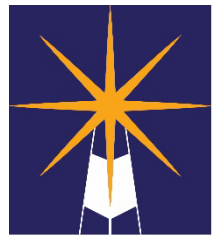


# Opioid Use Disorder Continuum of Care Region 2 Assessment Report



**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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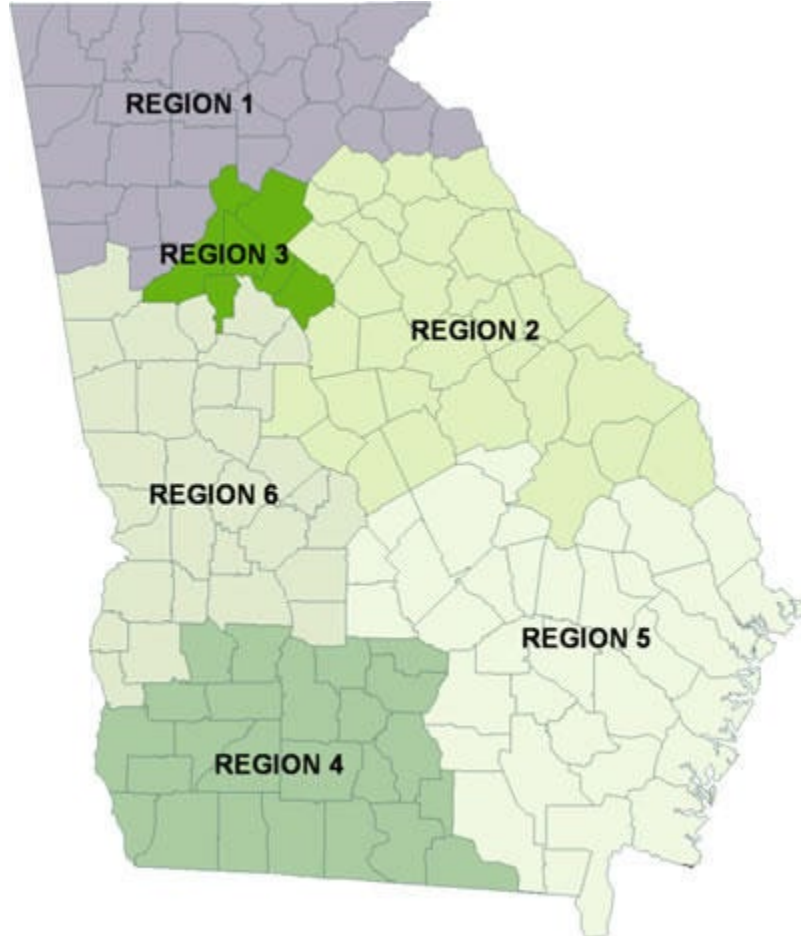
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# Executive Summary

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



## Region 2

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Region 2 is located in East Central Georgia and includes the following 33 counties:

- Baldwin
- Barrow
- Bibb
- Burke
- Clarke
- Columbia
- Elbert
- Emanuel
- Glascock
- Greene
- Hancock
- Jackson
- Jasper
- Jefferson
- Jenkins
- Jones
- Lincoln
- Madison
- McDuffie
- Monroe
- Morgan
- Oconee
- Oglethorpe
- Putnam
- Richmond
- Screven
- Taliaferro
- Twiggs
- Walton
- Warren
- Washington
- Wilkes
- Wilkinson

## While Region 2 has providers offering services across the CoC, there are portions of the region that are potential gap areas with little or no provider representation

- From 2018 to 2022, Region 2 had the second highest death rate across all regions. The Region experienced a 150% increase in opioid-related deaths during the five-year timeframe with the largest percent increases in total opioid overdose deaths among the 10-19, 25-34, and 60+ age groups. The highest number of opioid-related deaths were observed in Richmond County, among the White population, and males. There was a 400% and 800% increase in the opioid-related deaths among Blacks or African-Americans and Hispanics, respectively.
- The largest number of total opioid-related ED visits peaked in 2021, with the highest number of visits in 2022 occurring in Richmond County. ED visits increased across all age groups, with the largest increases among the 10-19, 25-34, and 60+ age groups.
- Across the region, the highest number of naloxone doses administered was in Richmond County
- OUD/SUD providers leverage a diverse, however, limited workforce to deliver services
- High social determinants vulnerabilities may contribute to the overdose and death rates observed in Richmond County, however, additional analysis and exploration are warranted to confirm correlation and association
- Across the continuum of care
  - Primary prevention programs are offered in academic, community, and workplace settings
  - Intensive Residential Treatment and Semi-Independent Residential Treatment, Transitional Housing, OTP and MAT treatment providers and services to offer services across the region
  - Addiction Recovery Support Centers (ARSCs) have sustainable funding to support the delivery of services
  - Syringe services programs are available, albeit, across a couple of counties, however, there is greater availability of naloxone across the region
- There remain gaps and service variability across Region 2:
  - Only one provider offers Intensive Outpatient treatment for women
  - Independent Residential Treatment services to men or women providers are not available
  - 24 (or 74%) counties in Region 2 that do not offer any SUD/ODU CoC providers
  - Seven providers offering transitional housing, four offering services to women and three to men
  - There are ARSCs in the region, however, voids exist in the southern and central portions of the region

# 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>			

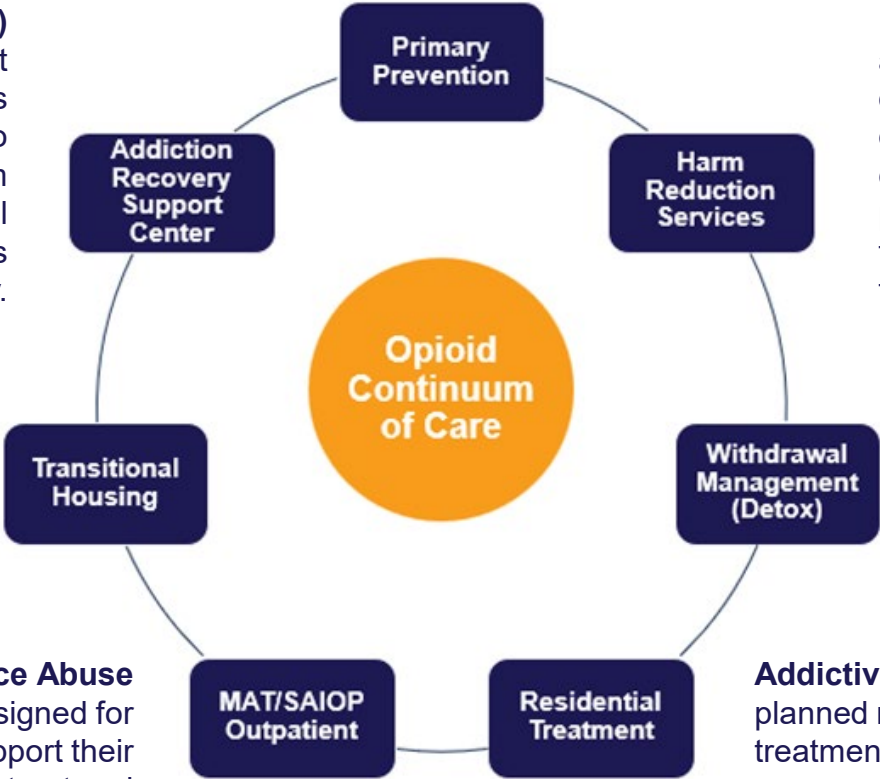
# DBHDD's proposed Opioid Use Disorder Continuum of Care Model includes seven components

**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.

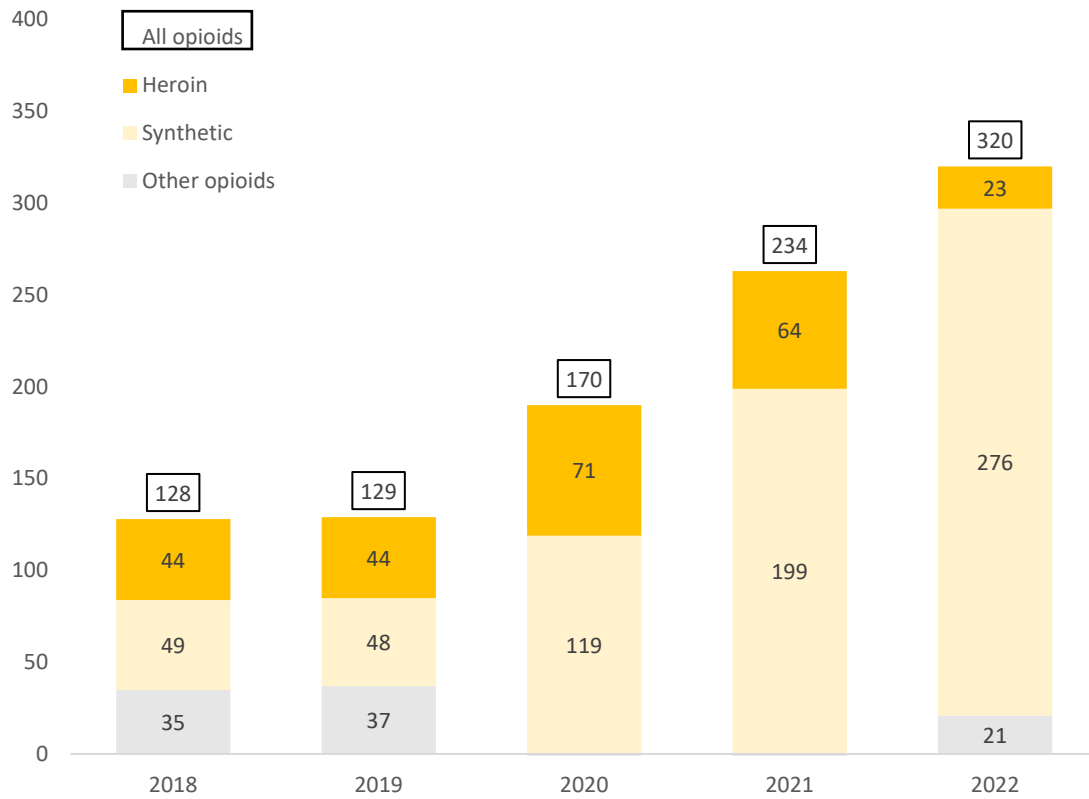
**Addictive Diseases Residential Service** provides a planned regimen of 24-hour observation, monitoring, treatment, and recovery supports for individuals who require a supportive and structured environment due to OUD. There are varying levels of care which include step-down models, intensive, semi-independent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

# Epidemiological Data Analysis and Findings

# Opioid Overdose Deaths

# From 2018 to 2022, the annual number of total opioid overdose deaths in Region 2 more than doubled, and reflected significant increase of synthetic opioids use

## Total overdose deaths for all opioids in Region 2, 2018-2022

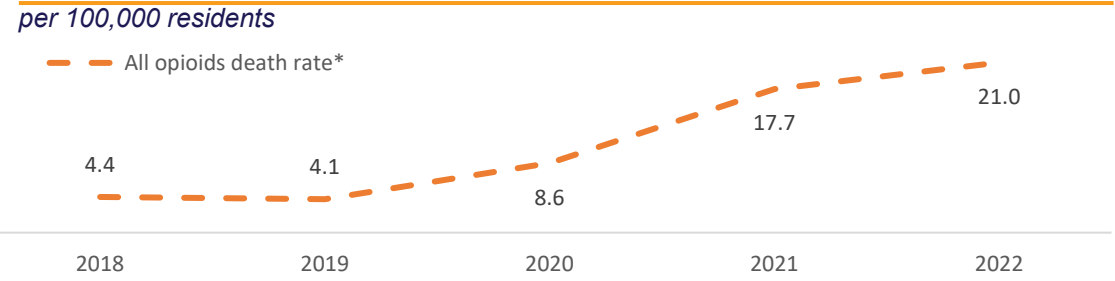


Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. 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 2 totaled 320**, representing a rate of 21.0 per 100,000 residents
  - ▶ Overall, since 2018 deaths increased 150%
  - ▶ On average, deaths increased at a compound annual growth rate of 25.7%
- ▶ **Synthetic drugs** are a specific type of opioid drug (the synthetic data shown includes fentanyl and excludes methadone). From 2018 to 2022, the total number of synthetic drug overdoses increased from 49 to 276
  - ▶ This represents an overall increase of 463% and a compound annual growth rate of 54.1%
- ▶ **Heroin** is a specific type of opioid drug. From 2018 to 2022, heroin drug overdoses decreased from 44 to 23
  - ▶ This represents an overall decline of 48% and an average annual decrease of 15%

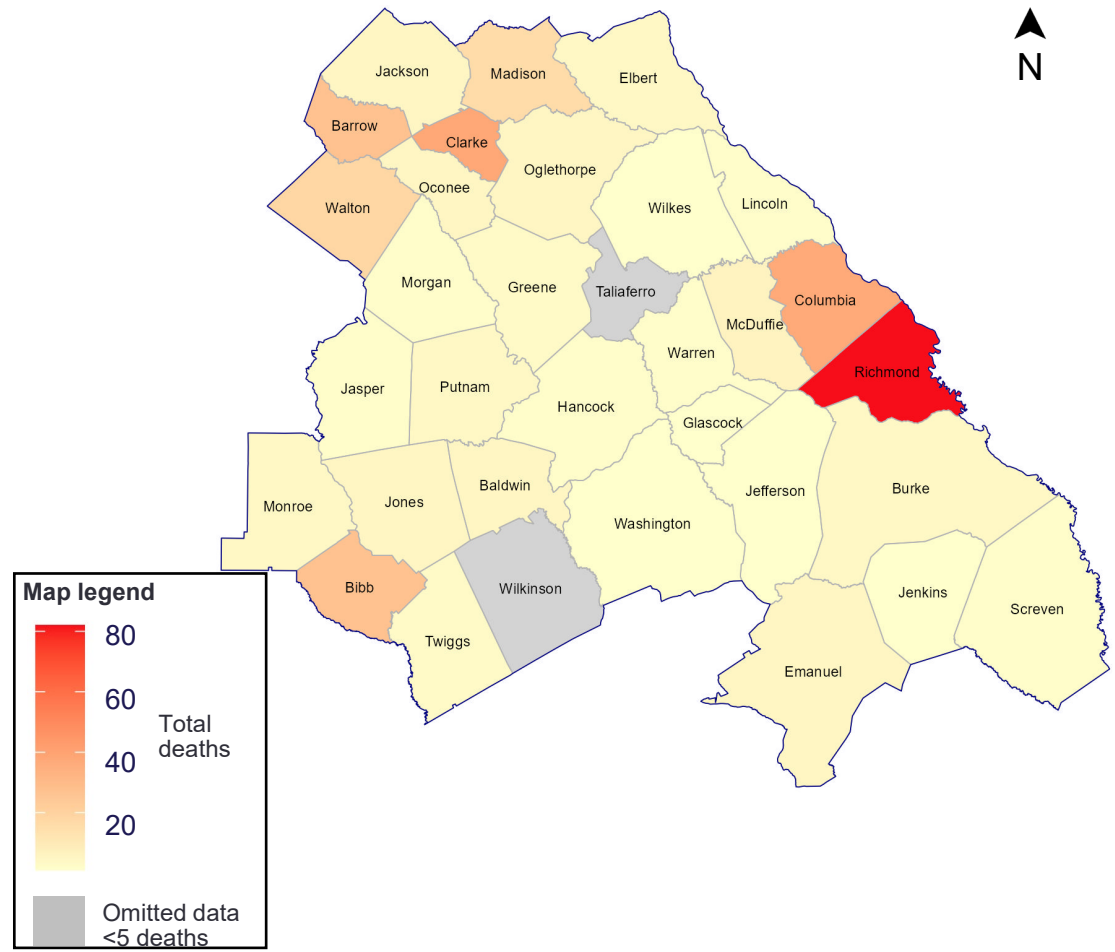
## Rate of opioid overdose deaths in Region 2, 2018-2022



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

# Richmond County on the eastern border of Region 2 experienced the largest number of total opioid overdose deaths in 2022

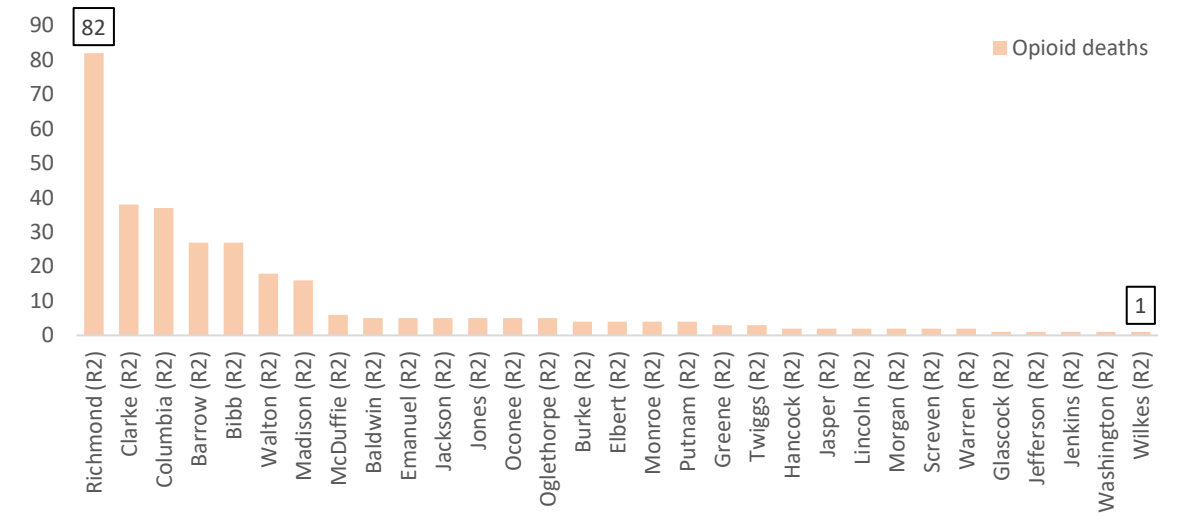
## Total opioid overdose deaths by county in Region 2, 2022



