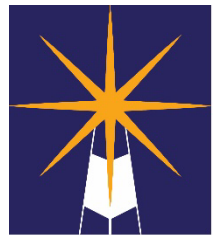


# Opioid Use Disorder Continuum of Care Region 1 Assessment Report



**D·B·H·D·D**

Georgia  
Department of  
Behavioral Health  
& Developmental  
Disabilities

January 22, 2024

The following content areas are included in this assessment report

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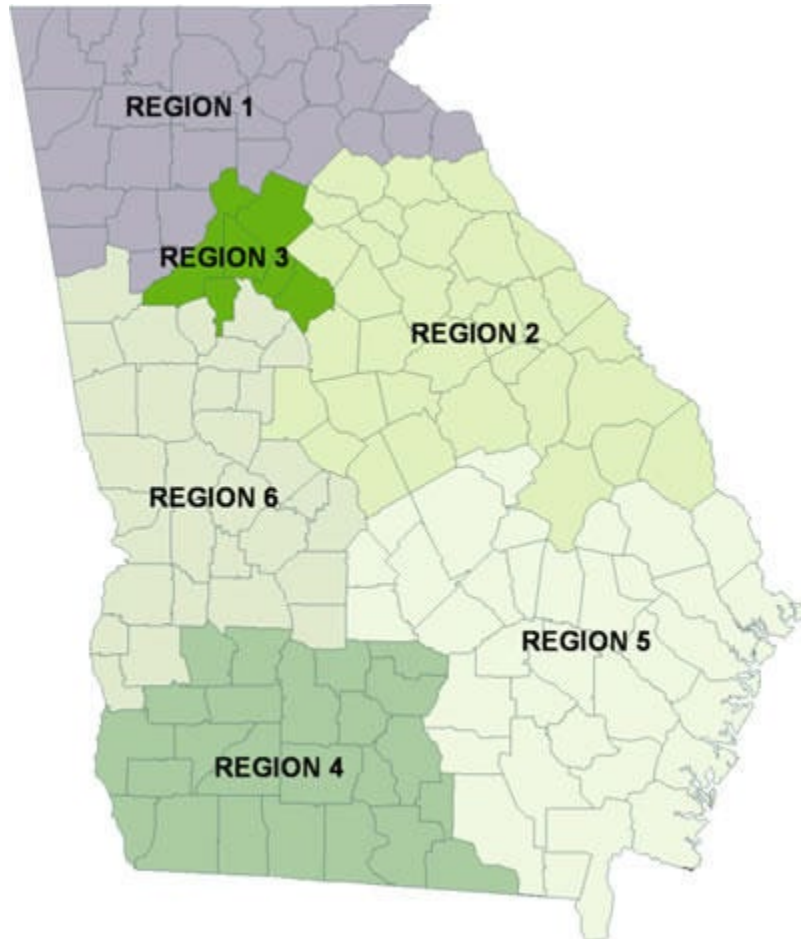
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# Executive Summary

DBHDD's system of services is organized into six regional field offices; Region 1 covers the northern area of Georgia



## Region 1

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Region 1 is located in the northern region of Georgia and includes the following 31 counties:

- Banks
- Bartow
- Catoosa
- Chattooga
- Cherokee
- Cobb
- Dade
- Dawson
- Douglas
- Fanin
- Floyd
- Forsyth
- Franklin
- Gilmer
- Gordon
- Habersham
- Hall
- Haralson
- Hart
- Lumpkin
- Murray
- Paulding
- Pickens
- Polk
- Rabun
- Stephens
- Towns
- Union
- Walker
- White
- Whitfield

## While there are a variety of services offered across the SUD/ODU Continuum of Care in Region 1, the region had the highest opioid overdose death rate in the state from 2018 to 2022

- From 2018 to 2022, Region 1 had the highest death rate across all regions. The region experienced a 100% increase in opioid-related deaths during the five-year timeframe with the largest percent increase in total opioid overdose deaths among the 10-19-year age group. The highest number of opioid-related deaths were observed in Cobb County, among the White population, and males. There was a 400% increase in the opioid-related deaths among Blacks or African-Americans.
- Compared to its peers, Region 1 saw the largest number of total opioid-related ED visits in 2022, with Cobb County ranked at the top. The highest increases in ED visits were in the 10-to-44-year age group, with the 35-44 age subset experiencing the greatest increase (56%), among males, and White population.
- Across the region, the highest number of naloxone doses were administered in Cobb County
- SUD/ODU providers leverage a diverse, however, limited workforce to deliver services
- Higher social determinants vulnerabilities may contribute to the overdose and death rates observed in Cobb County, however, additional analysis and exploration are warranted to confirm correlation and association
- 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 providers. There are few residential treatment services (men and women), intensive outpatient women's providers, and transitional housing providers, however.
  - Investments are being made to expand recovery services with the opening of new Addiction Recovery Support Centers (ARSCs)
  - Harm reduction services, including syringe exchanges and naloxone distribution, are widely available across the county
- There remain gaps and service variability across Region 1:
  - There are no SAIOP Outpatient or Stand-Alone Detox services or providers offering Residential Treatment Independent services to women
  - The following counties in Region 1 do not have SUD/ODU CoC Providers: Fanin, Towns, White, Haralson, Rabun, and Hart
  - There are more residential treatment services offered for men than women across all residential treatment areas
  - The counties in the northeast portion of Region 1 have the most limited access to SUD/ODU providers
  - No residential treatment services available for transition aged youth.

# Background Information

# Overview of the Opioid Continuum of Care assessment reports

## Background

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

## Objectives

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

## Assessment Inputs

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

# Approach to developing the assessment reports

## Approach

### 1 Understand OUD burden

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

### 2 Compile current state CoC data

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

### 3 Identify gaps

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



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

## Considerations

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

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

## Prevention

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

## Treatment

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

## Recovery

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

## Harm Reduction

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

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

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

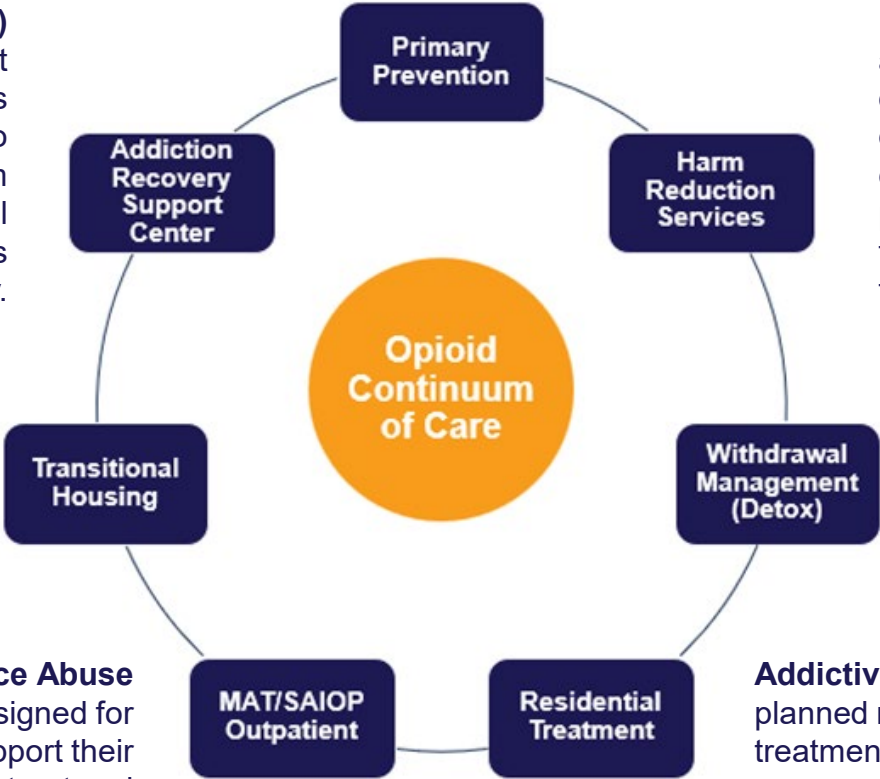
# DBHDD's proposed Opioid Use Disorder Continuum of Care Model includes seven components

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

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

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

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



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

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

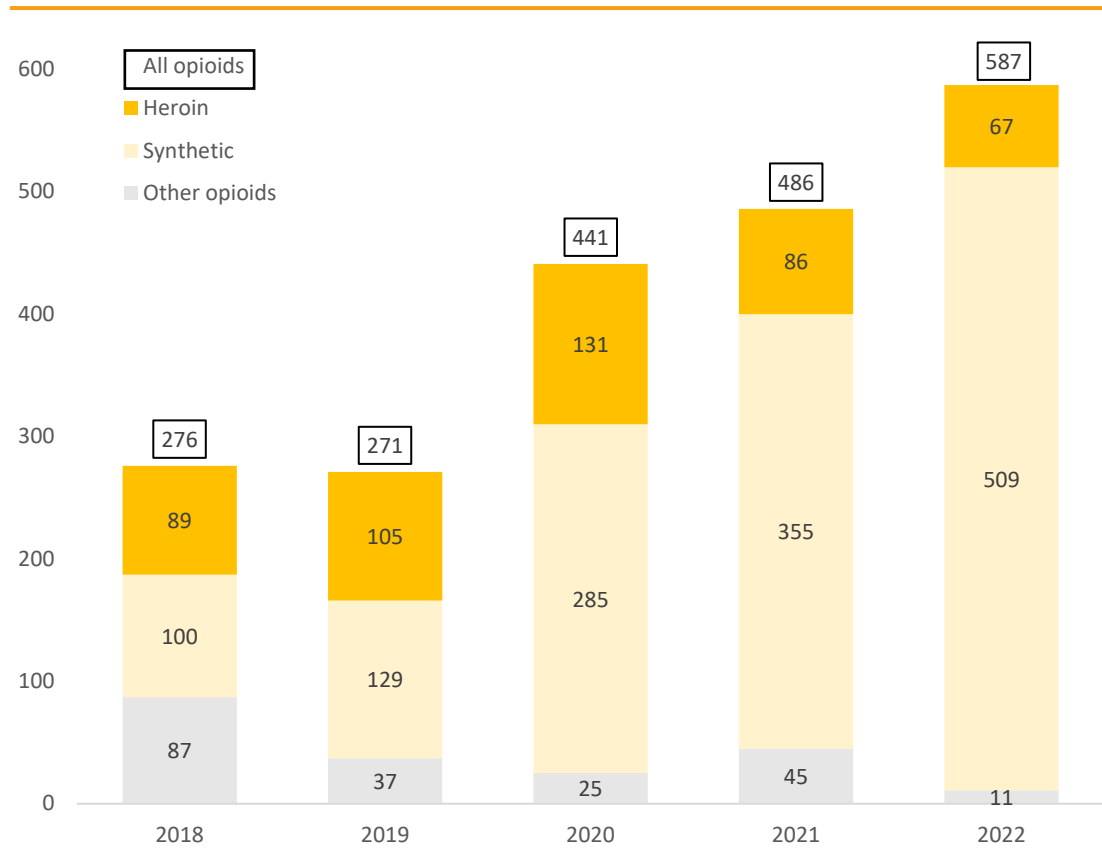
**Addictive Diseases Residential Service** provides a planned regimen of 24-hour observation, monitoring, treatment, and recovery supports for individuals who require a supportive and structured environment due to OUD. There are varying levels of care which include step-down models, intensive, semi-independent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

# Epidemiological Data Analysis and Findings

# Opioid Overdose Deaths

# From 2018 to 2022, the total annual number of opioid overdose deaths in Region 1 more than doubled, with significant growth attributed to synthetic opioids

## Total overdose deaths for all opioids in Region 1, 2018-2022

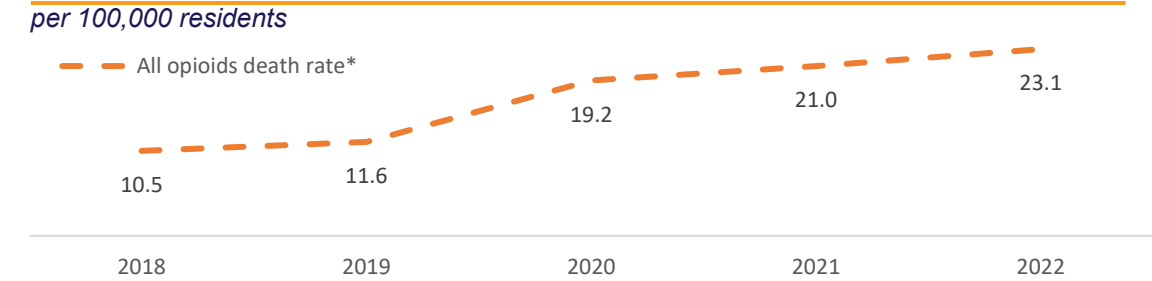


Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured)..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

## Key findings

- ▶ In 2022, **all opioid deaths in Region 1 totaled 587**, representing a rate of 23.1 deaths per 100,000 residents
  - ▶ Overall, deaths increased 113% from 276 (2018)
  - ▶ On average, deaths increased at a compound annual growth rate of 20.8%
- ▶ **Synthetic drugs** are a specific type of opioid drug (the synthetic drug data shown includes fentanyl and excludes methadone). From 2018 to 2022, the total number of synthetic drug overdoses increased from 100 to 509
  - ▶ This represents an overall increase of 409% and a compound annual growth rate of 50.2%
- ▶ **Heroin** is a specific type of opioid drug. From 2018 to 2022, heroin drug overdoses decreased from 89 to 67
  - ▶ This represents an overall decline of 25% and an average annual decrease of 6.9%

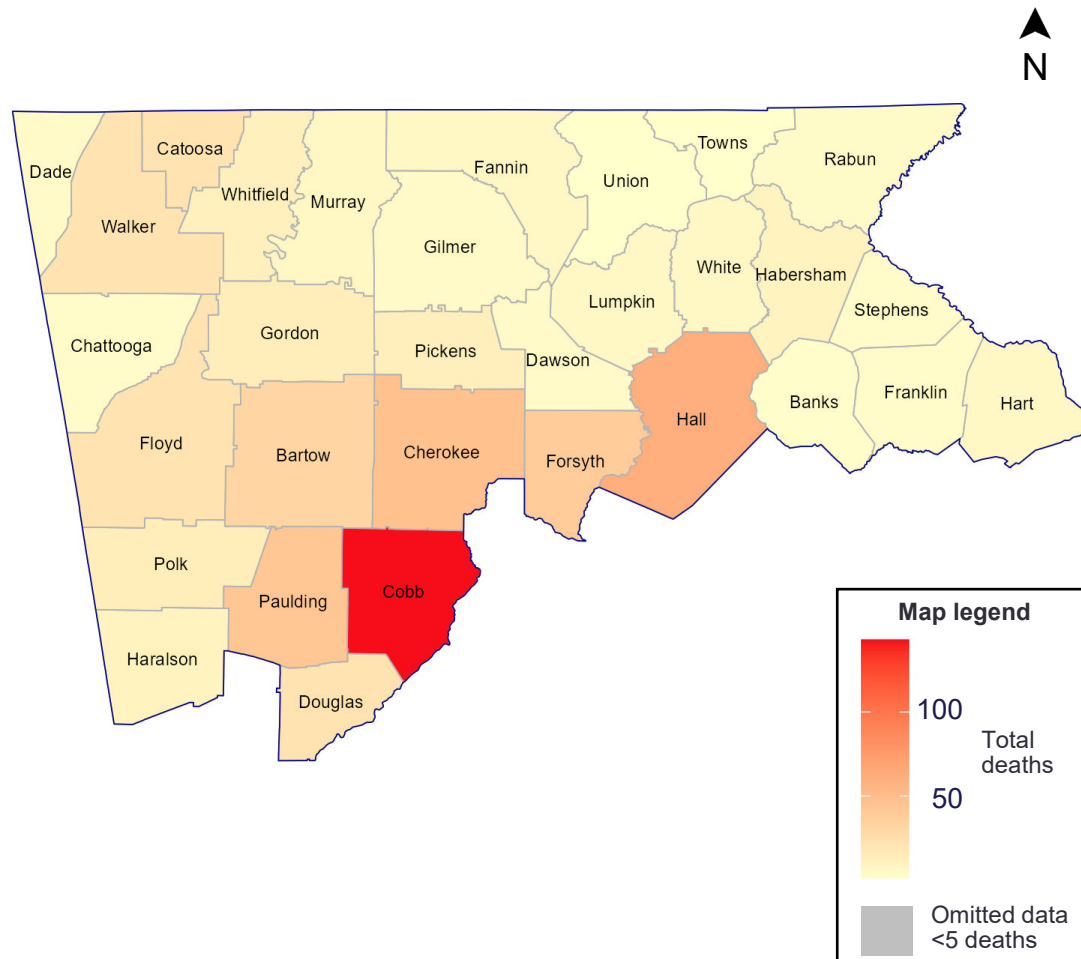
## Rate of opioid overdose deaths in Region 1, 2018-2022



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

# The southern counties within Region 1 experienced the largest number of total opioid overdose deaths in 2022, with Cobb County experiencing the most deaths

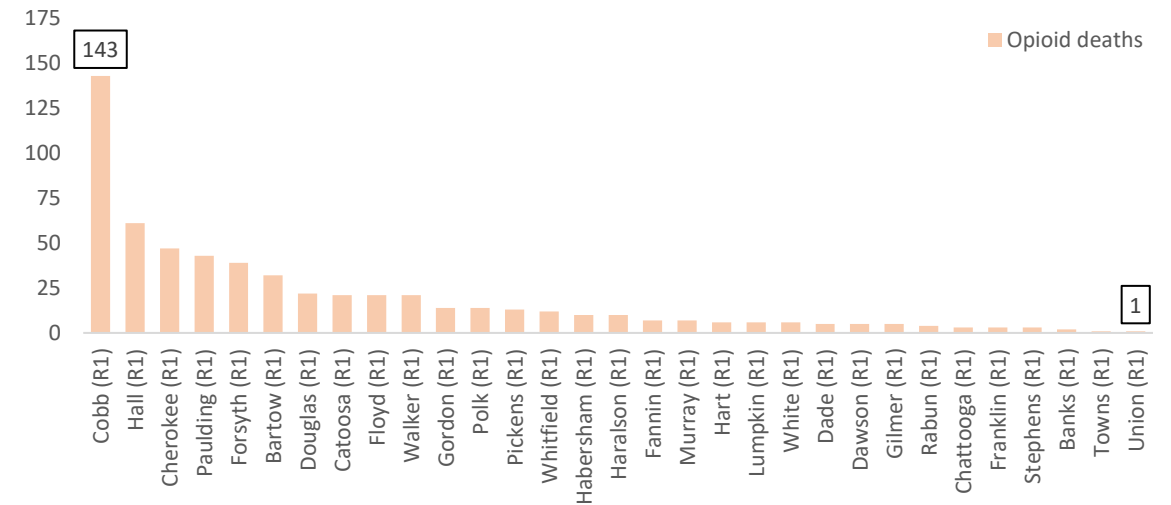
**Map of total opioid overdose deaths by county in Region 1, 2022**



