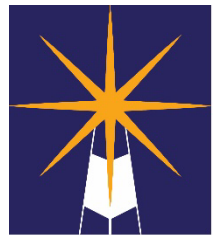


Opioid Use Disorder Continuum of Care Region 3 Assessment Report



D·B·H·D·D

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

January 22, 2024

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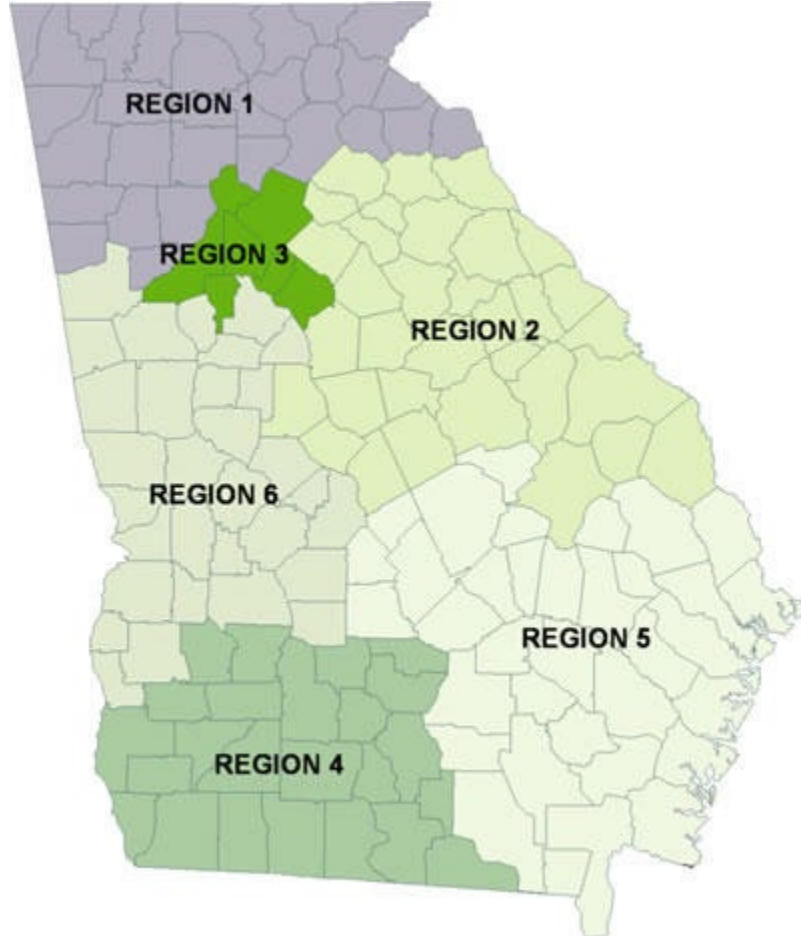
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Executive Summary

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



Region 3

- Region 3 covers the metro Atlanta area and includes the following six counties:
 - Clayton
 - DeKalb
 - Fulton
 - Gwinnett
 - Newton
 - Rockdale

While Region 3 offers services across all the CoC service types, there has been a rise in the overall opioid burden affecting the population across all demographics

- The city of Atlanta is located in Region 3, thus the population is dense and may be a contributing factor to the high numbers of opioid overdose deaths. In 2022, there were 192 opioid overdose deaths in Fulton County alone, which was the highest across Region 3.
- From 2018 to 2022, Region 3 experienced a 321% increase synthetic opioid overdose deaths compared to a 75% decrease in heroin opioid overdose deaths.
- Due to Region 3's diverse population there is an increased number of opioid overdoses within the minority population compared to other regions; the African American and White populations had the highest number of opioid overdose deaths from 2018 to 2022 at 806 and 1,023 respectively.
- The total number of deaths continued to rise across all age groups across a five-year span. From 2018 to 2022, there were a total of 1,391 synthetic opioid related deaths compared to a total of 394 heroin related deaths. Over the same five-year span, the 20 to 24 age group saw the largest percent increase in deaths (150%).
- 17% of zip codes in Gwinnett County are experiencing higher social determinant vulnerabilities. Specifically regarding medical access, 69% of zip codes with large amounts of the population that do not have health insurance or Medicaid.
- Across the Continuum of Care:
 - Prevention services and programs are being offered and available in each county in Region 3
 - There are treatment services being offered in at least 2 counties in each service area with the exception of transitional housing which only has two providers in DeKalb County. Region 3 also has three of the four stand alone detox centers in the state.
 - There are currently six Addiction Recovery Support Centers (ARSC) with expansion plans underway; there is a pending contract for a center in Gwinnett County.
 - Harm Reduction efforts are active across Fulton, DeKalb, Gwinnett, Clayton and Rockdale Counties through naloxone distribution from the McKinsey settlement and syringe exchange programs offered by the Georgia Harm Reduction Coalition.
- Some gaps in services remain in Region 3:
 - Newton County is the only county in Region 3 without and ARSC.
 - There are only three providers offering Independent Residential Treatment, which is less compared to other types of Residential Treatment services.
 - Newton County is currently not receiving any harm reduction aid from the Georgia Harm Reduction Coalition nor the McKinsey settlement funds.

Background Information

Overview of the Opioid Continuum of Care assessment reports

Background

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

Objectives

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

Assessment Inputs

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

Approach to developing the assessment reports

Approach

1 Understand OUD burden

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

2 Compile current state CoC data

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

3 Identify gaps

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

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

Considerations

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

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

Prevention

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

Treatment

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

Recovery

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

Harm Reduction

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

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

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

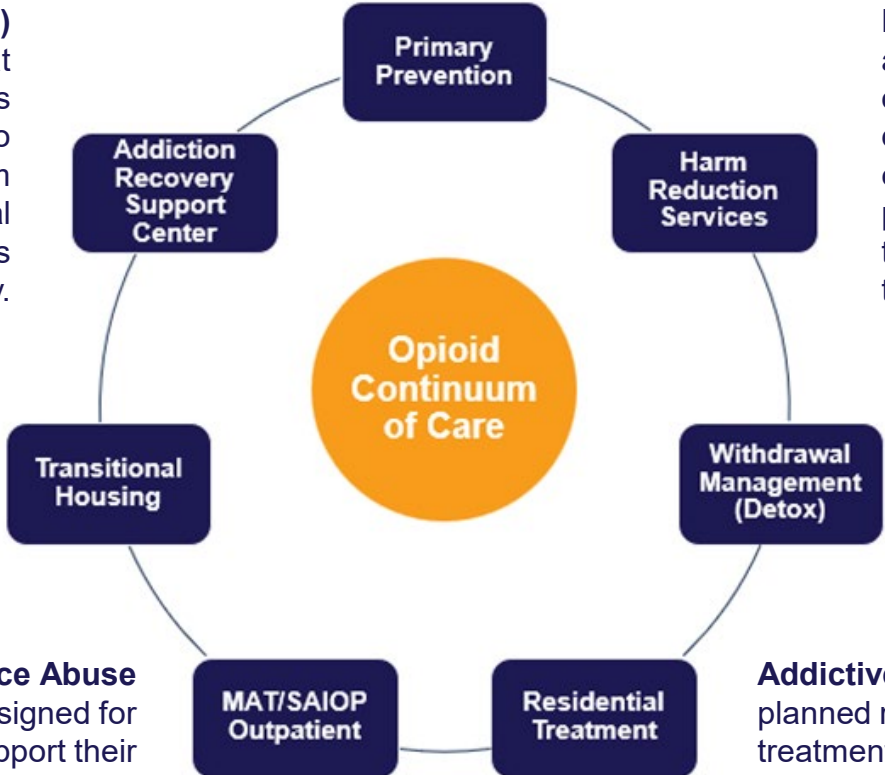
DBHDD's proposed Opioid Use Disorder Continuum of Care Model includes seven components

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.