## Key findings

- ▶ In 2022, the **top five counties with the largest total number of opioid-related deaths in Region 2** were Richmond (82), Clarke (38), Columbia (37), Barrow (27), and Bibb (27)
- ▶ Walton (18) and Madison (16) also all **had more than 15 overdose deaths** in 2022

## Opioid overdose deaths by county in Region 2, 2022

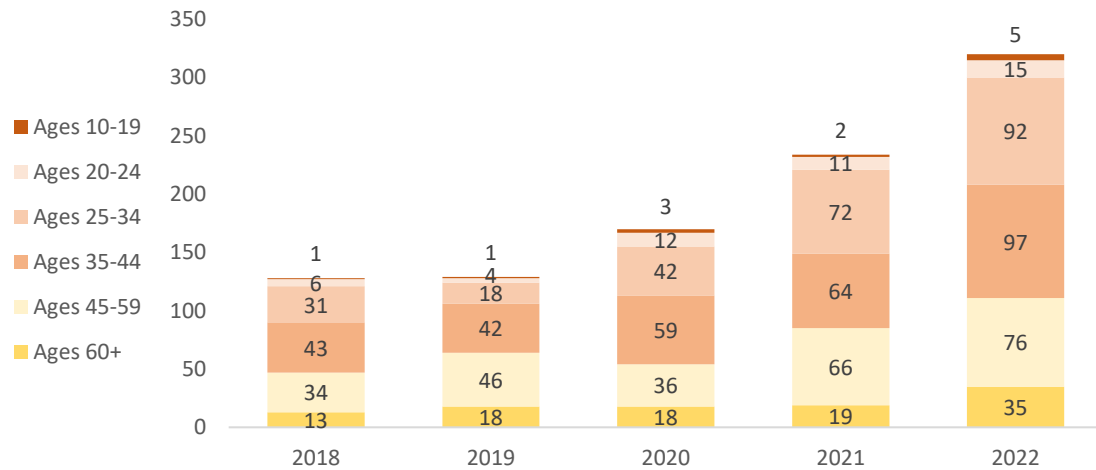


Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

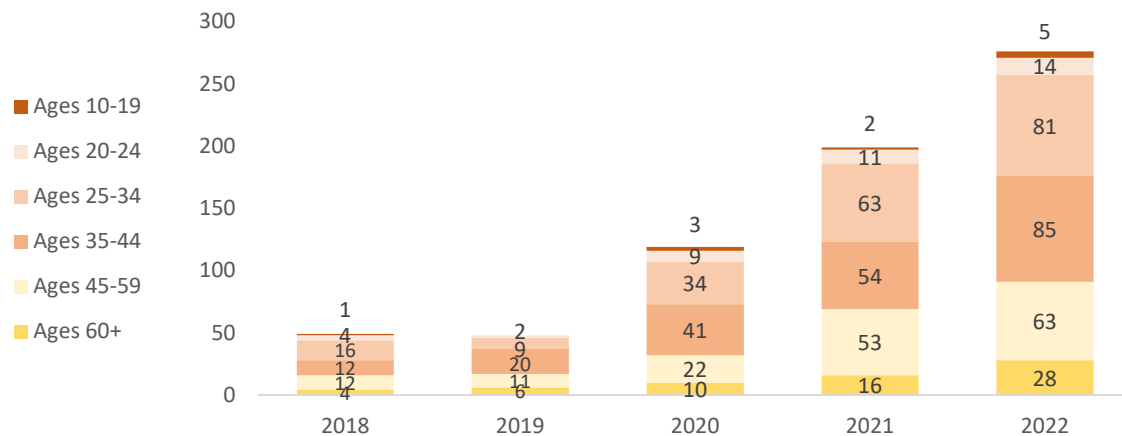


# Total opioid overdose deaths in Region 2 increased across all age groups from 2018 to 2022, with the largest percent increase among ages 10 to 19

## Total opioid overdose deaths by select age groups



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

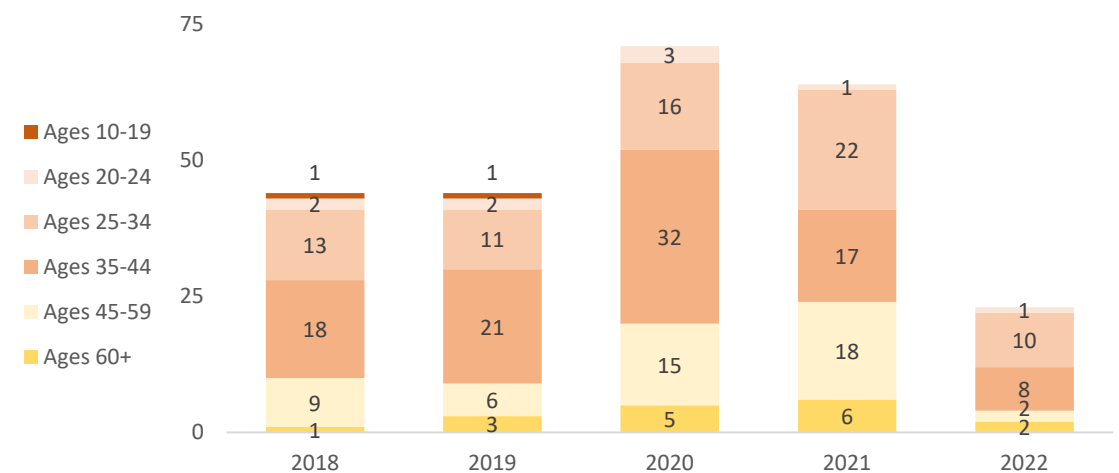


\*Synthetic opioids (e.g., fentanyl) include those other than Methadone.

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).

## Heroin opioid overdose deaths by select age groups



## Key findings

- ▶ Opioid overdose deaths increased for all age groups shown from 2018-2022
  - ▶ The synthetic opioid overdose deaths increased for all age groups, while heroin overdose deaths decreased in all but the 60+ age group (which increased from 1 to 2 deaths)
- ▶ Ages 10-19 saw the largest percent increase (400%) in total opioid overdose deaths from 1 in 2018 to 5 in 2022, with the majority of these deaths attributed to synthetic opioids
- ▶ From 2018-2022, opioid overdose deaths increased 197% for ages 25-34 and 169% for ages 60+

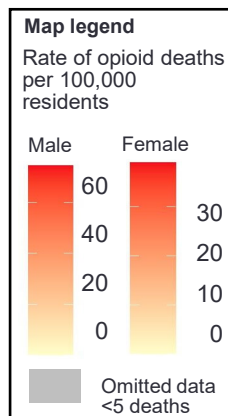
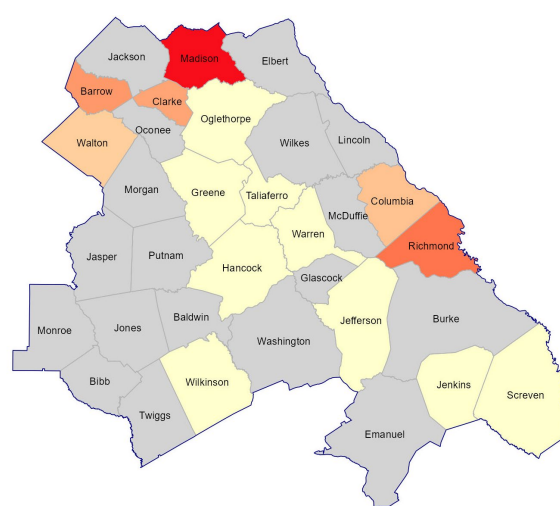
# The rate of opioid deaths among males in Region 2 has grown more significantly than females over the last five years

## Rates of opioid deaths by county, 2022

per 100,000 residents

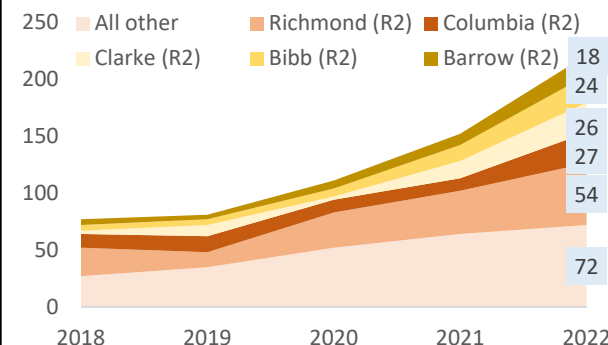
### Males

### Females



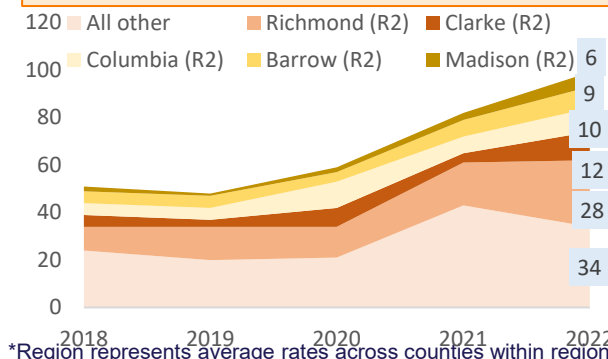
## Opioid deaths by county, 2018-2022

### Males



County	5-yr Total
R2	642
Barrow	44
Bibb	55
Clarke	57
Columbia	75
Richmond	161
All Other	250

### Females



County	5-yr Total
R2	339
Madison	14
Barrow	30
Columbia	38
Clarke	32
Richmond	83
All Other	142

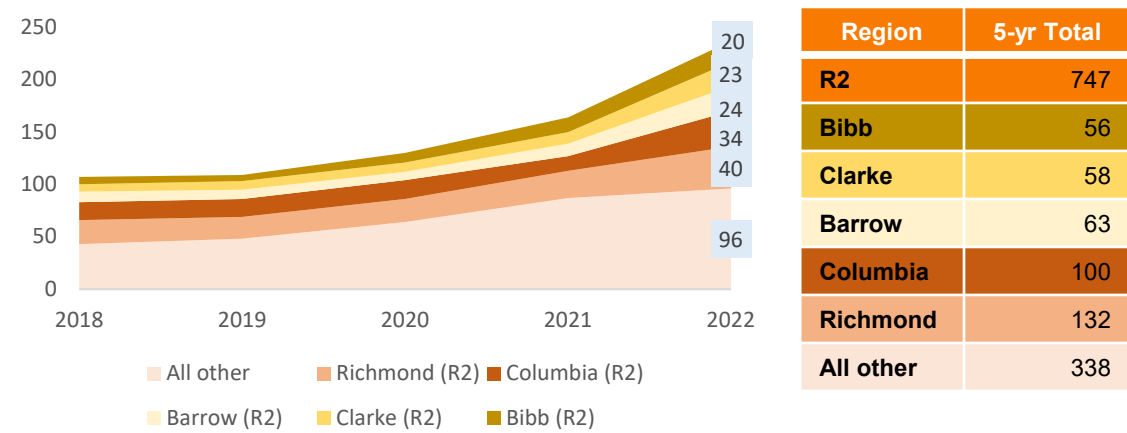
\*Region represents average rates across counties within region

## Key findings

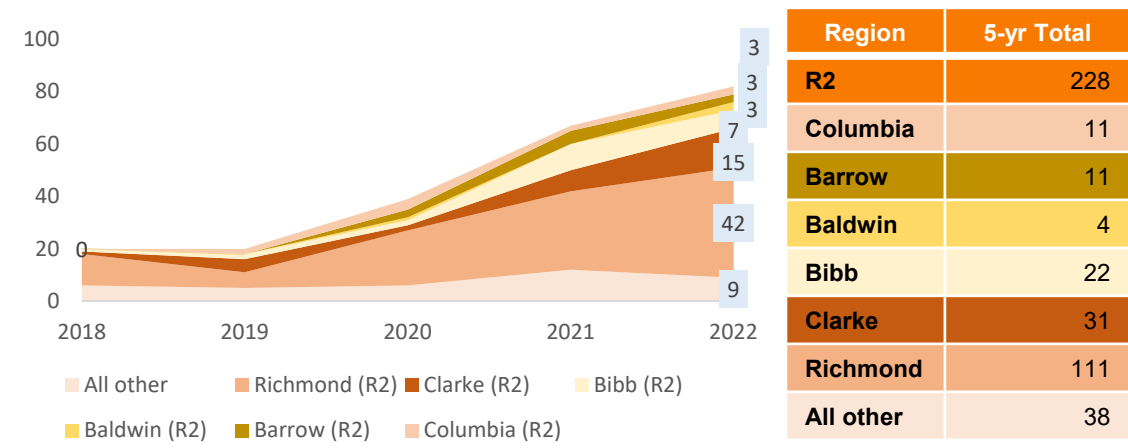
- ▶ Across Region 2, opioid deaths among males increased from 77 in 2018 to 221 in 2022, representing a compound annual growth rate of 30%. Richmond County had the most male opioid deaths during the five-year timeframe (161), followed by Columbia County (75)
- ▶ Across Region 2, opioid deaths among females increased from 51 in 2018 to 99 in 2022, representing a compound annual growth rate of 18%. Richmond County had the most female opioid deaths during the five-year timeframe (83), followed by Columbia County (38)

# The White population in Region 2 experienced the largest total number of opioid overdose deaths over a five-year period compared to other racial and ethnic groups

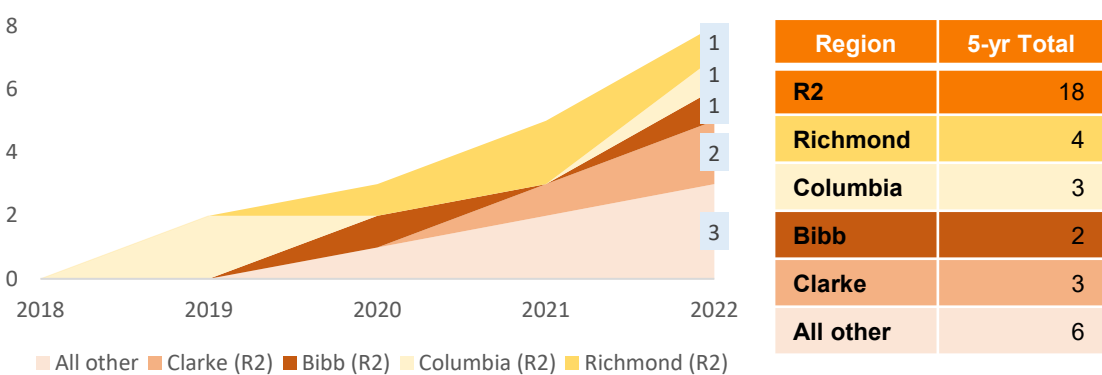
## Opioid deaths for the White population, 2018-2022



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



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



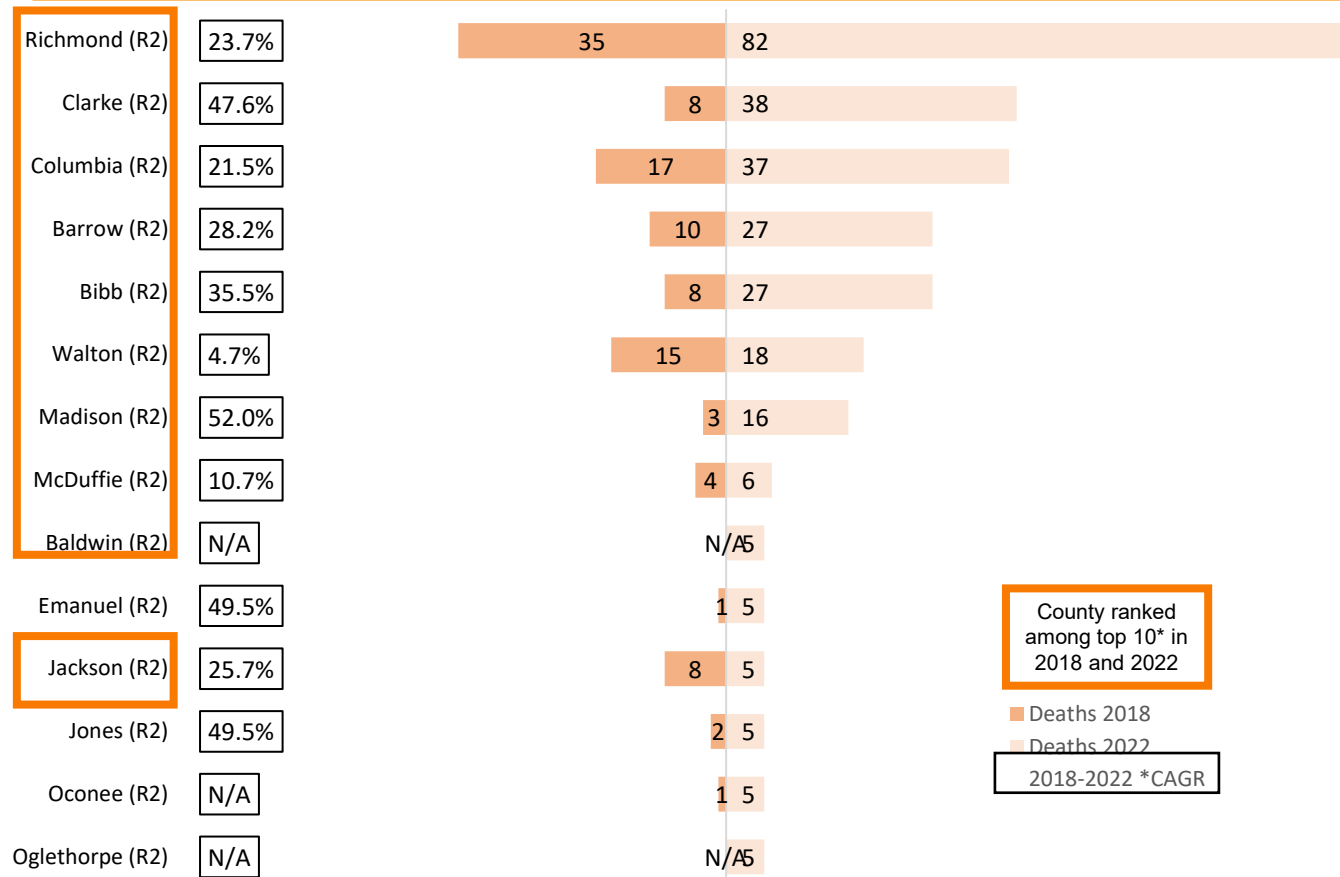
## Key findings

- ▶ From 2018 to 2022, opioid deaths totaled 747 for the White population, 228 for the Black or African-American population, 18 for the Hispanic population, and 2 for the Asian population
- ▶ Richmond County had the highest overall opioid deaths among White population (132), Black or African-American (111) population, and the Hispanic (4) population
- ▶ The Asian population had one opioid overdose death in 2022 in Monroe County