## Key findings

- ▶ In 2022, the **top five counties with the largest total number of opioid-related deaths in Region 1** were Cobb (143), Hall (61), Cherokee (47), Paulding (43), and Forsyth (39)
- ▶ Bartow (32), Douglas (22), Catoosa (21), Walker (21), and Floyd (21) each **had over 20 overdose deaths** in 2022

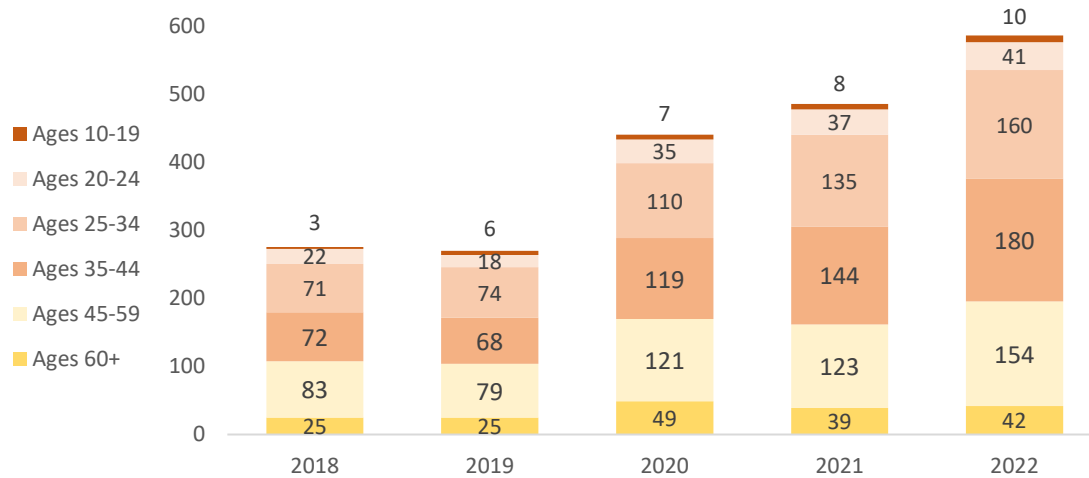
**Opioid overdose deaths by county in Region 1, 2022**



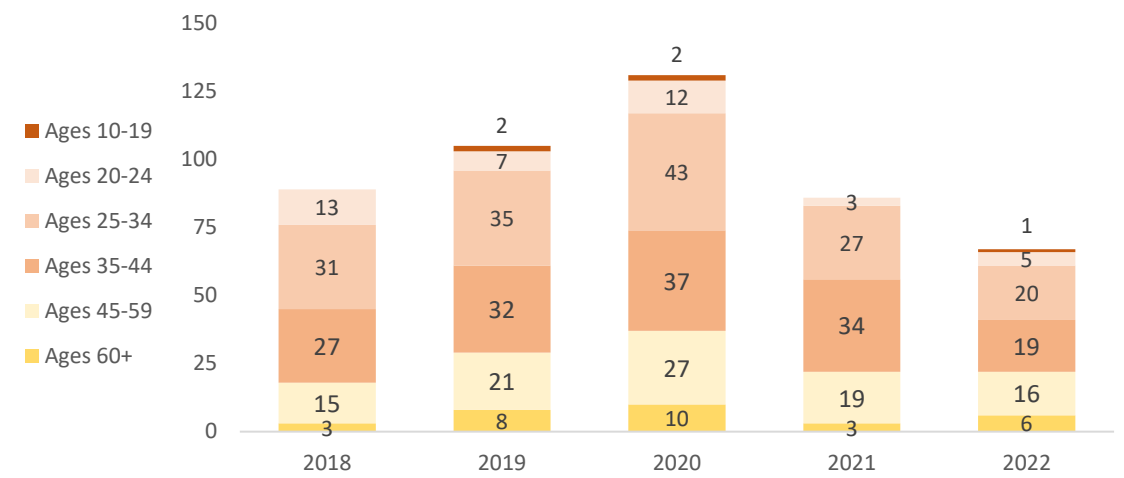


# Total opioid overdose deaths increased across all age groups from 2018 to 2022, with the largest percent increase among ages 10 to 19

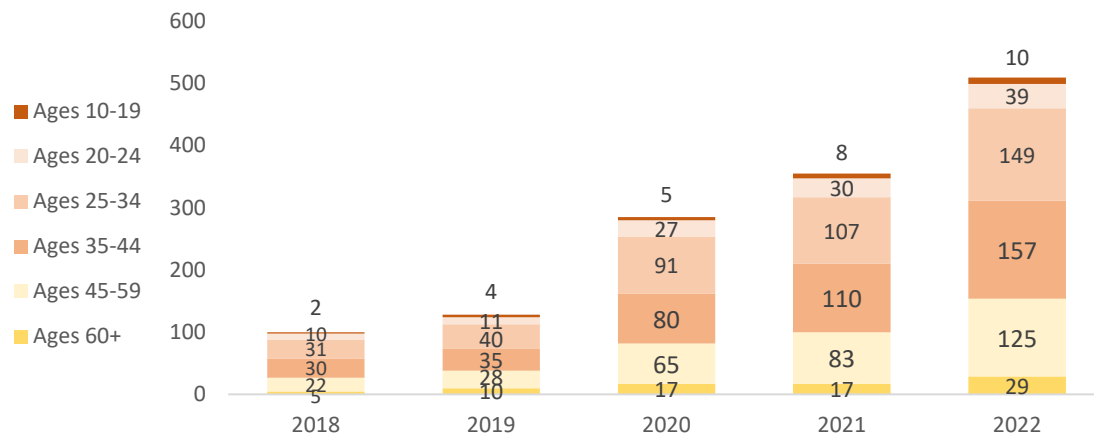
## Total opioid overdose deaths by select age groups



## Heroin opioid overdose deaths by select age groups



## \*Synthetic opioid overdose deaths by select age groups



## Key findings

- ▶ Opioid overdose deaths increased for all age groups shown from 2018-2022
- ▶ The synthetic opioid subset increased in overdose deaths for all age groups, while heroin overdose deaths decreased all age groups except ages 10-19, 45-59 and 60+ population
- ▶ Ages 10-19 saw the largest percent increase (233%) in total opioid overdose deaths from 3 in 2018 to 10 in 2022, with majority of these deaths attributed to synthetic opioids
- ▶ From 2018-2022, opioid overdose deaths increased 150% for ages 35-44 and 125% for ages 25-34

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

Notes: Data labels are not shown for years where there were no deaths for select age groups. Deaths for ages 0-9 totaled less than 5 during the five-year period and are not shown.

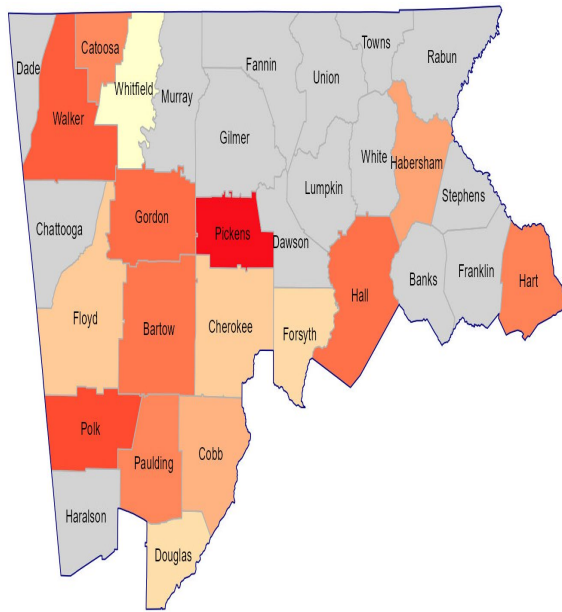
Source: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS).

# The rate of opioid deaths in Region 1 has grown more significantly among males than female over the last five years

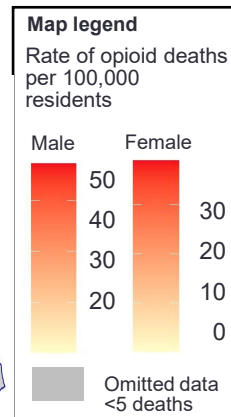
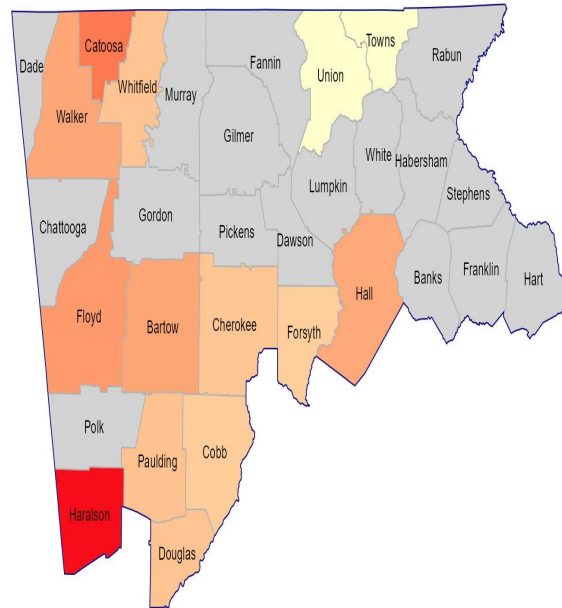
## Map of rates of opioid deaths by county, 2022

per 100,000 residents

### Males

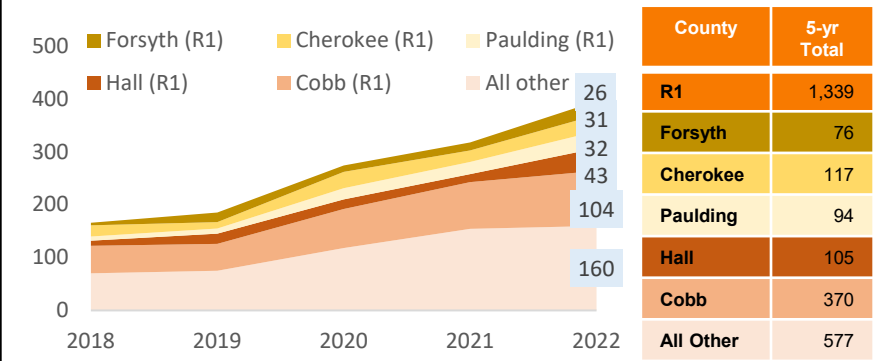


### Females

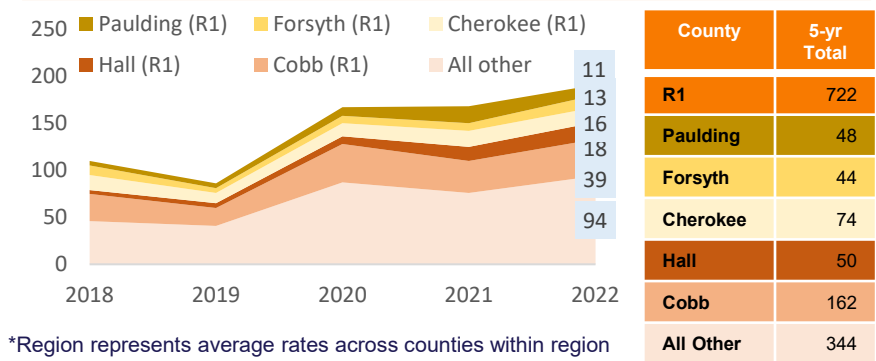


## Opioid deaths by county, 2018-2022

### Males



### Females



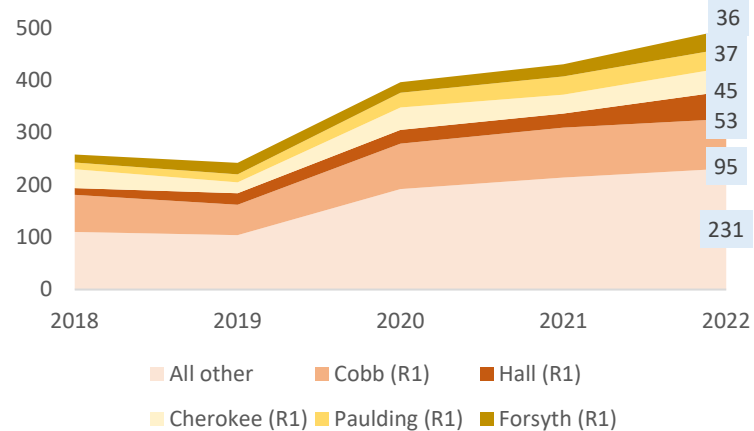
\*Region represents average rates across counties within region

## Key findings

- ▶ Across Region 1, opioid deaths among males increased from 166 in 2018 to 396 in 2022, representing a compound annual growth rate of 24%. Cobb County had the most male opioid deaths during the five-year timeframe (370), followed by Cherokee County (117)
- ▶ Across Region 1, opioid deaths among females increased from 110 in 2018 to 191 in 2022, representing a compound annual growth rate of 15%. Cobb County had the most female opioid deaths during the five-year timeframe (162), followed by Cherokee County (74)

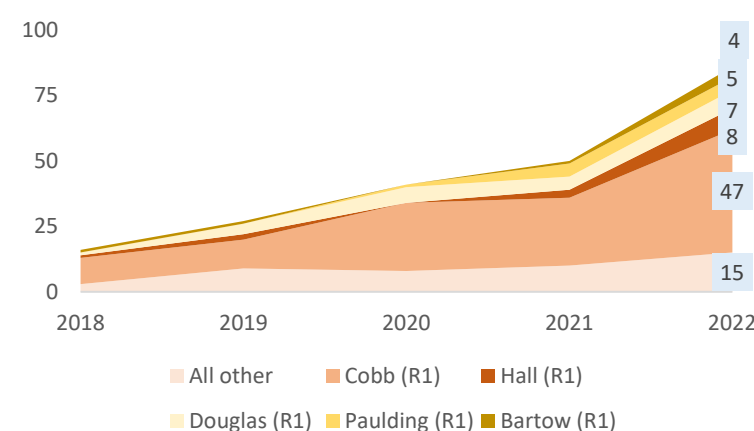
# The White population in Region 1 experienced the largest total number of opioid overdose deaths over the 2018 – 2022 timeframe compared to other racial and ethnic groups

## Opioid deaths for the White population, 2018-2022



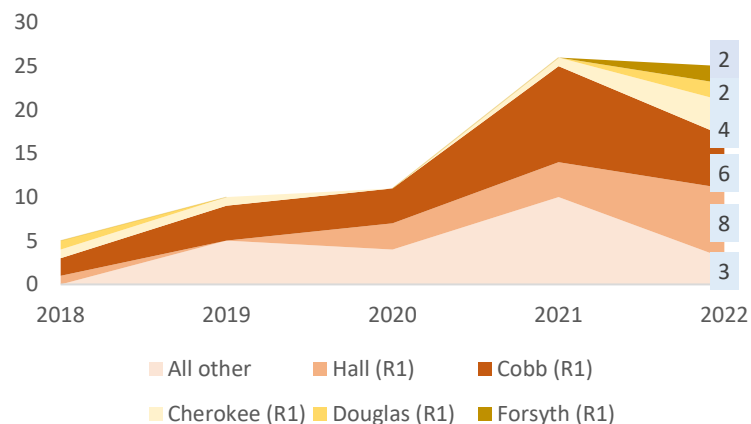
Region	5-yr Total
<b>R1</b>	<b>1,823</b>
<b>Forsyth</b>	<b>116</b>
<b>Paulding</b>	<b>128</b>
<b>Cherokee</b>	<b>181</b>
<b>Hall</b>	<b>141</b>
<b>Cobb</b>	<b>406</b>
<b>All other</b>	<b>851</b>

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



Region	5-yr Total
<b>R1</b>	<b>220</b>
<b>Bartow</b>	<b>7</b>
<b>Paulding</b>	<b>11</b>
<b>Douglas</b>	<b>23</b>
<b>Hall</b>	<b>14</b>
<b>Cobb</b>	<b>120</b>
<b>All other</b>	<b>45</b>

## Opioid deaths for the Hispanic population, 2018-2022



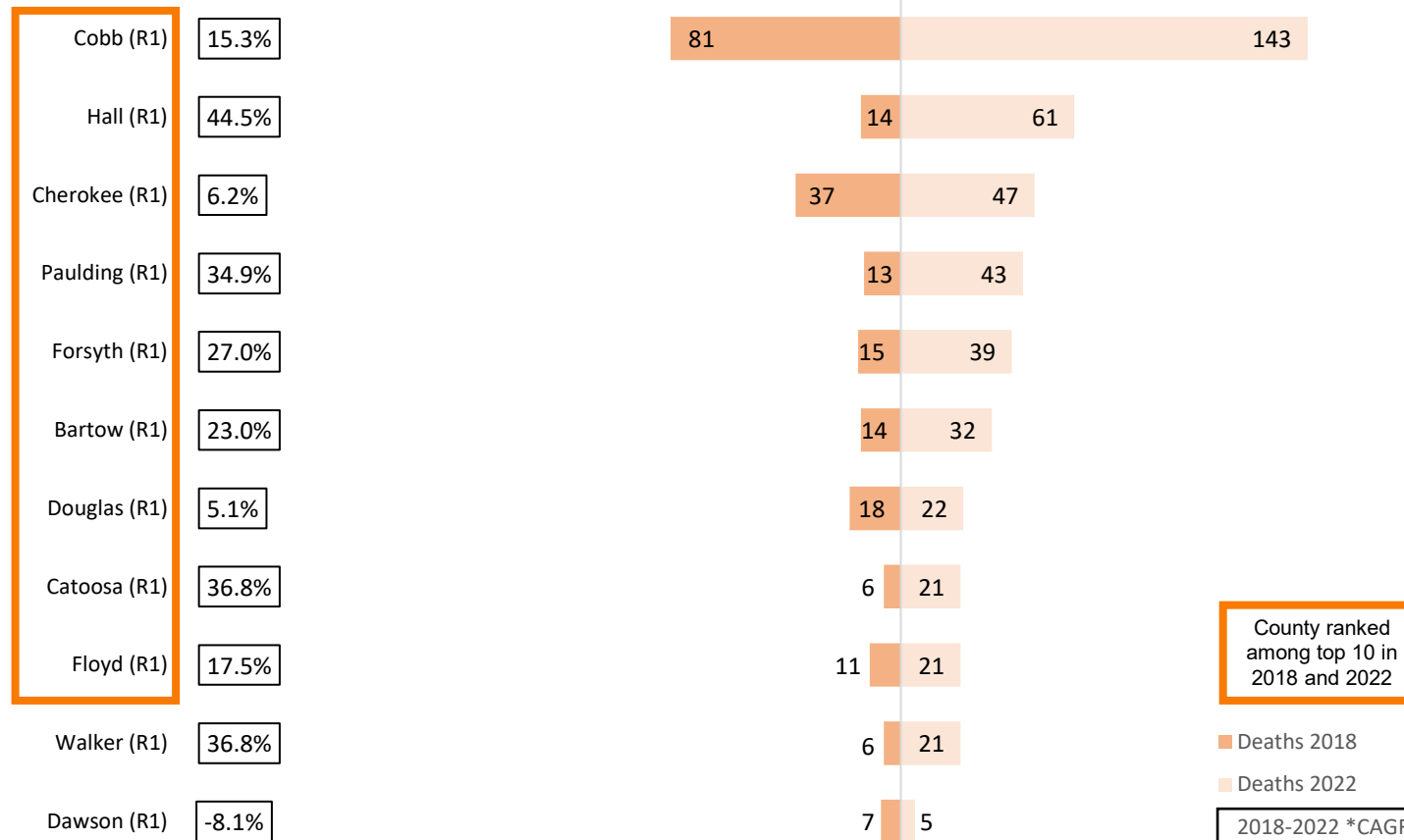
Region	5-yr Total
<b>R1</b>	<b>77</b>
<b>Forsyth</b>	<b>2</b>
<b>Douglas</b>	<b>3</b>
<b>Cherokee</b>	<b>7</b>
<b>Cobb</b>	<b>27</b>
<b>Hall</b>	<b>16</b>
<b>All other</b>	<b>22</b>

