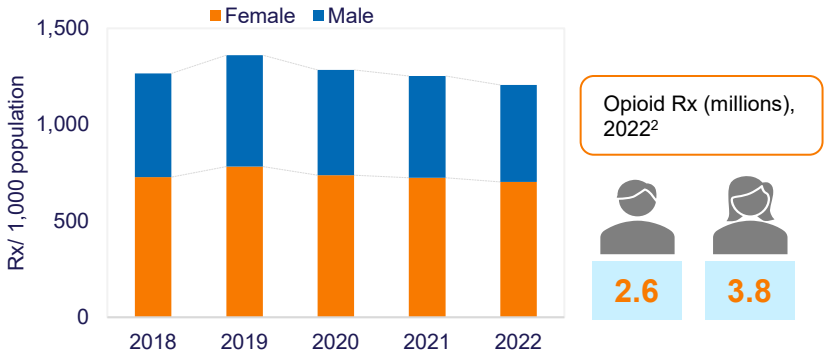
Source: Adolescent opioid surveillance report 2019-2021

Improved prescribing practices/PDMP in Georgia have resulted in ~18% decrease in the number of opioid prescriptions from 2018 to 2022

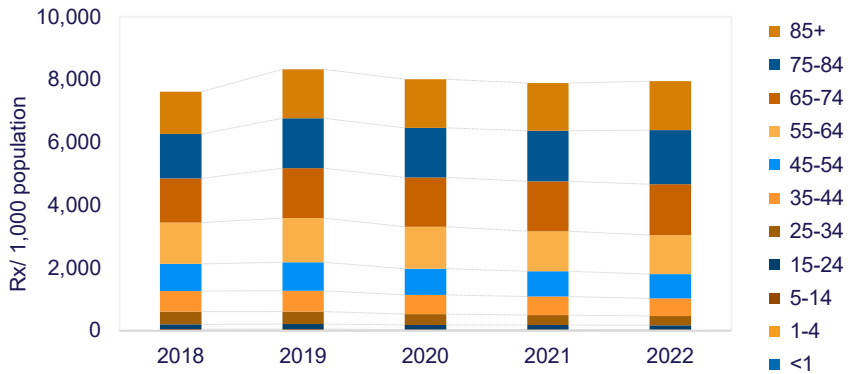
Number of opioid Rx (millions), 2018-2023[1]



Opioid prescription rates, by gender[2]



Opioid Rx rates, by age[2]

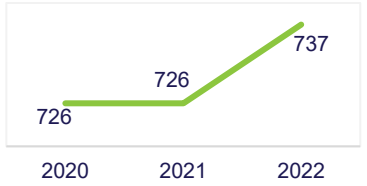


Top ten opioids prescribed, 2021-2022[2]

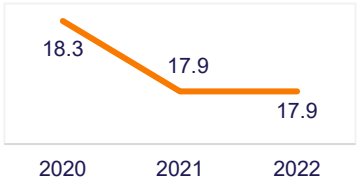
	No. of Rx (in 10,000)		
Opioid drug	2021	2022	% change
Hydrocodone	225.6	213.6	-5.3%
Oxycodone	174.0	173.6	-0.3%
Tramadol	144.5	137.7	-4.7%
Codeine	47.4	47.2	-0.4%
Buprenorphine	32.9	33.6	2.2%
Morphine	24.6	23.7	-3.6%
Fentanyl	8.5	7.5	-11.3%
Hydromorphone	6.0	6.1	1.6%
Methadone	5.7	5.2	-8.3%
Codeine, Bultabital	2.1	2.0	-7.2%

PDMP Data Indicators, 2020-2022[2,3]

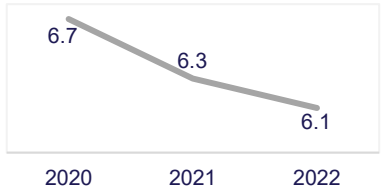
Opioid Rx / 1,000 population (age adjusted)



Days per opioid Rx



% Patients receiving average daily dose ≥ 90 MME



Number of opioid patients (millions)

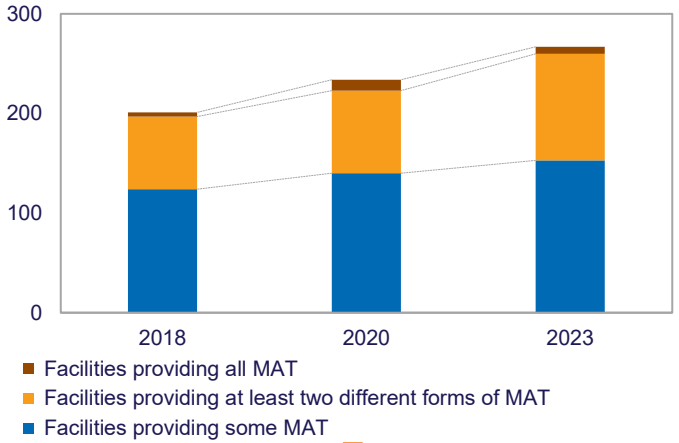
Key findings

- The number of opioid prescriptions decreased by 3% from 2021 to 2022
- Older people suffer with more chronic pain conditions and thus are more likely to be prescribed opioids for long periods
  - From 2021 to 2022, the rate of opioid prescriptions dispensed increased by 2% among those aged 65-74 years, 7% among those aged 75-84 years, and 3% among those aged 85+
- Women use prescribed opioids at higher rates than men due to wide range of chronic pain conditions. Opioid prescriptions decreased by 5% among males and 3% among females
- Overall, majority of the opioid prescription indicators such as days per opioid prescription, number of opioid patients etc. have improved over the last 3-5 years

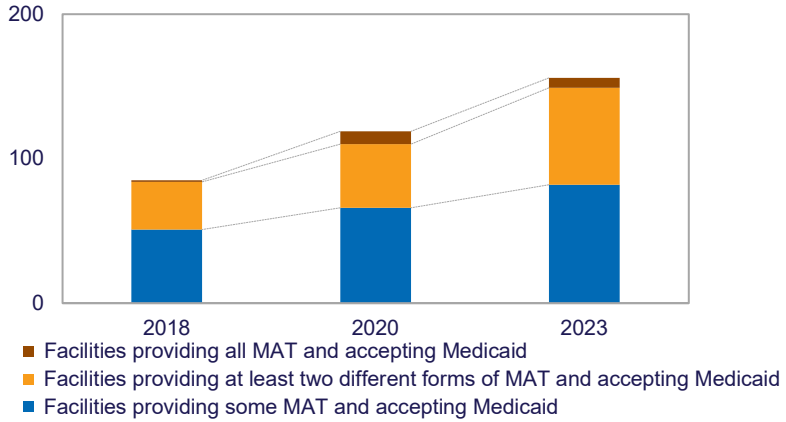
Source: 1) Georgia Prescription Drug Monitoring Program (PDMP) monthly report—September 2023 2) 2022 PDMP annual surveillance report 3) 2021 PDMP annual surveillance report

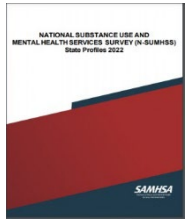
Most treatment facilities currently available offer at least one medication assisted treatment option out of buprenorphine, methadone and naltrexone

Treatment facilities[1]



Treatment facilities accepting Medicaid[1]





SAMHSA publishes state profiles capturing facility, service, and patient information for substance use and mental health services, on the basis of its annual N-SUMHSS survey

Relevant findings / survey results from 2022 Georgia state profile[2]

Specifically tailored programs or groups	No. of facilities
Any program or group	257
Adolescents	68
Young adults	113
Adult women	167
Pregnant or postpartum women	100
Adult men	154
Seniors or older adults	81
LGBTQ clients	100
Veterans	97
Active duty military	58
Members of military families	67
Criminal justice patients (other than DUI/DWI)	123
Patients with co-occurring mental and substance use disorders	172
Patients with co-occurring pain and substance use disorders	70
Patients with HIV or AIDS	90
Patients who have experienced sexual abuse	111
Patients who have experienced intimate partner violence, domestic violence	111
Patients who have experienced trauma	151

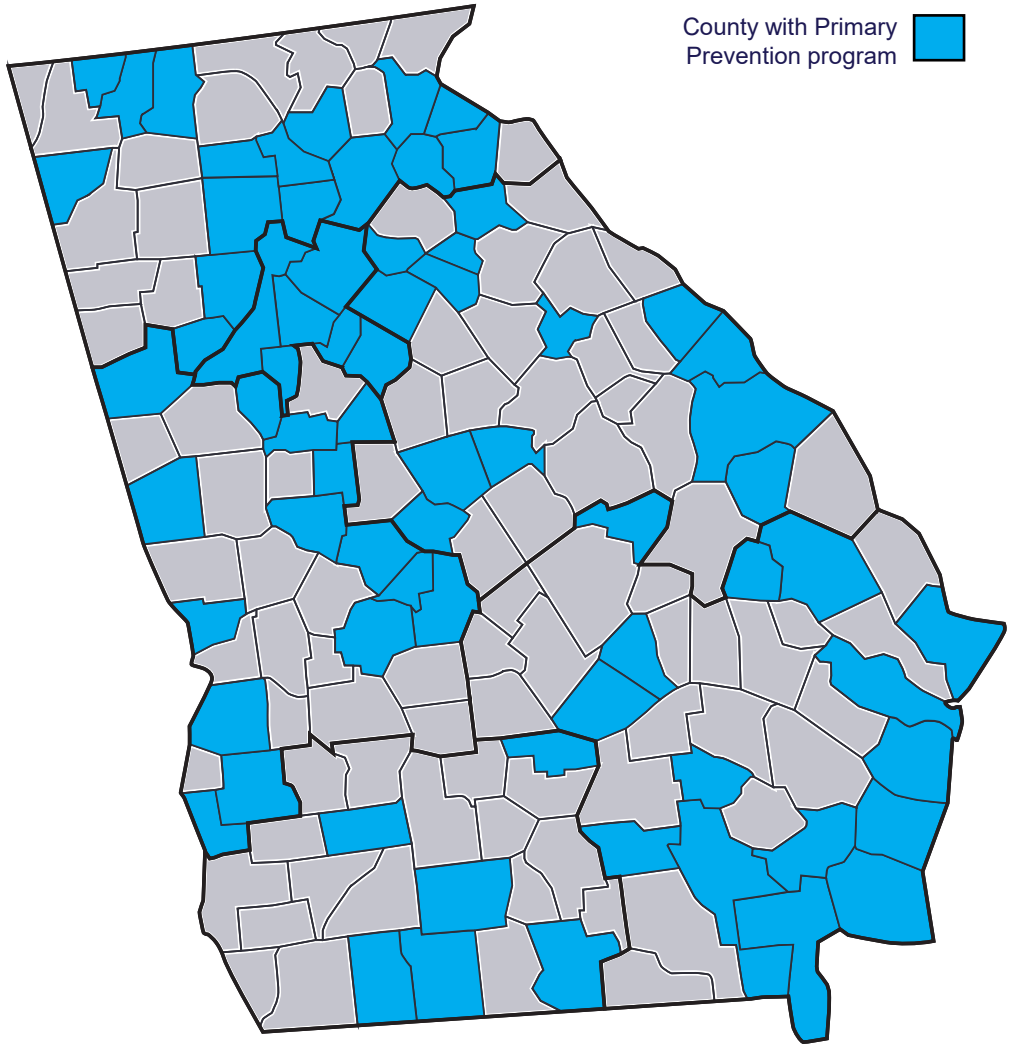
Recovery support services	
Facilities providing mentoring/peer support	**208**
Self-help groups (for example, AA, NA, SMART Recovery)	**144**
Facilities aiding in obtaining social services (for example, Medicaid, WIC, SSI, SSDI)	**198**
Facilities aiding in locating housing for patients	**215**
Facilities offering recovery coach facility	**95**
Facilities offering employment counselling or training for patients	**176**