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

# From 2018 to 2022 in Region 2, Richmond County consistently had the largest total number of opioid overdose deaths

## Opioid overdose deaths and growth rates among top 10 counties in Region 2 for the years 2018 and 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
- ▶ Most 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, with the exception of Jackson and Jones Counties
- ▶ Baldwin, Emmanuel, Jones, Oconee, Oglethorpe, and Greene Counties 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, **Madison County had the largest average annual growth rate (52.0%)**, followed by Emmanuel County (49.5%) and Clarke County (47.6%)

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

\*Five counties (Baldwin, Emanuel, Jackson, Jones, and Oconee) tied for 10<sup>th</sup> in 2022

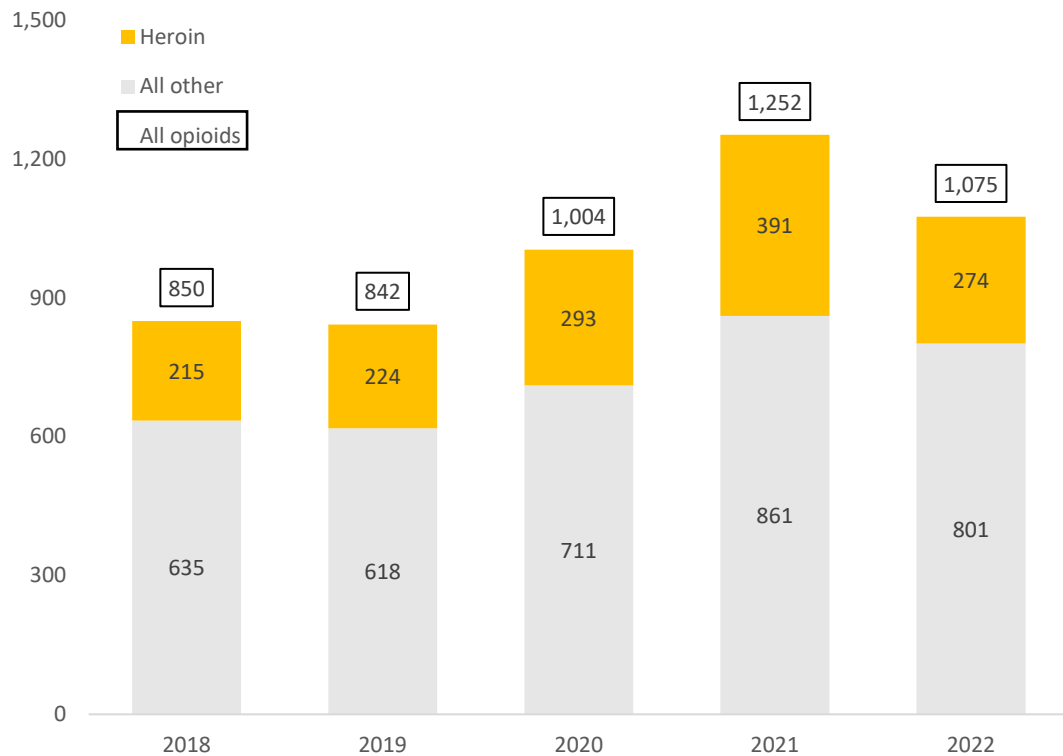
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).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

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

# Opioid-related Emergency Department Visits

# Between 2018 and 2022 in Region 2, the total number of opioid-related emergency department (ED) visits peaked in 2021

## Total opioid-related ED visits in Region 2, 2018-2022

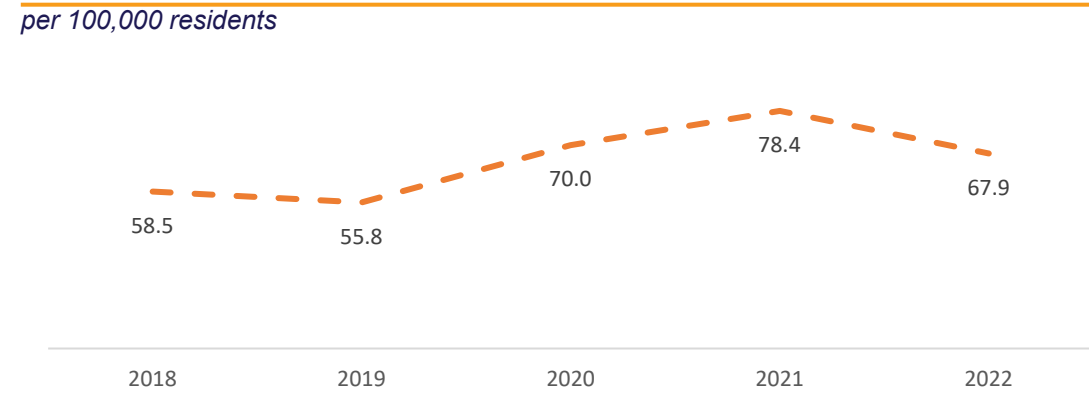


Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. 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 2 totaled 1,075**, representing a rate of 67.9 per 100,000 residents
  - ▶ Overall, ED visits increased 26% from 850 in 2018
  - ▶ On average, ED visits increased at a compound annual growth rate of 6.0%
- ▶ **Heroin is a specific type of opioid-related drug. From 2018 to 2022, heroin ED visits increased from 215 to 274**
  - ▶ This represents an increase of 27% and a compound annual growth rate of 6.2%

## Rate of opioid-related ED visits in Region 2, 2018-2022

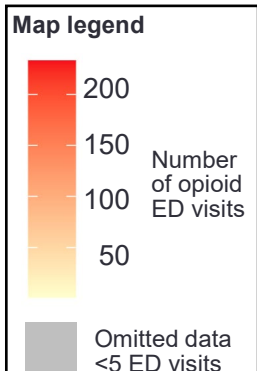
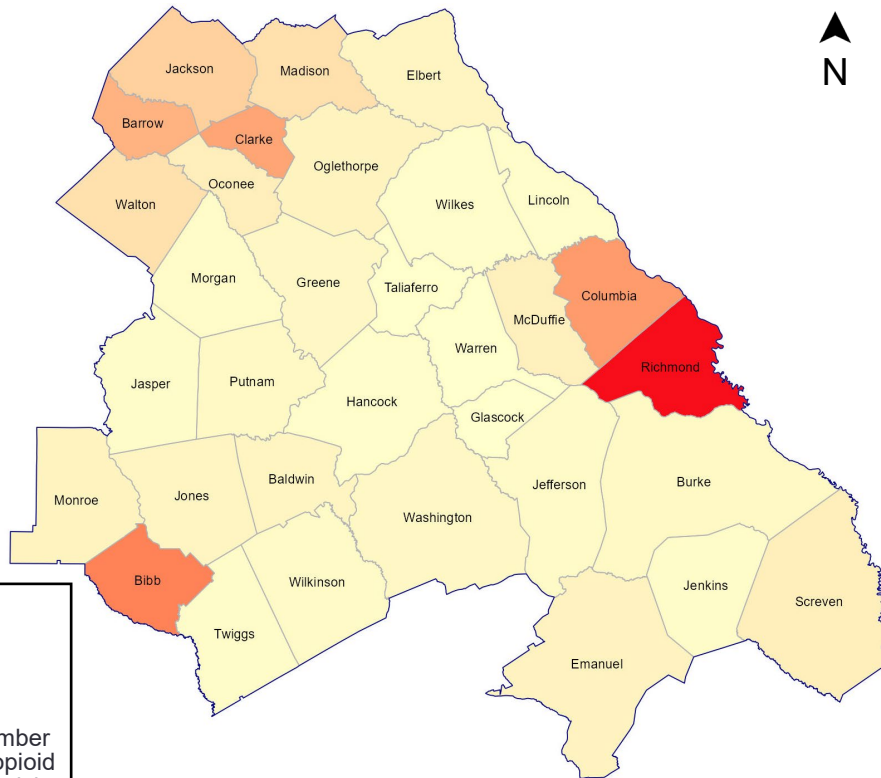


Note: Rate represents an average rate across all counties with 5 or more ED visits.

# Richmond County in Region 2 experienced the largest number of total opioid-related ED visits in 2022

## Opioid-related ED visits by county, 2022

per 100,000 residents

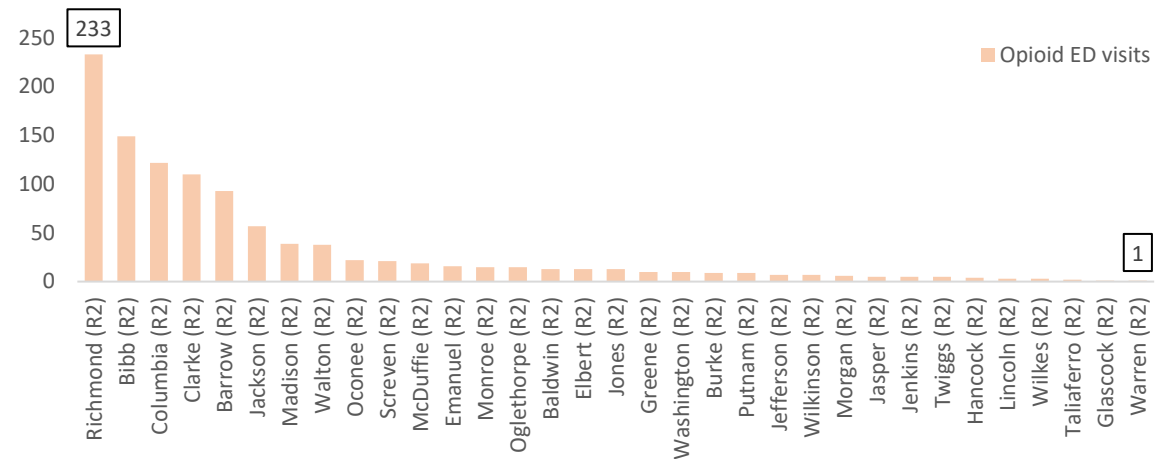


## Key findings

- ▶ In 2022, the **top four counties with the largest total number of opioid-related ED visits** were Richmond (233), Bibb (149), Columbia (122), and Clarke (110)
- ▶ In addition to the top four counties, Barrow (93), Jackson (57), Madison (39), and Walton (38) counties **had at least 25 ED visits**

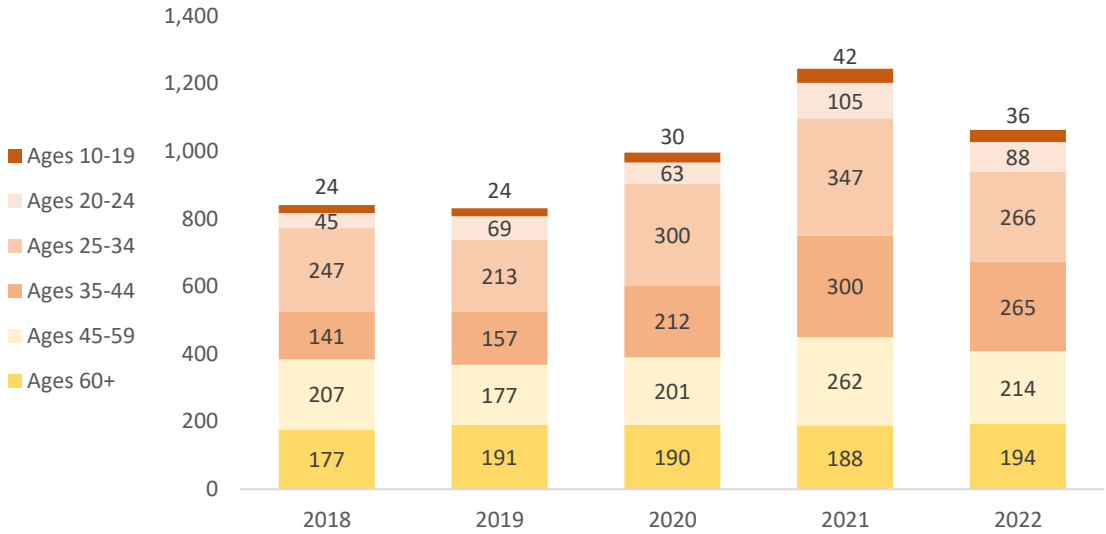
## Opioid-related ED visits, 2022

per 100,000 residents

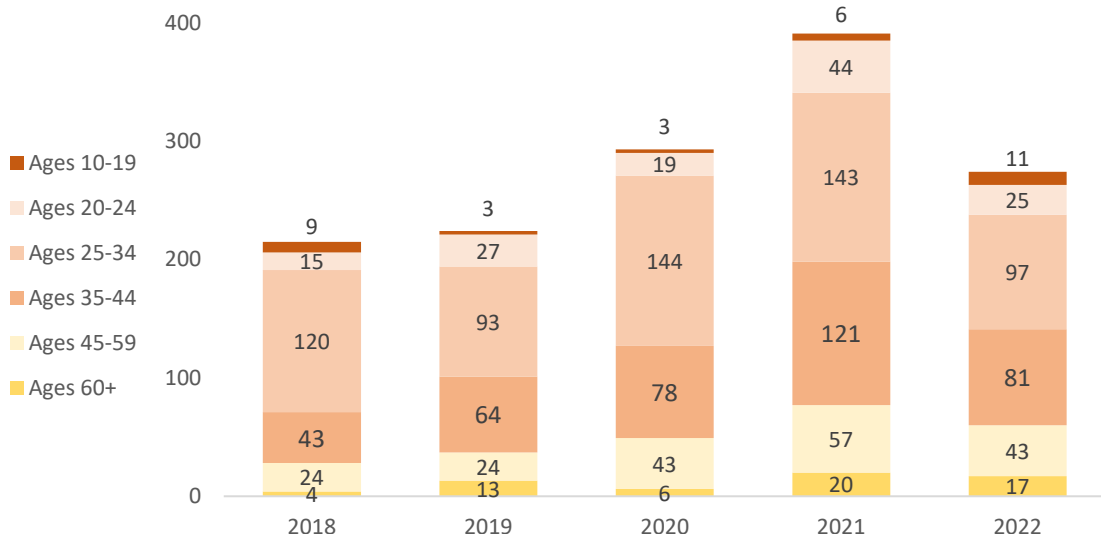


# From 2018 to 2022, the total number of opioid-related ED visits increased for all age groups in Region 2

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



### Heroin ED visits by select age groups



### Key findings

- ▶ Opioid-related ED visits increased for all age groups shown from 2018-2022
- ▶ Ages 20-24 saw the largest percentage increase (96%) in opioid ED visits, followed by ages 35-44 (88%)
- ▶ The subset of heroin-related ED visits decreased 19% for ages 25-34, and increased for all other ages groups

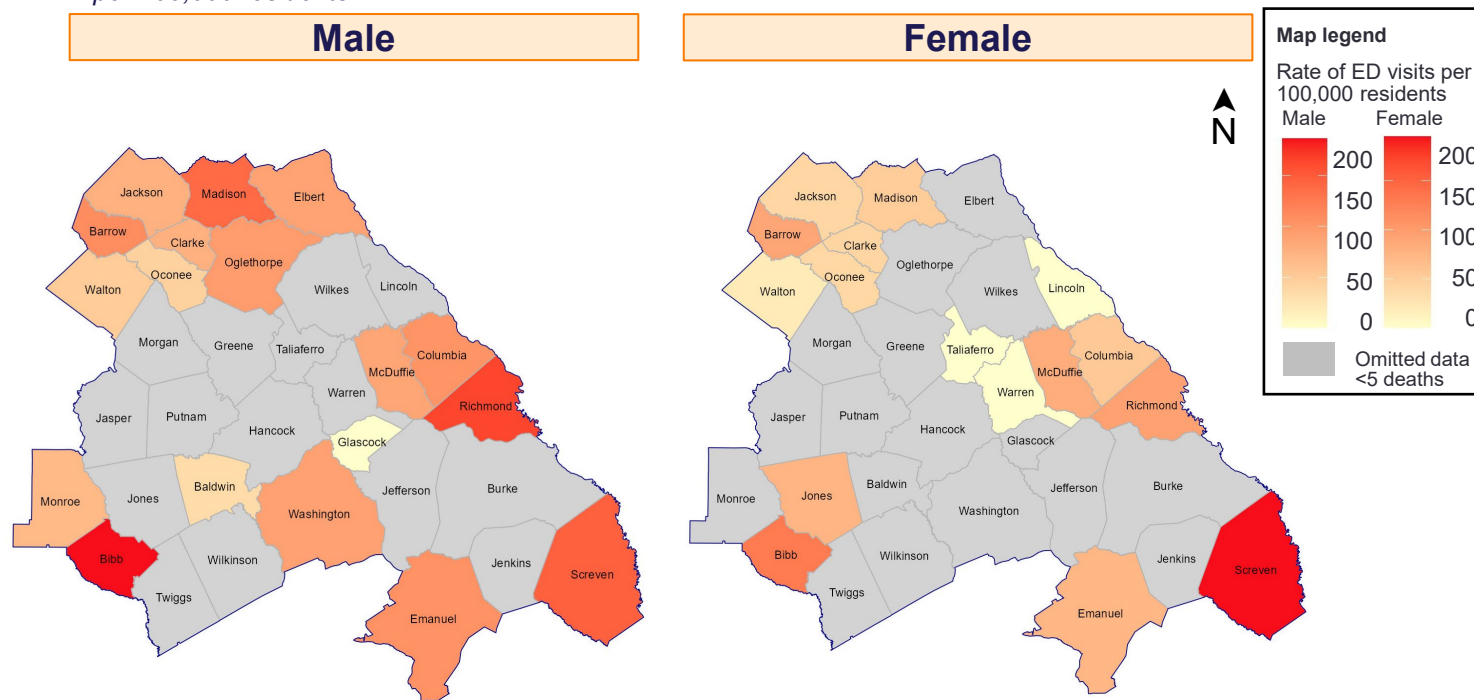
Notes: Data labels are not shown for years where there were no deaths for select age groups. ED visits for ages 0-9 totaled less than 50 during the five-year period and are not shown. Source: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS).