## Key findings

- ▶ From 2018 to 2022, opioid deaths totaled 1,823 for the White population, 220 for the Black or African-American population, 77 for the Hispanic population, and 6 for the Asian population
- ▶ Cobb County had the most overall opioid deaths for the White (406), Black or African-American (120), and Hispanic (27) populations
- ▶ The Asian population had one opioid overdose death in 2022, which occurred in Walker County

# From 2018 to 2022 in Region 1, Cobb County consistently had the largest total number of opioid overdose deaths

## Opioid overdose deaths and growth rates among top 10 counties in Region 1 for the years 2018 and 2022



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

## Key findings

- ▶ Nine counties ranked in the top 10 for opioid overdose deaths in 2022 and also ranked in the top 10 in 2018
- ▶ All counties ranking in the top 10 for opioid overdose deaths in 2018 or 2022 experienced either the same number of or an increase in deaths from 2018, except Dawson County
- ▶ Dawson County ranked in the top 10 for opioid overdose deaths in 2018, but not 2022
- ▶ Walker County ranked in the top 10 for opioid overdose deaths in 2022, but not 2018
- ▶ Among all counties ranking in the top 10 in 2018 or 2022, **Hall County had the largest average annual growth rate (44.5%)**, followed by Catoosa County (36.8%), Walker County (36.8%), and Paulding County (34.9%)

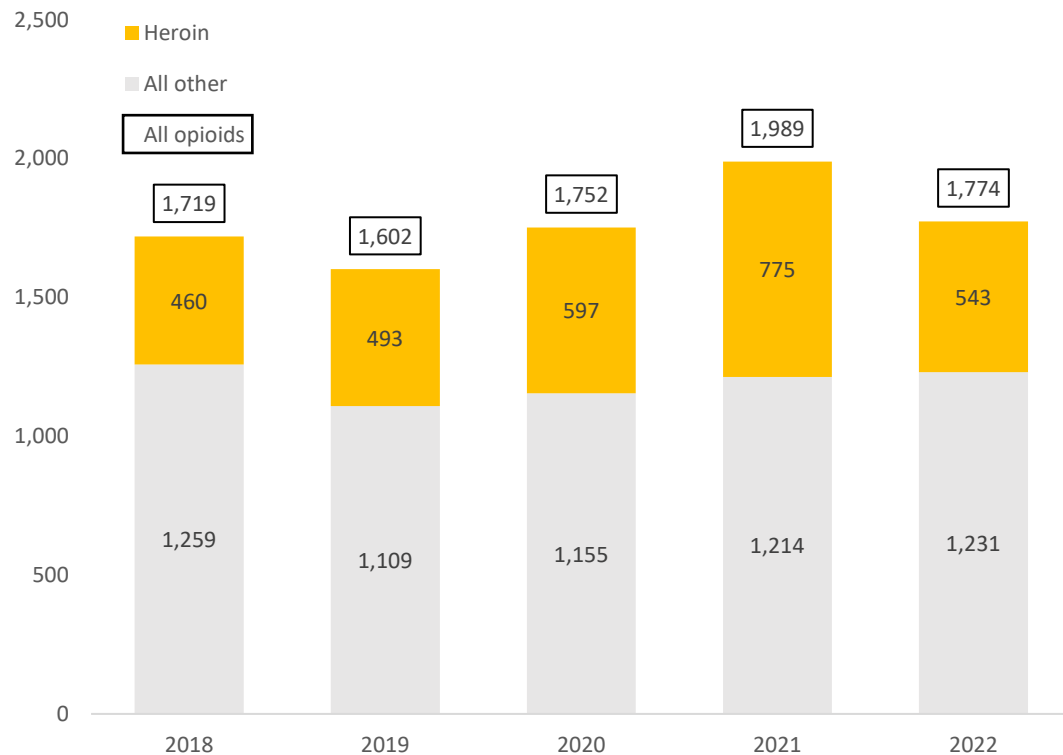
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl) that may be prescription or illicitly-manufactured.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

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

# Opioid-related Emergency Department Visits

# Between 2018 and 2022 in Region 1, the total number of opioid-related emergency department (ED) visits peaked in 2021

## Total opioid-related ED visits in Region 1, 2018-2022



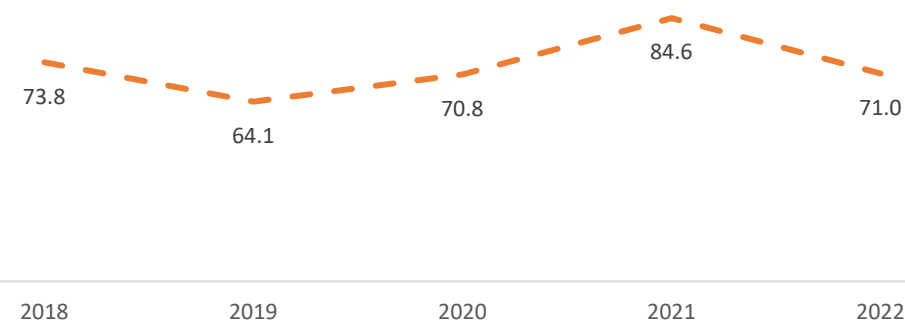
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured)..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

## Key findings

- ▶ In 2022, **all opioid ED visits in Region 1 totaled 1,774**, representing a rate of 71.0 ED visits per 100,000 residents
  - ▶ Overall, ED visits increased 3% from 1,719 in 2018
  - ▶ On average, ED visits increased at a compound annual growth rate of 0.8%
- ▶ **Heroin is a specific type of opioid-related drug. From 2018 to 2022, heroin ED visits increased from 460 to 543**
  - ▶ This represents an increase of 18% and a compound annual growth rate of 4.2%

## Rate of opioid-related ED visits in Region 1, 2018-2022

per 100,000 residents

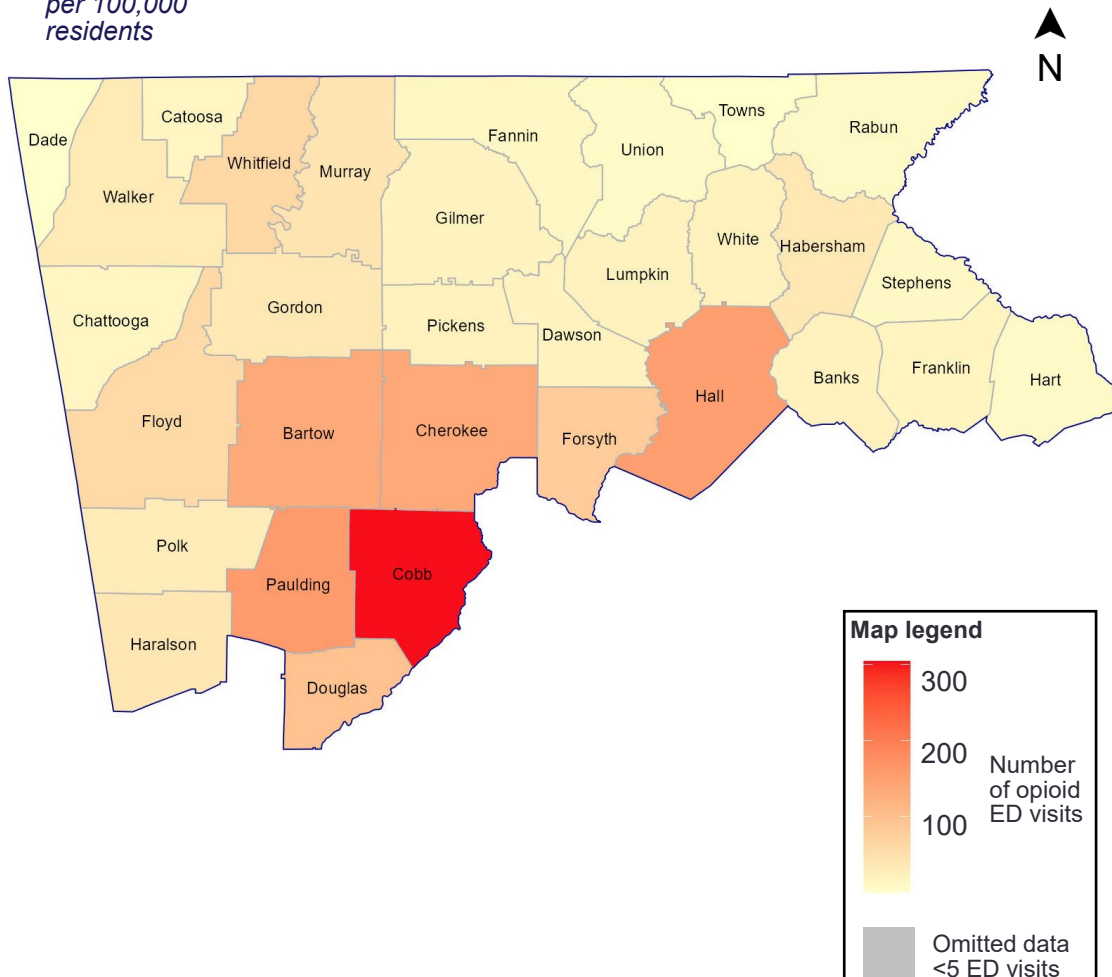


Note: Rate represents an average rate across all counties with 5 or more ED visits.

# The southern counties within Region 1 experienced the largest number of total opioid-related ED visits in 2022, with Cobb County ranked at the top

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

per 100,000 residents

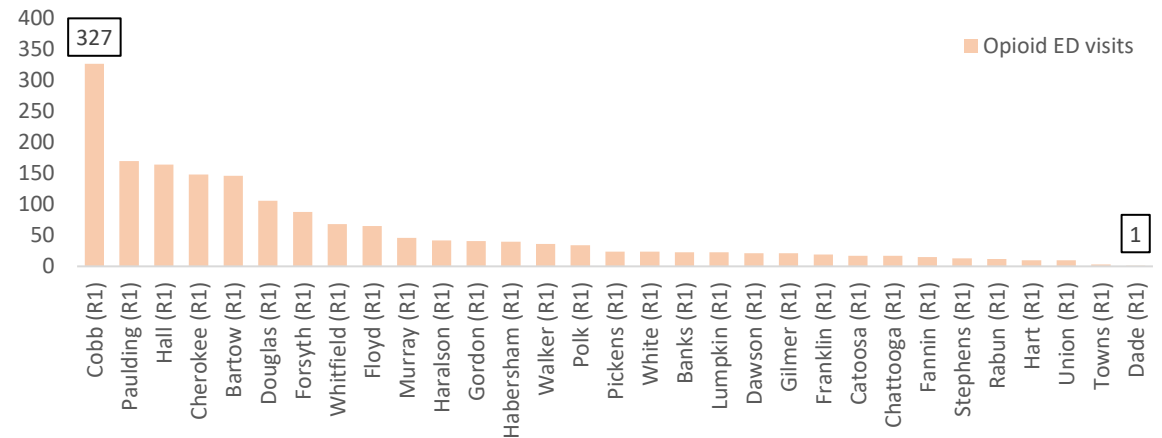


## Key findings

- ▶ In 2022, the **top four counties with the largest total number of opioid-related ED visits** were Cobb (327), Paulding (170), Hall (164), and Cherokee (148)
- ▶ In addition to the top four counties, Bartow (146), Douglas (106), Forsyth (88), Whitfield (68), and Floyd (65) counties **had at least 50 ED visits**

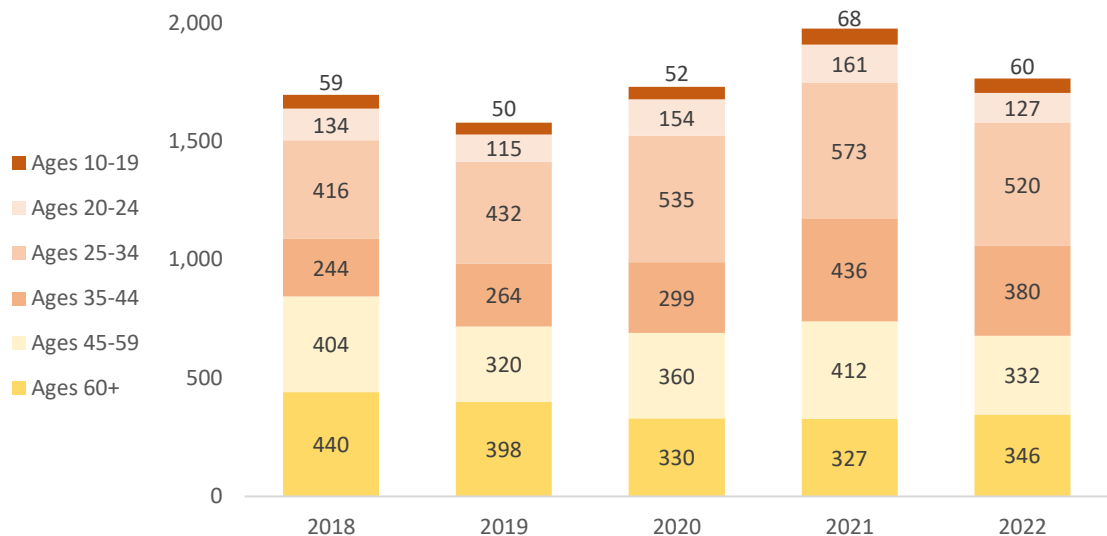
## Opioid-related ED visits, 2022

per 100,000 residents

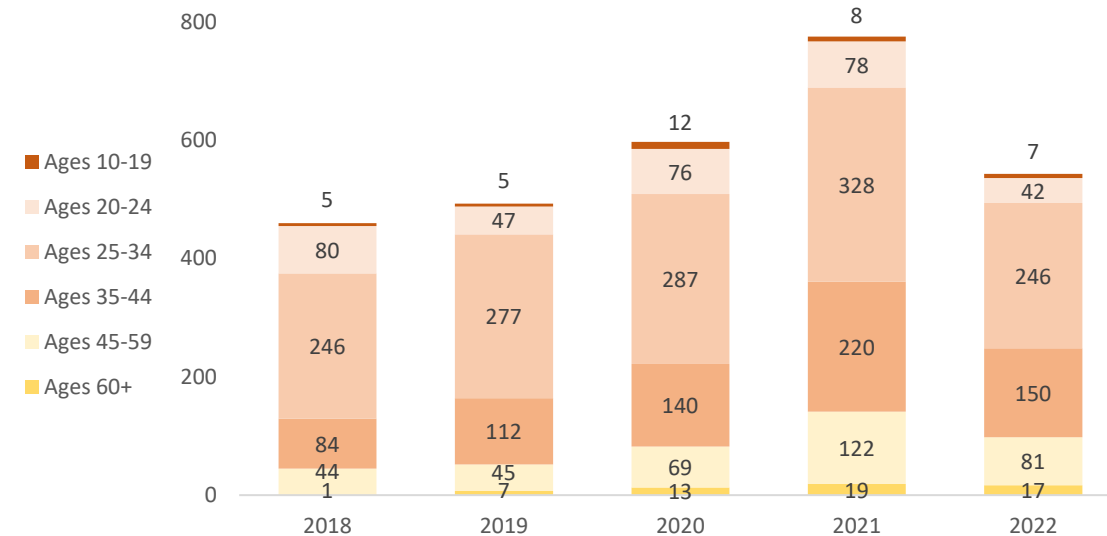


# From 2018 to 2022, the total number of opioid-related ED visits increased for ages 10-44, while decreasing for other ages

## Total opioid-related ED visits by select age groups



## Heroin ED visits by select age groups



## Key findings

- ▶ Opioid-related ED visits decreased for age groups 20-24, 45-59, and 60+ from 2018-2022 and increased for age groups 10-19, 25-34, and 35-44
- ▶ Ages 35-44 saw the largest percentage increase (56%) in opioid ED visits, followed by ages 25-34 (25%)
- ▶ The subset of heroin ED visits decreased for ages 20-24, while total opioid-related ED visits increased for ages 10-19, 35-44, 45-59, and 60+

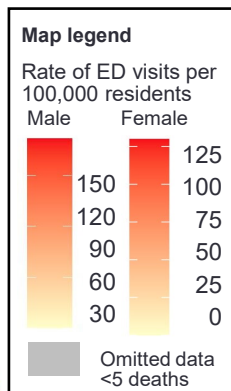
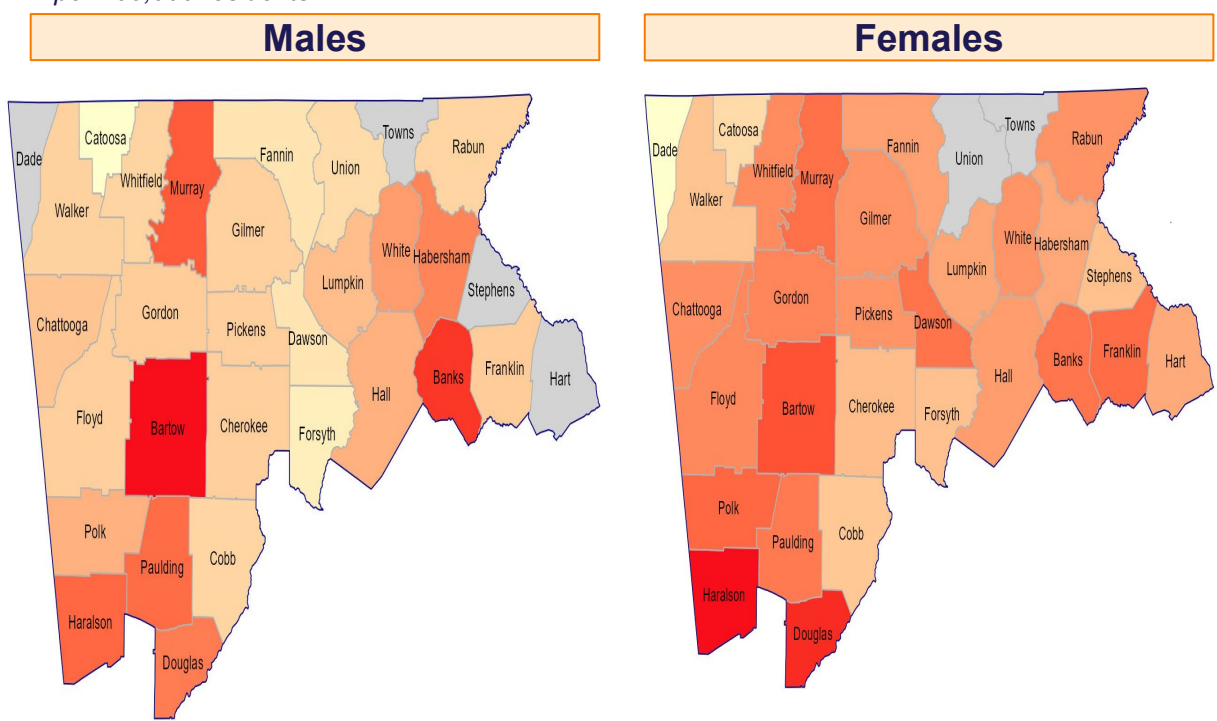
Notes: Data labels are not shown for years where there were no deaths for select age groups. ED visits for ages 0-9 totaled less than 60 during the five-year period and are not shown.  
Source: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS).