Source: 1) https://opioid.amfar.org/about/sources 2) N-SUMHSS state profile 2022

LGBTQ: Lesbian, gay, bisexual, transgender, or queer/questioning; DUI/DW: driving under the influence/driving while intoxicated or impaired

Continuum of Care Assessment Findings

71 of 159 counties in Georgia have active OUD/SUD Primary Prevention programs



Key Takeaway – Primary Prevention

Primary Prevention programs and services are offered in all six regions

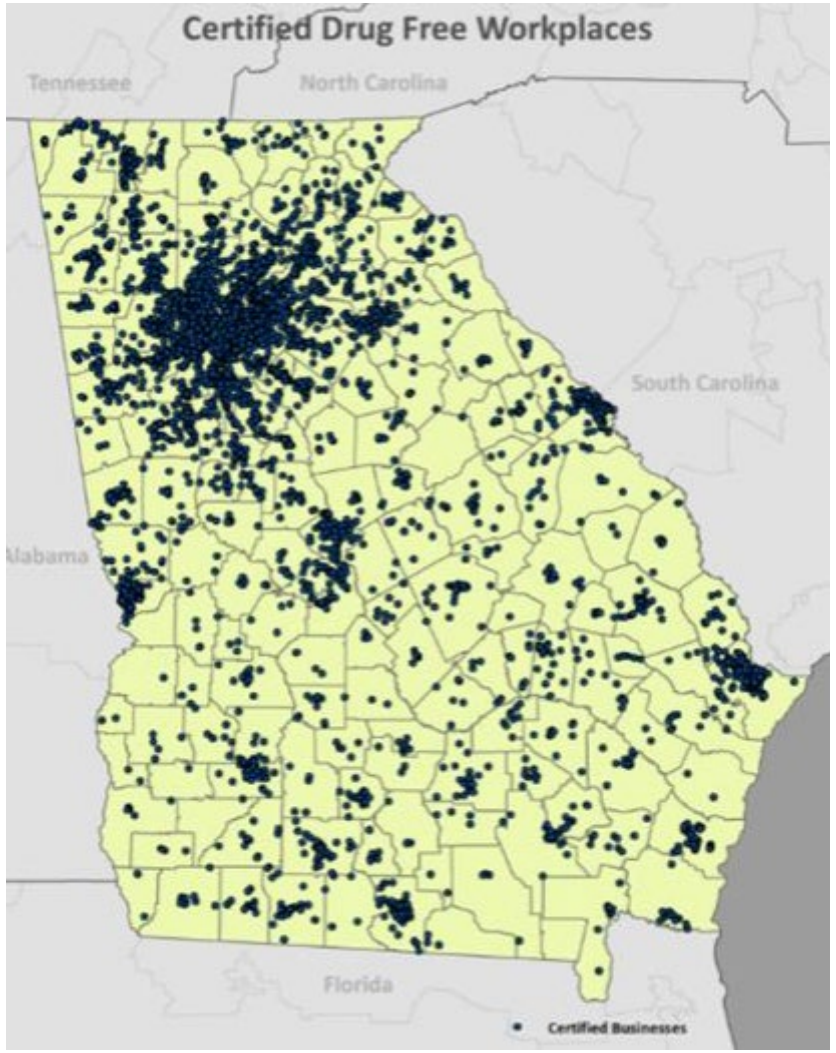
Additional Findings

- SOR Sources of Strength is offering prevention services at 63 sites across Georgia
- Partners in Prevention Project (PIP) operates in 34 counties across the state
- There are 18 colleges participating in partnership programs through the College of Prevention Project Expansion, Latin X Behavioral Health Initiative and the HBCU Behavioral Health Initiative across Georgia works in 29 middle and high schools across Regions 1, 3 and 6

Source: DBHDD Contracts Listing 2023.

See respective region-specific reports for detailed list of providers

Drugs Don’t Work is a program that offers primary prevention services across the state of Georgia, focused on establishing drug-free workplaces to foster healthy communities



Key Takeaway

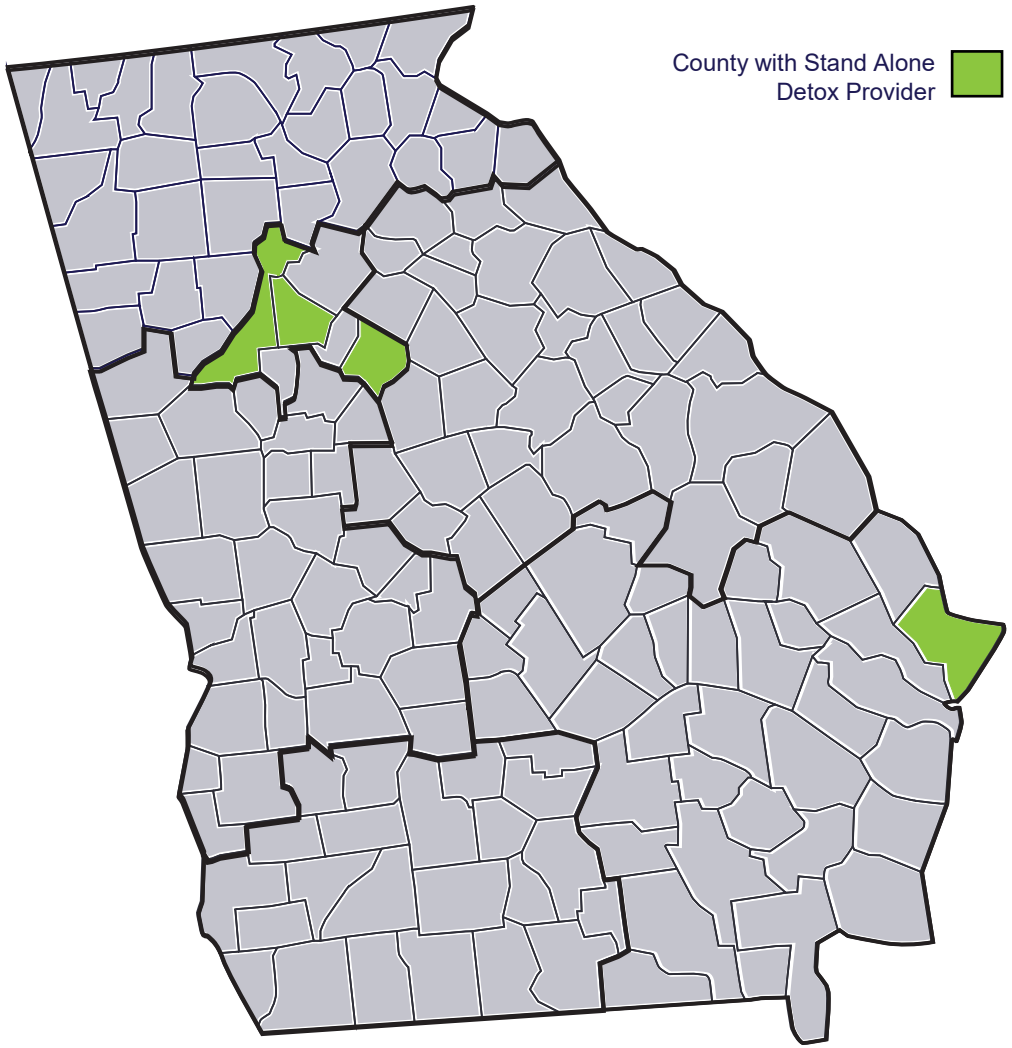
Drugs Don’t Work (DDW) has 7,284 certified drug-free workplaces throughout the state of Georgia

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

There are four Stand Alone Detox Centers in Georgia located in Regions 3 and 5



Key Takeaway – Stand Alone Detox

Three of the four Stand Alone Detox Centers in Georgia are located in Region 3; the fourth is located in Region 5

Additional Findings

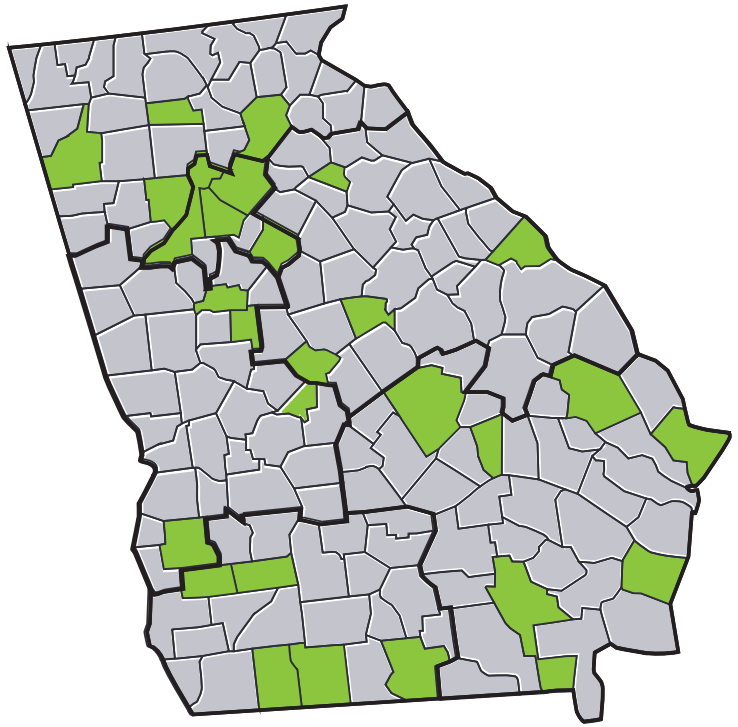
- Three Stand Alone Detox Centers are located near the metro-Atlanta area in Fulton, DeKalb and Newton Counties (Region 3)
- One Stand Alone Detox Center is located in Chatham County (Region 5)