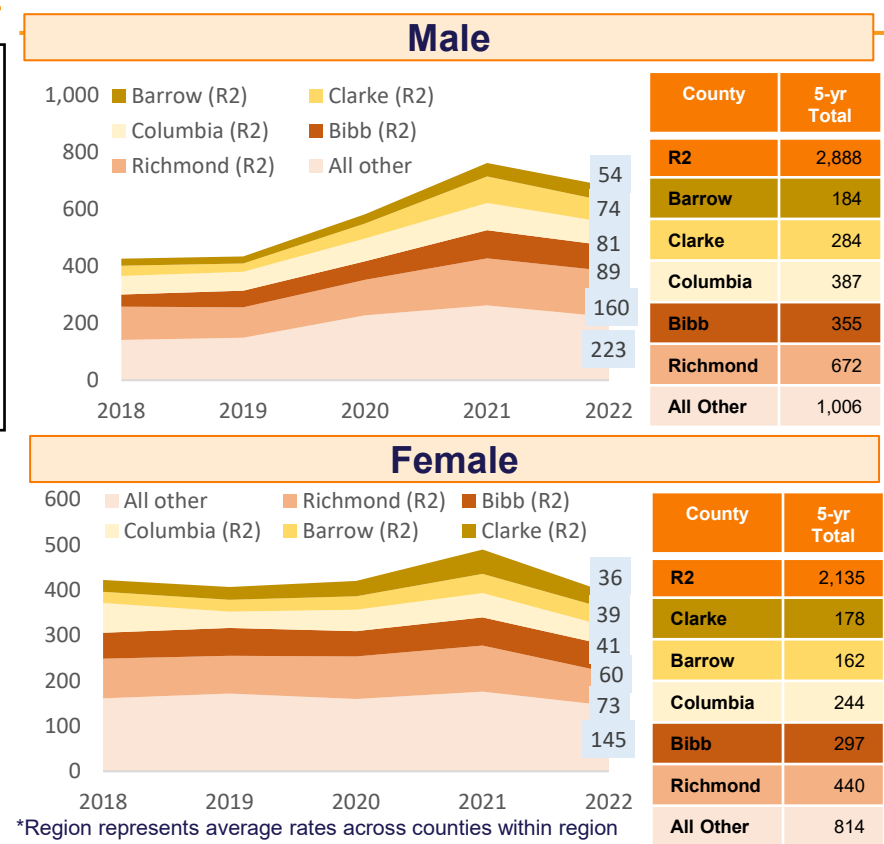
# There was an increase in the number of opioid-related ED visits over the past five years for males, and a decrease among females in Region 2

## Rates of opioid-related ED visits by county, Males and Females, 2022

per 100,000 residents



## Opioid-related ED visits in Region 2, 2018-2022



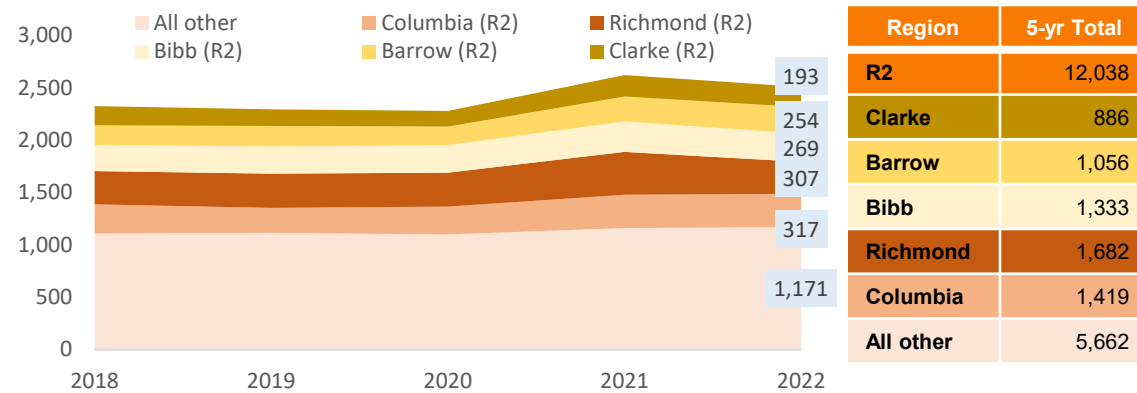
### Key findings

- ▶ Across Region 2, opioid-related ED visits among male increased from 427 in 2018 to 681 in 2022, representing a compound annual growth rate of 12%. Richmond County had the most male ED visits during the five-year timeframe (672), followed by Columbia County (387)
- ▶ Across Region 2, opioid-related ED visits among females decreased from 423 in 2018 to 394 in 2022, representing a compound annual decline of 2%. Richmond County had the most female ED visits during the five-year timeframe (440), followed by Bibb County (297)

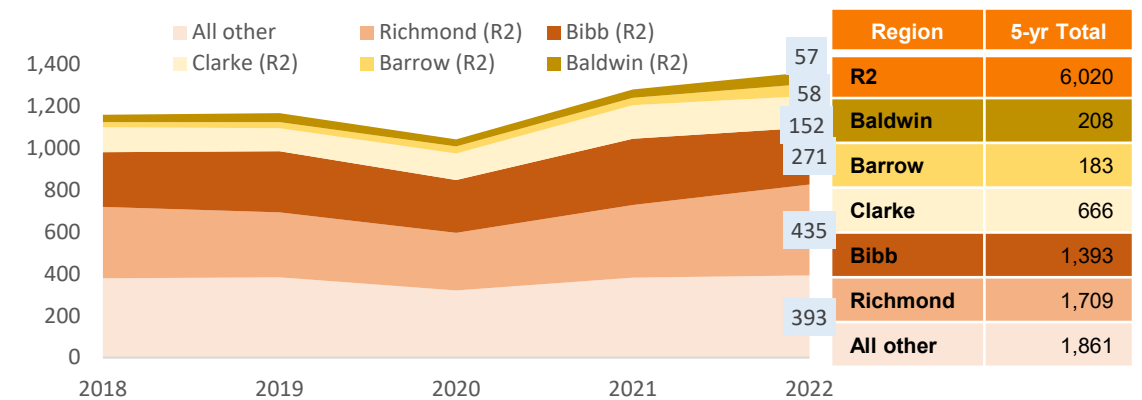
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

# From 2018 to 2022, the white population experienced the majority of total opioid-related ED visits in Region 2

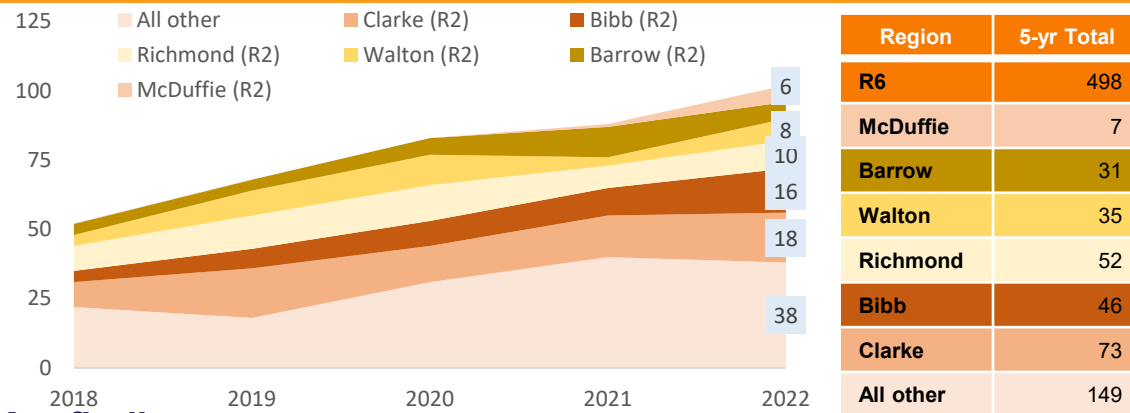
## Opioid-related ED visits for the White population, 2018-2022



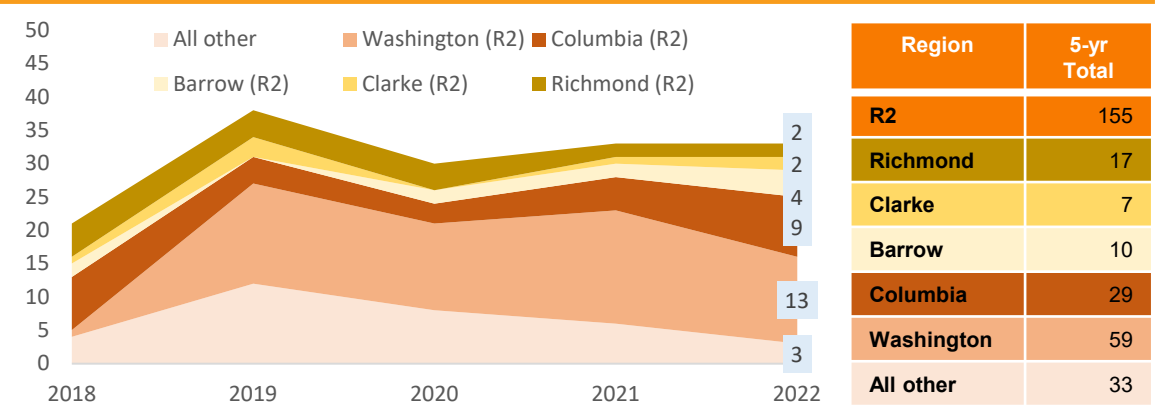
## Opioid-related ED visits for the Black or African-American population, 2018-2022



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



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



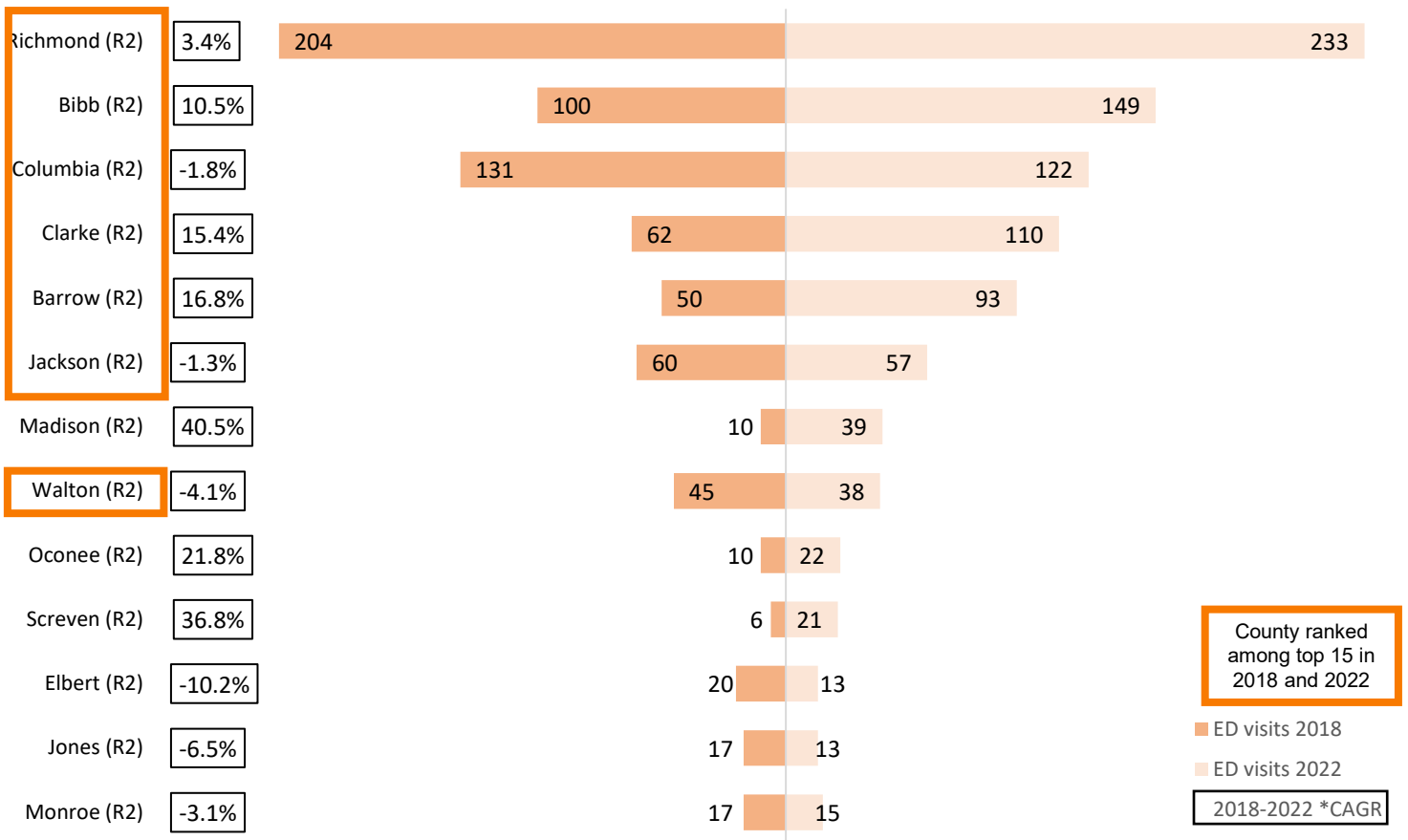
### Key findings

- ▶ From 2018 to 2022, opioid-related ED visits totaled 12,038 for the White population, 6,020 for the Black or African-American population, 149 for the Hispanic population, and 155 for the Asian population
- ▶ Richmond County had the most ED visits for whites (1,682) and the Black or African American (1,709) population, Clarke County had the most ED visits for the Hispanic (73) population, and Washington County had the most ED visits for Asian (59) population

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

# From 2018 to 2022, Richmond County consistently had the largest total number of opioid-related ED visits in Region 2

## Opioid-related ED visits and growth rates among top 10 counties in Region 2 in the years 2018 and 2022



## Key findings

- ▶ Seven counties in Region 2 ranked in the top 10 for total opioid-related ED visits in 2018, and also ranked in the top 10 in 2022
- ▶ Columbia, Jackson, Walton, Elbert, Monroe, and Jones Counties experienced a decrease in opioid-related ED visits in 2022 from 2018
- ▶ Madison, Oconee, and Screven Counties ranked in the top 10 in 2022, but not 2018
- ▶ Among all counties ranking in the top 10 in 2018 or 2022, **Madison County had the largest average annual growth rate (40.5%)**, followed by Screven County (36.8%) and Oconee County (21.8%)