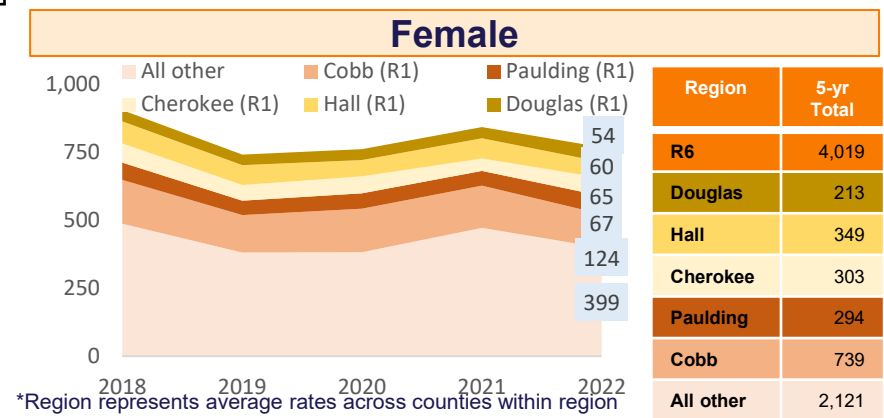
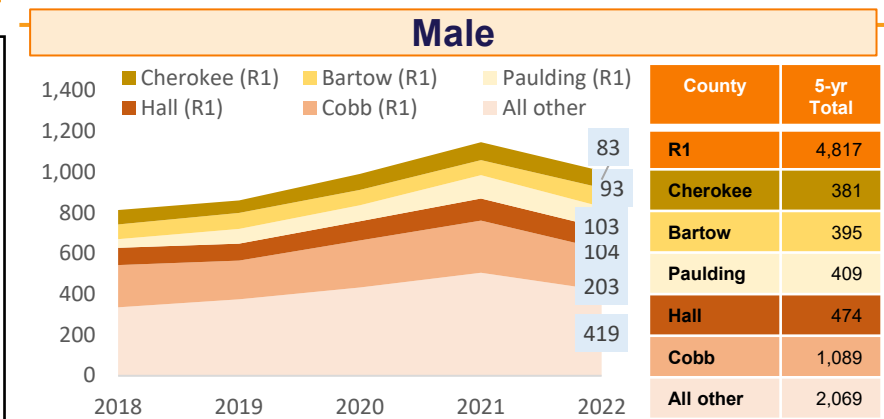
# There was an increase in the number of opioid-related ED visits over the past five years for males, but not females in Region 1

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

per 100,000 residents



## Opioid-related ED visits in Region 1, 2018-2022



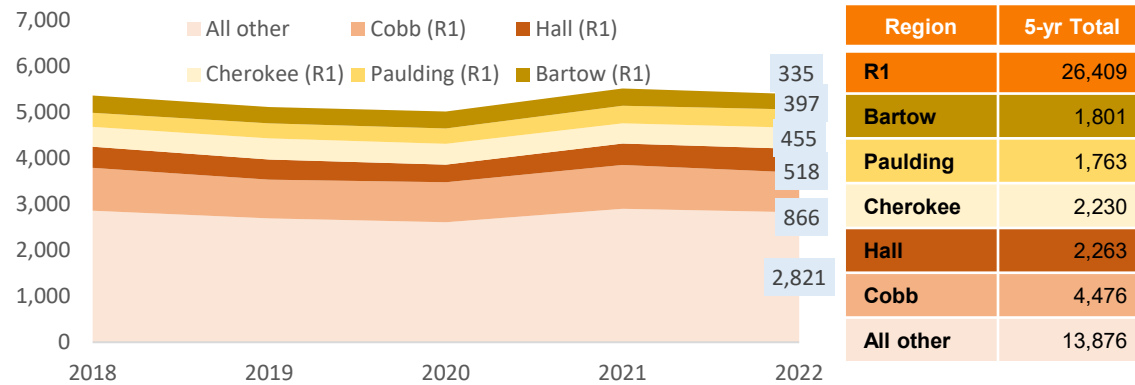
### Key findings

- ▶ Across Region 1, opioid-related ED visits among males increased from 814 in 2018 to 1,005 in 2022, representing a compound annual growth rate of 5%. Cobb County had the most male ED visits during the five-year timeframe (1,089), followed by Hall County (474)
- ▶ Across Region 1, opioid-related ED visits among females decreased from 905 in 2018 to 769 in 2022, representing a compound annual decline of 4%. Cobb County had the most female ED visits during the five-year timeframe (739), followed by Hall County (349)

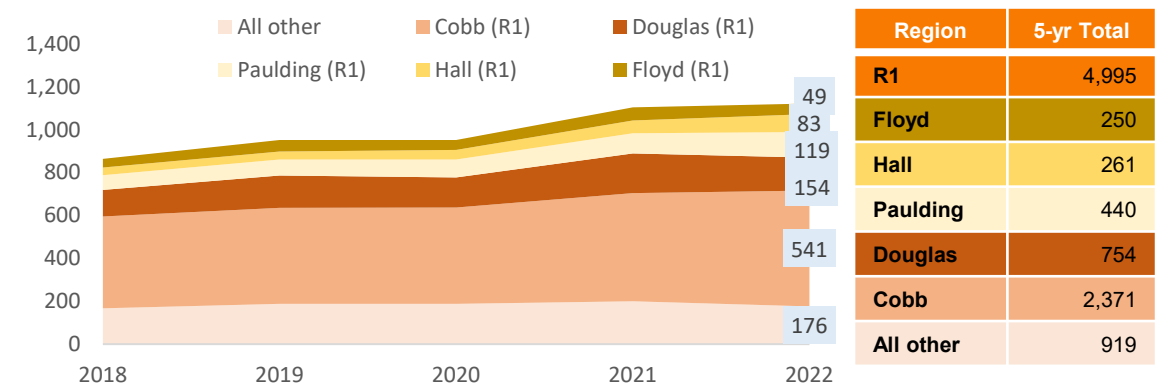
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

# From 2018 to 2022, the majority of opioid-related ED visits in Region 1 were among the White population

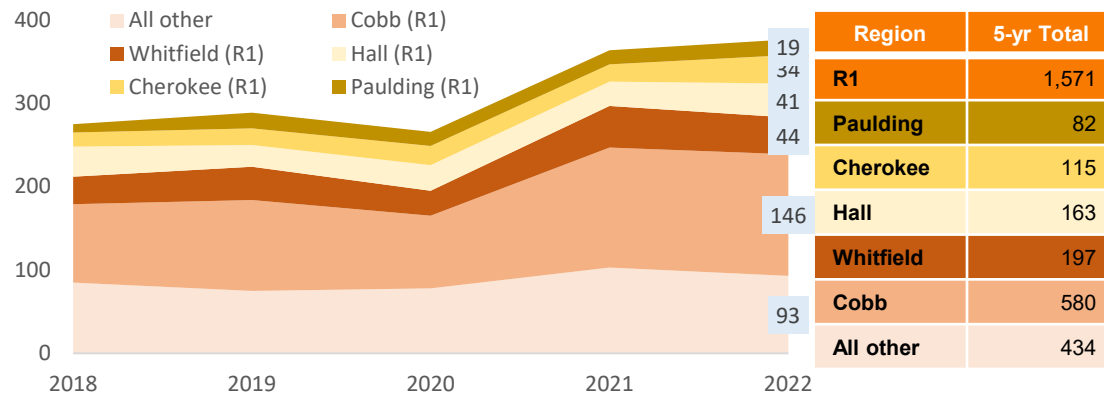
## Opioid-related ED visits for the White population, 2018-2022



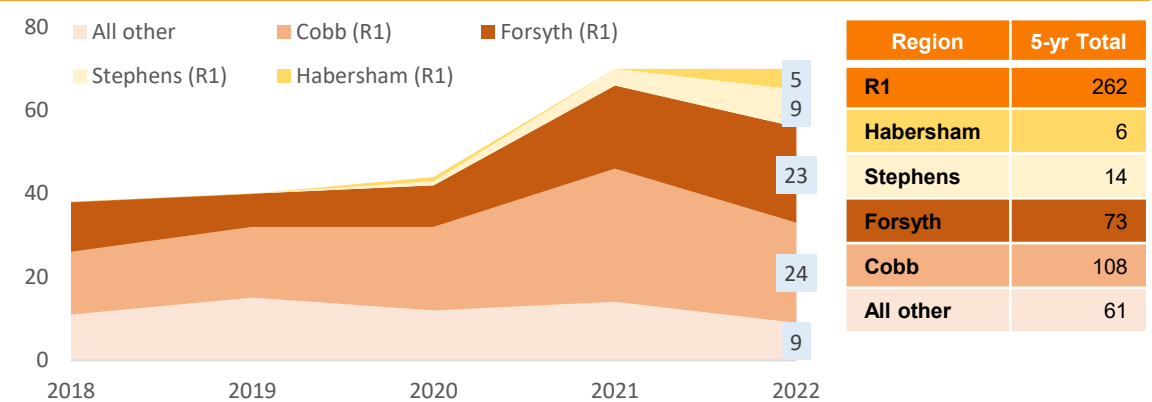
## Opioid-related ED visits for the Black or African-American population, 2018-2022



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



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

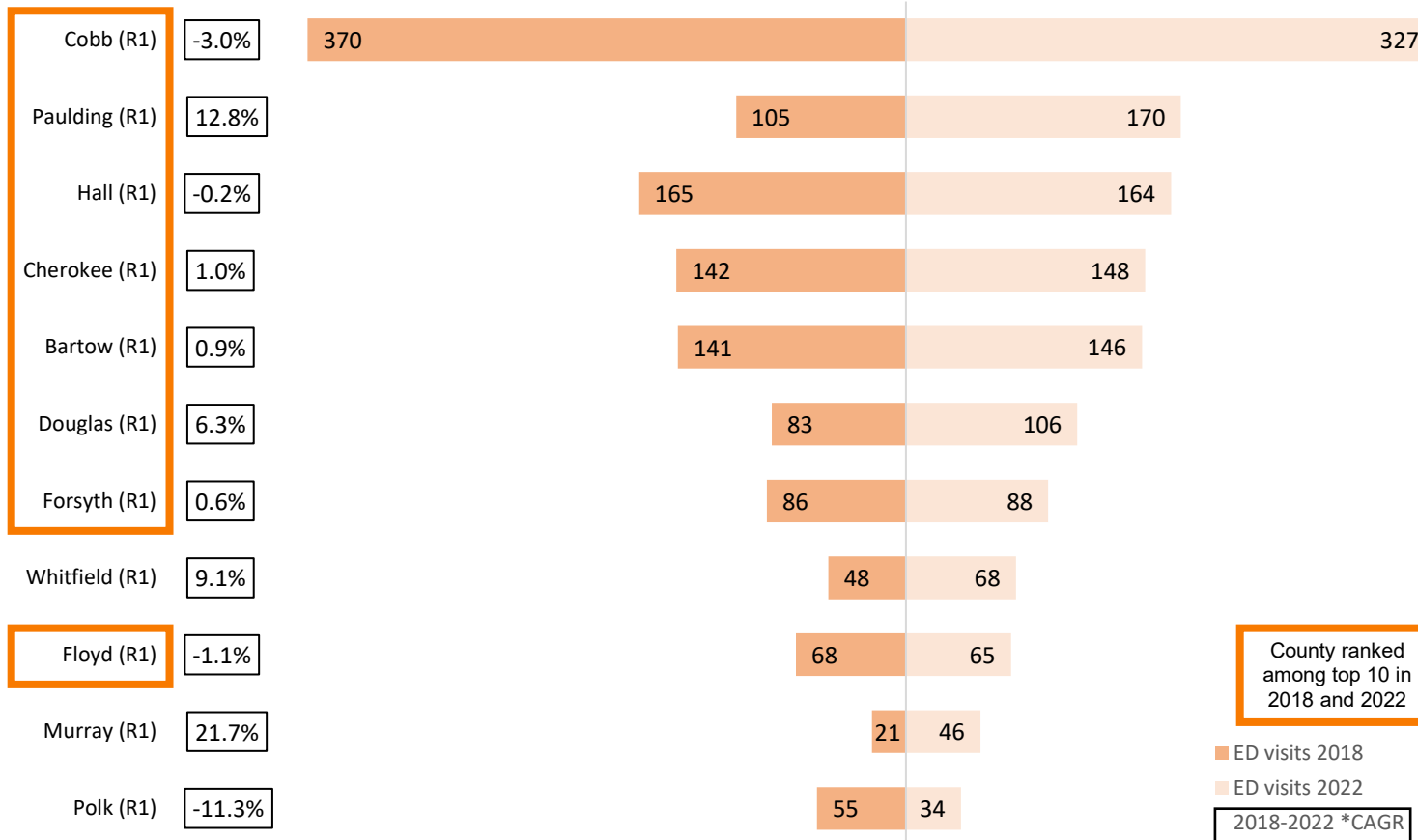


### Key findings

- ▶ From 2018 to 2022, opioid-related ED visits totaled 24,609 for the White population, 4,995 for the Black or African-American population, 1,571 for the Hispanic population, and 262 for the Asian population
- ▶ Cobb County had the most ED visits for whites (4,476), the Black or African-American (2,371) population, the Hispanic (580) population and Asian (108) population

# Eight counties in Region 1 ranked among the top 15 counties with the largest number of opioid-related ED visits in 2018 and 2022

## Opioid-related ED visits and growth rates among top 10 counties in Region 1 in the years 2018 and 2022



## Key findings

- ▶ Eight counties in Region 1 ranked in the top 10 for total opioid-related ED visits in 2022 also ranked in the top 10 in 2018
- ▶ Cobb, Hall, Floyd, and Polk Counties experienced a decrease in opioid-related ED visits in 2022 from 2018
- ▶ Polk County ranked in the top 10 for opioid-related ED visits in 2018, but not 2022
- ▶ Whitfield and Murray counties ranked in the top 10 in 2022, but not 2018
- ▶ Among all counties ranking in the top 10 in 2018 or 2022, **Murray County had the largest average annual growth rate (21.7%)**, followed by Paulding County (12.8%) and Whitfield County (9.1%)

\*CAGR represents the compound annual growth rate from 2018 to 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 involving synthetic opioids other than methadone. The heroin category represents drug overdoses related to the opioid drug, heroin.

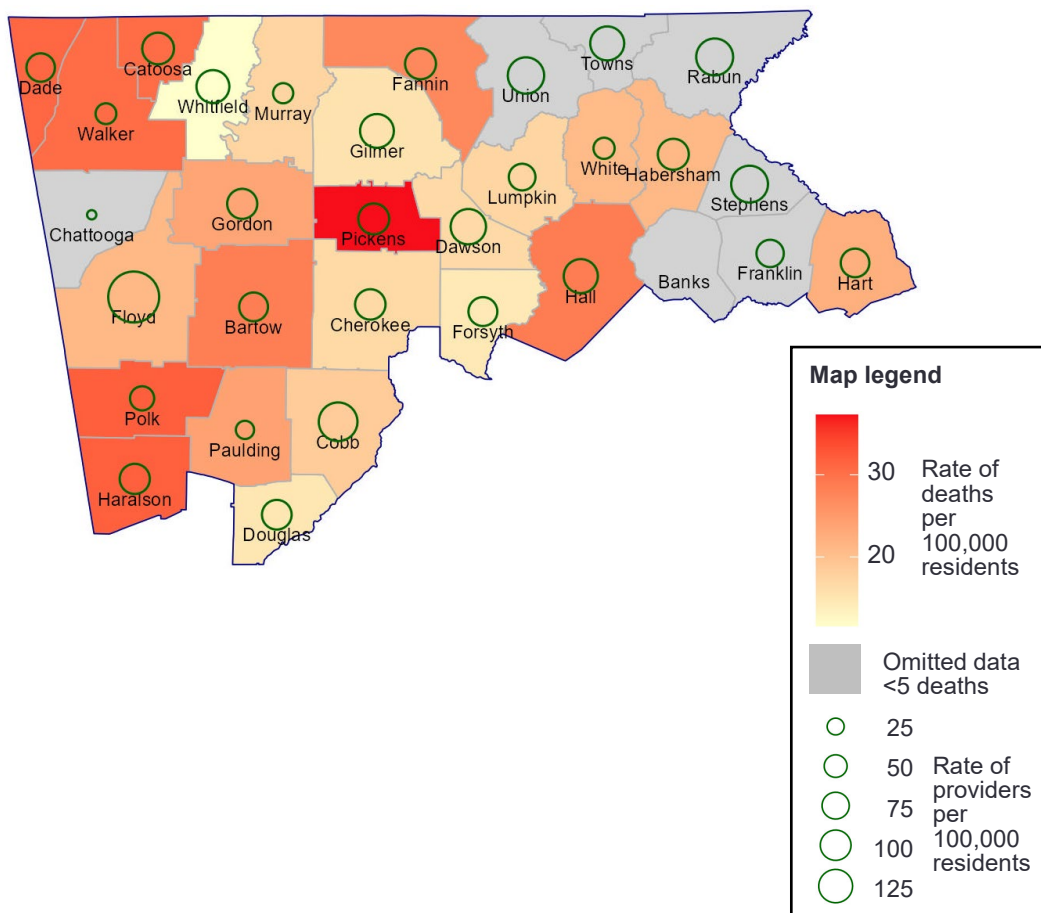
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

# Overall Opioid Burden Relative to BHSS Provider Prevalence

# The opioid overdose death rate in 2022 across Region 1 was 23.1 compared to a BHSS provider rate of 38.0 in 2021

## Map of rates of opioid overdose deaths and behavioral health and social services providers by county in Region 1, 2022