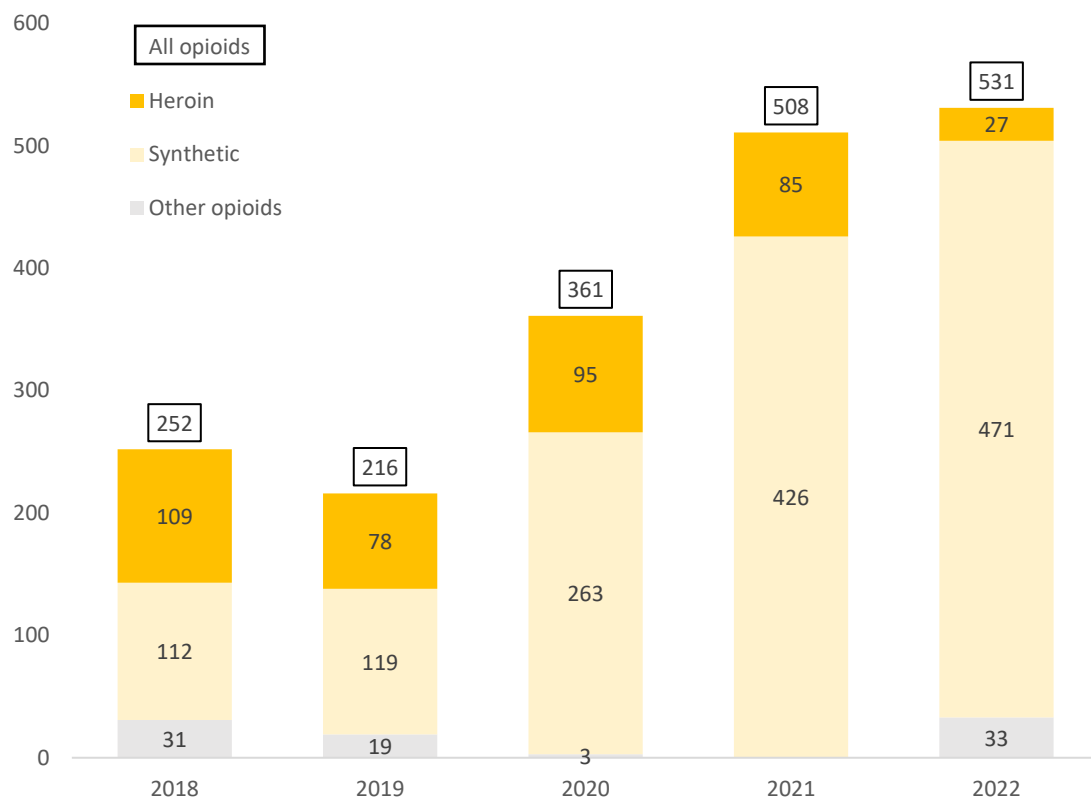
Addictive Diseases Residential Service provides a planned regimen of 24-hour observation, monitoring, treatment, and recovery supports for individuals who require a supportive and structured environment due to OUD. There are varying levels of care which include step-down models, intensive, semi-independent 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 deaths from opioid overdose in Region 3 more than doubled, with significant growth of synthetic opioid related deaths

Total overdose deaths for all opioids in Region 3, 2018-2022



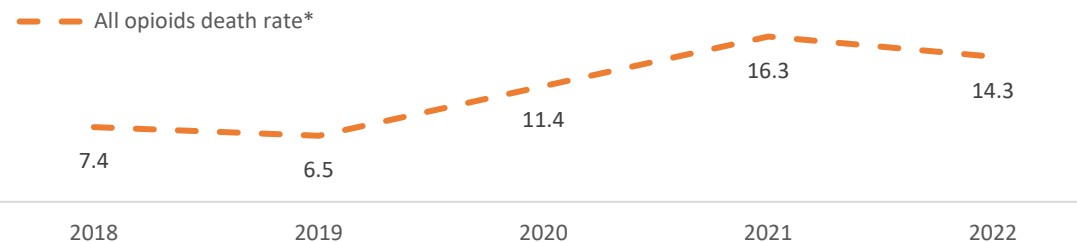
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. 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 overdose deaths in Region 3 totaled 531**, representing a rate of 14.3 per 100,000 residents
 - ▶ Overall, deaths increased 111% from 252 in 2018
 - ▶ On average, deaths increased at a compound annual growth rate of 20.5%
- ▶ **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 112 to 471
 - ▶ This represents an overall increase of 321% and a compound annual growth rate of 43.2%
- ▶ **Heroin** is a specific type of opioid drug. From 2018 to 2022, heroin drug overdoses decreased from 109 to 27.
 - ▶ This represents an overall decline of 75% and an average annual decrease of 29.5%