County ranked among top 15 in 2018 and 2022

ED visits 2018

ED visits 2022

2018-2022 \*CAGR

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

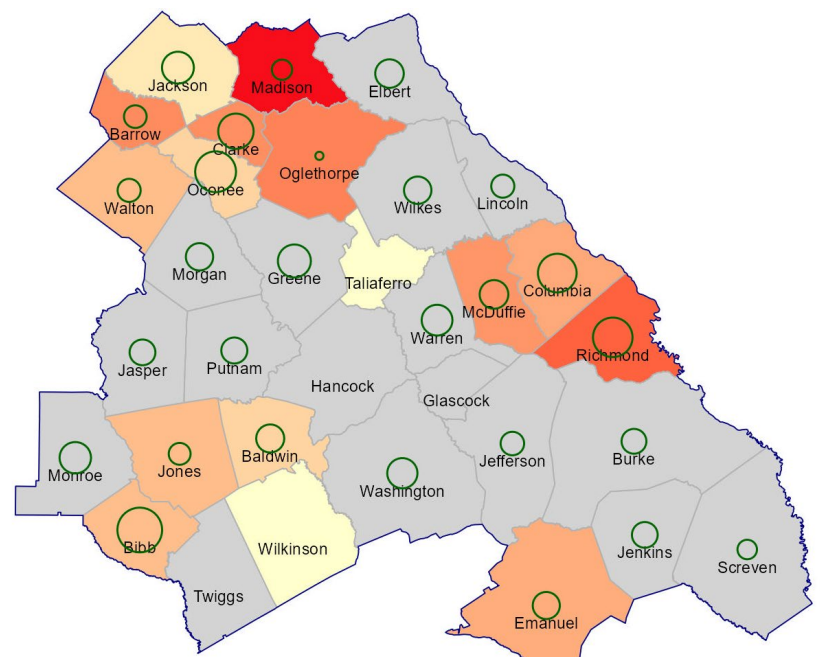
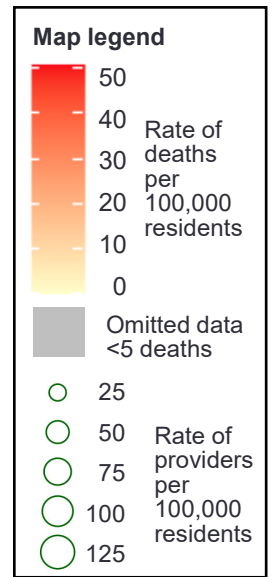
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl) that may be prescription or illicitly-manufactured).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

# Overall Opioid Burden Relative to BHSS Provider Prevalence

# The opioid overdose death rate in 2022 across Region 2 was 21.0 compared to a BHSS provider rate of 29.6 in 2021

## Rates of opioid overdose deaths and behavioral health and social services providers by county in Region 2, 2022

per 100,000 residents

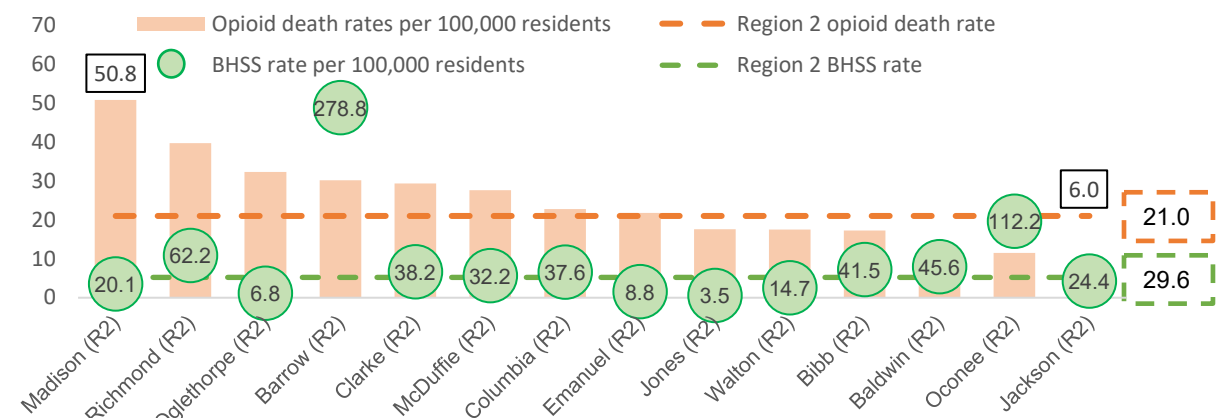


## Key findings

- ▶ Across Region 2, there were **21.0 opioid overdose deaths** and **29.6 behavioral and social services (BHSS) providers** per 100,000 residents in 2022
- ▶ Madison, Oglethorpe, and Emmanuel counties had **opioid overdose death rates above the regional average** and **BHSS provider rates below the regional average**
- ▶ Madison County has the **largest death rate (50.8)** per 100,000 residents, followed by Richmond (39.7) and Oglethorpe (32.3)

## Rates of opioid overdose deaths (2022) and behavioral health and social services providers (2021) by county in Region 2

per 100,000 residents

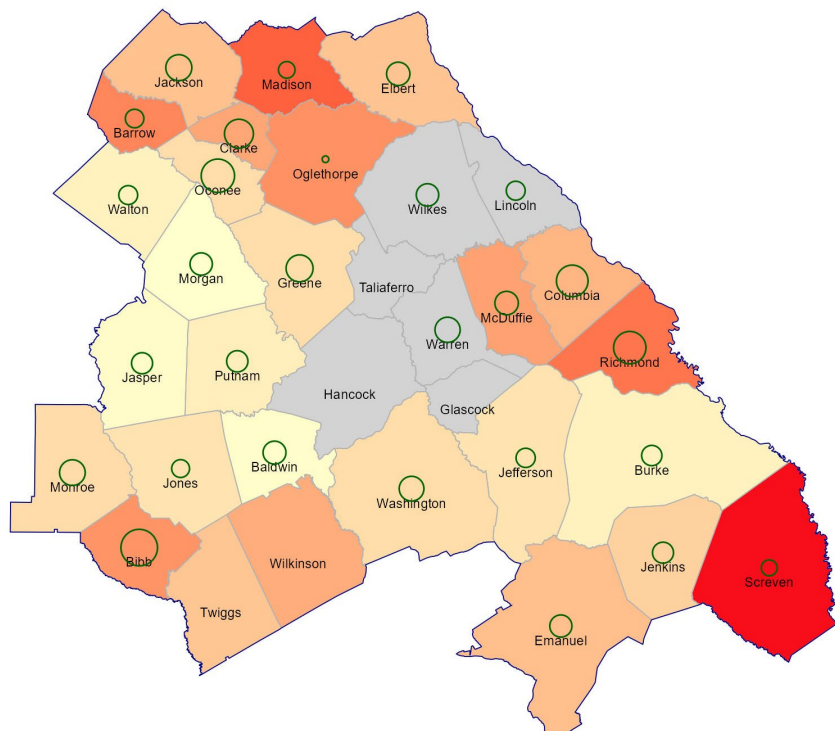
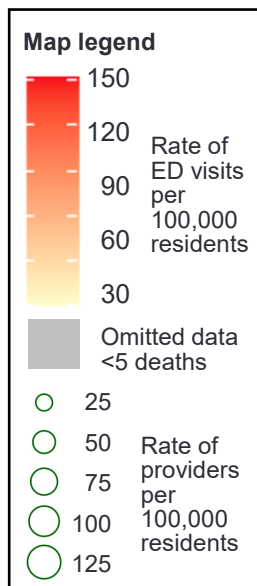


Note: Rates shown for all counties with 5 or more deaths. BHSS provider rate is derived from the total count of unique behavioral and social service provider NPI's on the Georgia Dept. of Community Health active provider directory per 100,000 residents.

# Across Region 2, 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 2, **there were 67.9 opioid-related ED visits and 29.6 behavioral and social services (BHSS) providers per 100,000 residents in 2022**
- ▶ Screven, Madison, Oglethorpe, Wilkinson, Emanuel, and Jackson Counties had **opioid-related ED visits above the regional average and BHSS provider rates below the regional average**
- ▶ Screven County had the **largest ED visits rate (150.2)** per 100,000 residents, followed by Madison (123.9) and Richmond (112.8)

## Rates of opioid overdose ED visits (2022) and behavioral health and social services providers (2021) by county in Region 2

per 100,000 residents



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

# Richmond County Vulnerability Analysis and Findings

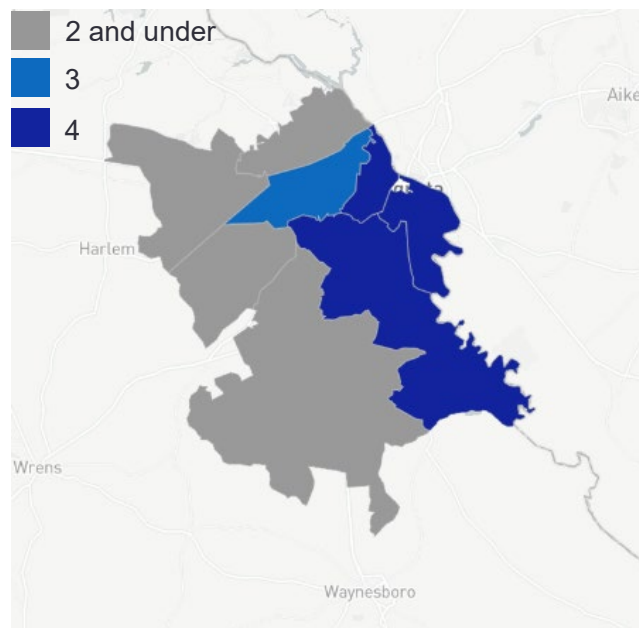


# Four of the eight zip codes assessed within Richmond County have high social determinant vulnerabilities which may be contributory factors that warrant further exploration

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

## Richmond County vulnerability view

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	
30901	Dark Blue	Dark Blue	Dark Blue	Dark Blue	4
30904	Dark Blue	Dark Blue	Dark Blue	Dark Blue	4
30906	Dark Blue	Dark Blue	Dark Blue	Dark Blue	4
30909	Light Blue	Light Blue	White	Light Blue	3

The highest vulnerability zip codes are within the City of Augusta

### Key observations of social determinants:

**Medically Underserved:** 4 out of 8 in-scope zip codes in Richmond 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:** 3 out of 8 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

**Economically marginalized:** 5 out of 8 in-scope zip codes in Richmond 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:** 4 out of 8 in-scope zip codes in Richmond County have below average median incomes and above average shares of households being renters, households with homes built in 1959 or earlier, and above average unemployment rates.

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

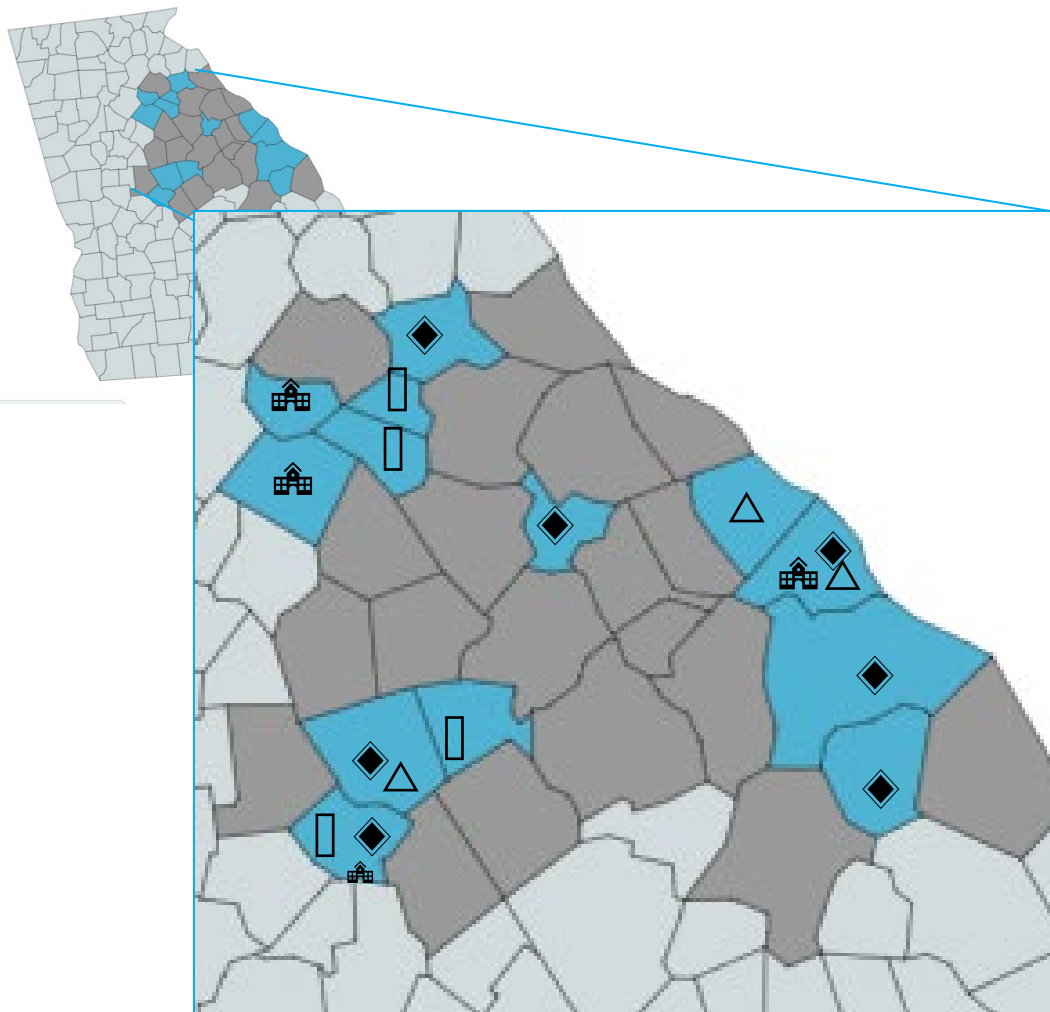
Source: Census Bureau, American Community Survey 2021 5-year estimates, Health Resources and Services Administration.

See Appendix for full zip code table



# Continuum of Care Assessment Findings

## Primary prevention projects, offered in approximately 20 percent of the counties in Region 2, focus on academic and community settings



Source: DBHDD Contracts Listing 2023.

Location of icons are approximate as all prevention services are not offered at a one-to-one address

### Key Takeaway

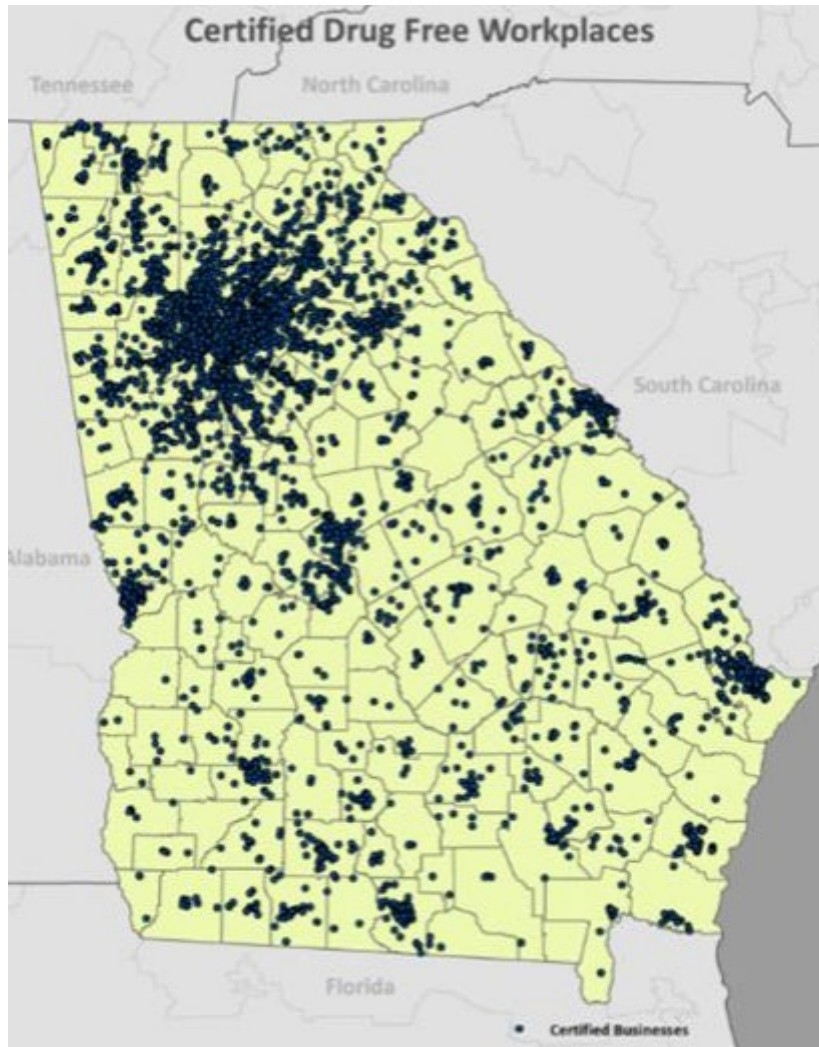
There are at least four primary prevention programs offering services to middle, high school students and parents in Region 2

### Additional Findings

- The following four colleges offer prevention programs: University of North Georgia – Oconee County, University of Georgia – Clarke County, Georgia College and State University - Baldwin County and Mercer University – Bibb County.
- Tutt Middle School in Richmond County is a part of the SOR Adopt-A-School Program
- Suicide Prevention Framework (SPF) Suicide offers postvention and community outreach events across Columbia, Richmond and Jones counties
- There are seven Partners in Prevention Project programs offering services to youth and parents across seven counties: Burke, Jones, Richmond, Bibb, Taliaferro, Jenkins, Madison
- The Council on Alcohol and Drugs Inc. held Community Showcase Events in Jackson and Clarke Counties
- Sources of Strength operates in : Barrow, Bibb, and Walton counties