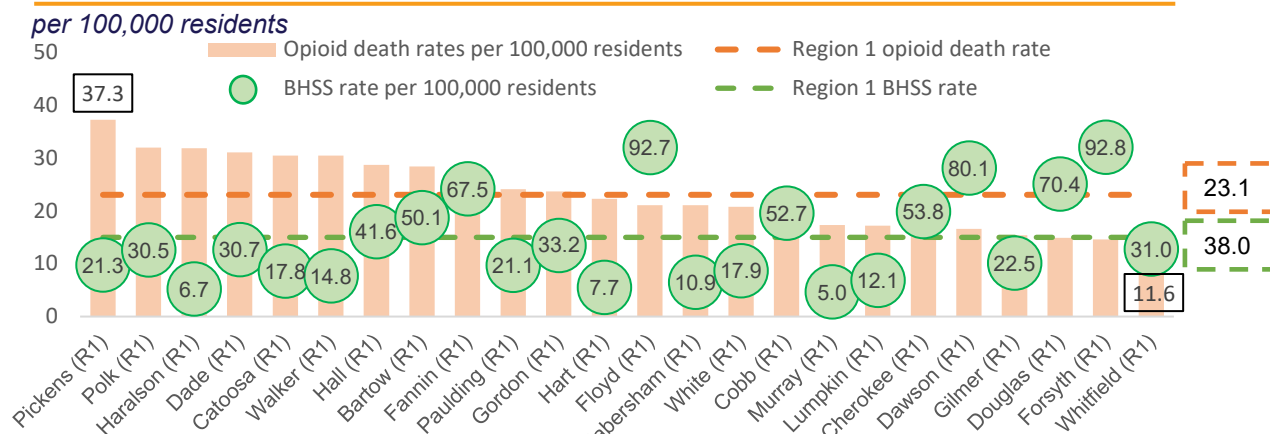
per 100,000 residents



## Key findings

- ▶ Across Region 1, there are **23.1 opioid overdose deaths and 38.0 behavioral and social services (BHSS) providers** per 100,000 residents
- ▶ Pickens, Polk, Haralson, Dade, Catoosa, Walker, Paulding, and Gordon counties have **opioid overdose death rates above the regional average and BHSS provider rates below the regional average**
- ▶ Pickens County has the **largest death rate (37.3)** per 100,000 residents, followed by Polk (32.0), and Haralson (31.9)

## Rates of opioid overdose deaths (2022) and behavioral health and social services providers (2021) by county in Region 1

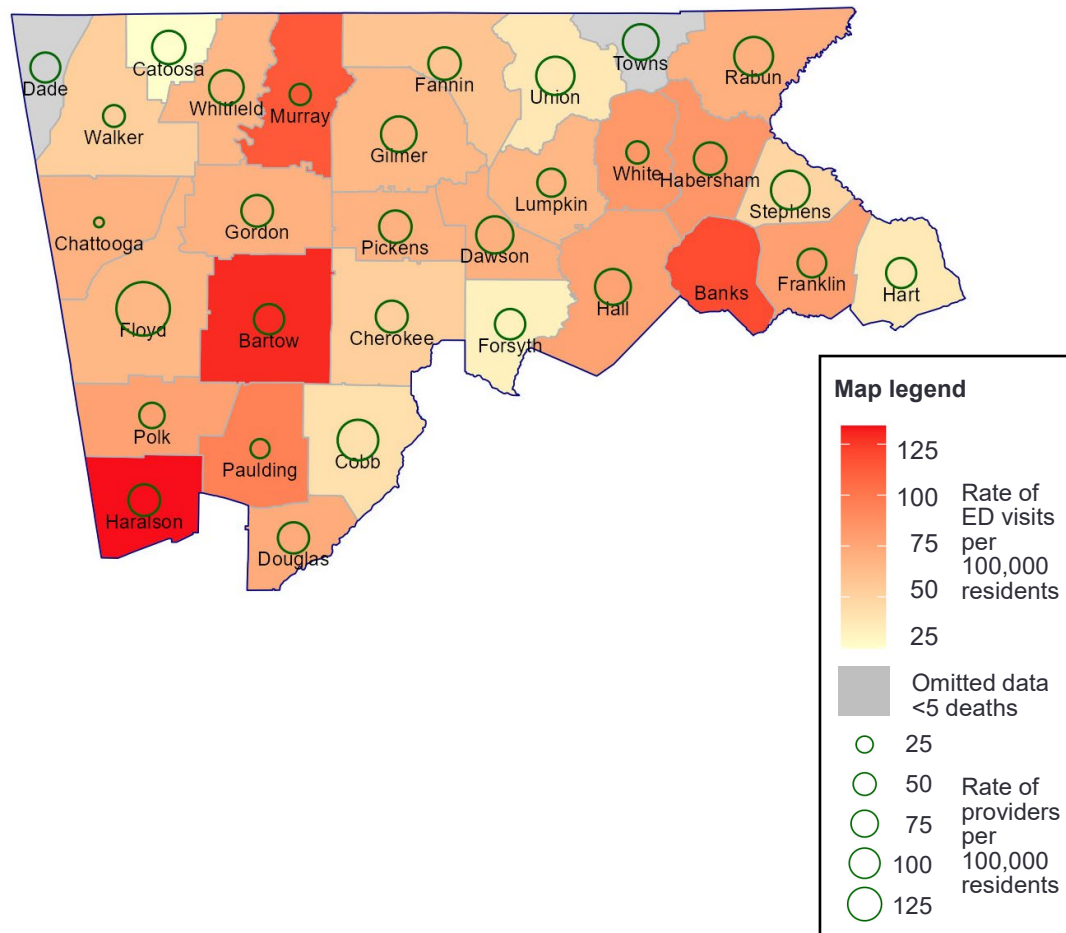


Note: Rates shown for all counties with 5 or more deaths. BHSS provider rate is derived from the total count of unique behavioral and social service provider NPI's on the Georgia Dept. of Community Health active provider directory per 100,000 residents.

# Across Region 1, there does not appear to be an association between the number of behavioral health and social services providers and opioid ED visits

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

per 100,000 residents



## Key findings

- ▶ Across Region 1, there were **71.0 opioid-related ED visits and 38.0 behavioral and social services (BHSS) providers** per 100,000 residents in 2022
- ▶ Haralson, Banks, Murray, Paulding, Habersham, White, and Polk Counties had **opioid-related ED visits above the regional average and BHSS provider rates below the regional average**
- ▶ Haralson County has the **largest ED visits rate (134.0)** per 100,000 residents, followed by Bartow (129.4) and Banks (119.0)
- ▶ The BHSS provider rates in Banks County is 0 per 100,000 residents

## Rates of opioid overdose ED visits (2022) and behavioral health and social services providers (2021) by county in Region 1



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



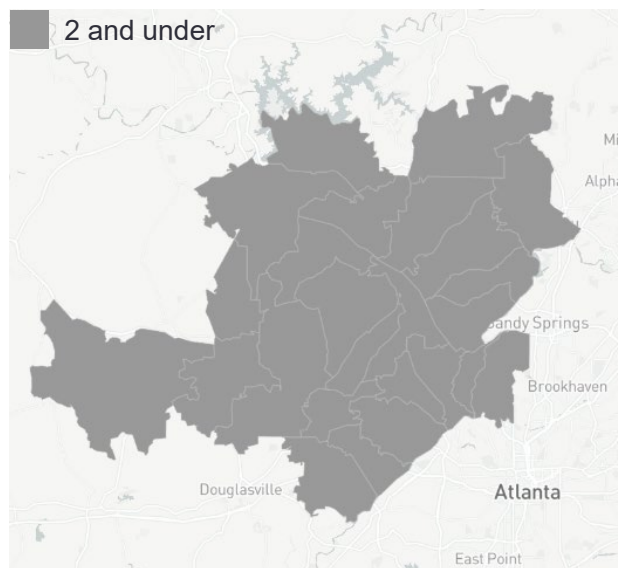
# Cobb County Vulnerability Analysis and Findings

# None of the zip codes assessed within Cobb County have three or more social determinant vulnerabilities, indicating that SUD/ODU burden may be a result of other factors that warrant further exploration

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

## Heatmap of communities that are underserved and marginalized in Cobb County

Number of scenarios



## Zip codes of populations by scenario

Zip Code	Four scenario types				Number of scenarios
	Medically Underserved	Housing Unstable	Socially Marginalized	Economically Marginalized	
30102	1	0	0	1	2
30060	0	1	0	0	1
30122	0	1	0	0	1
30339	0	1	0	0	1

### Key observations of social determinants:

**Medically Underserved:** 1 out of 24 in-scope zip codes in Cobb County has above average shares of the population without health insurance or with Medicaid, above average HPSA scores and a significant minority population.

**Socially marginalized without access:** 0 out of 24 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

**Economically marginalized:** 1 out of 24 in-scope zip codes in Cobb County has above average shares of the population enrolled in Medicaid and SNAP, poverty rates and unemployment rates and a below average share without a college degree.

**Housing unstable:** 3 out of 24 in-scope zip codes in Cobb County have below average median incomes and above average shares of households being renters, households with homes built in 1959 or earlier, and above average unemployment rates.

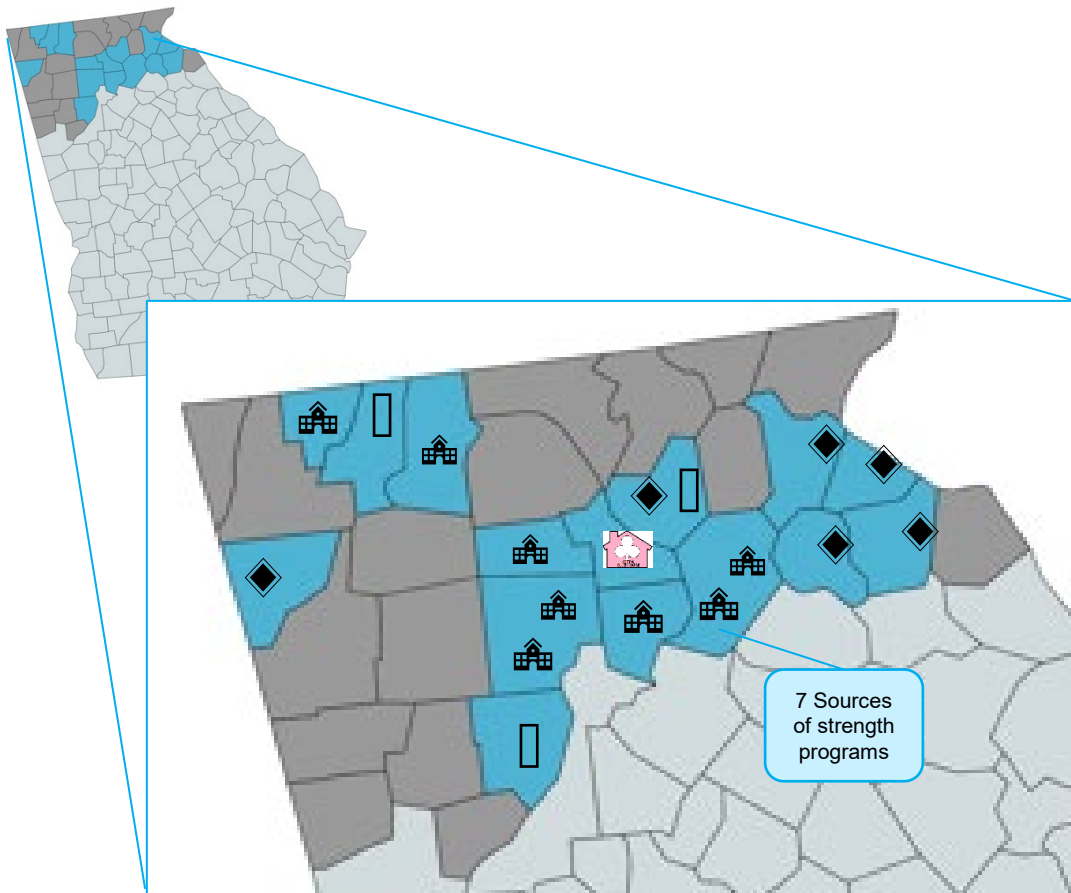
Note: Zip codes are included as communities experiencing disparities if they contain at least one census tract that meets 100% of the criteria for the scenario. Only zip codes defined as in-scope are reported. Health Professional Shortage Area (HPSA) is an index that measures whether there are shortages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

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




# Continuum of Care Assessment Findings

## Primary Prevention providers in Region 1 are primarily located on the eastern portion of the region



 County where Prevention Program services are provided

 PIP  School based program  
 Clubhouse  College Program

7 Sources of strength programs

### Key Takeaway

There are twelve counties in Region 1 where Prevention Programs are being provided.

### Additional Findings

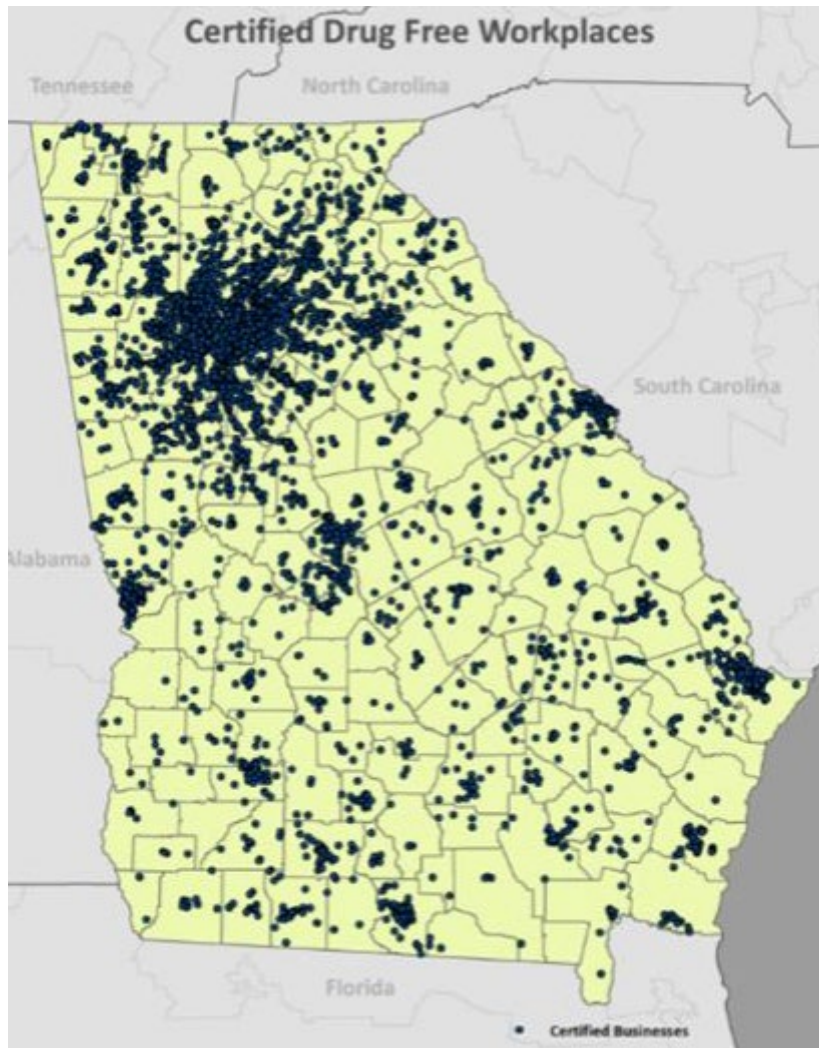
- The PAST project offers primary prevention services to Heritage High School students in Catoosa County
- There are six Partners in Prevention programs offering prevention services to middle and high school students across the following counties: Banks, Franklin, Habersham, Stephens, Chattooga, and Lumpkin
- Dalton State College in Whitfield County, University of North Georgia in Lumpkin County, and Kennesaw State University in Cobb County participate in the Latin X Behavioral Health Initiative and the College of Prevention Project Expansion programs
- Region 1, Dawson County, has one of the three clubhouses in the state
- SOR Sources of Strength Project is operating across the following counties: Cherokee (2), Hall (7), Pickens (3), Murray (3), and Forsyth (2)
- Events: The Council on Alcohol and Drugs held showcase events to provide community education and awareness in the following counties: Cherokee and Douglas (showcase events are not indicated on the map as they are one-time events)

Source: DBHDD Contracts Listing 2023.

\*Icons may not be an accurate depiction of placement of prevention service site as some prevention services do not have a one-to-one address

See Appendix for list of providers

Drugs Don't Work offers primary prevention services, focused on establishing drug-free workplaces to foster healthy communities



## Key Takeaway

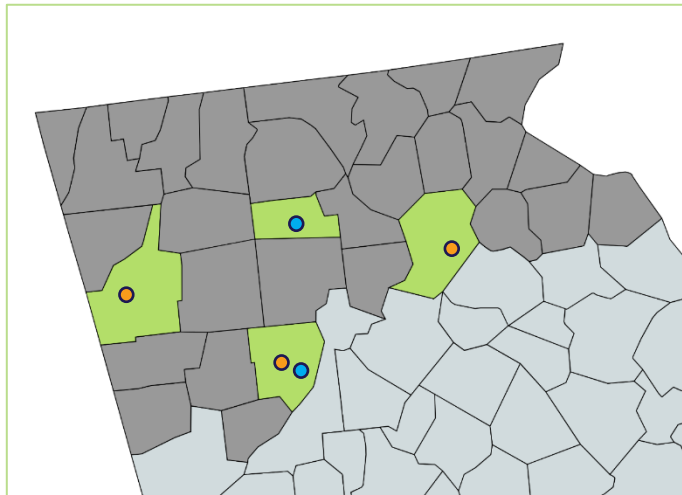
Drugs Don't Work (DDW) has 7,284 certified drug-free workplaces throughout the state of Georgia, including locations across Region 1

## Additional Findings

- Drugs Don't Work is a program established by The Council on Alcohol and Drugs, Inc.
- 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
- DDW's primary purpose is to establish drug-free workplaces in Georgia, offer drug-free workplace services, and educate parents on how to talk to children about drugs

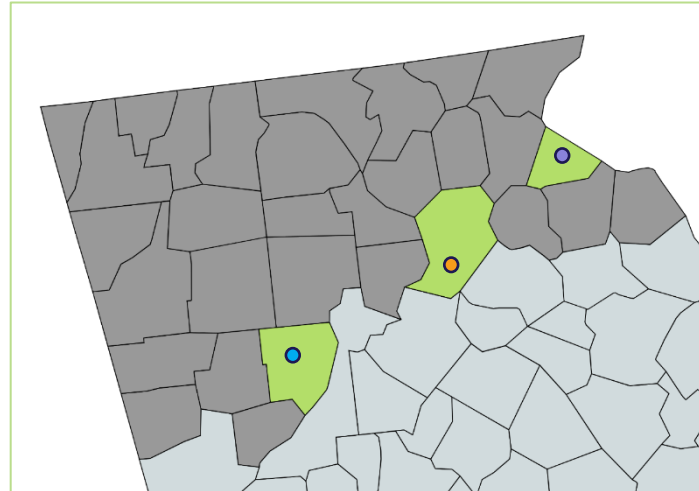
There are Intensive, Semi-Independent and Independent Treatment providers in Region 1, however most are located in the southern portion of the region

### Intensive Residential Treatment (IRT)



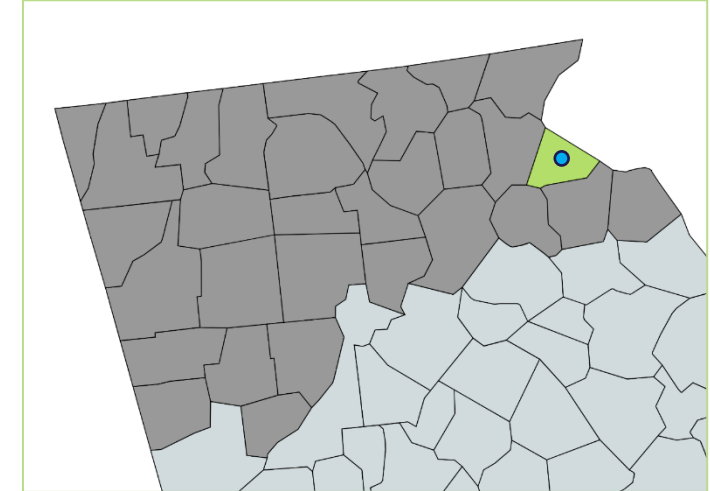
- County with Intensive Residential Treatment Provider
- IRT Provider: Men's
- IRT Provider: Women's (WTRS and non-WTRS)

### Residential Treatment: Semi-Independent



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

### Residential Treatment: Independent



- County with Residential Treatment: Independent Provider
- Residential Treatment – Independent Provider: Men's

While there is some availability of Residential Treatment services for men and women in Region 1, there are no providers for transition aged youth

## Key Takeaways – Residential Treatment

- Across the 31 counties in Region 1, only eight providers across Hall, Floyd, Pickens, Cobb, and Stephens Counties offer Residential Treatment services for women and/or men.
- There are no Intensive Residential: Transition Aged Youth Providers in Region 1.