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

See respective region-specific reports for detailed list of providers

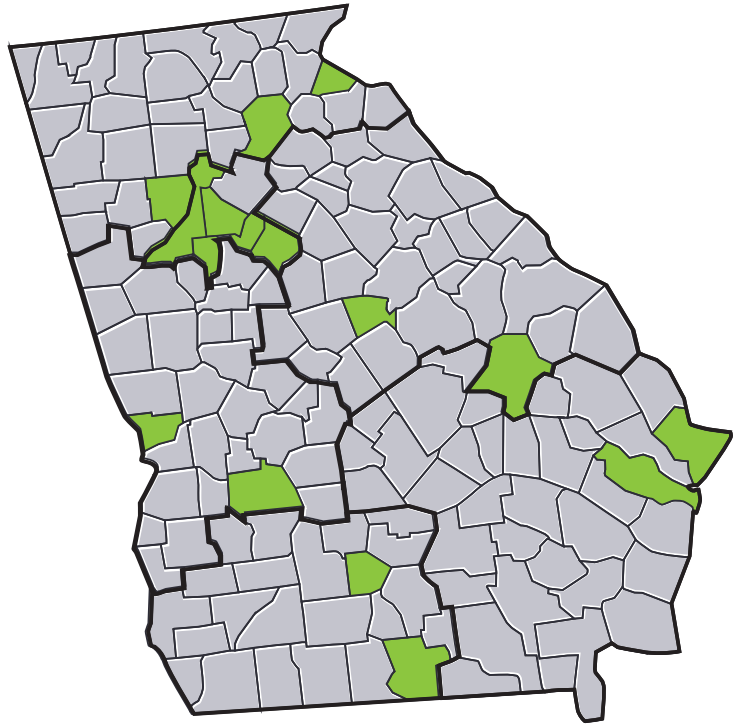
There are 56 Residential Treatment providers across the state of Georgia

Intensive Residential Treatment (IRT)



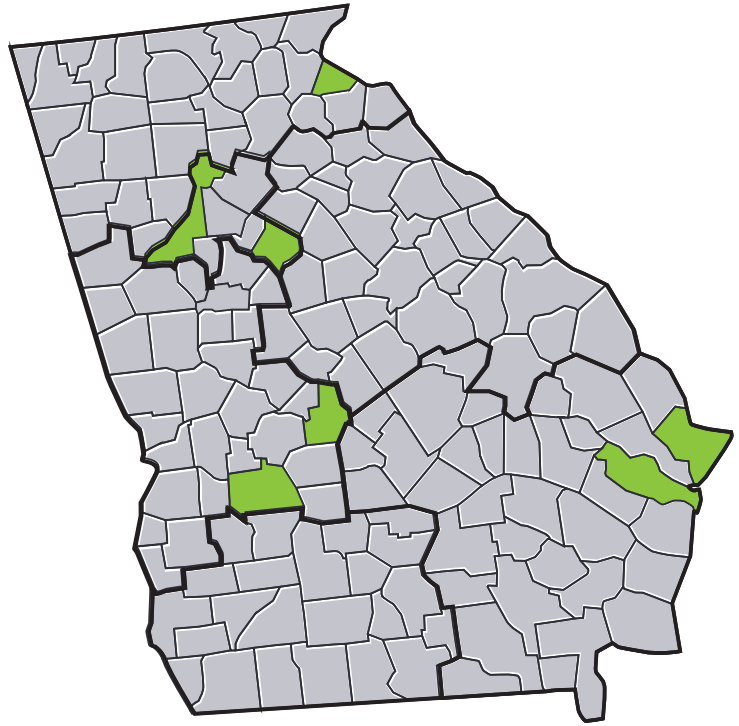
County with Intensive Residential Treatment Provider

Residential Treatment: Semi-Independent



County with Residential Treatment Provider: Semi-Independent

Residential Treatment: Independent



County with Residential Treatment Provider: Independent

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

See respective region-specific reports for detailed list of providers

56 Residential Treatment providers offer services throughout Georgia across Intensive, Semi-Independent, and Independent levels

Key Takeaway – Residential Treatment

Residential Treatment providers most commonly provide services at an Intensive level, while Semi-Independent and Independent Residential Treatment providers are less available statewide

Additional Findings

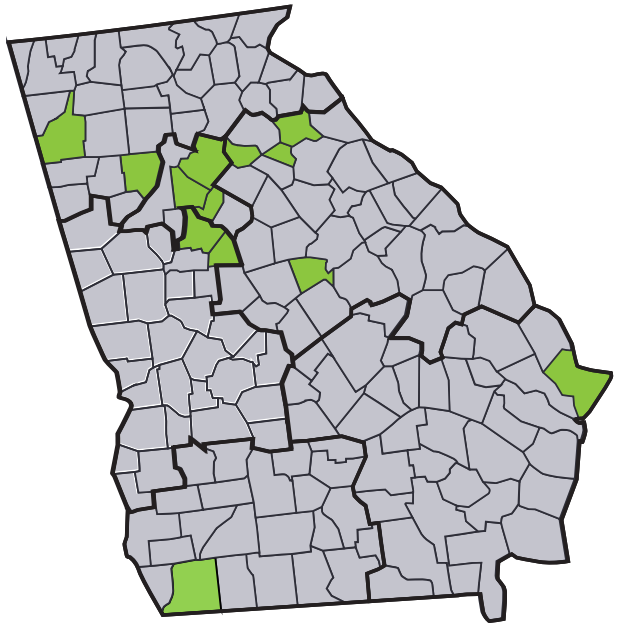
- **Intensive Residential Treatment**
  - Each region contains at least three IRT providers
  - 34 providers offer IRT services throughout the state
- **Residential Treatment: Semi – Independent**
  - Each region contains at least two Semi-Independent Residential Treatment providers
  - 17 providers offer Semi-Independent Residential Treatment services throughout the state
- **Residential Treatment: Independent**
  - Region 2 and Region 4 do not contain an Independent Residential Treatment provider
  - 7 providers offer Independent Residential Treatment services across Regions 1, 3, 5, and 6

Notes: Some providers offer more than one level of Residential Treatment services. Please see region-specific reports for details on the demographics served for each provider (i.e., women, men, transition-aged youth)
Source: DBHDD Survey results as of November 3, 2023.

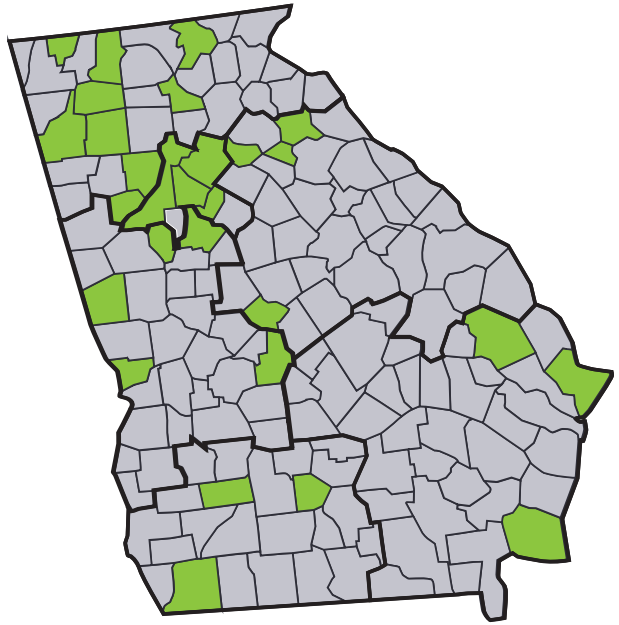
See respective region-specific reports for detailed list of providers

There are 80 OTP and MAT providers that offer services across Georgia, including state and federally funded, MAT Medicaid, MAT-Office based non-OTP treatment, and Non-Funded Self-Pay OTP locations

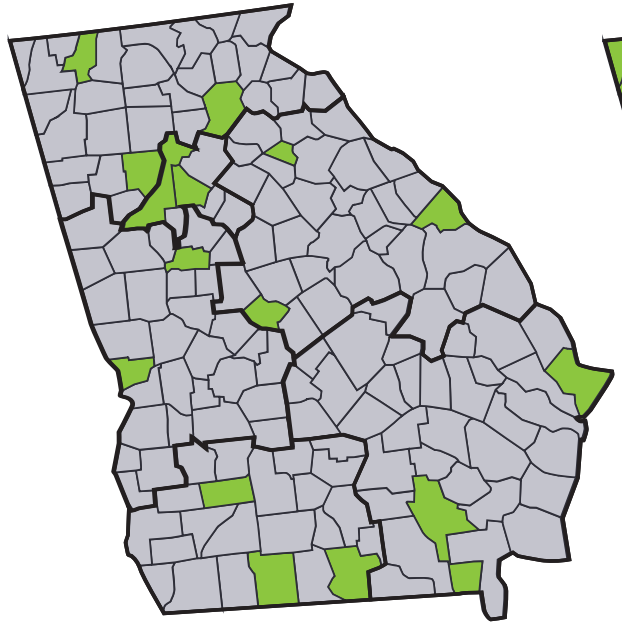
OTP (State and Federal Funded Providers)



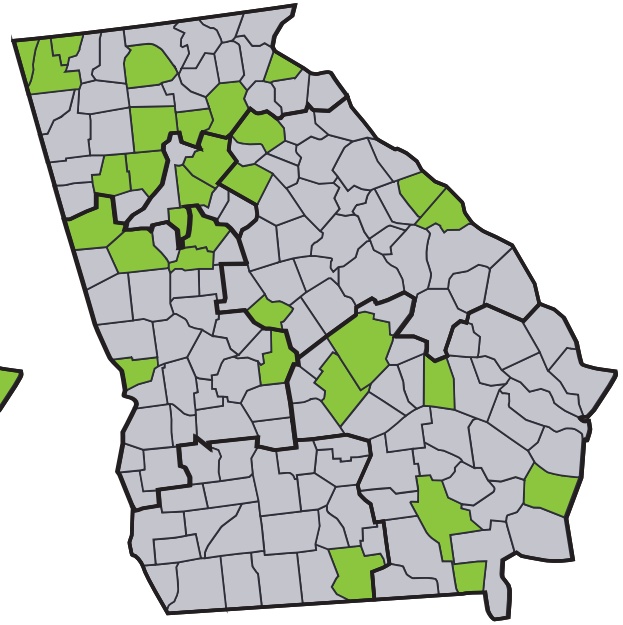
OTP (MAT Medicaid Providers Only)