See Appendix for list of providers

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



## Key Takeaway

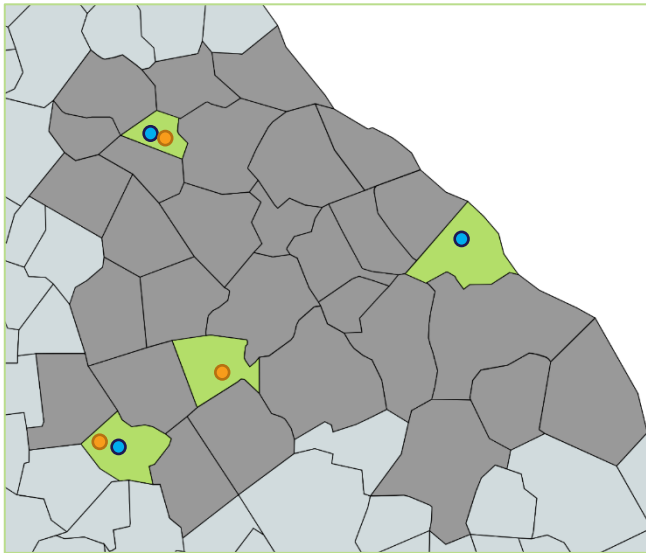
Drugs Don't Work (DDW) has 7,284 certified drug-free workplaces throughout the state of Georgia, including locations across Region 2

## Additional Findings

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

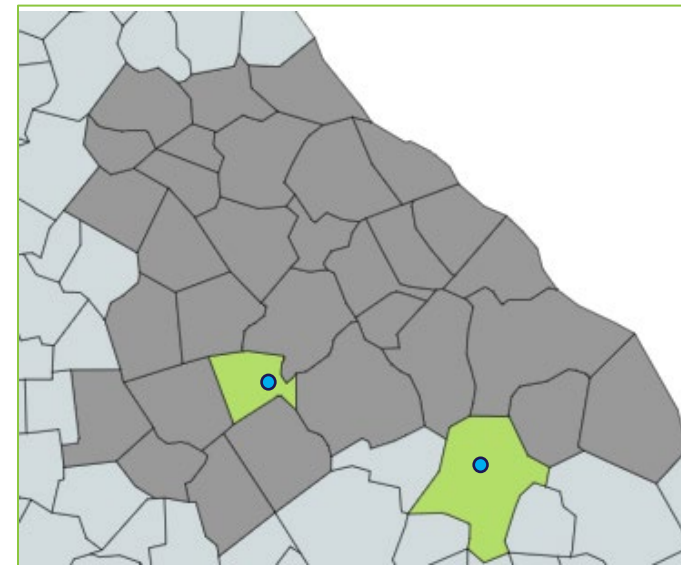
# There are Intensive Residential Treatment and Semi-Independent Residential Treatment providers in Region 2, but no Independent Residential Treatment providers

## Intensive Residential Treatment (IRT)



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

## Residential Treatment: Semi-Independent



- County with Residential Treatment Provider: Semi-Independent
- Residential Treatment – Semi-Independent Provider: Men

Availability to Residential Treatment across Region 2 is limited, with no access for transition aged youth

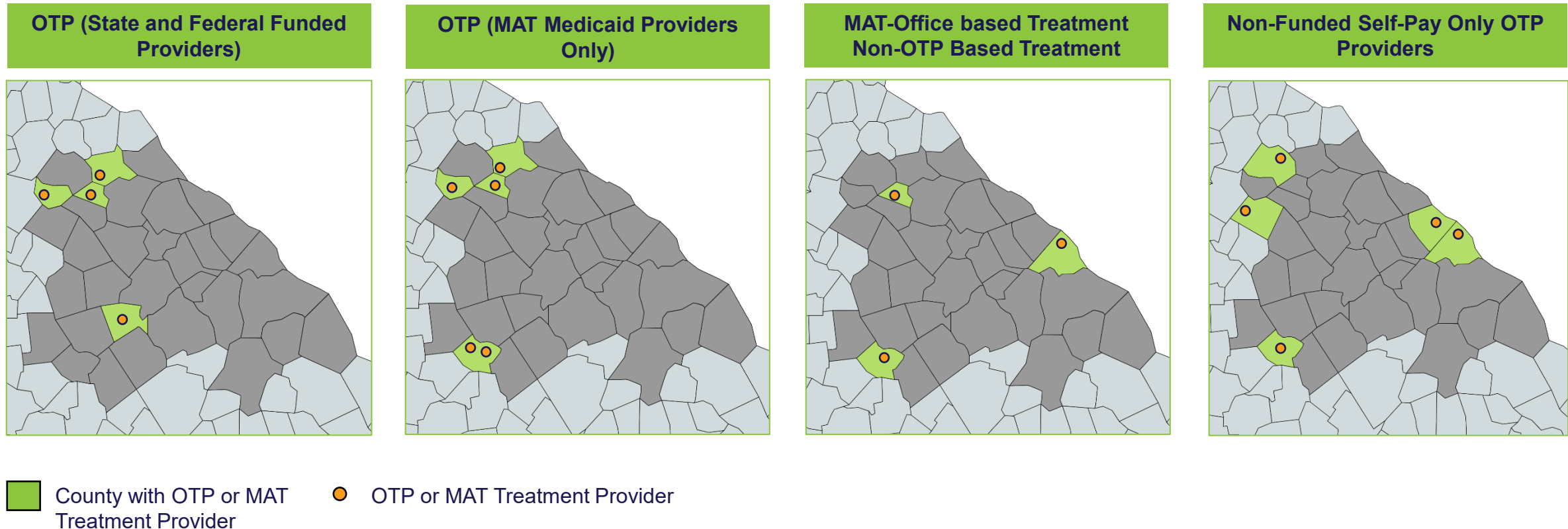
## Key Takeaways – Residential Treatment

- Across Region 2, there are seven Residential Treatment providers located in five counties (out of 33).
- There are no Independent Residential Treatment providers in Region 2.
- There are no Intensive Residential: Transition Aged Youth providers in Region 2.

## Additional Findings

- Intensive Residential Treatment
  - Clarke, Bibb, and Baldwin Counties each has one IRT provider that serves women
  - All the IRT providers in Region 2 are CSBs except for Hope House in Richmond County
- Residential Treatment: Semi – Independent
  - The two Semi-Independent Residential providers serve men and are located in the southern area of Region 2
  - Both of the Semi-Independent Residential treatment providers in Region 2 are CSBs

OTP and MAT providers – state and federally funded, MAT Medicaid, MAT-Office based non-OTP treatment, and Non-Funded Self-Pay only OTP – offer services across nine counties in Region 2





Seventeen OTP and MAT treatment providers - funded through a mix of state and federal funds, grants, Medicaid, and private sources - offer services in nine counties and are

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

17 providers offer OTP and MAT treatment services in Region 2; providers are located in nine out of 33 counties in the Region

### **Additional Findings**

- Alliance Recovery Center – Athens and DM ADR, Inc. – Clarke County serve individuals who are uninsured
- Bibb County has the highest number OTP and MAT providers (4) compared to the other counties in Region 2
- Two OTP (State and Federal Funded) providers have indicated some funding scheduled to end:
  - New Start in Baldwin County and Medicine Wheel in Barrow County have some funding scheduled to end in 2025, which may impact ongoing service capacity
- All OTP providers in Region 2 accept self-pay
- The four OTP (State and Federal Funded) providers and the three MAT-office based/non-OTP providers offer services to uninsured individuals

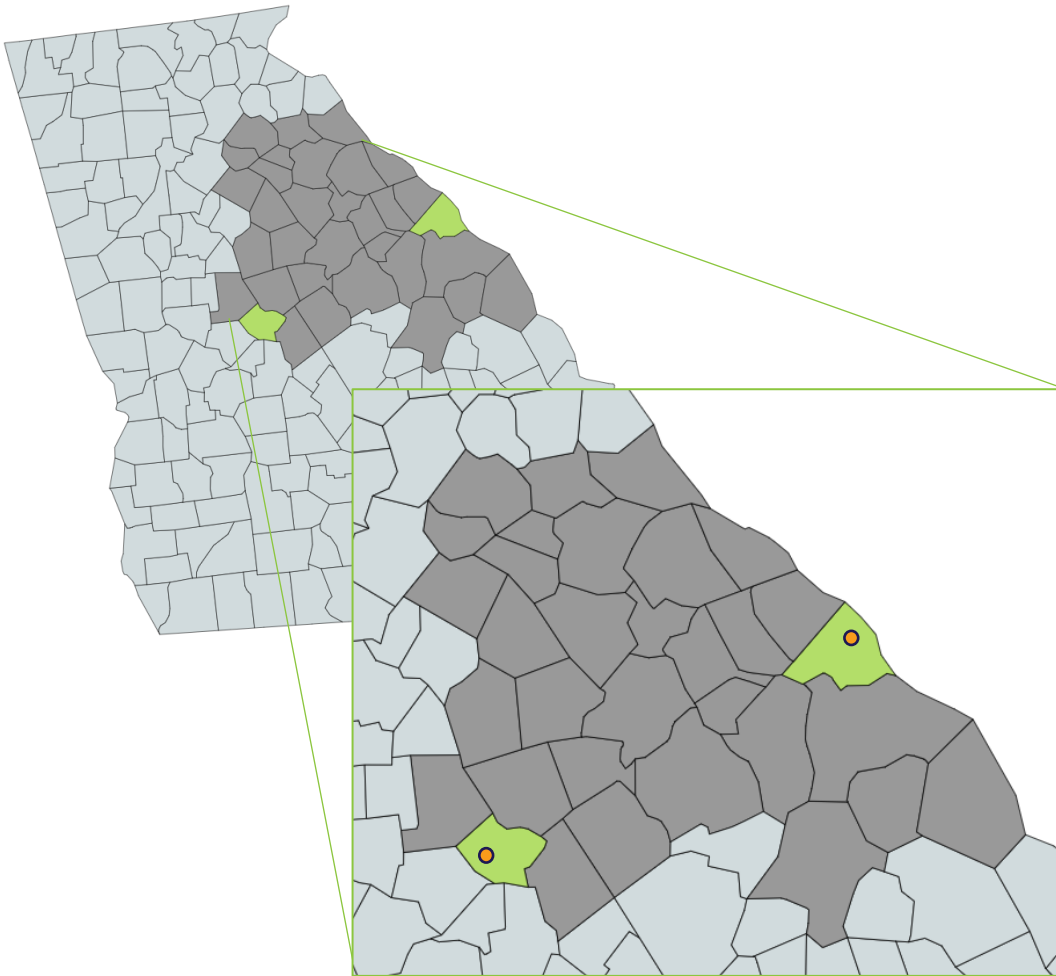
## Two of the 33 counties in Region 2 offers Intensive Outpatient women's services

### Key Takeaway – Intensive Outpatient (Women)

There are two Intensive Outpatient providers for women, located in the southwest corner of Region 2.

### Additional Findings

- River Edge Lifespring, a CSB, in Bibb County:
  - Offers IRT and Transitional Housing services for women
  - Has sustainable funding to continue offering intensive outpatient services
- Hope House offers Intensive Outpatient treatment to women in Richmond County

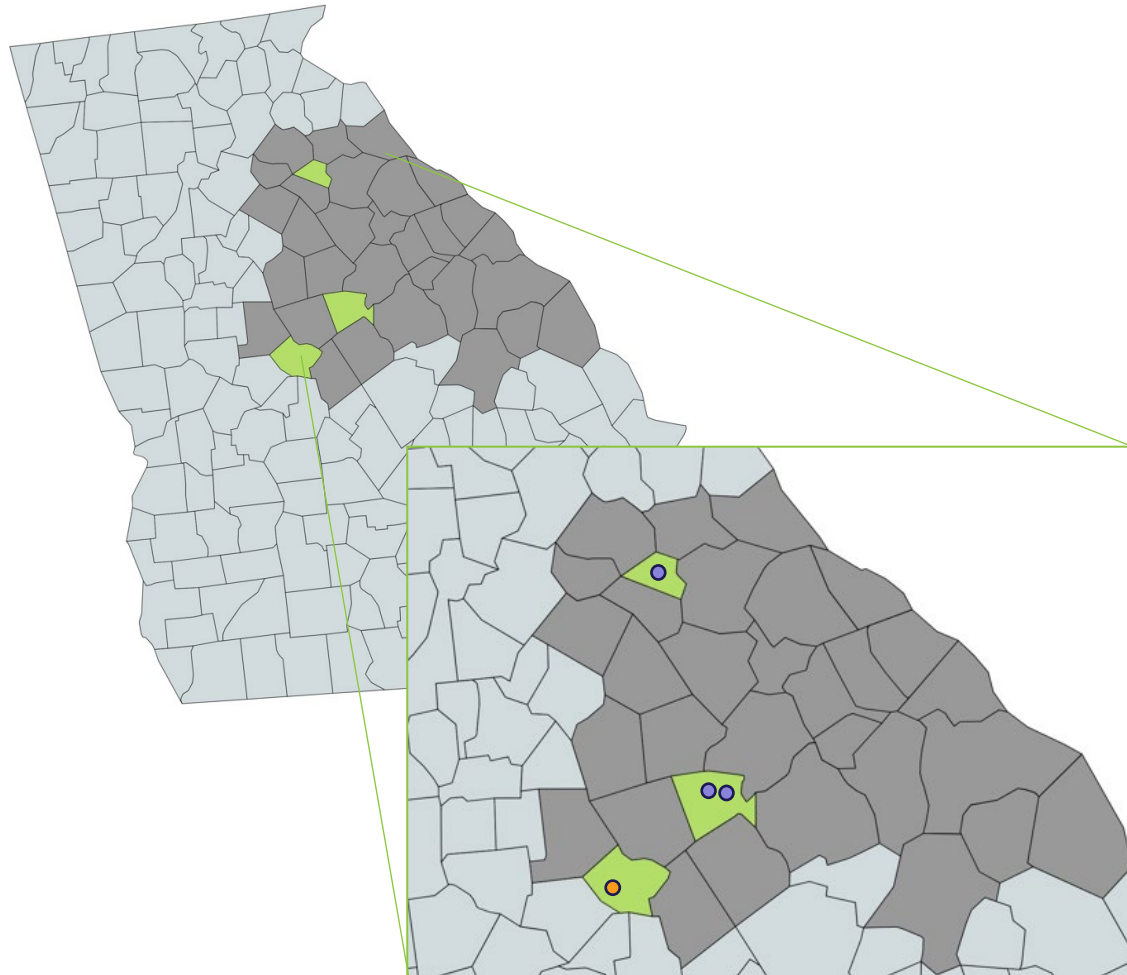


County with Intensive Outpatient (Women) Provider

Intensive Outpatient (Women) Provider



## The four Region 2 Transitional Housing providers are all CSBs concentrated in three counties



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

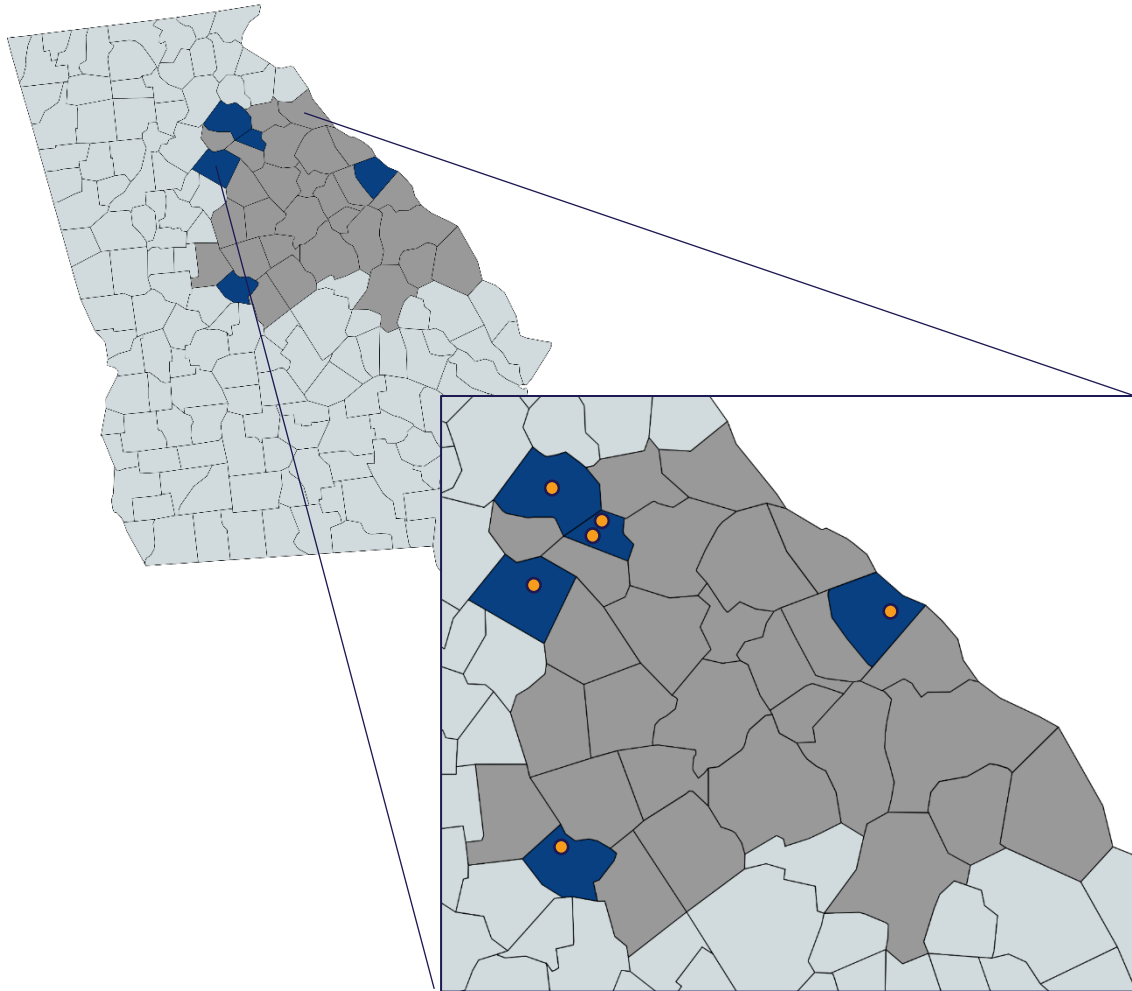
There are four Transitional Housing providers located in three counties in Region 2.