## Additional Findings

- Intensive Residential Treatment
  - Cobb County has two IRT providers, one for men and one for women
  - Highland Rivers provides Intensive Residential Treatment services to both men and women across multiple locations
- Residential Treatment: Semi – Independent
  - Stephens County has a Semi-Independent Residential provider that serves men and women with some temporary funding scheduled to end in 2024, which may impact their ongoing service capacity.
- Residential Treatment: Independent
  - There is one Independent Residential Treatment provider in Region 1 that serves only men, and they have a portion of funding scheduled to end on October 31, 2024, which may impact their ongoing capacity.

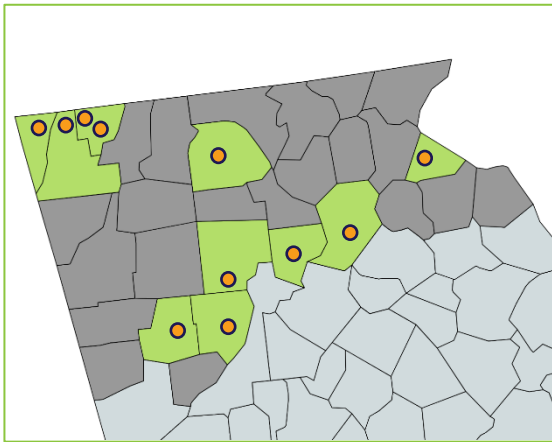
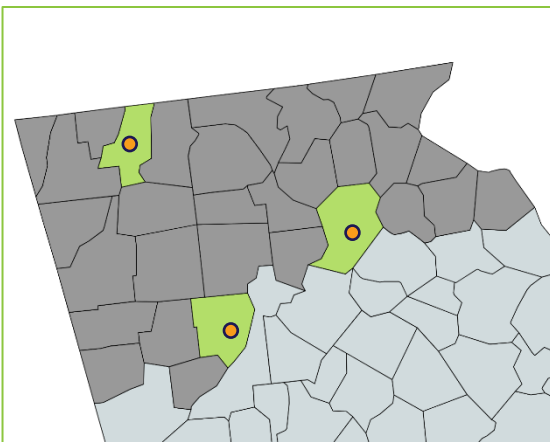
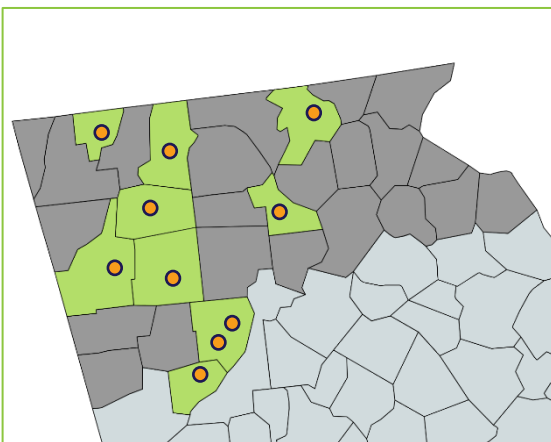
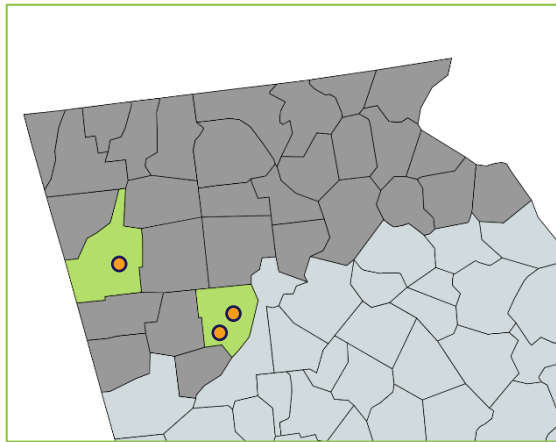
# OTP and MAT providers offer services across 18 counties in Region 1, including state and federally funded, MAT Medicaid, MAT-Office based non-OTP treatment, and Non-Funded Self-Pay Only OTP Providers

**OTP (State and Federal Funded Providers)**

**OTP (MAT Medicaid Providers Only)**

**MAT-Office based Treatment Non-OTP Based Treatment**

**Non-Funded Self-Pay Only OTP Providers**



County with OTP or MAT Treatment Provider
  OTP or MAT Treatment Provider



The 24 OTP and MAT treatment providers offer services in 18 counties and are funded through a mix of state and federal funds, grants, Medicaid, and private sources

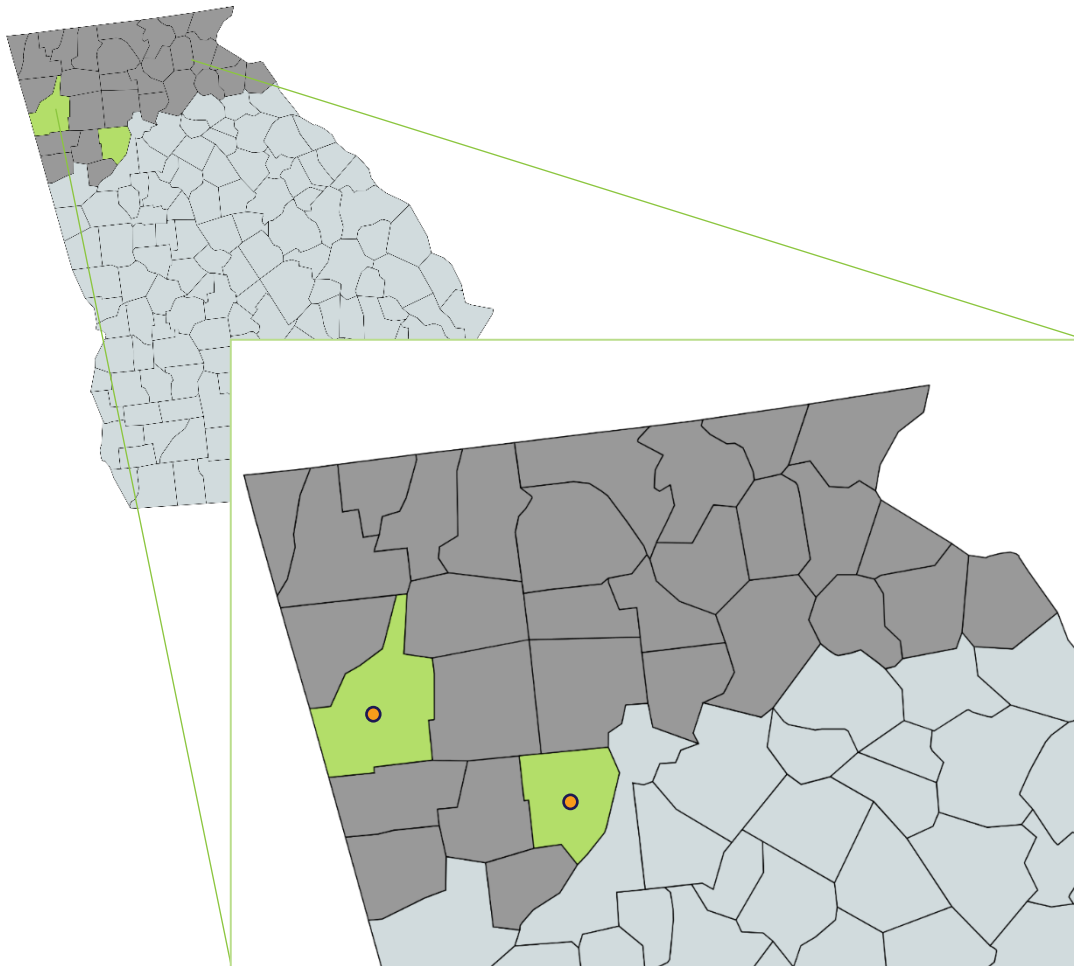
### **Key Takeaway – OTP (State and Federal Funded Providers)/OTP (MAT Medicaid Providers Only)/MAT-Office based Treatment Non-OTP Based Treatment/Non-Funded Self-Pay Only OTP**

24 providers offer OTP and MAT treatment services in 18 out of 31 counties in Region 1

### **Additional Findings**

- 21 of the 24 OTP and MAT providers in Region 1 are either (MAT Medicaid Providers) or Non-Funded Self-Pay Only OTP providers
- All OTP providers in Region 1 accept individuals who opt to self-pay
- Cobb County has the highest number of OTP and MAT providers, compared to the other counties in Region 1, a total of four providers
- Crossroads Treatment Center has three locations providing OTP services across three counties: Dawson, Gordon and Catoosa
- Avita Community Partners in Hall County and Highland Rivers in Floyd County are a CSBs and have indicated sustainable funding
- New Horizons has indicated sustainable funding to continue operations

## Two Intensive Outpatient women's provider locations are available to serve Region 1



County with Intensive  
Outpatient (Women) Provider

Intensive Outpatient  
(Women) Provider

### Key Takeaway – Intensive Outpatient (Women)

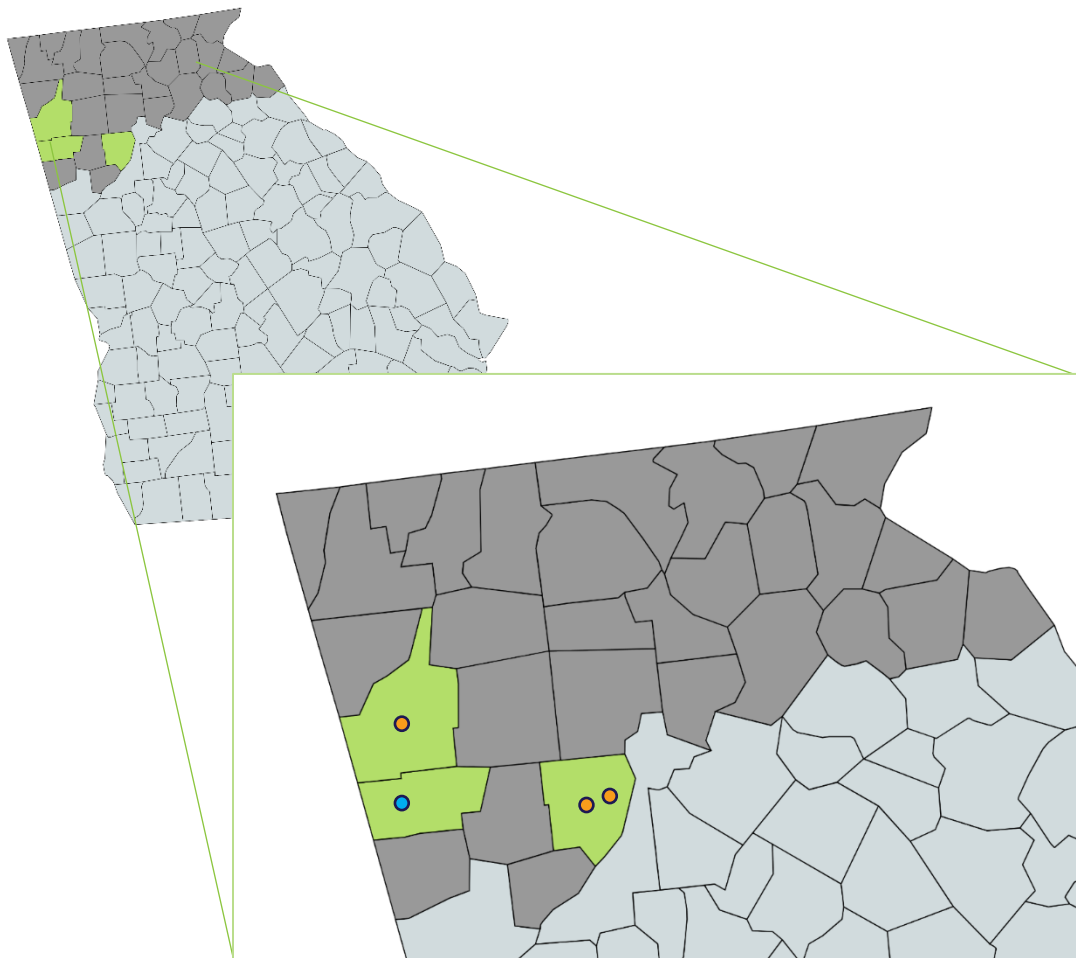
The two Intensive Outpatient Women's provider locations are concentrated in the southwest corner of Region 1

### Additional Findings

- Highland Rivers is the only provider offering Intensive Outpatient women's services in Region 1
  - Highland Rivers offers these services from two locations - Floyd and Cobb Counties
  - Highland Rivers is a CSB with sustainable funding to continue providing services
  - Both provider locations also offer IRT and Transitional Housing services for women



## There are more Transitional Housing options for women than there are for men in Region 1



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

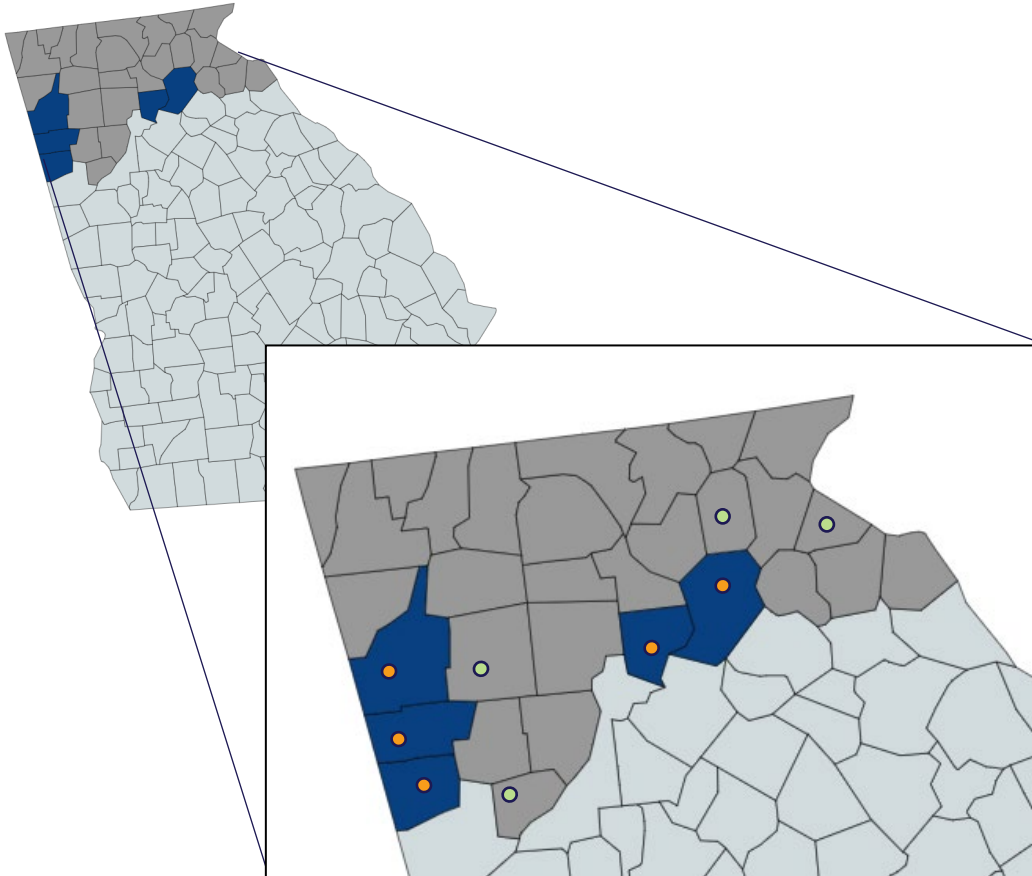
### Key Takeaway – Transitional Housing (Men and Women)

All Transitional Housing providers (men and women) are concentrated in the southwest corner of Region 1.