MAT-Office based Treatment Non-OTP Based Treatment



Non-Funded Self-Pay OTP Only Providers



County with OTP or MAT Treatment Provider

Source: DBHDD MAT/OTP Sites, November 30, 2023

See respective region-specific reports for detailed list of providers

The 80 OTP and MAT treatment providers offering services throughout Georgia 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 OTPs

80 providers offer OTP and MAT treatment services throughout the six regions in Georgia

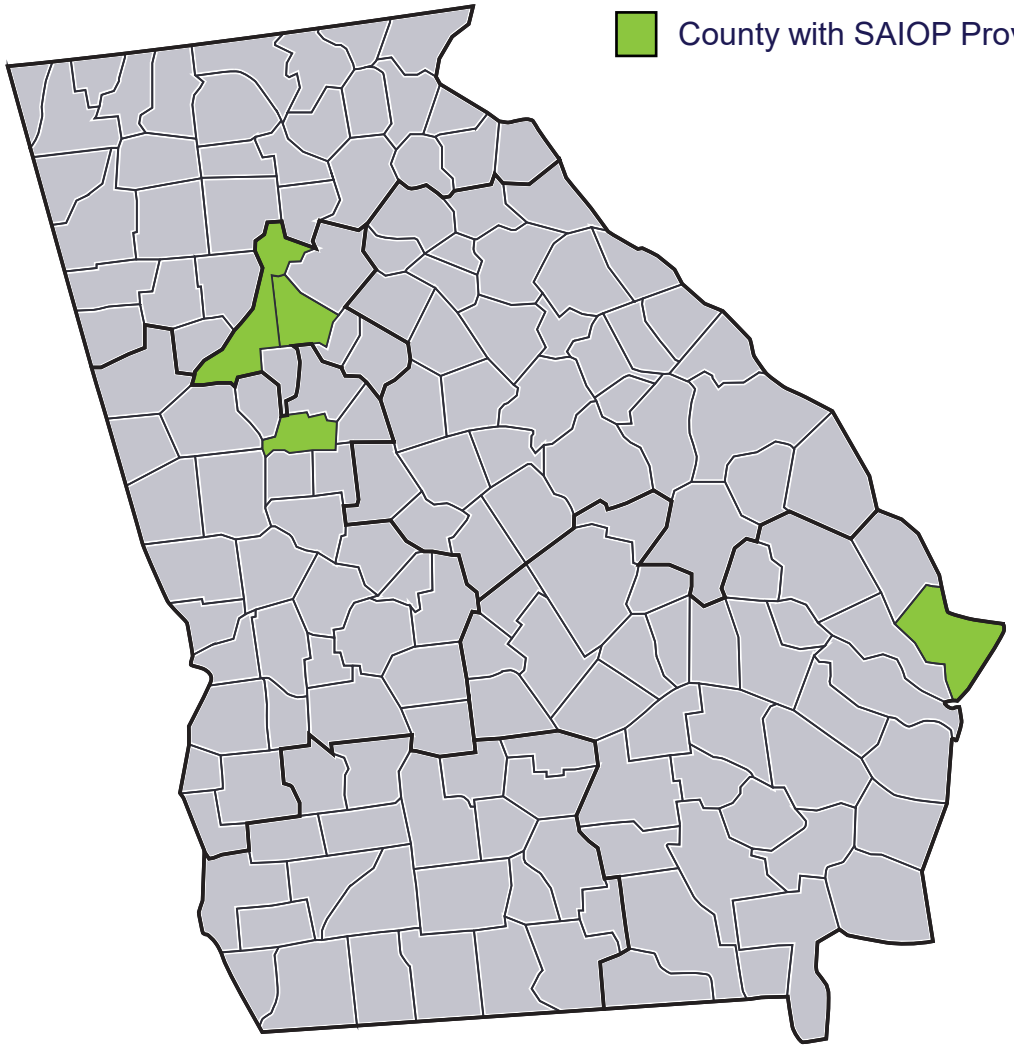
Additional Findings

- Each region in Georgia contains at a minimum:
  - One state and federally funded OTP provider
  - Three MAT Medicaid providers
  - Two MAT office-based non-OTP-based treatment providers
  - One Non-funded Self-Pay Only OTP provider
- Non-Funded Self-Pay Only OTP providers operate in the highest number of counties out of the four OTP and MAT provider types (30 counties), followed by MAT Medicaid (28 counties), then MAT office-based non-OTP based (15 counties), and lastly OTP state and federal funded (13 counties)

Source: DBHDD MAT/OTP Sites, November 30, 2023

See respective region-specific reports for detailed list of providers

There are six SAIOP providers located in Regions 3, 5 and 6



Key Takeaway – SAIOP Outpatient

SAIOP providers are concentrated around the metro Atlanta area, with one additional provider operating in Savannah

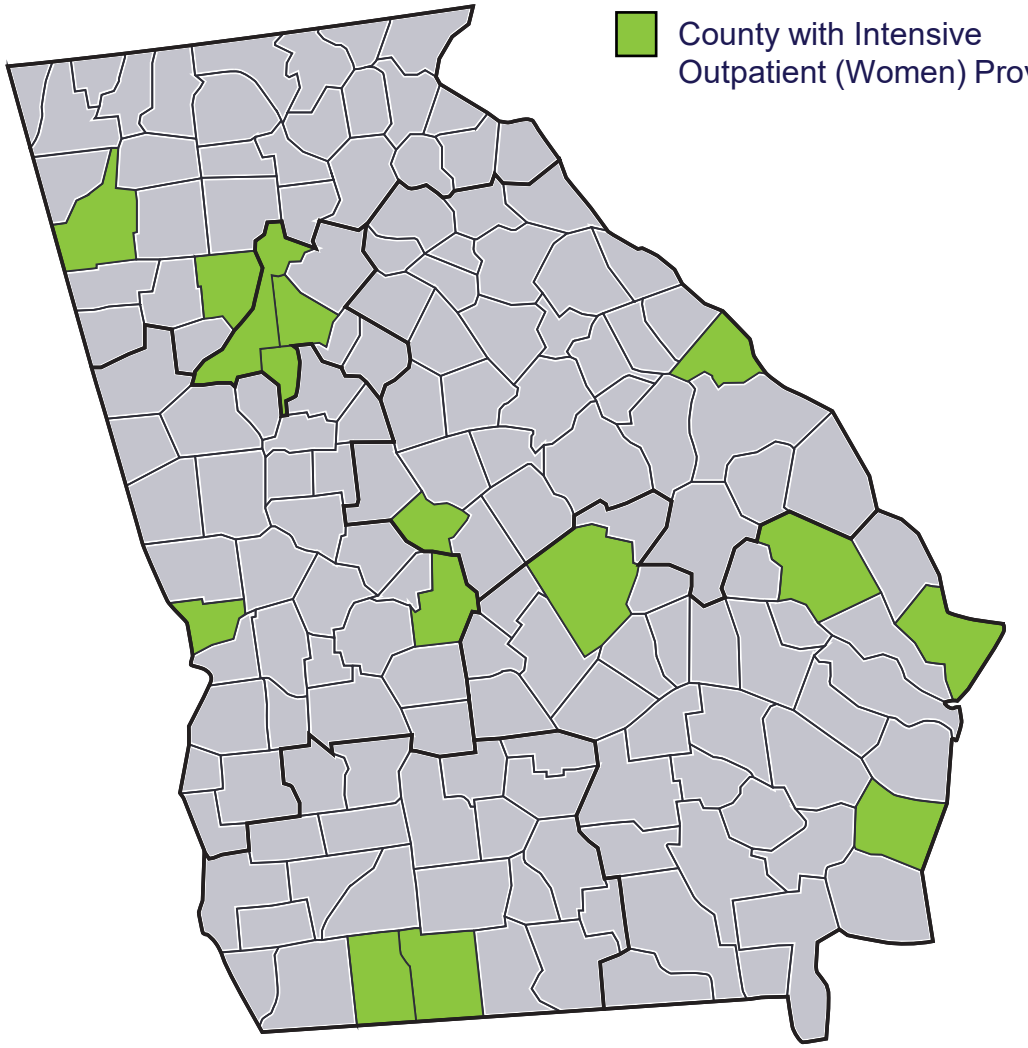
Additional Findings

- DeKalb and Fulton Counties in Region 3 each contain two SAIOP providers
- Chatham County in Region 5 contains one SAIOP provider
- Spalding County in Region 6 contains one SAIOP provider

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

See respective region-specific reports for detailed list of providers

There are 15 Intensive Outpatient (Women) providers located throughout the state of Georgia



Key Takeaway – Intensive Outpatient (Women)