### Additional Findings

- All the Transitional Housing providers in Region 2 are CSBs
- The Transitional Housing provider for men in Clarke County, Advantage Behavioral Health, has some funding sources scheduled to end in 2025, which may impact ongoing capacity
- Oconee Community Service Board provides Transitional Housing programs to both men and women

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

## Six Addiction Recovery Support Centers (ARSCs) currently operate in Region 2



### Key Takeaway – Addiction Recovery Support

The majority of ARSCs in Region 2 are concentrated in the northern area of the region.

### Additional Findings

- All ARSCs indicated they have sustainable funding
- There are no new ARSCs with pending contracts
- There are no ARSCs in the southern portion of region

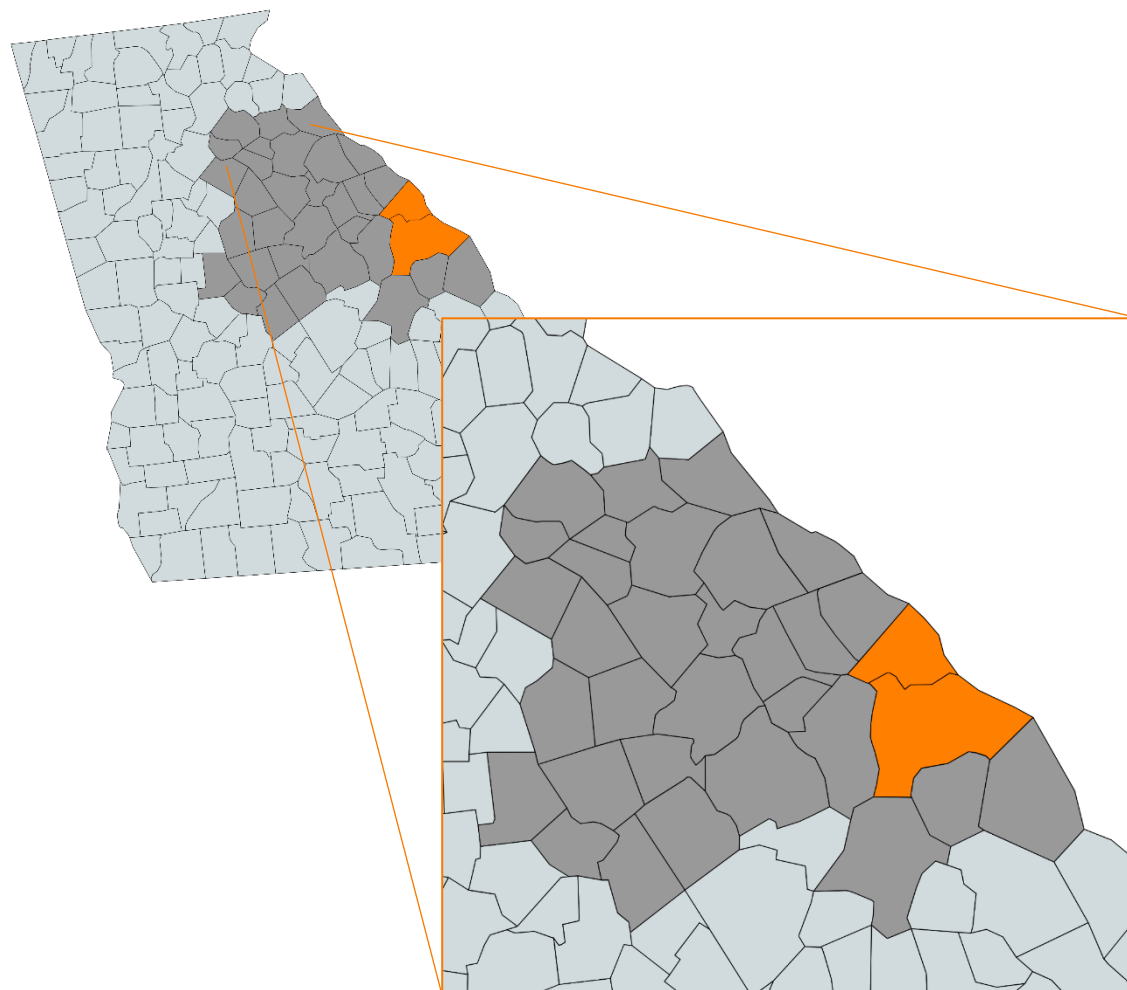


County with ARSC Provider



ARSC Provider

## The Georgia Harm Reduction Coalition Syringe Services Program (SSP) operates two locations across the Region 2



 County with a GA Harm Reduction Coalition SSP Site

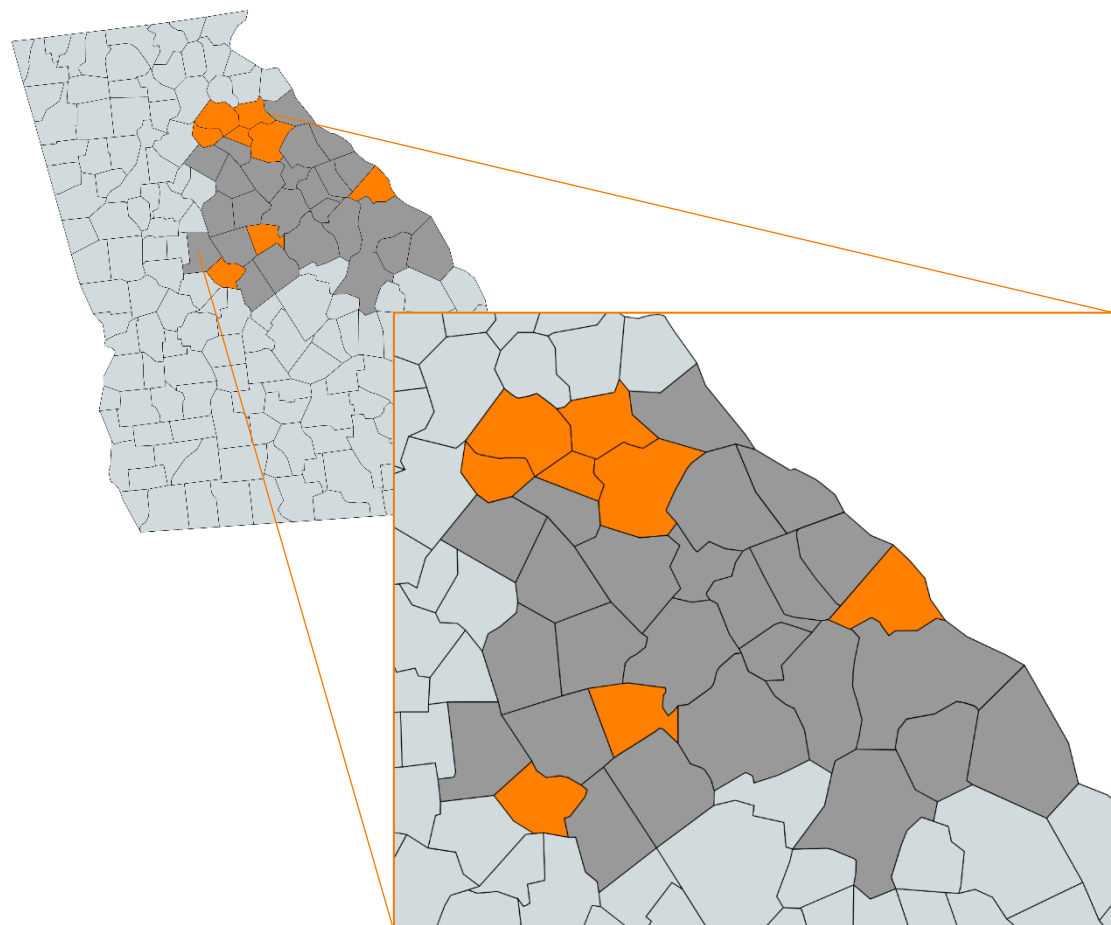
### Key Takeaway

The Georgia Harm Reduction Coalition currently operates two sites across two counties in Region 2.

### Additional Findings

- Since contract initiation, the Georgia Harm Reduction Coalition has focused on increasing the SSP capacity and the number of locations offering harm reduction services
- In addition to syringe exchange, the SSP sites provide hygiene kits, condoms, fentanyl test strips, xylazine test strips, and Hep-C/HIV testing with referrals to treatment, if necessary.
- Syringe distribution across Region 2 SSP sites since February 2022:
  - Augusta (in Richmond County): 83,950 syringes
  - Waynesboro (in Burke County): 7,000 syringes

## The McKinsey Settlement funds distribution of Naloxone to providers across eight counties in Region 2



### Key Takeaway

Sixteen providers in eight of the 33 counties across Region 2 receive Naloxone as part of the McKinsey Settlement

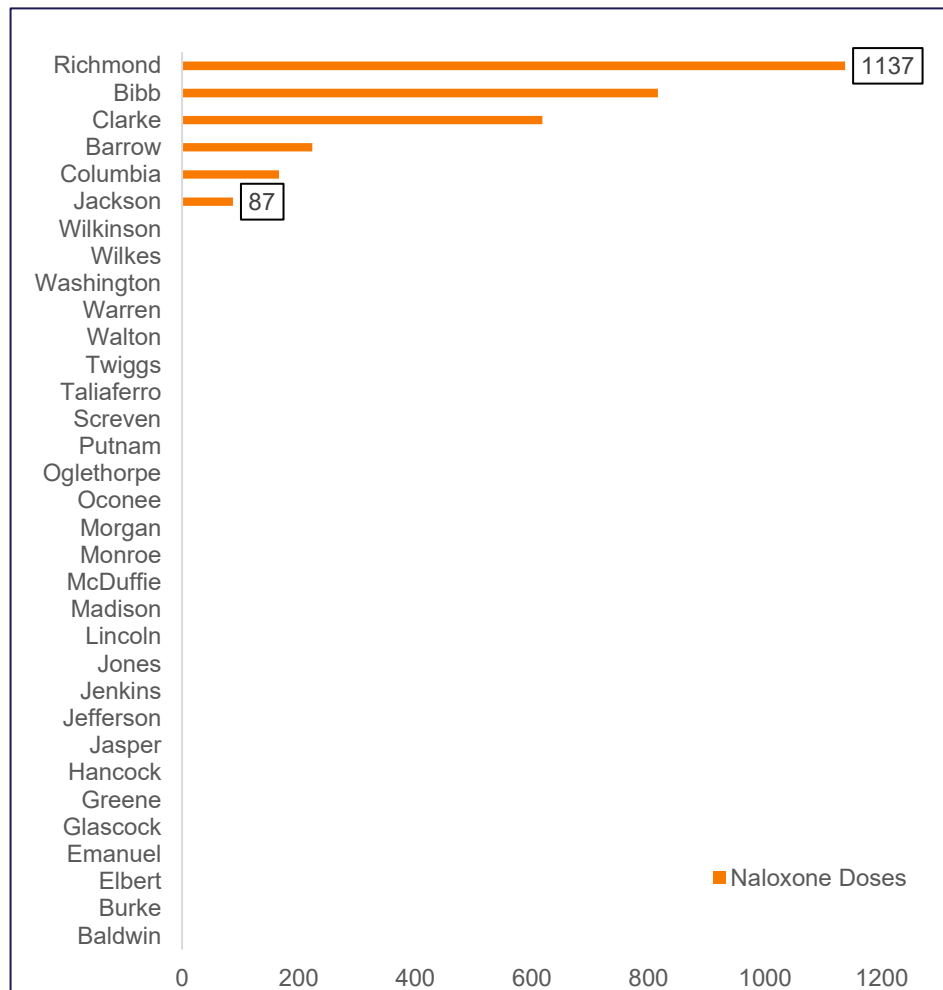
### Additional Findings

- Naloxone distribution in Region 2 is concentrated in the northern tip of the region
- Sixteen providers across Region 2 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 Region 2

 County with a McKinsey Settlement Naloxone Provider

From January 2022 – December 2023, Richmond, Clarke, and Columbia Counties had the highest total number of Naloxone doses administered across Region 2

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



### Key Takeaway

The highest number of Naloxone doses were administered in Richmond County

### Additional Findings

- From January 2022 – December 2023, a total of 3,047 doses of Naloxone were administered in the region
- Each county in the Region administered at least 1 dose of Naloxone from January 2022 – December 2023\*

\*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 2, providers are offering OUD/SUD services across seventeen facilities, and most are operating with a total workforce of less than 20 FTEs

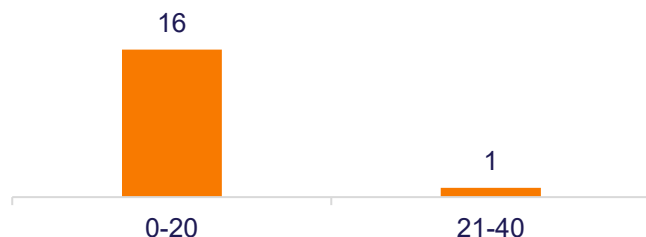
A survey was administered to DBHDD-funded OUD/SUD providers to assess the availability of services across the State of Georgia. Data were collected and analyzed at both the state and regional levels to provide a comprehensive view of the CoC service offerings as well as the corresponding facility staffing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

## Respondent mix



Total no. of facilities = **16**

## Number of facilities by total workforce



## Number of facilities by type of services

MAT/opioid maintenance outpatient programs	6
Intensive residential treatment: women*	3
Addiction recovery support center	4
Intensive residential treatment : men	1
Intensive outpatient (WTRS)	1
Transitional housing - women*	2
Transitional housing – men	1
Stand-alone/residential detox	0

## Key findings

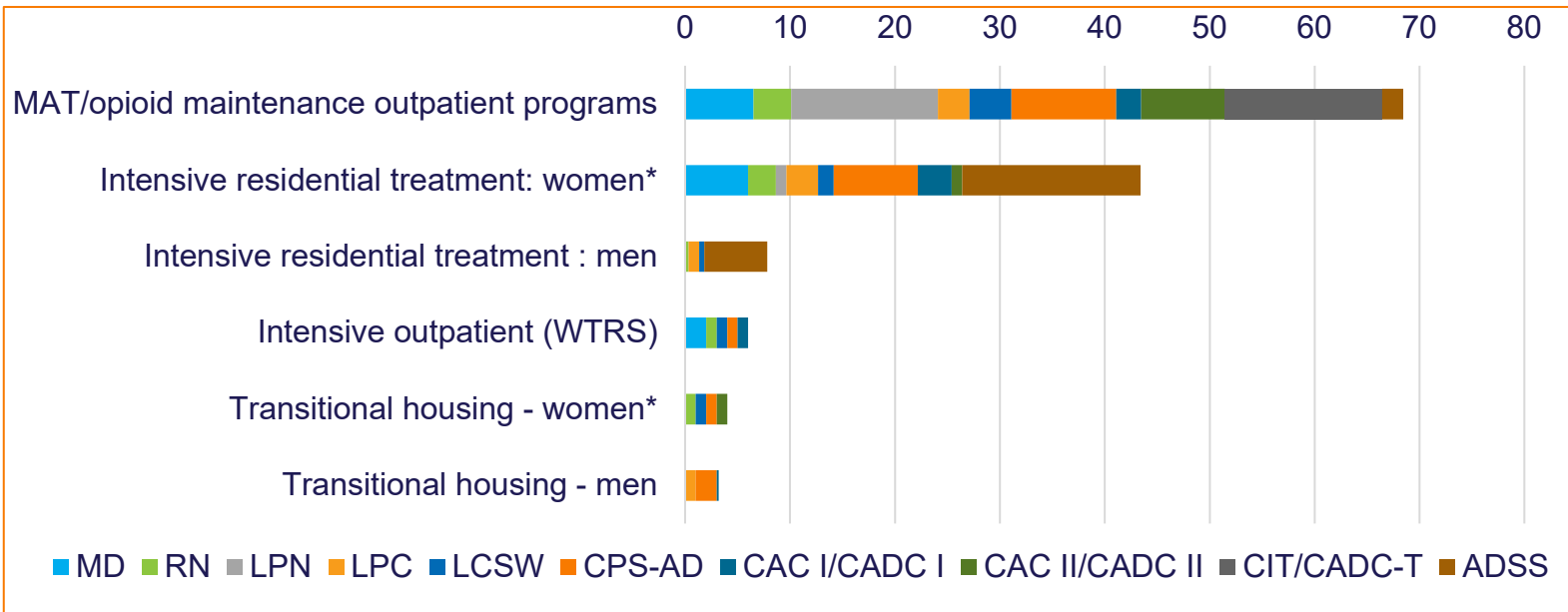
- **MAT programs** and **addiction recovery support** are the most widely offered services, available in **35% and 24%** of the facilities, respectively
- **94%** of the facilities have a **workforce size** ranging from **0-20 individuals**

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

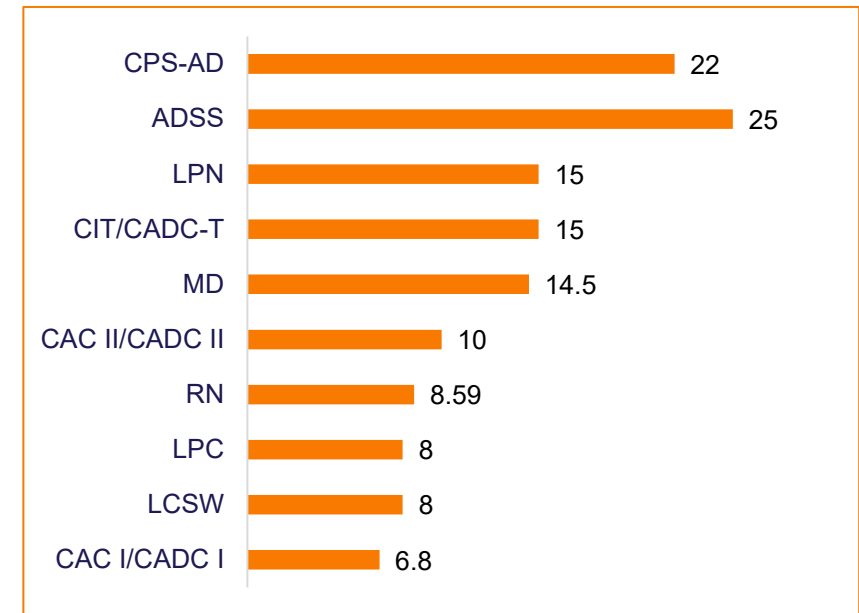
Source : DBHDD OUD/SUD Provider Survey Results as of 12/1/2023.