### Additional Findings

- There are four transitional housing providers in Region 1, three indicated for women and one indicated for men's services
- All of the Transitional Housing providers in Region 1 are Highland Rivers CSB locations with sustainable funding

Five Addiction Recovery Support Centers are currently operating in Region 1, primarily in the southern portion of the region, with an additional four centers that are under contract



## Key Takeaway – Addiction Recovery Support Centers

The five ARSCs in Region 1 are concentrated in the southern part of the region

## Additional Findings

- In addition to the existing five ARSCs, there are four new ARSCs scheduled to open pending contracts finalization.
- One ARSC in Region 1 is a CSB, Highland Rivers – Mosaic Place in Polk County
- Half of the new ARSCs with pending contracts in Georgia are located in Region 1

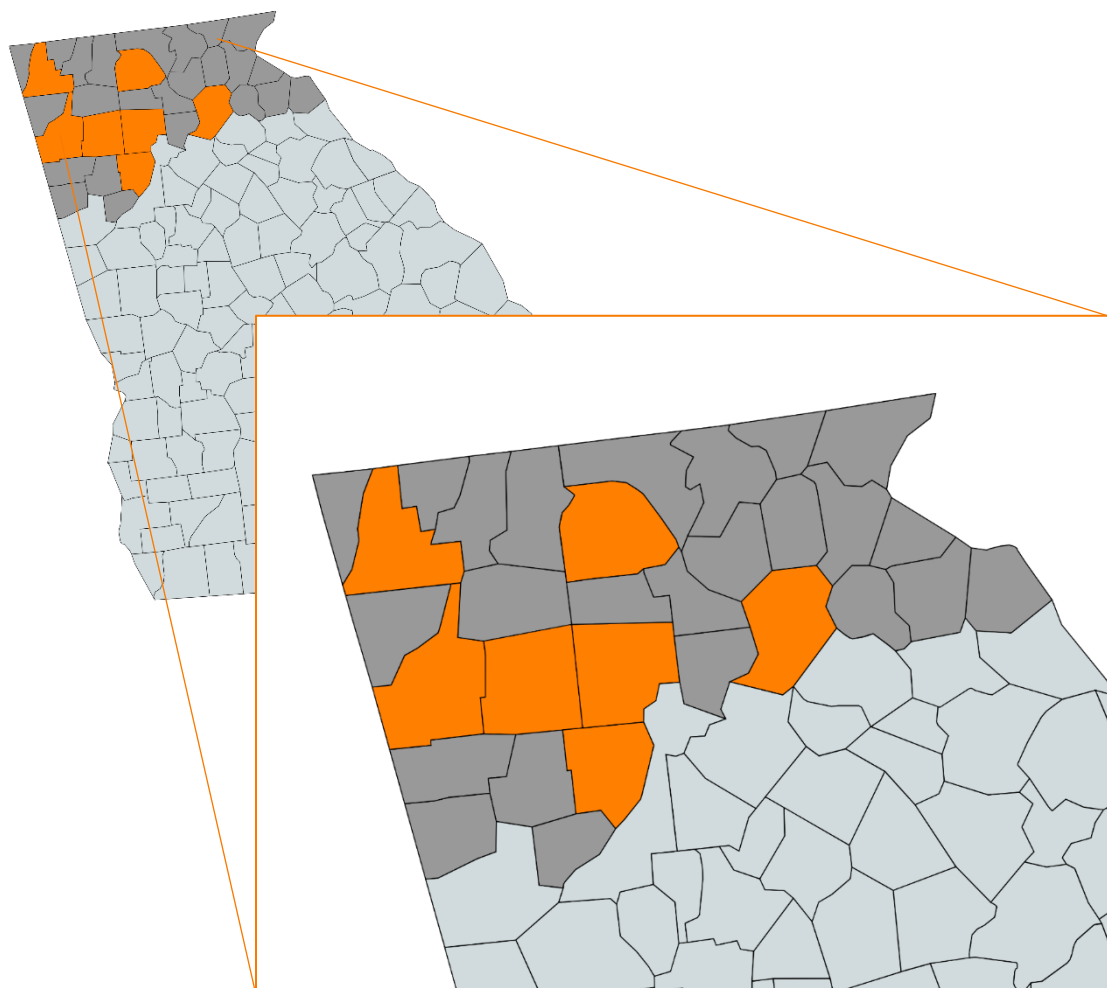
# The Georgia Harm Reduction Coalition Syringe Services Program (SSP) operates nine locations across Region 1

## Key Takeaway

The Georgia Harm Reduction Coalition currently operates 9 sites across seven counties in Region 1.

## Additional Findings

- The Georgia Harm Reduction Coalition indicated they have a good level of saturation of SSPs in Region 1
- 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.
- Three of the nine SSP sites have distributed 5,000 or more syringes since February 2022:
  - Acworth (in Cobb County): 5,000 syringes
  - Ellijay (in Gilmer County): 7,000 syringes
  - Rome (in Floyd County): 7,000 syringes



 County with a GA Harm Reduction Coalition SSP Site

# The McKinsey Settlement is funding distribution of Naloxone to providers across 11 counties in Region 1

## Key Takeaway

21 providers in 11 of the 31 counties across Region 1 are receiving Naloxone as part of the McKinsey Settlement

## Additional Findings

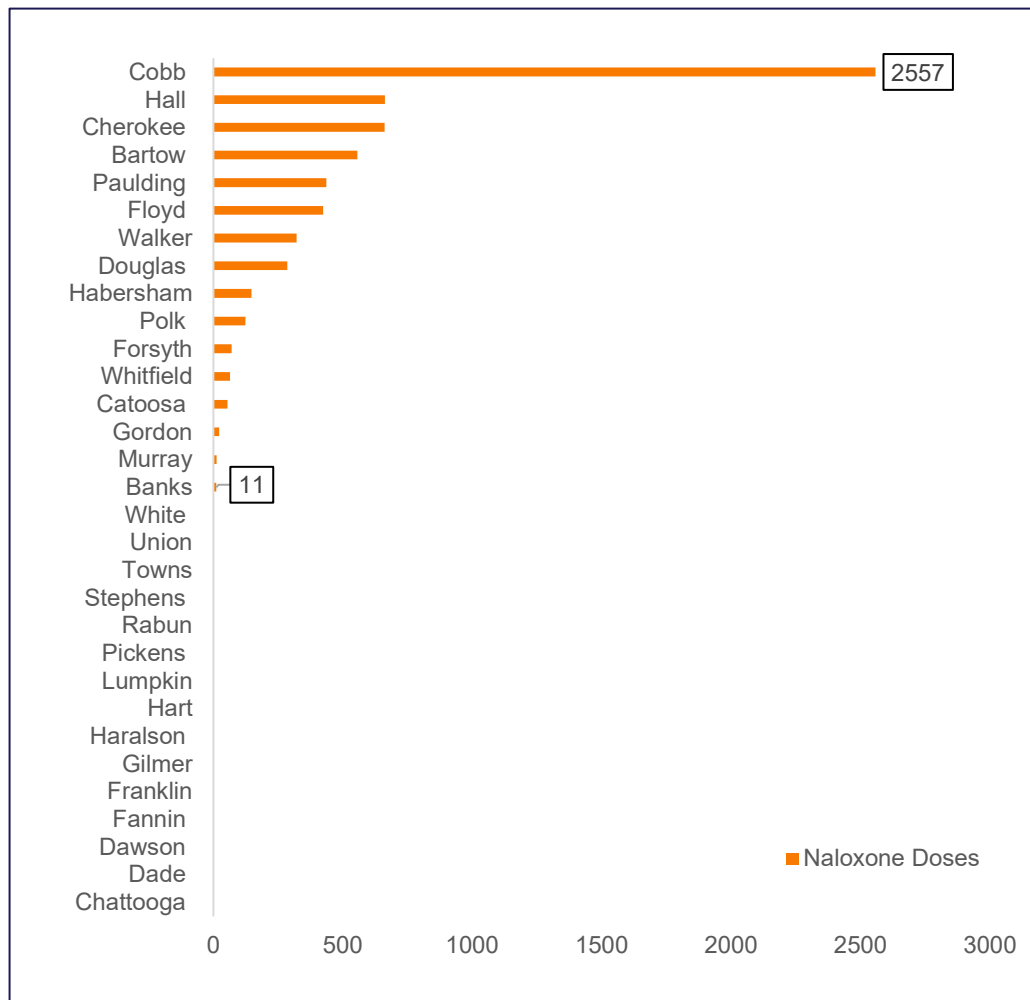
- Naloxone is being distributed across Region 1, with a concentration of counties around the metro-Atlanta area
- 21 providers across Region 1 received Naloxone, including DBHDD OUD/SUD providers, the DBHDD Mobile Crisis providers, and the Department of Public Health/Local Health Departments.
  - Benchmark Human Services provides services across the entire region



County with a McKinsey Settlement Naloxone Provider

From January 2022 to December 2023, Cobb, Hall, and Cherokee Counties experienced the highest total number of Naloxone doses administered across Region 1

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



### Key Takeaway

Cobb County recorded the highest number of Naloxone doses administered across all counties in Region 1

### Additional Findings

- Collectively, the counties in Region 1 totaled 6,413 doses of Naloxone administered from January 2022 – December 2023\*
- Each county in the Region administered at least 1 dose of Naloxone from January 2022 – December 2023\*
- Cobb County recorded 2,557 Naloxone doses administered from January 2022 – December 2023, which is almost four times the number of doses in the next highest county, Hall County which recorded 663 Naloxone doses during the same time-period

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

# In Region 1, providers are offering OUD/SUD services across eleven facilities, and most are operating with a total workforce of less than 20 FTEs

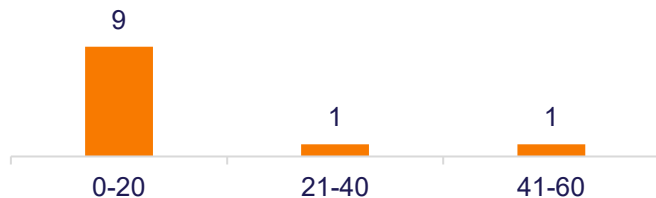
A survey was administered to DBHDD-funded OUD/SUD providers to assess the availability of services across the State of Georgia. Data were collected and analyzed at both the state and regional levels to provide a comprehensive view of the CoC service offerings as well as the corresponding facility staffing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

## Respondent mix



Total no. of facilities = **11**

## Number of facilities by total workforce



## Number of facilities by type of services

MAT/opioid maintenance outpatient programs	5
SAIOP outpatient programs	2
Addiction recovery support center	2
Intensive residential treatment : men	1
Harm reduction services	1
Residential treatment: men - semi-independent	2
Transitional housing – men	1
Stand-alone/residential detox	0

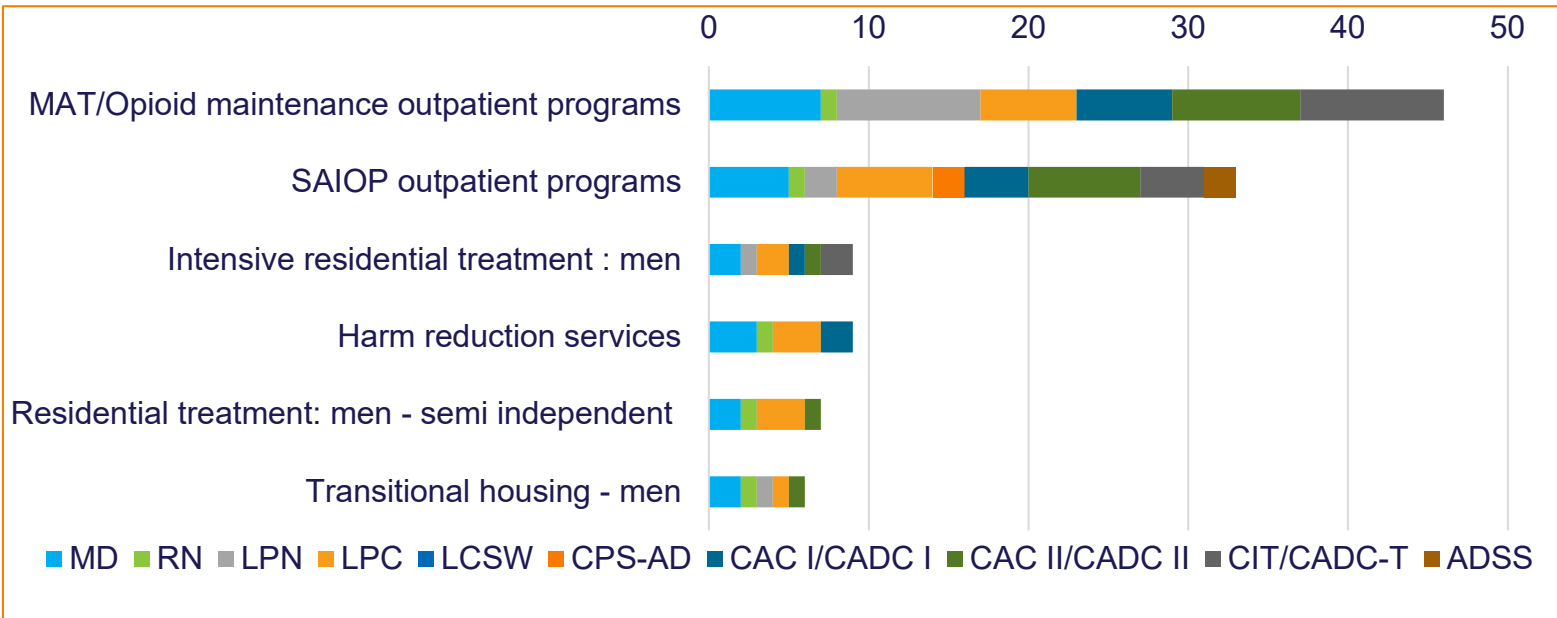
## Key findings

- **MAT program and addiction recovery support** are the most widely offered services, available in **45% and 36%** of the facilities, respectively
- **82%** of the facilities have a workforce size ranging from 0-20 individuals

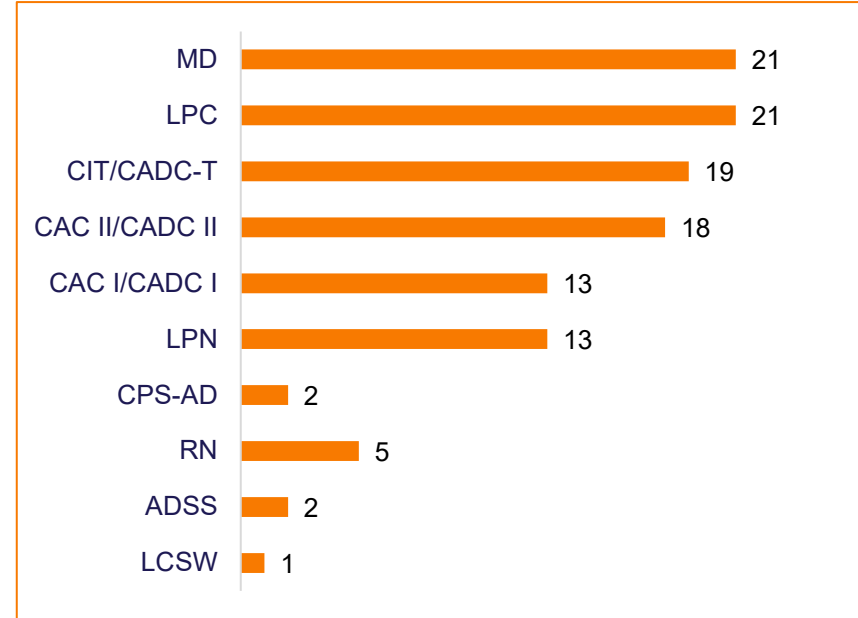
Note: None of the facilities responded for residential treatment: men - independent , intensive residential treatment: women\*, residential treatment: women - semi-independent\*residential treatment: women independent\*, intensive residential treatment: transition aged youth, intensive outpatient (WTRS) and transitional housing women\*. 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.

# In Region 1, the largest number of FTEs offer MAT services and the most common workforce types across the provider facilities are MDs and LPCs

Total workforce for different designations by services



Total workforce by designations across facilities



## Key findings

- **MAT programs** have the highest number of available staffing, as indicated by the highest workforce numbers (**46**) across designations
- **SAIOPs, which play a vital role in the continuum of care for substance use**, have a diverse workforce that includes MDs, LPNs, LPCs, CPS-ADs, CAC I/CADC I, and CAC II/CADC II designations

# In Region 1, two ARSCs completed the provider survey and indicated they operate with a workforce of less than 20

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

### Respondent mix

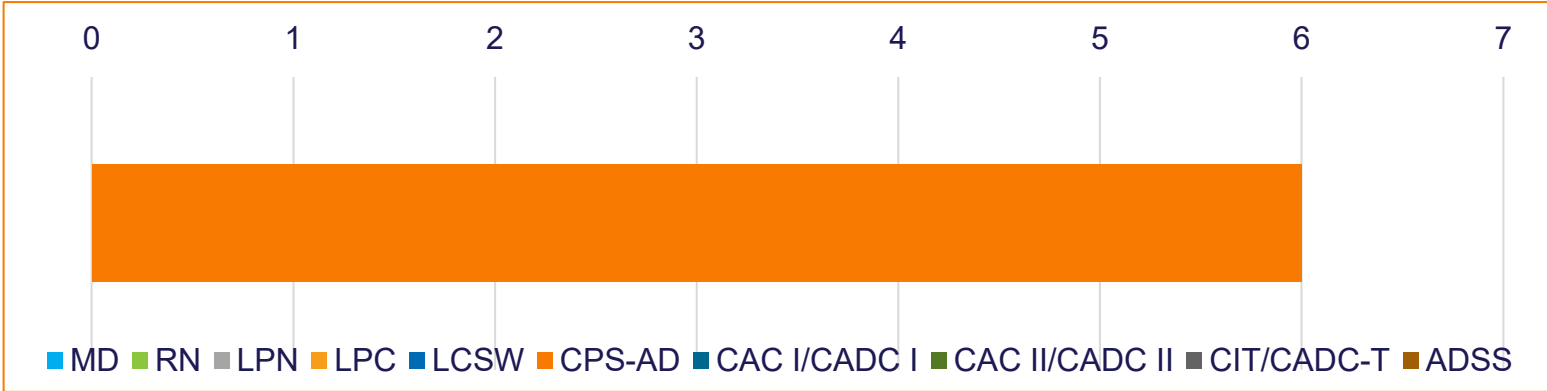


Total no. of facilities = 2

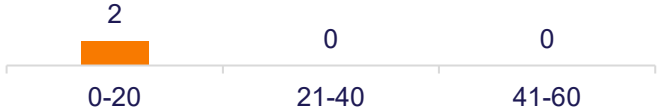
### Total workforce by designations across facilities

MD	0
LPC	0
CIT/CADC-T	0
CAC II/CADC II	0
CAC I/CADC I	0
LPN	0
CPS-AD	6
RN	0
ADSS	0
LCSW	0

### Total workforce for different designations by services



### Number of facilities by total workforce



### Key findings

- There are a total of four current ARSCs in Region 1 however, there were only two indicated in the provider survey response
- The workforce is 4 and 2 for Living Proof Recovery and Recovery Community Foundation of Forsyth respectively

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



# Summary of Findings and Gaps

# Region 1 experiences higher numbers of opioid overdose deaths and opioid-related ED visits, consistent with the counties' population that borders Atlanta, compared to more rural regions in the state overall

## Opioid Use Disorder in Region 1

- Over a five-year period from 2018 – 2022, Region 1 had the highest opioid overdose death rate across all regions
- From 2018 - 2022, synthetic opioids including fentanyl trended as the leading cause of opioid overdose death amongst the total population in Region 1
- Across all age groups, synthetic opioids are the only opioid type with steady increases in recorded opioid overdose deaths, with the exception of the 60+ age group where the number of deaths remained consistent at 17 overdoses for both 2020 and 2021
- From 2019 – 2022, the 20 - 24 age group had the highest recorded number of opioid-related ED visits across Region 1
- Demographic related findings relative to population, gender and ethnicity include:
  - Across all counties in Region 1, males experienced a higher number of opioid-related ED visits compared to females. The gender gap was the smallest in 2022 within Cobb County, where the number of recorded opioid-related ED visits for females was only 20 fewer than the number recorded for males
  - Across the ethnicities and races that make up the majority of the population in Region 1, Hispanics had the lowest rates of opioid overdose deaths followed by African Americans. The White population had the highest number of opioid overdose deaths every year from 2018 to 2022
- Region 1 is home to Cobb County, one of the five QBGs. Cobb County neighbors the City of Atlanta; both areas are densely populated and experience high numbers of opioid related ED visits and deaths
- Despite Cobb County having the most available CoC service offering amongst the Region 1 counties in 2022, Cobb County ranked the third highest in the state of Georgia in total opioid overdose deaths (including all opioid forms), second in synthetic opioid overdose deaths and third for total heroin opioid overdose deaths
- Through a Health Equity lens, in Cobb County there are 4 out of 24 in-scope zip codes with an Equity Quotient above 0.50 which indicates that the populations in these areas have a higher vulnerability level: 30060, 30168, 30106, 30008

Many of the OUD/SUD Continuum of Care providers are currently concentrated around downtown Atlanta, with less providers on the eastern half of Region 1