Each region contains at least one Intensive Outpatient (Women) Provider

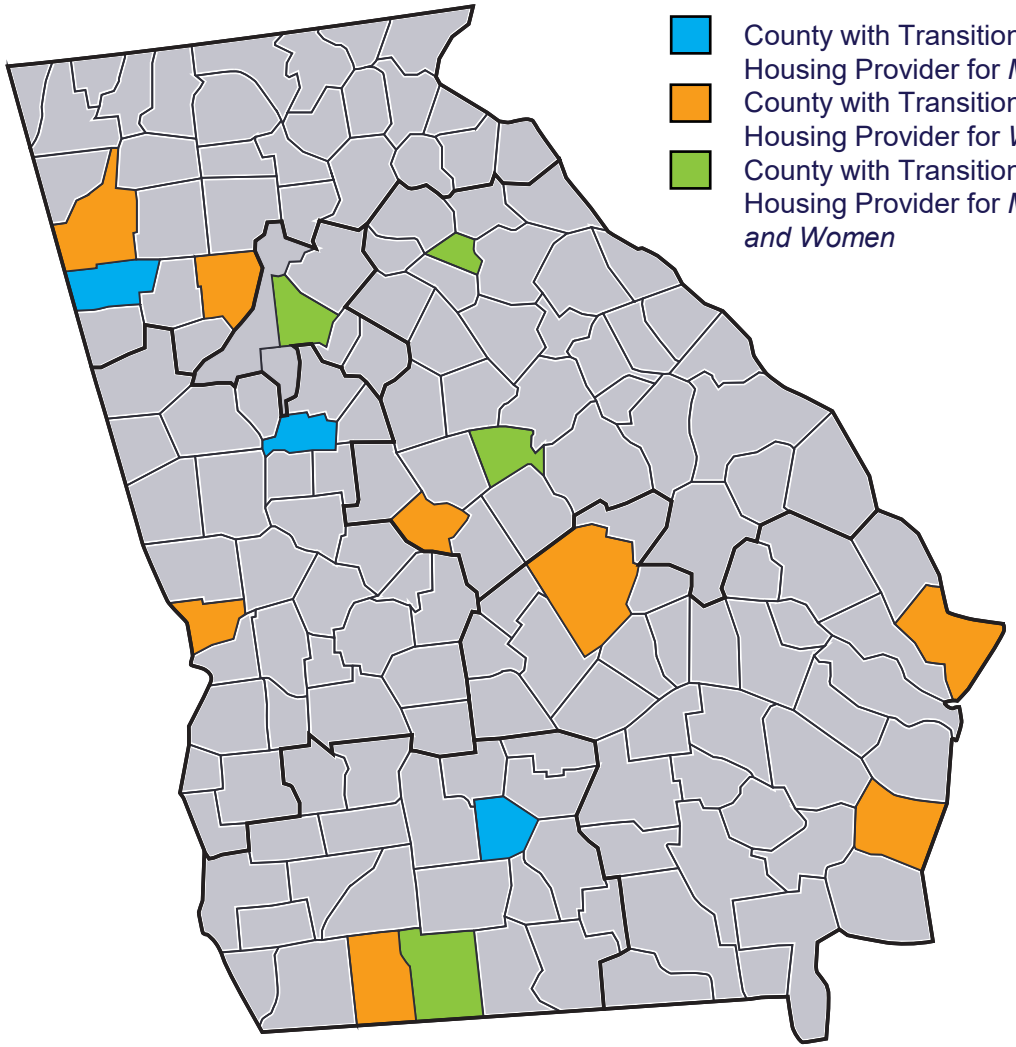
Additional Findings

- There are two providers in Region 1 – one in Floyd County and the other in Cobb County
- There are two providers in Region 2 in Bibb and Richmond Counties
- There are three providers in Region 3 – in DeKalb, Fulton County and Clayton Counties
- There are two providers in Region 4 – one in Grady County and one in Thomas County
- There are four providers in Region 5 – the providers are in Laurens, Glynn Bulloch and Chatham Counties
- There are two providers in Region 6 in Muscogee and Houston Counties

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

See respective region-specific reports for detailed list of providers

There are 20 Transitional Housing Providers operating throughout Georgia



Key Takeaway – Transitional Housing (Men and Women)

Of the 20 Transitional Housing providers statewide, 10 serve women, 5 serve men, and the remaining 5 serve both men and women

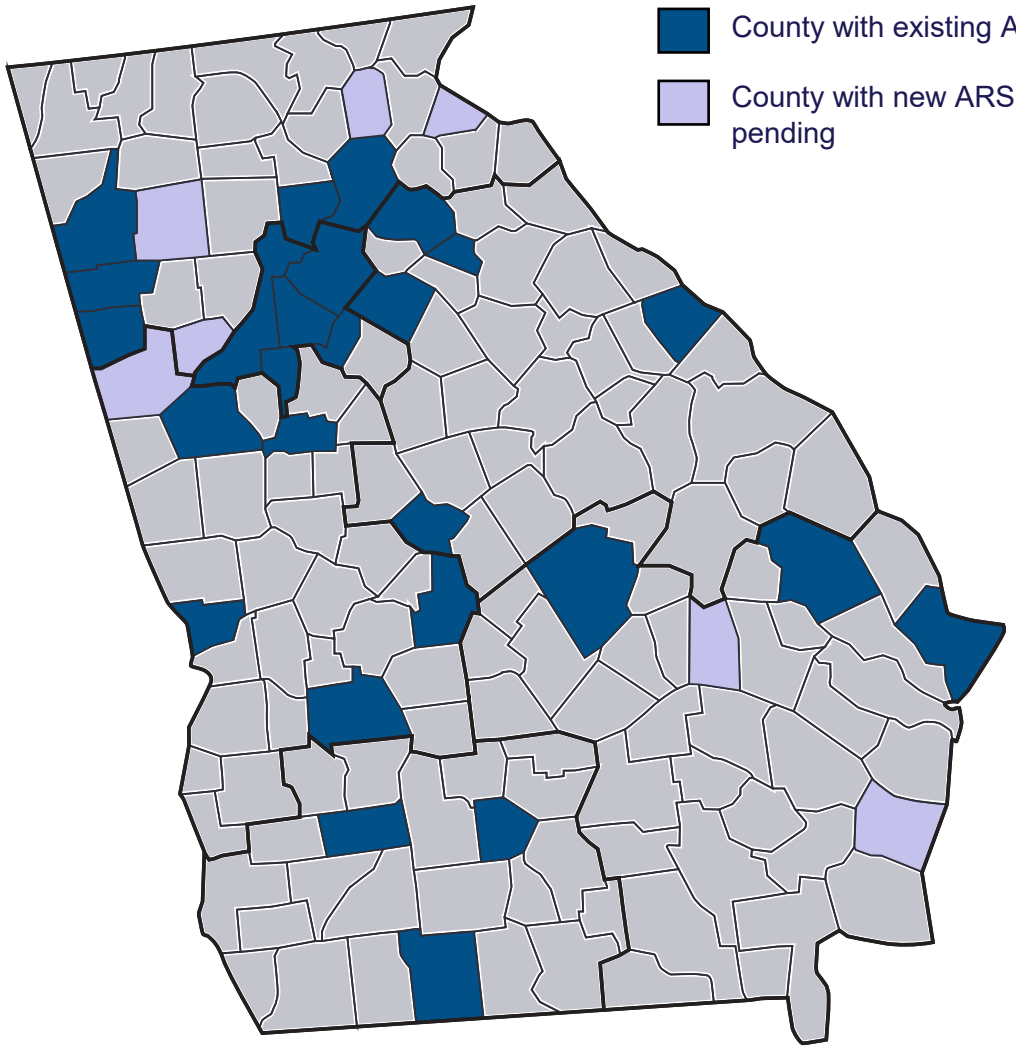
Additional Findings

- There are four providers in Region 1 – Two in Cobb County and one in Floyd County that serve women; one in Polk County that serves men
- There are four providers in Region 2 – Two in Baldwin County and one in Clarke County that serve both men and women; one in Bibb County that serves women
- There are two providers in Region 3 – Two in DeKalb County, one serving men and one serving women
- There are four providers in Region 4 – Two in Thomas County that serve both men and women, one in Tift County that serves men and one in Grady County that serves women
- There are three women's providers in Region 5 located in Laurens, Glynn, and Chatham Counties
- There are three providers in Region 6 – Two in Spalding County that serve men; one in Muscogee County that serves women

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

See respective region-specific reports for detailed list of providers

There are 30 Addiction Recovery Support Centers located throughout Georgia and eight pending new locations



Key Takeaway

30 ARSCs are currently operating across the state of Georgia

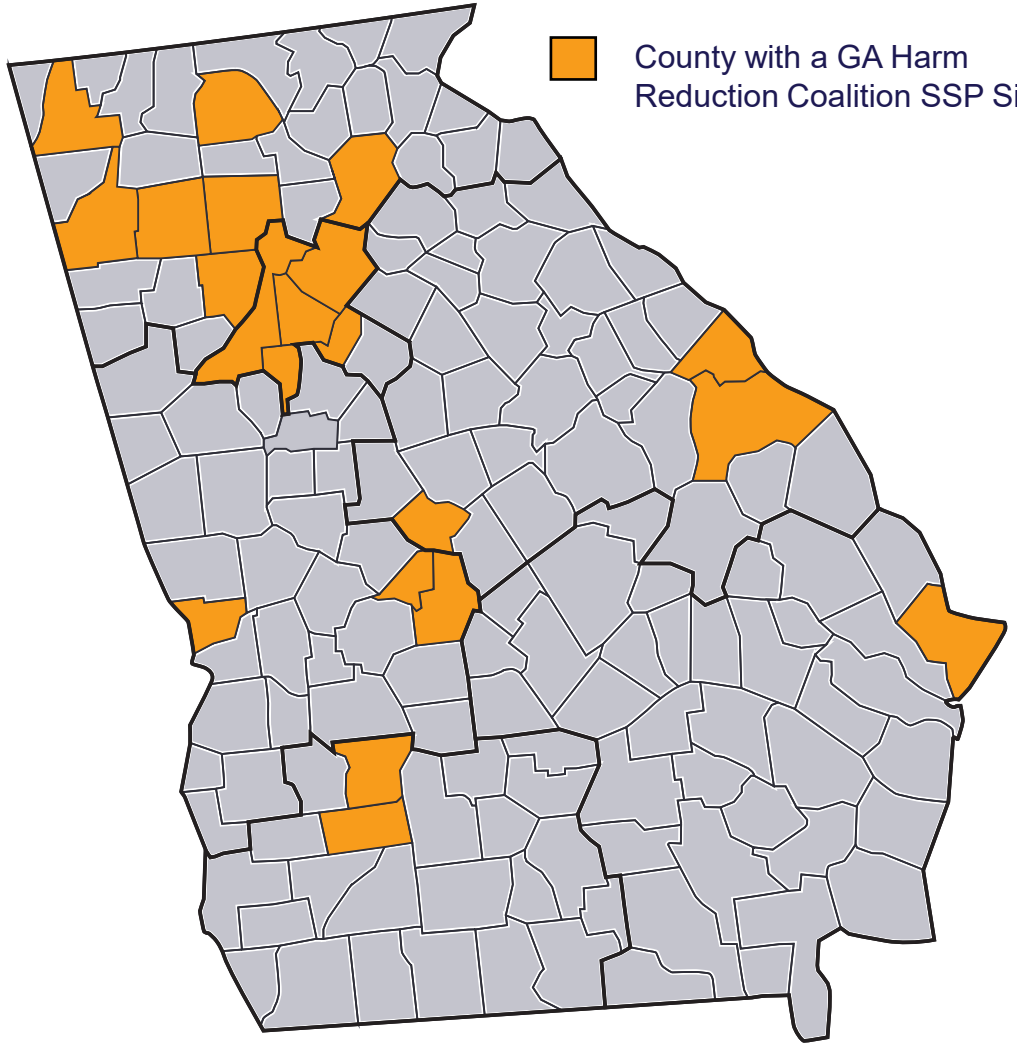
Additional Findings

- Region 1 contains five existing ARSCs in Hall, Floyd, Forsyth, Haralson and Polk Counties. Four new ARSCs are planned – one each in Douglas, Bartow, White, and Stephens Counties
- Region 2 contains six existing ARSCs – one each in Columbia, Bibb, Jackson, and Walton Counties; and two in Clarke County
- Region 3 contains six existing ARSCs – one each in Clayton, DeKalb, Gwinnett, and Rockdale Counties; and two in Fulton County. One additional ARSC is pending in Gwinnett County
- Region 4 contains three existing ARSCs in Dougherty, Thomas, and Tift Counties
- Region 5 contains four existing ARSCs – one each in Bulloch and Laurens Counties; and two in Chatham County. Two new ARSCs are pending in Glynn and Toombs Counties
- Region 6 contains six existing ARSCs – one each in Coweta, Houston, Sumter, and Muscogee Counties; and two in Spalding County. One new ARSC is planned in Carroll County

Source: DBHDD OUD Provider Locator data as of October 2023; DBHDD Survey results as of November 3, 2023; List of new ARSCs as of November 8, 2023.