Rate of opioid overdose deaths in Region 3, 2018-2022

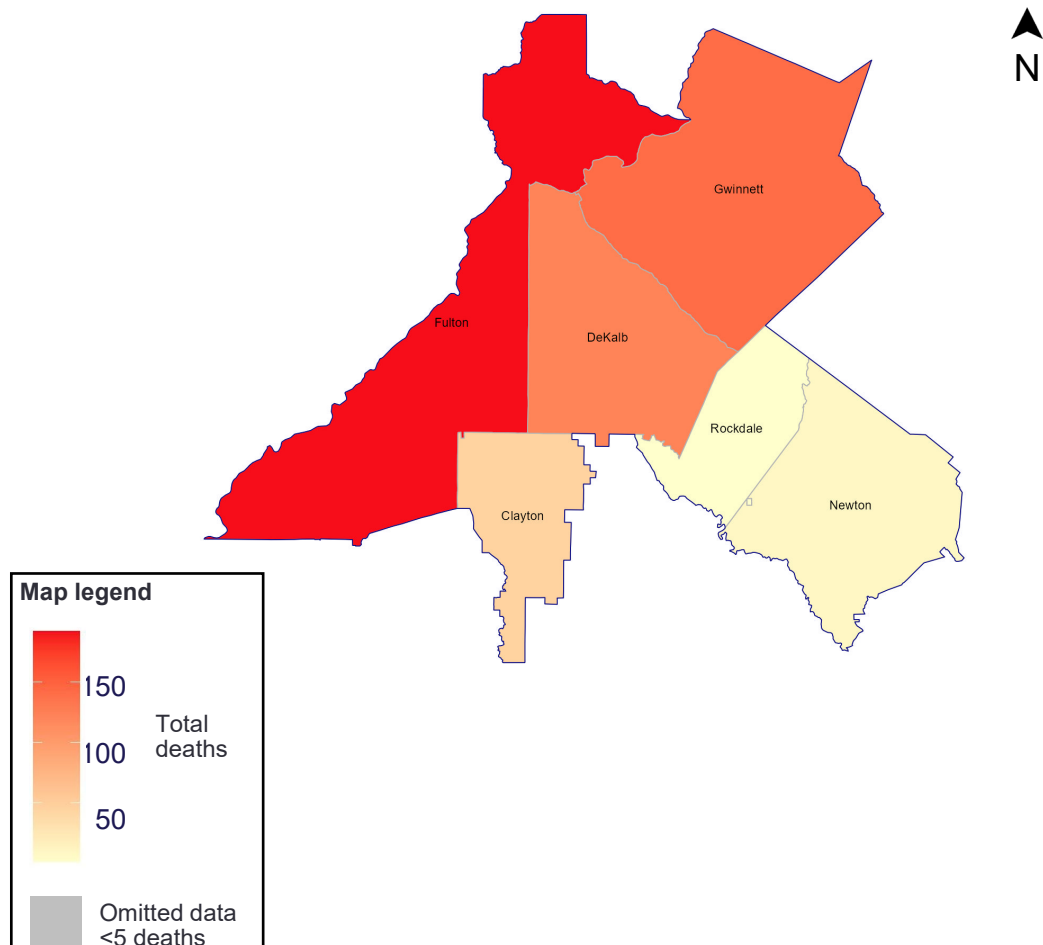
per 100,000 residents



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

Half of the counties in Region 3 each experienced more than 100 total deaths from opioid overdose in 2022

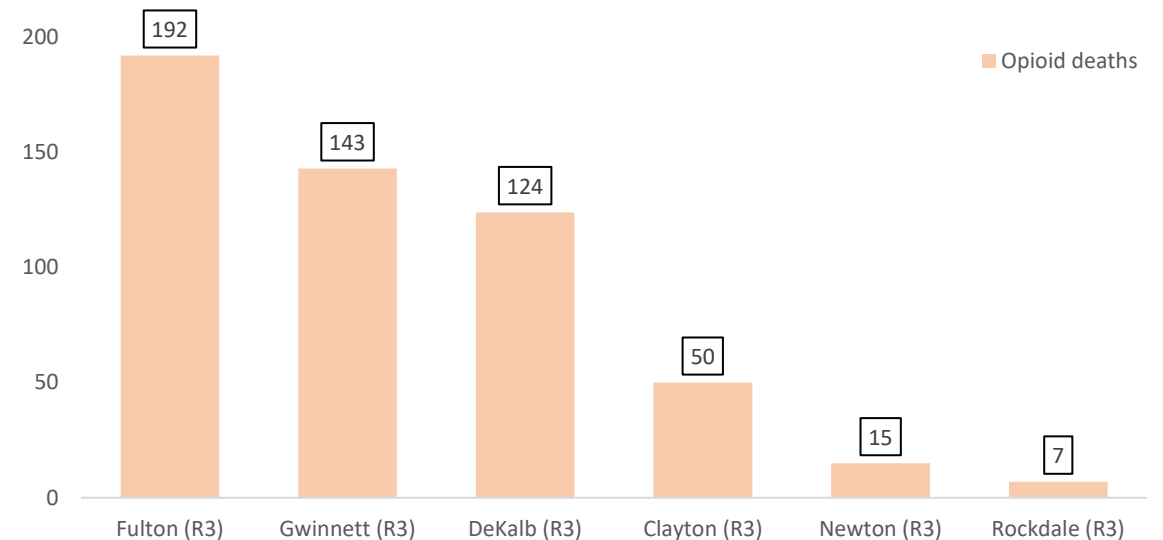
Map of total opioid overdose deaths by county in Region 3, 2022



Key findings

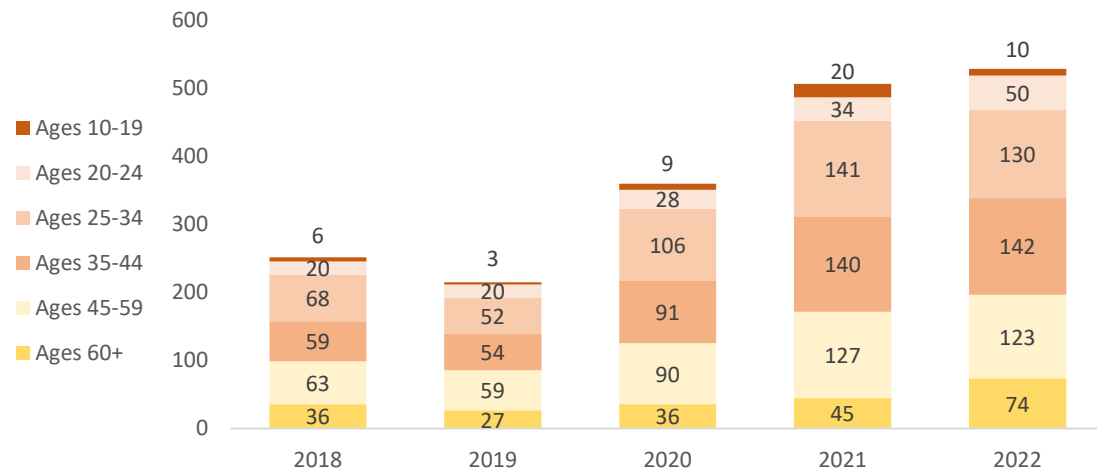
- ▶ In 2022, the **top five counties with the largest total number of opioid-related deaths in Region 3** were Fulton (192), Gwinnett (143), and DeKalb (124), Clayton (50), and Newton (15)
- ▶ The largest number of deaths occurred in counties with some of the largest population sizes in the region