# In Region 2, the largest number of FTEs offer MAT services and the most common certification across the provider facilities is a CPS-AD

Total workforce for different designations by services



Total workforce by designations across facilities



## Key findings

- **MAT programs** have the largest workforce allocation across various designations, totalling **68.45 individuals**
- Of the providers surveyed, the most common workforce in OUD/SUD facilities are ADSSs, followed by CPS-ADs

# In Region 2, four 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 articulate the differences among the ARSC workforce from other provider types.

### Respondent mix

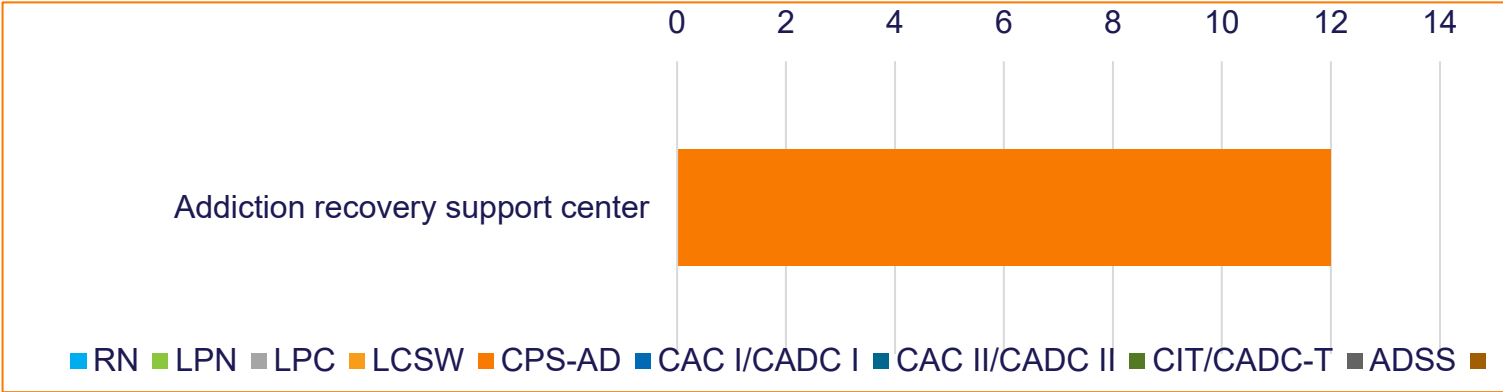


Total no. of facilities = 4

### Total workforce by designations across facilities

CIT/CADC-T	0
CAC II/CADC II	0
CAC I/CADC I	0
LPN	0
CPS-AD	12
RN	0
ADSS	0
LCSW	0

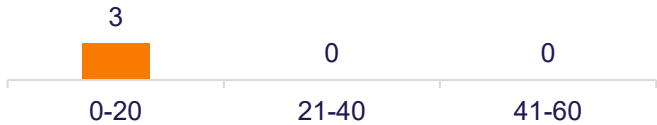
### Total workforce for different designations by services



### Key findings

- Providers have between 3-5 staff members
- There are a total of 6 ARSCs in the region but only 4 indicated in the provider survey response

### Number of facilities by total workforce



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

Footnote: River Edge Behavioral Health did not specify any staffing numbers in their survey response, thus staffing for this provider is not included in the total count in this slide



# Summary of Findings and Gaps

# Certain counties in Region 2 experience higher numbers of opioid overdose deaths and opioid-related ED visits than other counties, with burden concentrated in the White population in the 25 – 34 age group

## Opioid Use Disorder in Region 2

- In 2021 and 2022 Region 2 had an opioid overdose death rate of 21.0, which is the second highest across all the regions and higher than the state average which is 18.1
- From 2018 - 2022, synthetic drug use which includes fentanyl, contributed to the highest number of opioid overdose deaths, totaling 276 deaths in 2022 alone compared to the total deaths from all opioids being 320 in 2022
- In 2022, Richmond County had a total of 82 opioid overdose deaths, which was the highest across all counties in Region 2. Richmond County also had the highest number of opioid-related ED visits, at 233
- While Madison County had the highest death rate across all counties, 50.8 per 100,000 residents, Madison County's rate of BHSS providers, 20.1, is below the regional average rate of 29.6
- Richmond, Clarke and Columbia Counties are ranked amongst the top 10 counties with the highest opioid overdose deaths and growth rates for 2018 and 2022 in Region 2
- Screven County has the highest rate of opioid-related ED visits in the region at 150.2 compared to a regional average of 67.9 and a BHSS provider rate of 14.3 compared to the regional average of 29.6. This indicates that there may be a gap in the availability of resources to residents in this county
- Demographics:
  - In comparison to the other ethnicity groups in the region, which include, African Americans, Hispanics, and Asians, the White population's recorded opioid-related ED visits was more than double that of the other groups
  - Over the 2018 – 2022 timeframe, the 25 - 34 age group consistently had the highest number of opioid-related ED visits across all the age groups for both overall opioid related ED visits and specifically heroin ED visits. This age group also showed a steady increase in the number of individuals that had overall opioid related ED visits from 2018 – 2021, there was a decrease of 81 visits from 2021 – 2022.

The OUD/SUD Continuum of Care providers in Region 2 are geographically spread throughout the region, offering services to a less dense population compared to Regions 1 and 3

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

#### Availability of Services

- There are **Prevention** programs offering primary prevention services across eleven counties in Region 2
- Bibb County has providers offering services across all of the **Treatment** categories with the exception of SAIOP
- Recovery: There are currently six Addiction Recovery Support Centers offering **Recovery** services across the following counties: Jackson, Clarke, Walton, Columbia, and Bibb counties
- Between Richmond and Burke counties, there were 83,950 and 7,000 syringes distributed respectively to aid in **Harm Reduction** efforts
- Primary Prevention projects are offered through four different college programs across the following counties: Oconee, Clarke, Baldwin, and Bibb

#### Gaps in Services

- Bibb County is the only county in Region 2 offering Intensive Outpatient services to women
- There are a total of six Addiction Recovery Support Centers, the majority of centers are located in the northwestern corner of the region, indicating a potential gap throughout the middle and south of the region. As of November 2023 there are no new ASRCs under contract for Region 2.
- There are a total of 17 counties within Region 2 that do not have any DBHDD funded providers, indicating a potential gap for available resources and services for residents living in the middle part of the region
- Region 2 has limited Residential Treatment service offerings; there are no Intensive Residential Treatment providers for transition aged youth, Independent Treatment for either gender, and there are only providers offering Semi-independent Treatment to men
- There are no Stand Alone Detox Centers located in Region 2 and no providers offering SAIOP treatment services
- Bibb County has the highest rate of opioid-related ED visits for men while Screven County has the highest rate of ED visits for women. Screven County does not have any treatment services dedicated to women which may be associated with that population having immediate access to recovery and treatment needed.

# 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.

# Richmond County Vulnerability Analysis

# Region 2 vulnerability analysis with all zip codes

Zip codes of populations by scenario in Richmond County

Zip Code	Four scenario types				Number of scenarios
	Medically Underserved	Housing Unstable	Socially Marginalized	Economically Marginalized	
30901	■	■	■	■	4
30904	■	■	■	■	4
30906	■	■	■	■	4
30909	■	■	□	■	3
30815	□	□	□	■	1
30813	□	□	□	□	0
30905	□	□	□	□	0
30907	□	□	□	□	0

**Key observations of social determinants:**

**Medically Underserved:** 4 out of 8 in-scope zip codes in Richmond 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:** 3 out of 8 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

**Economically marginalized:** 5 out of 8 in-scope zip codes in Richmond 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:** 4 out of 8 in-scope zip codes in Richmond County have below average median incomes and above average shares of households being renters, households with homes built in 1959 or earlier, and above average unemployment rates.

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

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

# Provider Locations

# Region 2 Providers and Services

<b>Prevention Providers</b>	
<i>Project Name</i>	<i>Service Location</i>
Partners in Prevention Project	Burke County Middle School
Partners in Prevention Project	Clifton Ridge Middle School
Partners in Prevention Project	W.S. Hornsby Middle School
Partners in Prevention Project	4th and 5th Grade Students at Dr. Martin Luther King Middle School Bibb County Extracurricular Groups ages 9-20 years old Parents of Students receiving Botvin Life Skills Curriculum
Partners in Prevention Project	Middle School and High School Students in Taliaferro County
Partners in Prevention Project	Jenkins County Middle/High School
Partners in Prevention Project	Madison Middle School and Madison Middle Extracurricular Groups
Latin X Behavioral Health Initiative	University of North Georgia
College of Prevention Project Expansion	University of Georgia
College of Prevention Project Expansion	Georgia College
College of Prevention Project Expansion	Mercer University
SOR Adopt-A-School	Tutt Middle School (Augusta, GA)
The Council on Alcohol and Drugs, Inc. (Jackson and Clarke Co.)	270 Peachtree Street NW, Suite 2200, Atlanta, GA 30303
SPF Suicide Prevention Project	Columbia, Richmond, and Jones Counties

## Region 2 Providers and Services

### Prevention Providers continued

<i>Project Name</i>	<i>Service Location</i>
SOR Sources of Strength Project	272 N 5th Ave Winder, GA 30680
SOR Sources of Strength Project	1070 Anthony Road Macon, GA 31204
SOR Sources of Strength Project	2155 Napier Avenue Macon, GA 31204
SOR Sources of Strength Project	6400 Forsyth Road Macon, GA 31220
SOR Sources of Strength Project	1095 Good Hope Rd Monroe, GA 30655
SOR Sources of Strength Project	3305 Highway 78 Loganville, GA 30052
SOR Sources of Strength Project	300 Double Springs Church Rd Monroe, GA 30656



# Region 2 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>
Advantage Behavioral Health	250 Bray Street Athens, Georgia 30601	Clarke	30601	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Advantage BHS Community Service Board	195 Miles Street Athens, GA 30601	Clarke	30601	Intensive Residential Treatment: Men
Hope House	2205 Highland Avenue Augusta, GA 30904	Richmond	30904	Intensive Residential Treatment: Men
Oconee Community Service Board 2	900 Barrows Ferry Roads Milledgeville, GA 31061	Baldwin	31061	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Oconee Community Service Board 3	1860 Irwinton Road Milledgeville, GA 31061	Baldwin	31061	Residential Treatment: Men - Semi Independent
Ogeechee Community Service Board/Middle GA Community Service Board	207 North Anderson Drive Swainsboro, GA 30401	Emanuel	30401	Residential Treatment: Men - Semi Independent
River Edge Community Service Board	1243 First Avenue Macon, GA 31204	Bibb	31204	Intensive Residential Treatment: Men
River Edge Lifespring	5113 College Crossing Dr. Macon, GA 31206	Bibb	31206	Intensive Residential Treatment: Women (WTRS and non-WTRS)

# Region 2 Providers and Services

OTP/MAT Providers							
Provider	Address	Zip Code	County	OTP (State and Federal Funded Providers)	OTP (MAT Medicaid Providers Only)	MAT-Office based Treatment Non-OTP Based Treatment	Non-Funded Self-Pay Only OTP Providers
Alliance Recovery Center - Athens DM and ADR, Inc.	119 Sycamore Dr, Athens, GA, 30606	30606	Clarke	X			
Medicine Wheel Clinic	1710 Commerce Road, Athens, GA, 30629	30629	Madison	X			
New Start - Mville, LLC	85 Auburn Park Drive, Auburn, GA, 30011	30011	Barrow	X			
	1211 N. Columbia Drive, Millegdeville, GA, 31061	31061	Baldwin	X			
Alliance Recovery Center - Athens DM and ADR, Inc.	119 Sycamore Dr, Athens, GA, 30606	30606	Clarke		X		
Georgia Treatment Services, LLC	1710 Commerce Road, Athens, GA, 30629	30629	Madison		X		
	6321 Hawkinsville Road, Macon, GA, 31216	31216	Bibb		X		
The Genesis Center of Winder MC	206 E Broad St, Winder, GA, 30680	30680	Barrow		X		
HealthQwest Frontiers - Macon	890 Northwoods Plaza, Macon, GA, 31204	31204	Bibb		X		
Advantage Behavioral Health Services	250 North Avenue, Athens, GA 30601	30601	Clarke			X	
River Edge Behavioral Health	175 Emery Highway Macon, GA 31217	31217	Bibb			X	
Serenity Behavioral Health	421 Mike Padgett Highway, Augusta, GA. 30906	30906	Richmond			X	
Augusta Metro Treatment Center	2357 Tobacco Rd., Augusta, GA, 30906	30906	Richmond				X
Robert W. Dail Memorial Treatment Center	734 Hospital Road, Commerce, GA, 30529	30529	Jackson				X
Treatment Center of Augusta	4158 Washington Road Suite #4, Evans, GA, 30809	30809	Columbia				X
Trinity Treatment Center, Inc.	1221 Newberg Avenue, Macon, GA, 31206	31206	Bibb				X
Walton County Treatment Center	3543 Highway 81, Loganville, GA, 30052	30052	Walton				X

# Region 2 Providers and Services

## Intensive Outpatient (Women) Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
River Edge Lifespring	5113 College Crossing Dr. Macon, GA 31206	Bibb	31206
Hope House	2205 Highland Avenue Augusta GA, 30904	Richmond	30904

## Transitional Housing Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Housing Type</i>
Advantage Behavioral Health	250 Bray Street Athens, Georgia 30601	Clarke	30601	Transitional Housing: Men, Transitional Housing: Women (WTRS and non-WTRS)
Oconee Community Service Board 1	450 West Franklin Street Milledgeville, GA 31061	Baldwin	31061	Transitional Housing: Men, Transitional Housing: Women (WTRS and non-WTRS)
Oconee Community Service Board 2	900 Barrows Ferry Roads Milledgeville, GA 31061	Baldwin	31061	Transitional Housing: Men, Transitional Housing: Women (WTRS and non-WTRS)
River Edge Lifespring	5113 College Crossing Dr. Macon, GA 31206	Bibb	31206	Transitional Housing: Women (WTRS and non-WTRS)

## Region 2 Providers and Services

### Addiction Recovery Support Centers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Existing or New Location</i>
Divas Who Win Freedom Center	645 Hawthorne Ave, Athens, GA 30606	Clarke	30606	Existing
Focus on Recovery - Augusta	3711 Executive Center Dr. ste. 101, Martinez, GA 30907	Columbia	30907	Existing
Macon Recovers	595 Wimbish Rd, Macon, GA 31210	Bibb	31210	Existing
People Living in Recovery (PLR)	115 Sycamore Dr, Athens, GA 30606	Clarke	30606	Existing
Recovery Empowerment Building Opportunities of Teamwork Jackson (REBOOT Jackson)	102 Recovery Path, Jefferson, GA 30549	Jackson	30549	Existing
Walton Empowers, Inc	700 Breedlove Road Monroe, GA. 30655	Walton	30655	Existing

# Region 1 Providers and Services

<b>Harm Reduction Providers</b>	
<i>SSP Locations</i>	<i>Syringes distributed</i>
Augusta (Richmond)	83,950
Waynesboro (Burke)	7,000

<b>Harm Reduction Providers</b>	
<i>Naloxone Distribution Provider</i>	<i>Counties</i>
10 Northeast (Athens)	Clarke
5-2 North Central (Macon)	Bibb
6 East Central (Augusta)	Richmond
Advantage BH	Barrow
Alliance Recovery Athens	Clarke
Connections	Jackson
Divas Who Win Freedom Center	Clarke
DMandADR	Madison
Macon Recovers	Bibb
New Seasons	Oglethorpe
Oconee CSB	Baldwin
People Living in Recovery	Clarke
REBOOT Jackson	Jackson
Region 2 Benchmark Human Services	N/A
Serenity BH	Richmond
Walton Empowers	Barrow

# 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>