See respective region-specific reports for detailed list of providers

The Georgia Harm Reduction Coalition Syringe Services Program (SSP) operates 30 sites across the State, which also offer additional Harm Reduction services



Key Takeaway

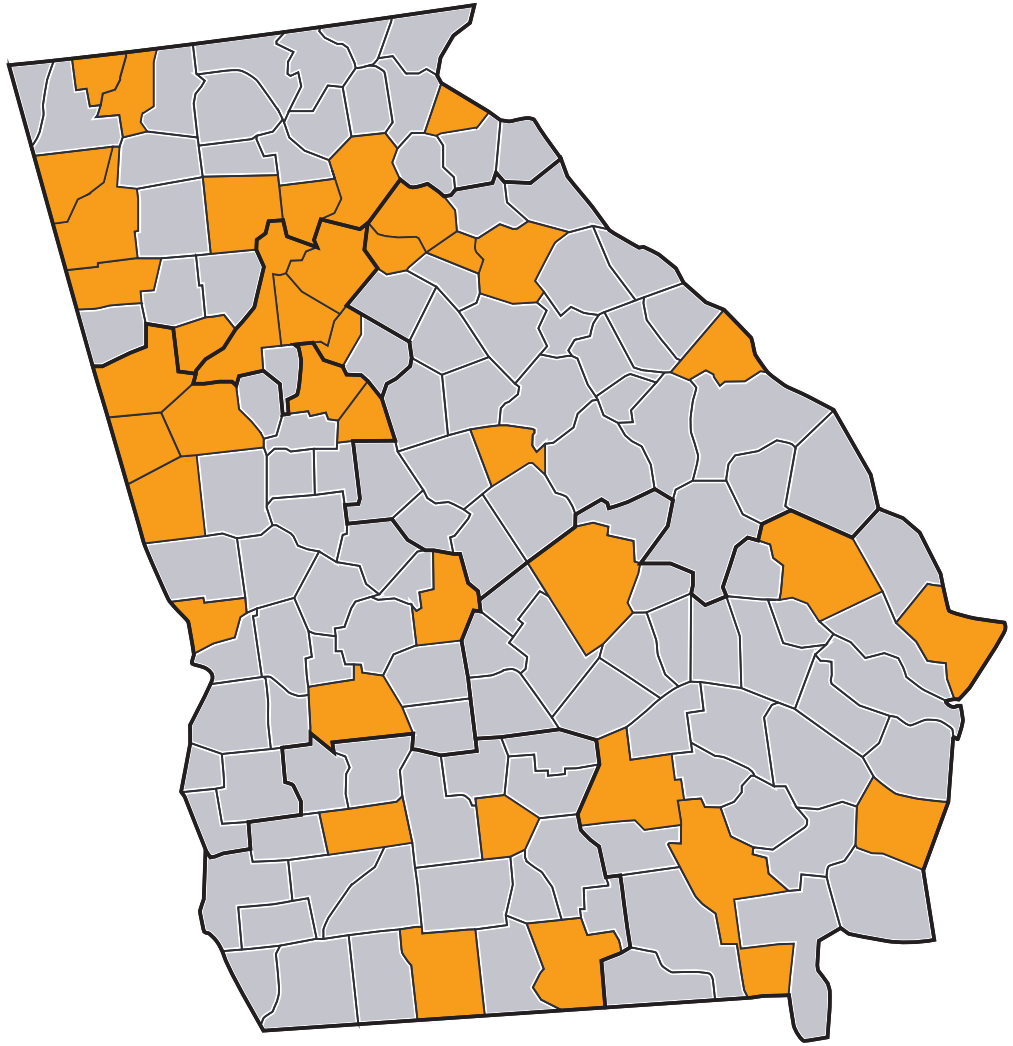
The Georgia Harm Reduction Coalition currently operates 30 SSP sites across 21 counties in Georgia

Additional Findings

- Along with the syringe exchange, the SSP sites also provide hygiene kits, condoms, fentanyl test strips, xylazine test strips, and Hep-C/HIV testing with referrals to treatment, if necessary.
- Six of the locations have distributed over 10,000 syringes:
  - Lee/Dougherty: 104,000 syringes
  - Augusta: 83,950 syringes
  - Chamblee: 37,000 syringes
  - Fulton: 33,833 syringes
  - Gwinnett: 29,500 syringes
  - Savannah: 27,500 syringes
- The Georgia Harm Reduction Coalition is working to expand sites in Regions 4, 5 and 6

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

The McKinsey Settlement is funding distribution of Naloxone to providers across the State



County a McKinsey Settlement Naloxone Provider

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

Key Takeaway

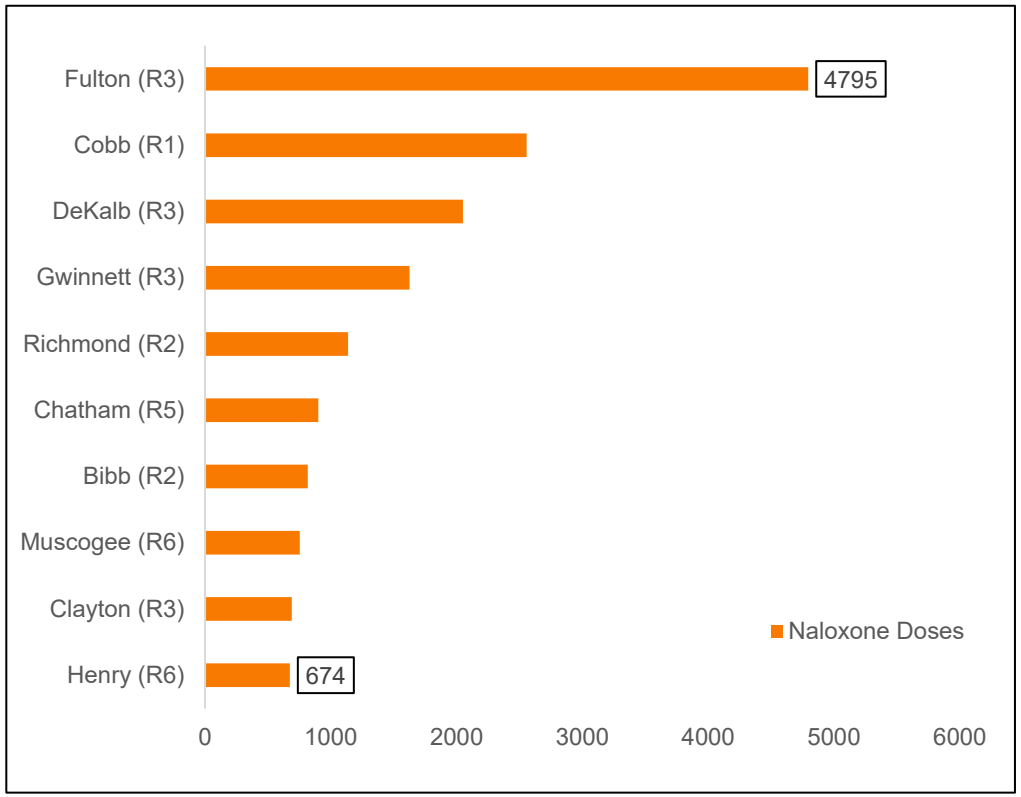
Providers in 43 counties across Georgia are receiving Naloxone as part of the McKinsey Settlement

Additional Findings

- Naloxone is being distributed across all six regions, with a concentration of counties around the metro-Atlanta area
- 94 providers have received Naloxone to date, including DBHDD OUD/SUD providers, the DBHDD Mobile Crisis providers, and the Department of Public Health Local Health Departments

From January 2022 to December 2023, the ten counties that administered the highest total number of Naloxone doses were in five of the six regions in the state

Total Naloxone doses administered by County, top 10 counties, January 2022 - December 2023



Key Takeaway

Fulton County recorded the highest number of Naloxone doses administered across all counties in Georgia

Additional Findings

- The top ten counties that administered the highest number of Naloxone doses in the state all recorded at least 650 doses
- Fulton County in Region 3 recorded 4,795 Naloxone doses administered from January 2022 – December 2023, which is almost double the number of doses in the next highest county, Cobb County in Region 1 which recorded 2,557 Naloxone doses during the same time-period

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

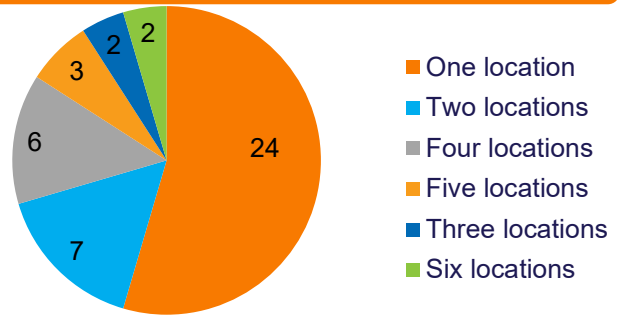
A provider survey was completed by 43 unique providers across the CoC which indicated providers most commonly operate one location and employ a workforce of 20 employees or less

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.