Opioid overdose deaths by county in Region 3, 2022

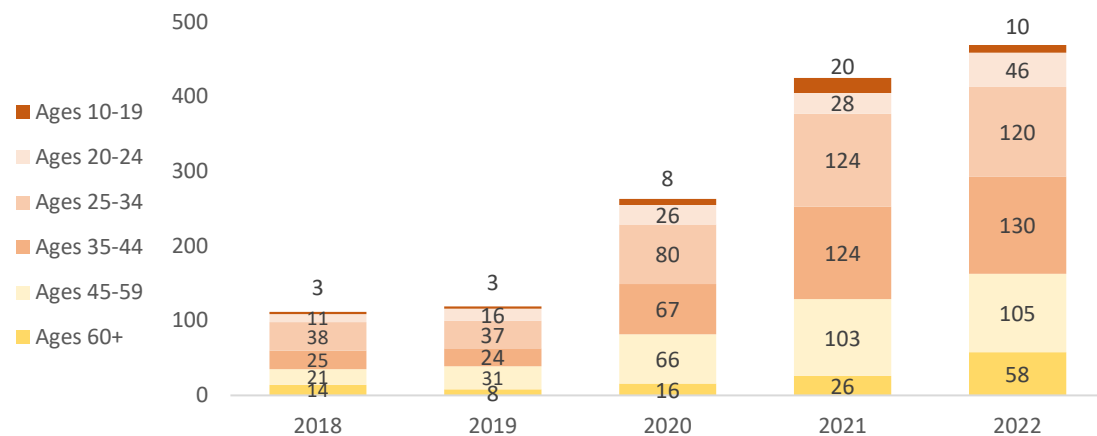


Total opioid overdose deaths in Region 3 increased across all age groups from 2018 to 2022, with the largest percent increase among ages 20 to 24

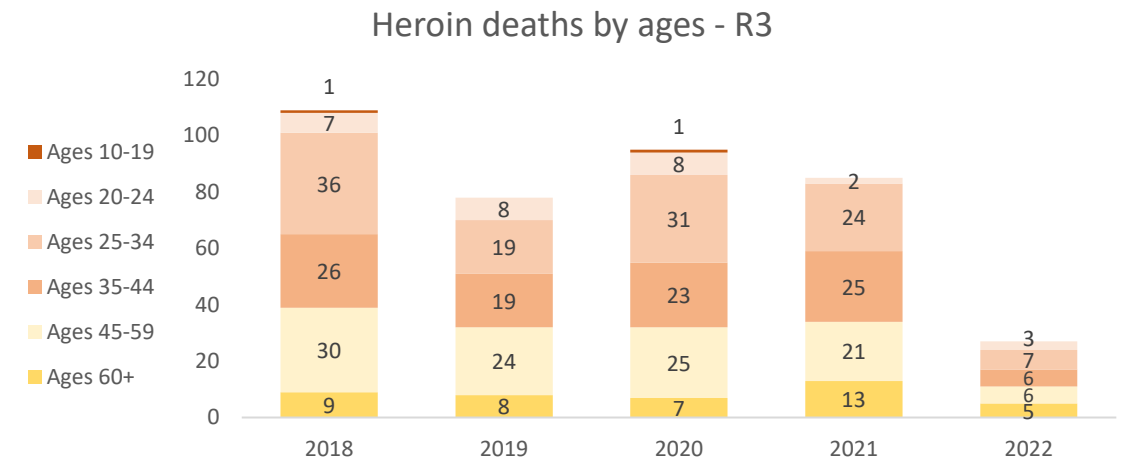
Total opioid overdose deaths by select age groups



Synthetic opioid overdose deaths by select age groups*



Heroin opioid overdose deaths by select age groups



Key findings

- ▶ Opioid overdose deaths increased for all age groups shown from 2018-2022
 - ▶ The subset of deaths by synthetic opioid overdose increased for all age groups, while heroin overdose deaths decreased for all age groups
- ▶ Ages 20-24 saw the largest percent increase (150%) in total opioid overdose deaths from 2018 to 2022. For this age group, deaths from synthetic opioid overdoses increased 318%.
- ▶ From 2018-2022, opioid overdose deaths increased 141% for ages 35-44 and 106% for ages 60+

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

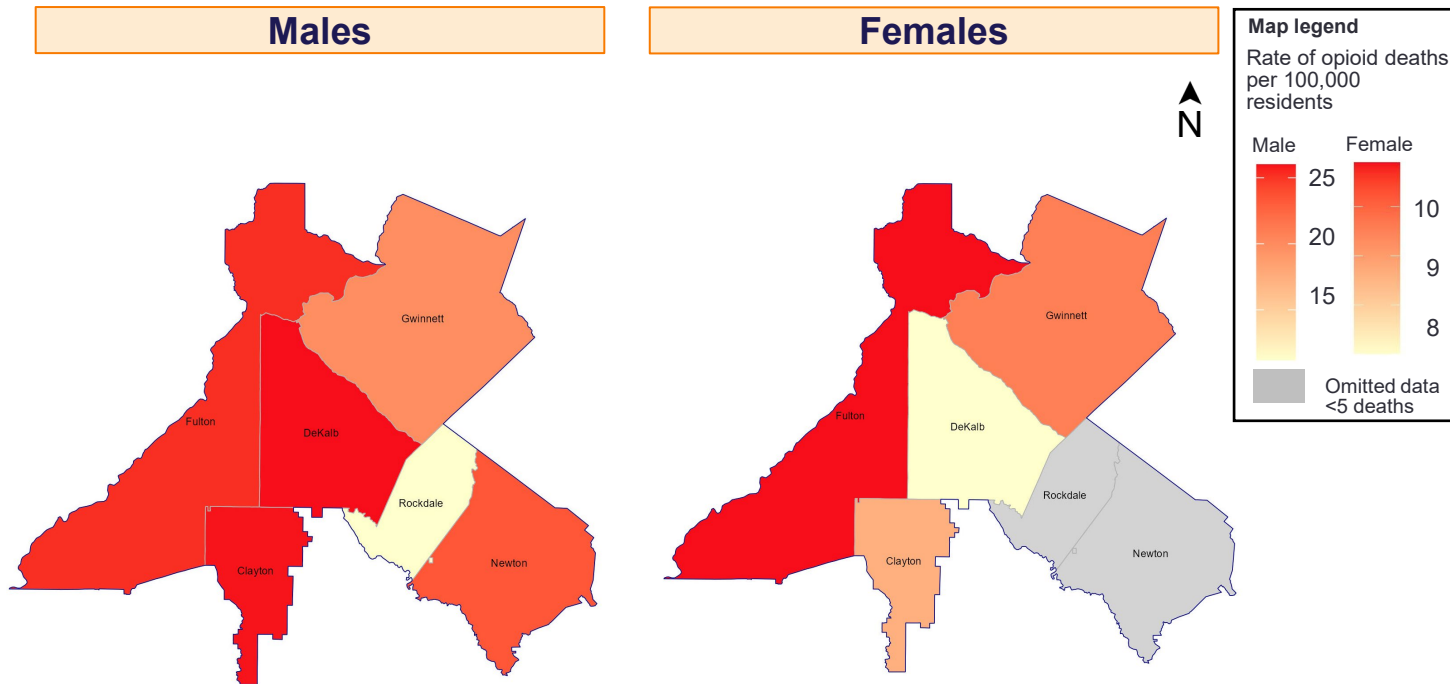
Notes: Data labels are not shown for years where there were no deaths for select age groups. Deaths for ages 0-9 totaled less than 10 during the five-year period and are not shown.