### Availability of Services and Gaps Across the Opioid Continuum of Care

#### Availability of Services

- Four out of the seven OUD/SUD CoC services are offered in Region 1
- There are a variety of **Prevention** programs throughout the region which include Partners in Prevention, college affiliated programs, a prevention clubhouse, SOR Sources of Strength. Additionally, there have been showcases and events to promote community education and awareness regarding primary prevention against drug usage.
- Dawson County in Region 1 has one of the three primary prevention clubhouses in the state; this clubhouse offers eight core services including the following: EB curriculum, mentoring, community service, Ed service, Employment/Career Ed, Nutrition and Health, Family services, case management and referral, and support activities
- A majority of providers offering **Treatment** services are concentrated along the southern portion of the region
- Region 1 currently does not have any DBHDD-funded providers offering OUD/SUD services in the following CoC treatment areas: SAIOP Outpatient and Stand-Alone Detox
- Within Residential Treatment services there are more providers offering treatment to men than woman
- There are four open Addiction **Recovery** Centers offering Recovery services in Hall, Forsyth, Floyd and Polk counties
- The Georgia Harm Reduction Coalition is offering **Harm Reduction** services across seven counties; additionally, there have been 19,000 syringes distributed across Cobb, Gilmer and Floyd counties

#### Gaps in Services

- The following counties in Region 1 do not offer any SUD/ODU CoC Providers: Chattooga, Lumpkin, Fanin, Towns, Franklin, White, Habersham, Banks, Haralson, Rabun, Hart
- The counties in the northeast corner of Region 1 have the most limited access to SUD/ODU providers
- Cobb County does not have CoC service offerings in the following areas: Addiction Recovery Support Centers, Transitional Housing - Men, Residential Treatment - Independent men and women, Residential Treatment Semi Independent - women, and Intensive Residential Treatment for transition-aged youth

# 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
<b>Primary Prevention Services</b>	<p>Interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder. They are broken into 3 sub-categories: Universal, Selected, and Indicated. Universal targets the general public. Selected targets individuals or populations sub-groups who are at risk of developing disorders or substance use disorders is significantly higher than average. Indicated are for high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioral disorders.<sup>1</sup></p>
<b>Stand-alone detox</b>	<p><b>Ambulatory Substance Abuse Detoxification:</b> This service is the medical monitoring of the physical process of withdrawal from alcohol or other drugs in an outpatient setting for those individuals with an appropriate level of readiness for behavioral change and level of community/social support. It is indicated when the individual experiences physiological dysfunction during withdrawal, but life or significant bodily functions are not threatened.</p> <p>This service must reflect ASAM (American Society of Addiction Medication) Levels 1-WM (Ambulatory Without Extended On-Site Monitoring) and 2-WM (Ambulatory with Extended Onsite Monitoring) and focuses on rapid stabilization and entry into the appropriate level of care/treatment based upon the ASAM guidelines placement criteria. These services may be provided in traditional Outpatient, Intensive Outpatient, Day Treatment, Intensive Day Treatment or other ambulatory settings.<sup>2</sup></p>
<b>Residential Treatment</b> <ul style="list-style-type: none"> <li>• Intensive Residential Treatment: Men</li> <li>• Intensive Residential Treatment Women (Women's Treatment and Recovery Services (WTRS) and non-WTRS)</li> </ul>	<p><b>Intensive Residential AD Services:</b> 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.<sup>2</sup></p>

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

OUD CoC Service	Service Definition
<p><b>Residential Treatment</b></p> <ul style="list-style-type: none"> <li>Intensive Residential Transition Aged Youth</li> </ul>	<p>Adolescent Intensive Residential Treatment (IRT) Programs provide 24-hour supervised residential treatment for adolescents ages 13-17 who need a structured residence due to substance abuse issues. The programs are in the metropolitan and southern regions of the state to provide statewide access. Treatment services are within the level of care as defined by the American Society of Addiction Medicine (ASAM Level 3.5) which is the Clinically Managed Medium-Intensity Residential Services.<sup>1</sup></p>
<p><b>Residential Treatment</b></p> <ul style="list-style-type: none"> <li>Residential Treatment Men: Semi Independent</li> <li>Residential Treatment Women: Semi Independent (WTRS and non-WTRS)</li> </ul>	<p><b>Semi-Independent AD Residential Services:</b> 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.<sup>2</sup></p>
<p><b>Residential Treatment</b></p> <ul style="list-style-type: none"> <li>Residential Treatment Men: Independent</li> <li>Residential Treatment Women: Independent (WTRS and non-WTRS)</li> </ul>	<p><b>Independent AD Residential Services:</b> 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.<sup>2</sup></p>

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

OUD CoC Service	Service Definition
<p><b>Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP)</b></p> <ul style="list-style-type: none"> <li>• Opioid Maintenance outpatient programs</li> <li>• Intensive Outpatient (Women)</li> </ul>	<p><b>Medicaid Assisted Treatment:</b> 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.<sup>1</sup></p> <p><b>Substance Abuse Intensive Outpatient Program :</b> 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.<sup>1</sup></p>



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

OUD CoC Service	Service Definition
<p><b>Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP)</b></p> <ul style="list-style-type: none"> <li>• Opioid Maintenance outpatient programs</li> <li>• Intensive Outpatient (Women)</li> </ul>	<p><b>Opioid Maintenance Treatment:</b> 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]).<sup>1</sup></p> <p><b>Women's Treatment and Recovery Support (WTRS): Outpatient Services:</b> 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.<sup>1</sup></p>
<p><b>Transitional Housing</b></p> <ul style="list-style-type: none"> <li>• Men</li> </ul>	<p>Transitional Housing linked to MAT OP provides a less restrictive residential setting with reduced supervision in conjunction with off-site treatment utilizing medication to support long-term recovery from Opioid Use Disorder. The residential program is designed to help individuals begin to strengthen their living skills and focus on creating financial, environmental, and social stability to increase the probability of long-term recovery<sup>2</sup> beyond the artificial environment.<sup>2</sup></p>

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

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

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

## Additional definitions for terms used throughout this report are included below

### Definitions

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

# Cobb County Vulnerability Analysis

# Region 1 vulnerability analysis with all zip codes

## Zip codes of populations by scenario in Cobb County

Zip Code	Four scenario types				Number of scenarios
	Medically Underserved	Housing Unstable	Socially Marginalized	Economically Marginalized	
30102	1	0	0	1	2
30060	0	1	0	0	1
30122	0	1	0	0	1
30339	0	1	0	0	1
30168	0	0	0	0	0
30106	0	0	0	0	0
30008	0	0	0	0	0
30067	0	0	0	0	0
30126	0	0	0	0	0
30080	0	0	0	0	0
30144	0	0	0	0	0
30082	0	0	0	0	0
30127	0	0	0	0	0
30141	0	0	0	0	0
30157	0	0	0	0	0
30101	0	0	0	0	0
30066	0	0	0	0	0
30064	0	0	0	0	0
30062	0	0	0	0	0
30188	0	0	0	0	0
30152	0	0	0	0	0
30327	0	0	0	0	0
30068	0	0	0	0	0
30075	0	0	0	0	0

### Key observations:

**Medically Underserved:** 1 out of 24 in-scope zip codes in Cobb County have above average shares of the population without health insurance or with Medicaid, above average HPSA scores and a significant minority population.

**Socially marginalized without access:** 0 out of 24 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

**Economically marginalized:** 1 out of 24 in-scope zip codes in Cobb County have above average shares of the population enrolled in Medicaid and SNAP, poverty rates and unemployment rates and a below average share without a college degree.

**Housing unstable:** 3 out of 24 in-scope zip codes in Cobb County have below average median incomes and above average shares of households being renters, households with homes built in 1959 or earlier, and above average unemployment rates.

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

# Provider Locations

# Region 1 Providers and Services

Prevention Providers	
<i>Project Name</i>	<i>Service Location</i>
Partners in Prevention Project (PIPP)	Banks County: Banks County Middle School, Banks County Middle and High Schools
Partners in Prevention Project (PIPP)	Franklin County: Franklin County Middle School, Franklin County High School
Partners in Prevention Project (PIPP)	Habersham County: Hilliard A. Wilbanks Middle School, North Habersham Middle School, South Habersham Middle School
Partners in Prevention Project (PIPP)	Stephens County: Stephens County Middle School, Stephens County High School
Partners in Prevention Project (PIPP)	Chattooga County: Chattooga High School, Mountain Education Charter High School
Partners in Prevention Project (PIPP)	Lumpkin County: Summit Alternative Academy
College of Prevention Project Expansion	Kennesaw State University
College of Prevention Project Expansion	University of North Georgia
Latin X Behavioral Health Initiative	Dalton State College
Latin X Behavioral Health Initiative	University of North Georgia
Prevention Clubhouse	462 Memory Lane Suite 160 Dawsonville, Georgia 30506
Adopt A School (Kennesaw State University)	Marietta High School (Marietta, GA)
The Council on Alcohol and Drugs, Inc.	Atkinson, Cherokee, Clarke, Douglas, Harris and Jackson Counties
The Council on Alcohol and Drugs, Inc. (Cherokee and Douglas Co.)	Douglas and Cherokee Counties
Peer Assisted Student Transition (PAST) Project	Heritage High School

# Region 1 Providers and Services

<b>Prevention Providers continued</b>	
<i>Project Name</i>	<i>Service Location</i>
SOR Sources of Strength Project	1555 Owens Store Rd , Canton, GA 30115
SOR Sources of Strength Project	4450 Hog Mountain Rd, Flowery Branch, GA
SOR Sources of Strength Project	158 Stegall Drive   Jasper, GA 30143
SOR Sources of Strength Project	1802 Refuge Road   Jasper, GA 30143
SOR Sources of Strength Project	500 Dragon Drive   Jasper, GA 30143
SOR Sources of Strength Project	2568 Mount Carmel Church Road, Chatsworth, GA 30705
SOR Sources of Strength Project	1001 Green Rd, Chatsworth, GA 30705
SOR Sources of Strength Project	3305 Poplar Springs Rd Gainesville, GA 30507
SOR Sources of Strength Project	3534 E Hall Rd Gainesville, GA 30507
SOR Sources of Strength Project	2723 Tumbling Creek Rd, Gainesville, GA 30504
SOR Sources of Strength Project	6130 Chattahoochee St, Lula, GA 30554
SOR Sources of Strength Project	3259 Athens Hwy, Gainesville, GA 30507
SOR Sources of Strength Project	5850 Brookton Lula Rd, Gainesville, GA
SOR Sources of Strength Project	1994 Peachtree Pkwy, Cumming, GA 30041
SOR Sources of Strength Project	540 Dahlonega St, Cumming, GA 30040
SOR Sources of Strength Project	1555 Owens Store Rd , Canton, GA 30115



# Region 1 Providers and Services

<b>Residential Treatment Providers</b>				
<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Residential Type</i>
Avita Community Partners - CSB 1	1315 Swann Drive, Gainesville, GA 30501	Hall	30501	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Highland Rivers - CSB 4	6 Mathis Drive, Rome, GA 30165	Floyd	30165	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Highland Rivers - CSB 1	323 Roland Road Jasper, GA 30143	Pickens	30143	Intensive Residential Treatment: Men
Highland Rivers - CSB 3	2650 Bentley Road Building 8 Apt #8 Marietta, GA 30067	Cobb	30067	Intensive Residential Treatment: Men
Highland Rivers - CSB 5	825 Powder springs St. SW Marietta, GA 30064 Apartment 1201	Cobb	30064	Intensive Residential Treatment: Women (WTRS and non-WTRS)
The Extension, Inc.	1507 Church Street Extension NW Marietta, GA 30060	Cobb	30060	Residential Treatment: Men - Semi Independent
The Center For Wellness	467 West Doyle Street, Toccoa, Georgia 30577	Stephens	30577	Residential Treatment: Men - Semi Independent, Residential Treatment: Women - Semi Independent (WTRS and non-WTRS), Residential Treatment: Men - Independent,
Avita Community Partners: Georgia Mountains CSB	4331 Thurman Tanner Parkway Flowery Branch, GA 30542	Hall	30542	Residential Treatment: Women - Semi Independent (WTRS and non-WTRS)

# Region 1 Providers and Services

OTP/MAT Providers							
Provider	Address	Zip Code	County	OTP (State and Federal Funded Providers)	OTP (MAT Medicaid Providers Only)	MAT-Office based Treatment Non-OTP Based Treatment	Non-Funded Self-Pay Only OTP Providers
Changing Phases Behavioral Support	3655 Canton Rd. Suite 201, Marietta, GA, 30066	30066	Cobb	X	X		
Harbor Springs Counseling Services LLC	1790 Mulkey Road, Austell, GA, 30106	30106	Cobb	X	X		
New Horizons Treatment Center	36 Chateau Court, Rome, GA, 30161	30161	Floyd	X	X		
Cartersville Center, Inc.	218 Stonewall Street, Cartersville, GA, 30120	30120	Bartow		X		
Crossroads of Calhoun Management CO LLC	367 Richardson Road SE, Calhoun, GA, 30701	30701	Gordon		X		
Crossroads Treatment Center of Dawsonville	400 Dawson Commons Circle Suite 410, Dawsonville, GA, 30534	30534	Dawson		X		
Crossroads Treatment Center of NWGA	4083 Cloud Springs Road, Ringgold, GA, 30736	30736	Catoosa		X		
HealthQwest, LLC - Douglasville	2109 Fairburn Road #A, Douglasville, GA, 30135	30135	Douglas		X		
MedMark Treatment Center - Blairsville	20 Commerce Drive, Blairsville, GA, 30512	30512	Union		X		
MedMark Treatment Centers Chatsworth	1289 GI Maddox Pkwy (US Hwy 76), Chatsworth, GA, 30705	30705	Murray		X		
Avita Community Partners	1315 Swann Drive Gainesville, GA 30501	30501	Hall			X	
Highland Rivers Behavioral Health	1401 Applewood Drive, Suite 1, Dalton, GA.30721	30721	Whitfield			X	
Someone Cares of Atlanta, Inc.	1950 Spectrum Circle, SE. STE 200 Marietta, GA 30067	30067	Cobb			X	
Brand New Start Treatment Center - Paulding	311 White Ingram Parkway Suite 300-500, Dallas, GA, 30132	30132	Paulding				X

# Region 1 Providers and Services

OTP/MAT Providers continued							
Provider	Address	Zip Code	County	OTP (State and Federal Funded Providers)	OTP (MAT Medicaid Providers Only)	MAT-Office based Treatment Non-OTP Based Treatment	Non-Funded Self-Pay Only OTP Providers
Gateway Treatment Centers, LLC	37 Kiker Street, Ellijay , GA, 30540	30540	Gilmer				X
Georgia Treatment Center	514 West Maple St, Suite 1203, Cumming, GA, 30040	30040	Forsyth				X
Lanier Treatment Center	592 Medical Park Drive #A, Gainesville, GA, 30501	30501	Hall				X
NW Georgia Treatment Center	2007 Old Lafayette Road, Fort Oglethorpe, GA, 30742	30742	Catoosa				X
Private Clinic North	822 Chickamauga Ave, Rossville, GA, 30741	30741	Walker				X
Ringgold Treatment Center	8292 Hwy 41, Ringgold, GA, 30736	30736	Catoosa				X
The Pittard Clinic	1654 Falls Road, Toccoa, GA, 30577	30577	Stephens				X
Toxicology Associates of North Georgia - Marietta	1700 Cumberland Point Drive, S.E., Marietta, GA, 30067	30067	Cobb				X
Tri-State Treatment Center	1236 Highway 299, Wildwood, GA, 30757	30757	Dade				X
Woodstock Treatment Center	270 Heritage Walk, Woodstock, GA, 30188	30188	Cherokee				X

# Region 1 Providers and Services

## Intensive Outpatient (Women) Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
Highland Rivers - CSB 4	6 Mathis Drive, Rome, GA 30165	Floyd	30165
Highland Rivers - CSB 5	825 Powder springs St. SW Marietta, GA 30064 Apartment 1201	Cobb	30064

## Transitional Housing Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Housing Type</i>
Highland Rivers - CSB 4	6 Mathis Drive, Rome, GA 30165	Floyd	30165	Women (WTRS and non-WTRS)
Highland Rivers - CSB 2	180 Wateroak Drive Cedartown, GA 30125	Polk	30125	Men
Highland Rivers - CSB 3	2650 Bentley Road Building 8 Apt #8 Marietta, GA 30067	Cobb	30067	Women (WTRS and non-WTRS)
Highland Rivers - CSB 5	825 Powder springs St. SW Marietta, GA 30064 Apartment 1201	Cobb	30064	Women (WTRS and non-WTRS)

# Region 1 Providers and Services

<b>Addiction Recovery Support Centers</b>				
<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Existing or New Location</i>
J's Place Recovery Center	664 Lanier Park Drive , Gainesville, GA 30501	Hall	30501	Existing
Living Proof Recovery	408 Shorter Ave, NW, Rome, GA 30165	Floyd	30165	Existing
RCFF- The Connection	608 Veterans Memorial Blvd., Cumming, GA 30040	Forsyth	30040	Existing
Highland Rivers CSB - Mosaic Place	321 West Ave., Cedartown, GA 30125	Polk	30125	Existing
Never Alone Clubhouse	8380-C Grady Street, Douglasville, GA. 30134	Douglas	30134	New Location
The Arena (Bartow)	109 Stonewall St., Cartersville, GA. 30120	Bartow	30120	New Location
Building Recovery Integrity Gratitude Dedication and Empowerment Inc. - Bridge Recovery	55 Cantrell Road Suite 102 Cleveland, GA. 30528	White	30528	New Location
Self-Discovery 24	841 Benttree Circle, Toccoa, GA. 30577	Stephens	30577	New Location
Your Haven	30 Buchanan Bypass Buchanan,GA, 30113	Haralson	30113	Existing

# Region 1 Providers and Services

<b>Harm Reduction Providers</b>	
<i>SSP Locations</i>	<i>Syringes distributed</i>
Acworth (Cobb)	5,000
Bartow	20
Cherokee	370
Cobb	4,000
Ellijay (Gilmer)	7000
Floyd	1380
Hall	190
Rome (Floyd)	7,000
Walker	40

<b>Harm Reduction Providers</b>	
<i>Naloxone Distribution Provider</i>	<i>Counties</i>
1-1 Northwest	Floyd
1-2 North Georgia	Whitfield
2 North (Gainesville)	Hall
3-1 Cobb-Douglas	Cobb
Benchmark Human Services region 1	N/A
Bridge Health	Catoosa
Changing Phases	Cobb
Douglas County CSB	Douglas
Highland Rivers Health	Cobb
J's Place Recovery Center	Hall
Living Proof Recovery	Floyd
Lookout Mountain Comm.	Chattooga
Never Alone Clubhouse	Douglas
Phoenix RCO	Cobb
RCFF- The Connection	Forsyth
Recovery Connection	Cobb
Self-Discovery 24	Stephens
Someone Cares of Atlanta	Cobb
The Mosaic Place	Polk
The R.O.C.C.	Cherokee
YMCA of Rome and Floyd County	Floyd

# Provider Survey Analysis

# Methodology and assumptions

## Methodology

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



## Assumptions

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





# Abbreviations

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