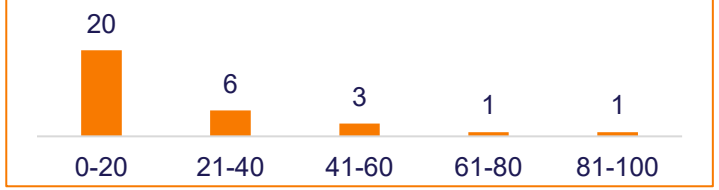
Respondent mix

Total no. of unique providers = 43

Number of providers by locations



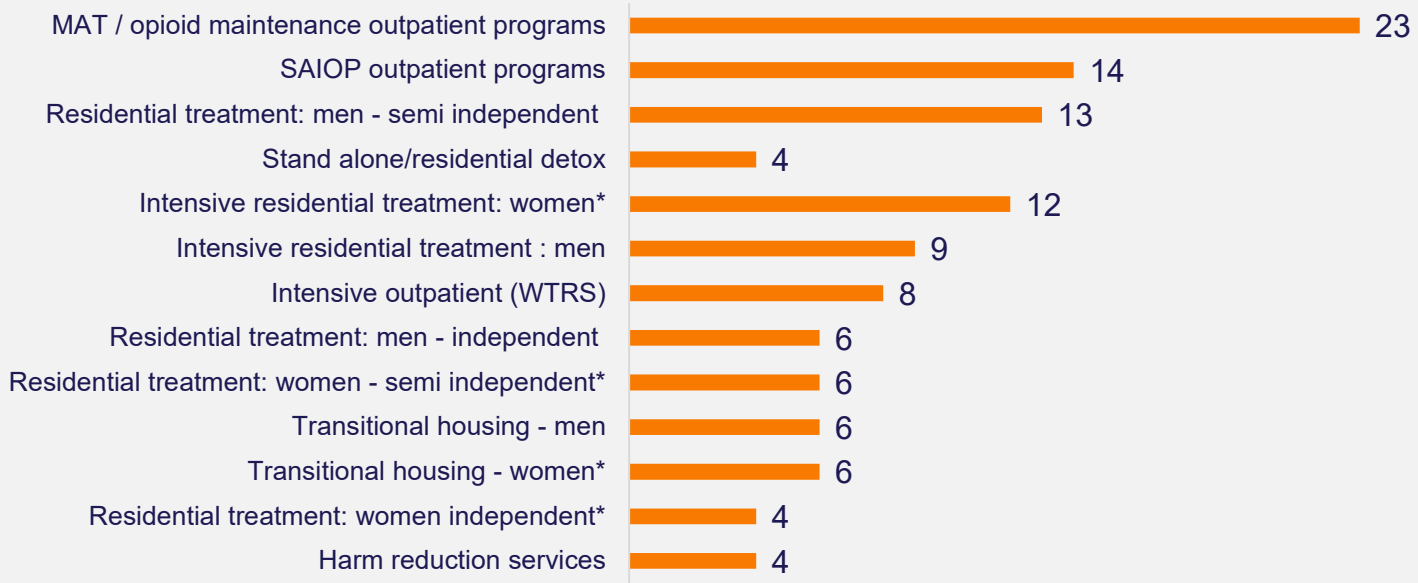
Number of providers by total workforce



* Women's Treatment Recovery Services (WTRS) and non-WTRS

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

Number of providers by type of services



Note: None of the providers responded to the intensive residential treatment service for transition-aged youth. 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.

Key findings

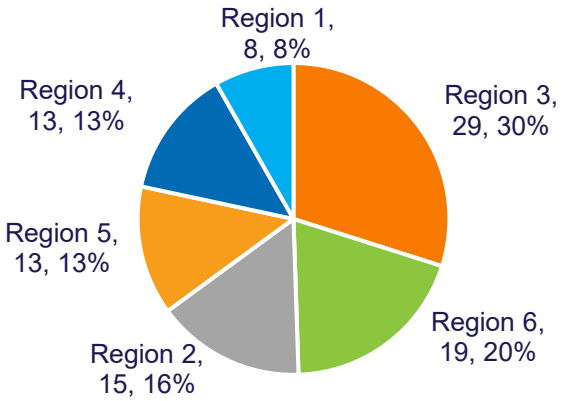
- Around **84%** of providers offer fewer than five types of services, with **45%** offering addiction recovery support
- **MAT,** which is one of the most successful evidence-based strategies for preventing opioid overdose, is provided by **41% of the providers**
- Around 34% of providers offer residential treatment-related services for men, while 29% offer services for females
- Around **68% of providers** have a total workforce of fewer than 20, **indicating a potential workforce shortage**

Across 9 CoC service areas there are at least 97 facilities, with the most facilities located in Region 3

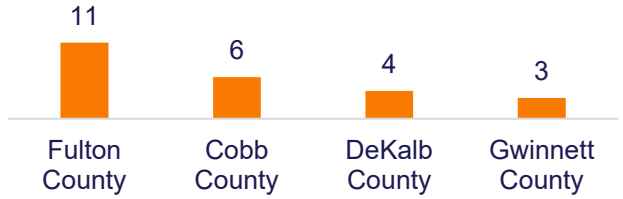
Respondent mix

Total no. of facilities = 97

Number of facilities by regions (Abs. value, %)



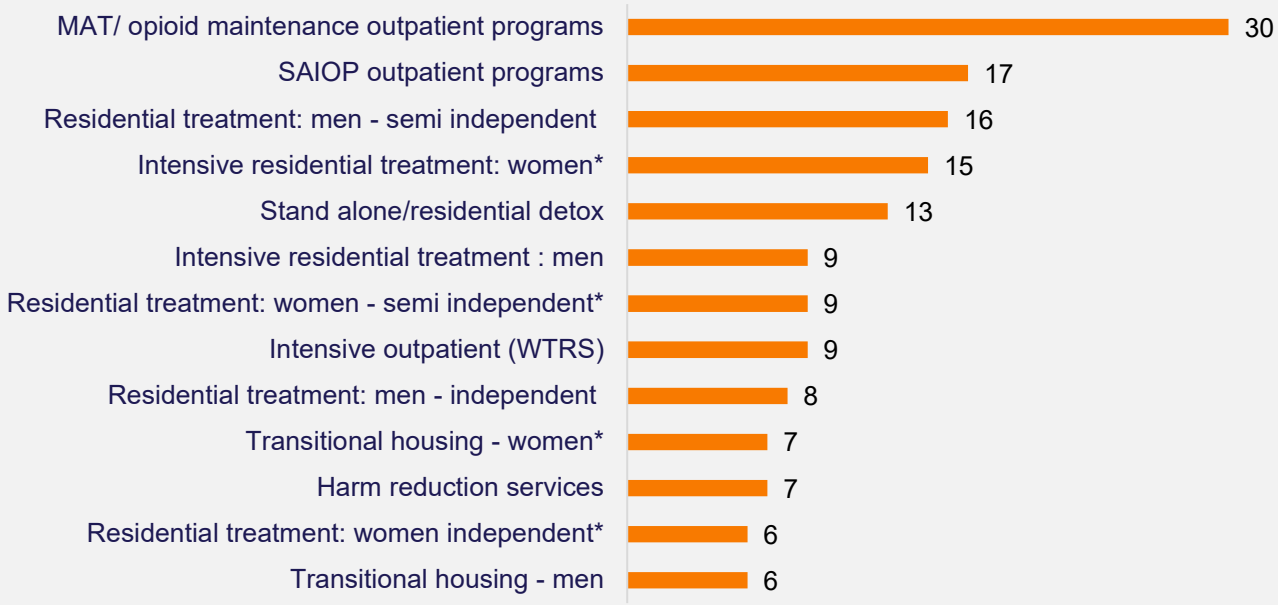
Number of facilities by QBG



* Women's Treatment Recovery Services (WTRS) and non-WTRS

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

Number of facilities by type of services



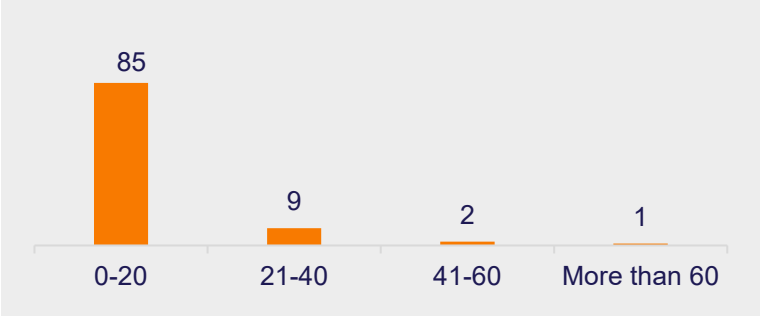
Note: None of the facilities responded to the intensive residential treatment service for transition-aged youth; One facility is counted more than once depending on the number of services provided by that facility; Limited data availability w.r.t services for 10 facilities due to lack of responses.

Key findings

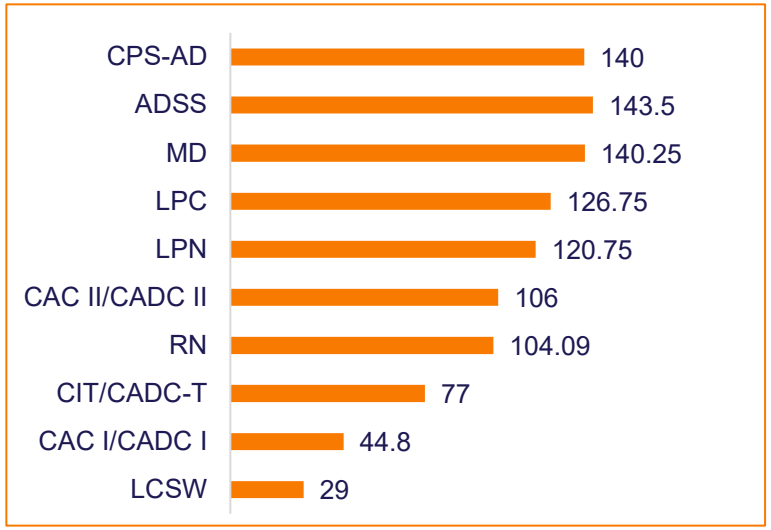
- **29%** of the facilities are in Region 3, which **comprises most populated counties surrounding metro Atlanta**
- Among all QBGs, **Fulton, which is the most populated** county in Georgia and has the highest number of facilities
- **31% of the facilities** are providing MAT services, followed by SAIOP services (offered by **17.5% of the facilities)**

Majority of providers are operating with a workforce of less than 20 employees, with the largest total workforce aligned to the MAT/Opioid maintenance service area