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

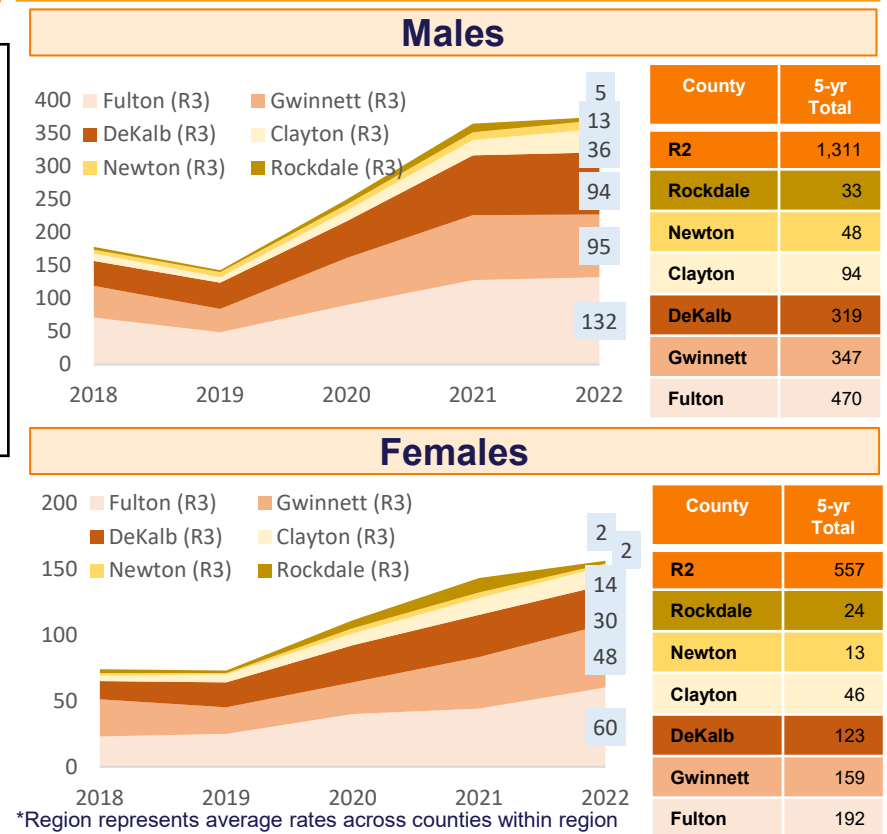
The rate of opioid deaths among males and females in Region 3 has increased at similar rates over the last five years in Region 3

Map of rates of opioid deaths by county, 2022

per 100,000 residents



Opioid deaths by county, 2018-2022

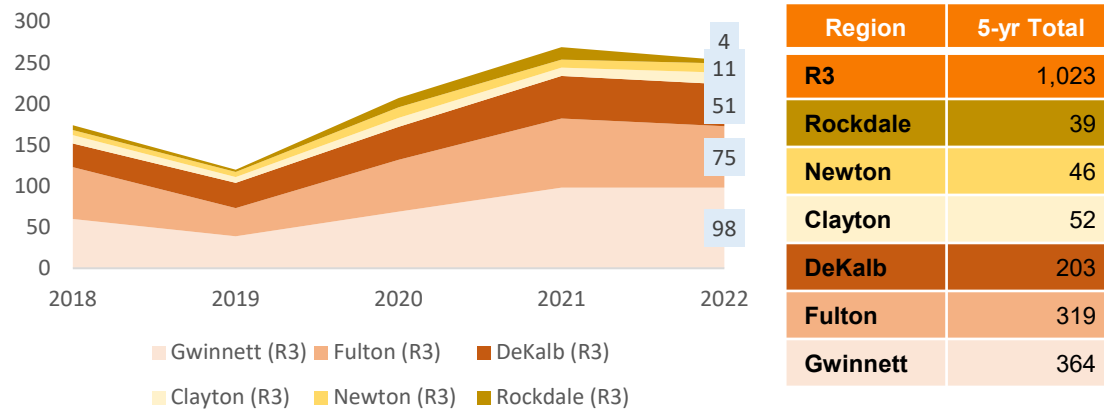


Key findings

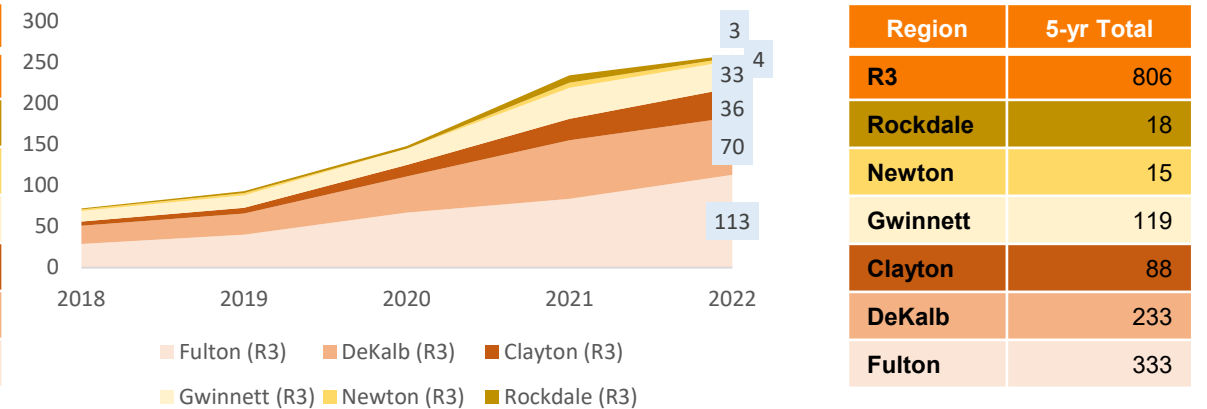
- ▶ Across Region 3, opioid deaths among males increased from 178 in 2018 to 375 in 2022, representing a compound annual growth rate of 20%. Fulton County had the most male opioid related deaths during the five-year timeframe (470), followed by Gwinnett County (347)
- ▶ Across Region 3, opioid related deaths among females increased from 74 in 2018 to 156 in 2022, representing a compound annual growth rate of 20%. Fulton County had the most opioid deaths among females during the five-year timeframe (192), followed by Gwinnett County (159)

Over the five-year period, the White and Black/African American population in Region 3 experienced the largest total numbers of opioid overdose deaths compared to other racial and ethnic groups

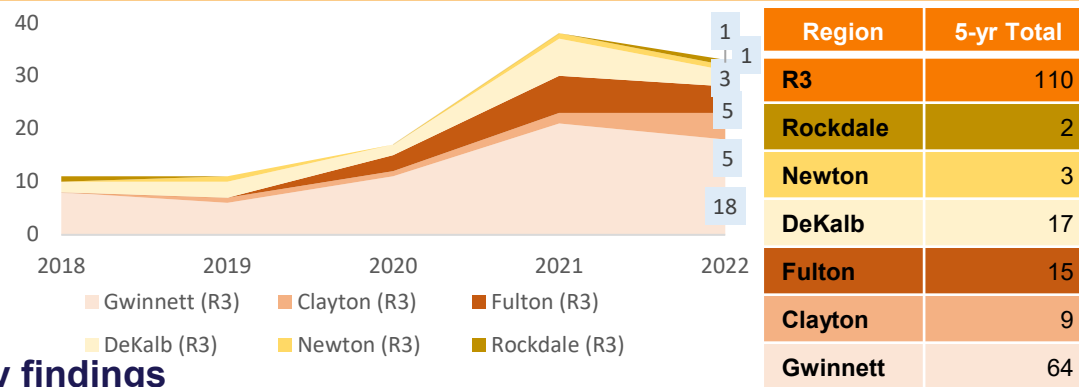
Opioid deaths for the White population, 2018-2022



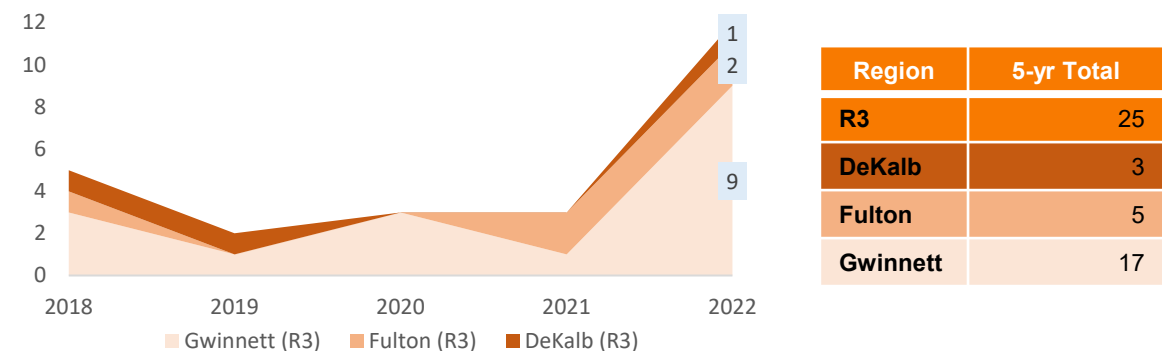
Opioid deaths for the Black or African-American population, 2018-2022



Opioid deaths for the Hispanic population, 2018-2022



Opioid deaths for the Asian population, 2018-2022



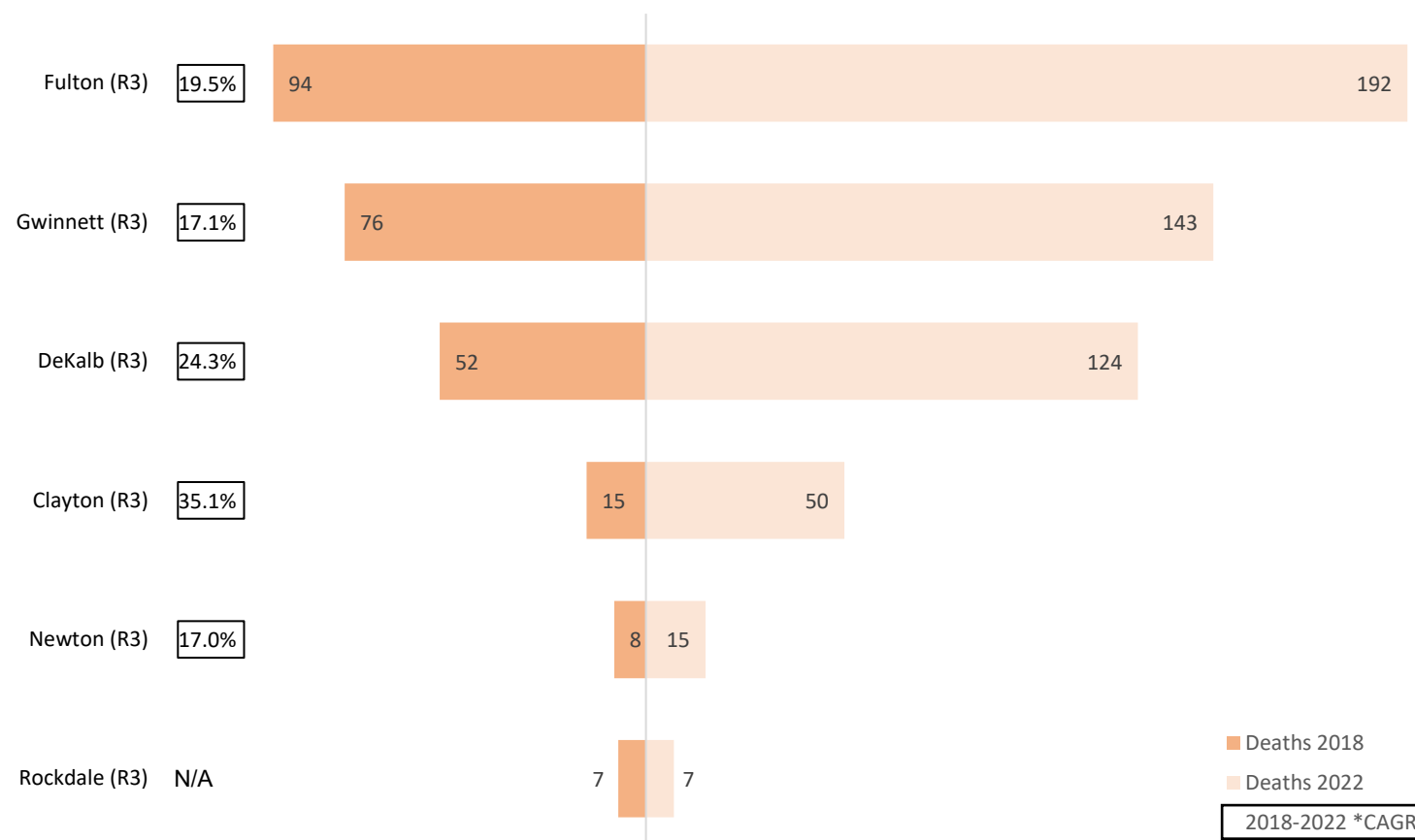
Key findings

- ▶ From 2018 to 2022, opioid deaths totaled 1,023 for the White population, 806 for the Black or African-American population, 110 for the Hispanic population, and 25 for the Asian population
- ▶ Gwinnett County had the most opioid deaths among the White (364), Hispanic (64), and the Asian (17) populations, while Fulton County had the most opioid deaths for the Black or African-American (333) population

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 3, Fulton County consistently had the largest total number of deaths from opioid overdose

Opioid overdose deaths and rates of increase among all counties in Region 3 for the years 2018 and 2022