Number of facilities by total workforce



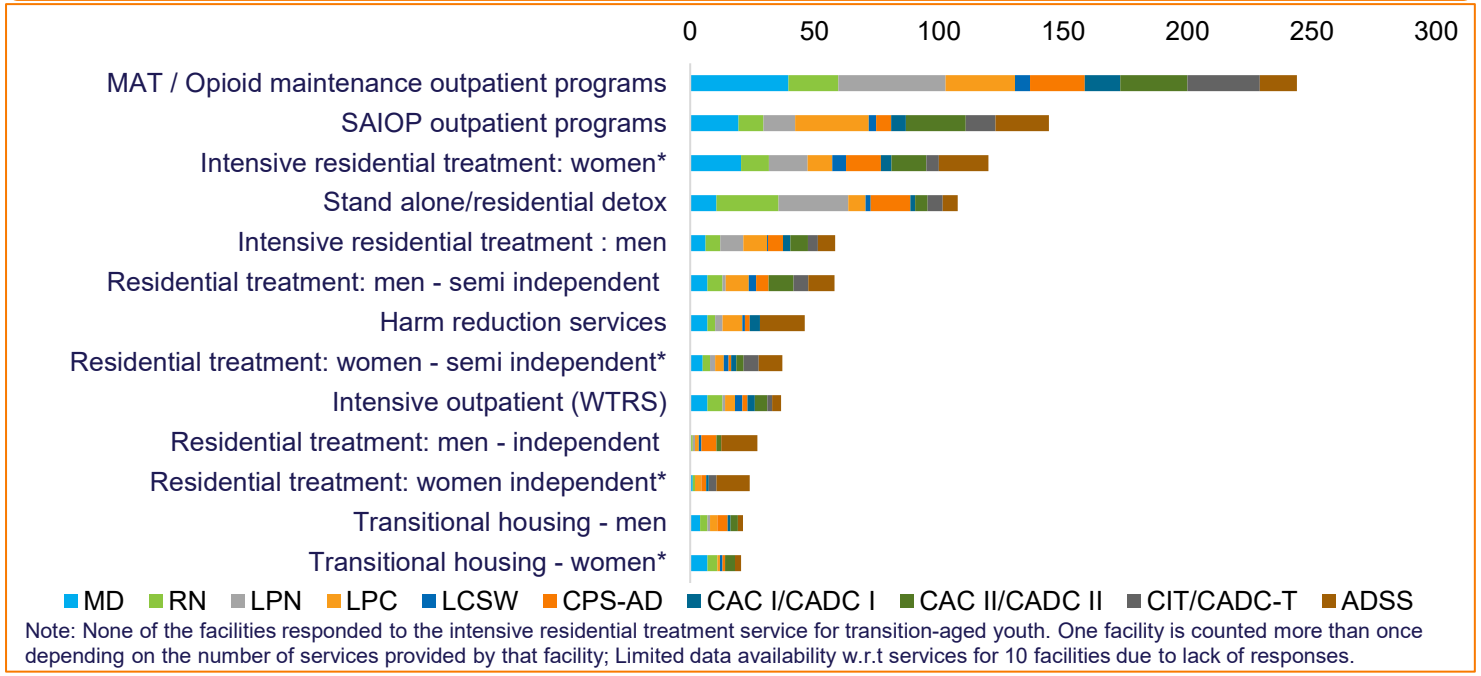
Total workforce by designations across facilities



* Women's Treatment Recovery Services (WTRS) and non-WTRS

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

Service type and total workforce for different designations



Note: None of the facilities responded to the intensive residential treatment service for transition-aged youth. 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.

Key findings

- **85 facilities** have 20 or less staff available to provide different services
- **ADSS** designation has the **largest workforce**
- The service type with the highest workforce size is MAT program with a total of 243.95 individuals
- **SAIOP providers** have the highest number of **LPCs**, which is aligned to their role of providing **specialized counselling** for substance use within these programs

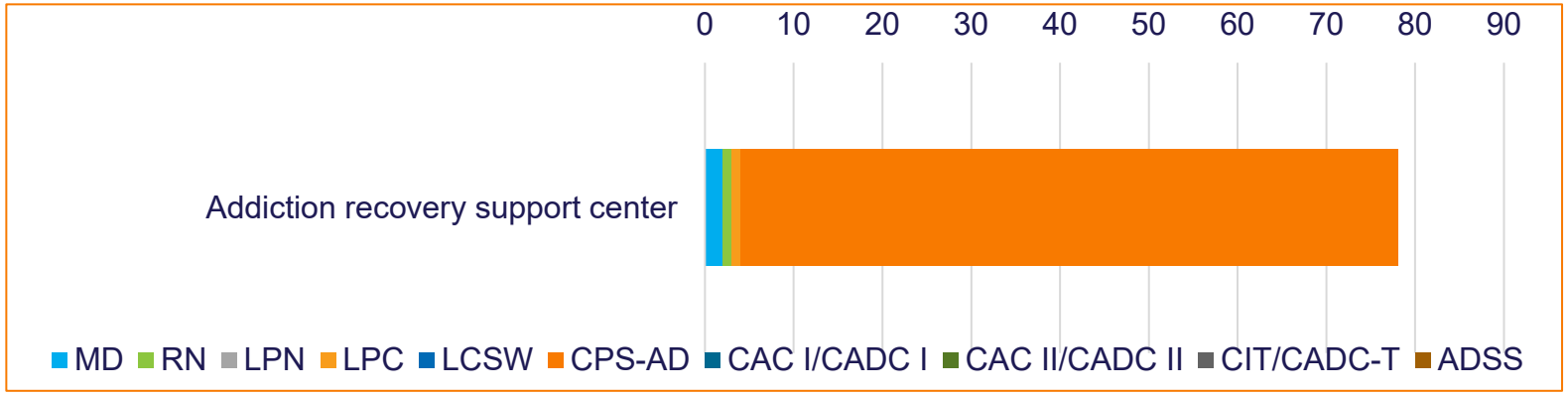
There are a total of 20 ARSCs indicated in the provider survey, with the majority of their workforce being comprised of CPS-ADs

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

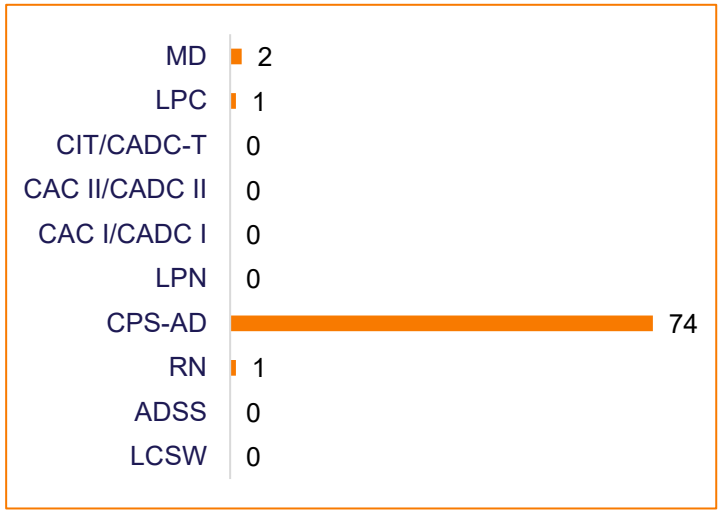
Respondent mix

Total no. of facilities = 20

Total workforce for different designations by services



Total workforce by designations across facilities



Number of facilities by total workforce

Key findings

- CPS-ADs comprise 95% of the workforce providing services across the Addiction Recovery Support Centers

Summary of Findings and Gaps

From 2018-2022, the state of Georgia has experienced increasing opioid burden among the population, with the most impacted group being White males

OUD/SUD Statewide Burden

- The state of Georgia is comprised of six regions, all ranging in size, landscape, population density, and demographic makeup. The data show that in the more metropolitan and densely populated areas, there are higher numbers of total opioid overdose deaths. However, when analyzing death rates, which account for the deaths relative to the size of the population, there are counties in more rural region areas that are experiencing the highest death rates, such as Madison and Richmond Counties in Region 2, Crisp County in Region 6 and Worth County in Region 4.
- From 2018 to 2022, the state of Georgia recorded a total of 6,708 opioid overdose deaths. Region 1 contributed to the largest number of deaths with a total of 2,061, followed by Region 3 with 1,868, Region 2 with 981, Region 6 with 811, Region 5 with 722 and Region 4 with 265. In 2022, Fulton, Cobb, Gwinnett, Richmond, and Chatham Counties had the highest opioid overdose death counts across the state.
- Region 1 has the highest number of opioid overdose deaths and an overdose death rate of 23.1 per 100,000 residents compared to the state average of 18.1.
- Across the regions, it has been found that men are consistently experiencing higher numbers of opioid overdose deaths and have experienced a compound annual growth rate in deaths of 25% from 2018 to 2022. In 2022 alone, there were 1,362 male deaths compared to 614 female deaths. Men make up 51% of Georgia's population but accounted for 69% of the state's opioid overdose deaths in 2022.
- When examining statewide opioid-related ED visits, the White population had the highest rate when compared to other races and ethnicities. Among the White population in Georgia the average statewide rate of visits per 100,000 people was 67.9; Region 5 had the highest rate at 87.2. Region 3 was the only region with an opioid related ED rate under the statewide average at 51.4.
    - The following counties had the highest ED visit rates among the White population: Screven in Region 2 (199.4), Dougherty in Region 4 (214.1), Bibb in Region 2 (186.4), Laurens in Region 5 (172.8)
- In 2022, Fulton County was ranked number one in total deaths by all opioids and synthetic opioids, number 2 in total deaths by heroin opioids across all counties. Madison County in Region 2 had the highest death rate at 50.8 per 100,000 residents

While there is provider representation in all CoC services areas across the state there are regions where there are limited resources and provider availability

Availability of Services and Gaps Across the Opioid Continuum of Care

Availability of Services

- There are Primary Prevention services being offered through college partnerships, school-based programs like Partners in Prevention, the Peer Assisted Student Transition (PAST) Project, SOR Adopt a School and other initiatives such as the SPF Suicide Prevention Project across 71 counties. In addition, Drugs Don't Work has 7,284 certified drug-free workplaces throughout the state of Georgia
- There are OUD/SUD Treatment providers across each of the regions, but there is more concentration of providers in the northern and central portion of the state
- There are a total of 29 Addiction Recovery Support Centers in the state across 25 counties and eight pending new locations
- Georgia Harm Reduction Coalition is operating in 21 counties and dispersed a total of 315,783 syringes throughout the state and have also allocated hygiene kits and other essentials to individuals in need. In addition, through the McKinsey settlement and DPH funding there has been naloxone distributed to providers in across the state

Gaps in Services

- There is only one provider that offers Intensive Outpatient services to women in Region 2, which is the lowest regional total of this type of provider, despite Region 2 having six counties with higher women's opioid overdose death rates
- There is limited access to DBHDD-funded SAIOP providers, with a total of 4 counties that have a provider in Regions 3, 5, and 6
- Across the state there are more transitional housing providers that solely offer services for women than men. There are only four counties that are offering transitional housing to both men and women, primarily located in the northern part of the state.
- There are a total of 55 Residential Treatment providers across the state but they are concentrated within the same counties. Independent Residential treatment has the least amount of provider representation, with no DBHDD-funded providers offering Independent Treatment in Regions 2 or 4.
- ARSCs are concentrated in the middle of the state with limited access in Region 5 and the central portion of Region 2
- The Georgia Harm Reduction Coalition is not providing Harm Reduction services in the southern edge of the state

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.

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*