Key findings

- ▶ All six counties in Region 3 experienced either the same number or an increase in the number of opioid overdose deaths from 2018 to 2022
- ▶ Fulton County had the most opioid overdose deaths in both 2018 and 2022, while Rockdale County had the fewest number of opioid overdose deaths in both 2018 and 2022
- ▶ Among all counties in Region 3, **Clayton County had the largest average annual growth rate (35.1%)**, followed by DeKalb County (24.3%) and Fulton County (19.5%)

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

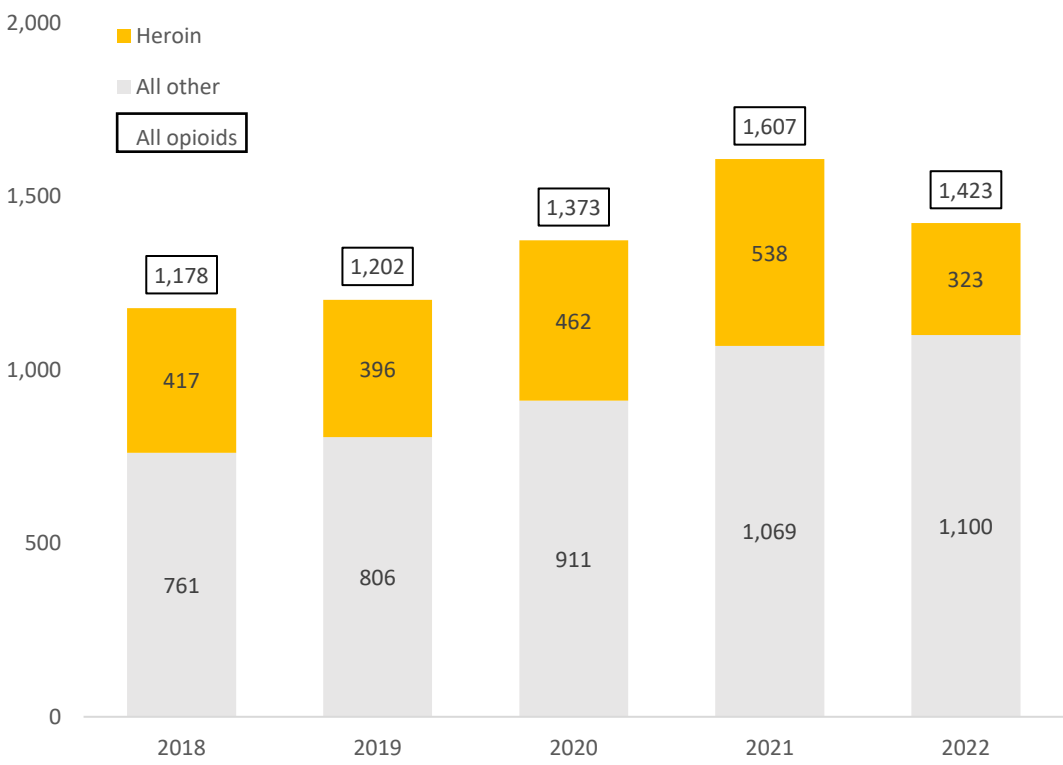
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).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

Opioid-related Emergency Department Visits

Between 2018 and 2022 in Region 3, the total number of opioid-related emergency department (ED) visits peaked in 2021

Total opioid-related ED visits in Region 3, 2018-2022

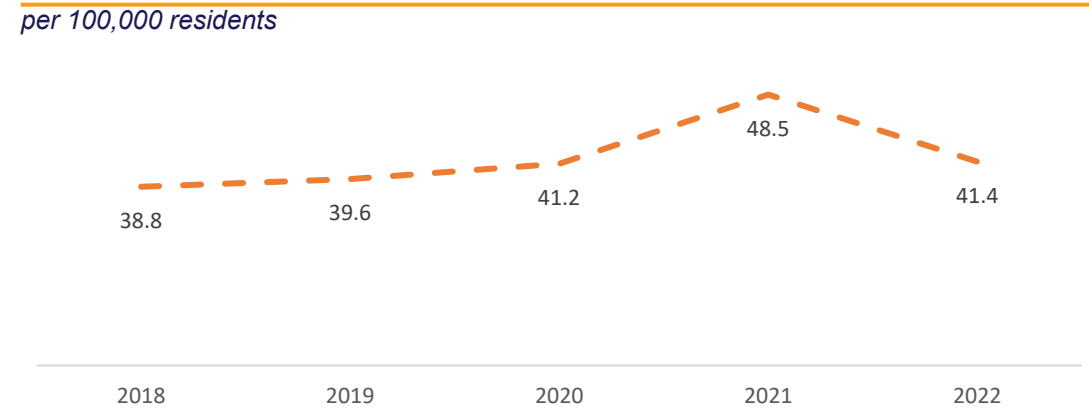


Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. 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, the number of **opioid related ED visits in Region 3 totaled 1,423**, representing a rate of 41.4 per 100,000 residents
 - ▶ Overall, ED visits increased 21% from 1,178 in 2018
 - ▶ On average, ED visits increased at a compound annual growth rate of 4.8%
- ▶ **Heroin is a specific type of opioid-related drug. From 2018 to 2022, heroin related ED visits decreased from 417 to 323**
 - ▶ This represents a decrease of 23% and a compound annual decline of 6.2%

Rate of opioid-related ED visits in Region 3, 2018-2022

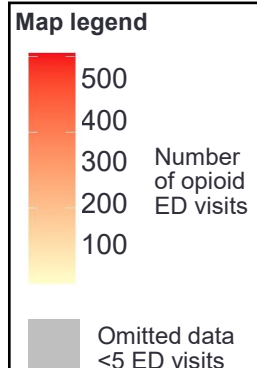
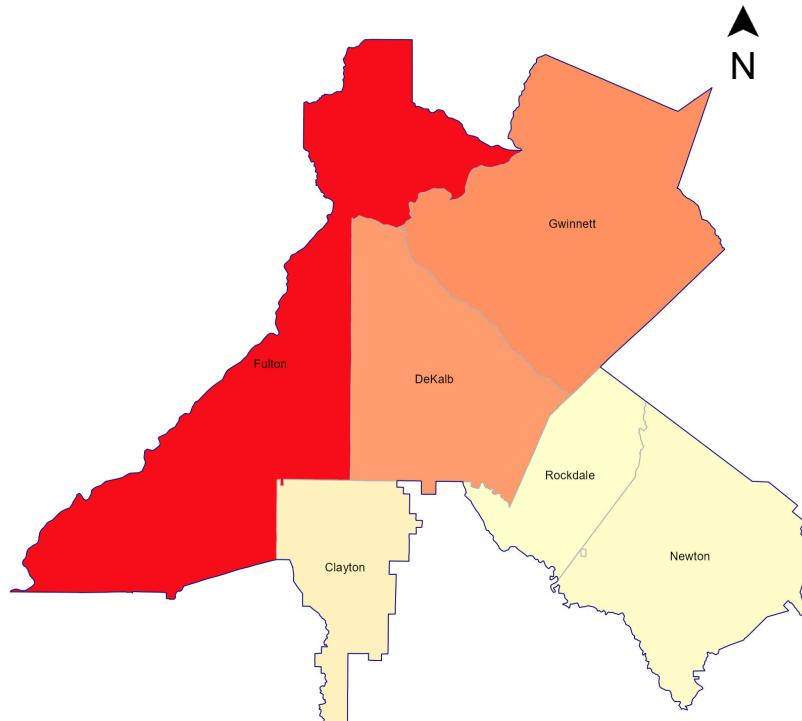


Note: Rate represents an average rate across all counties with 5 or more ED visits.

Fulton County within Region 3 experienced the largest number of total opioid-related ED visits in 2022

Map of opioid-related ED visits by county, 2022

per 100,000 residents

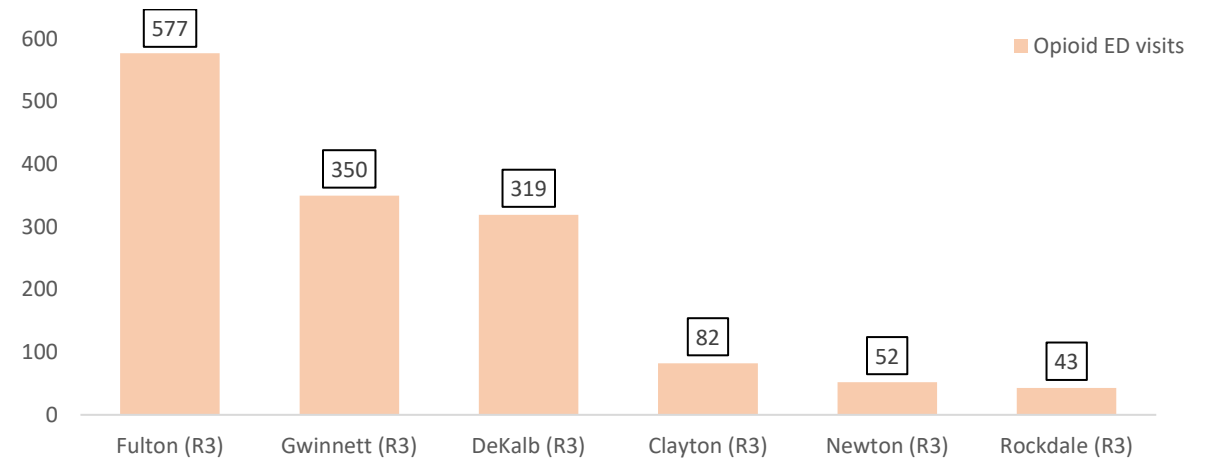


Key findings

- ▶ In 2022, the **top three counties with the largest total number of opioid-related ED visits** were Fulton (577), Gwinnett (350), and DeKalb (319)
- ▶ All six counties in Region 3 each **had at least 25 ED visits**

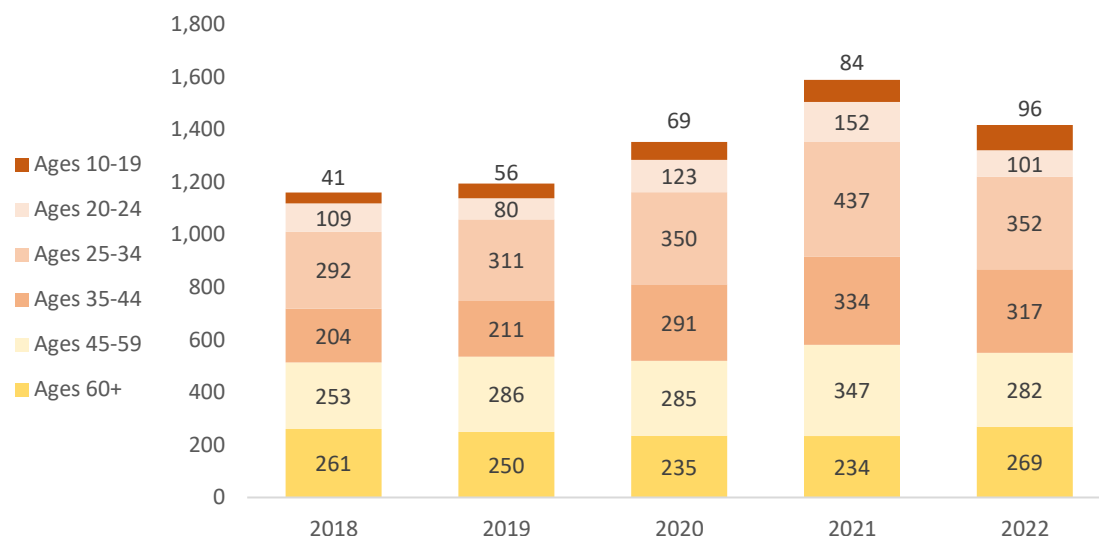
Opioid-related ED visits, 2022

per 100,000 residents

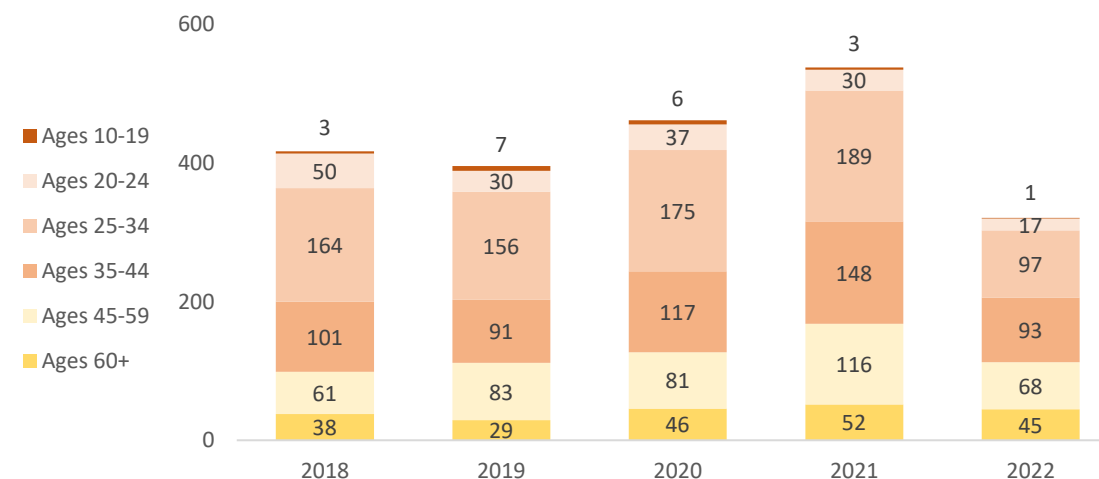


From 2018 to 2022, the total number of opioid-related ED visits increased for all but the 20-24 age group in Region 3

Total opioid-related ED visits by select age groups



Heroin ED visits by select age groups



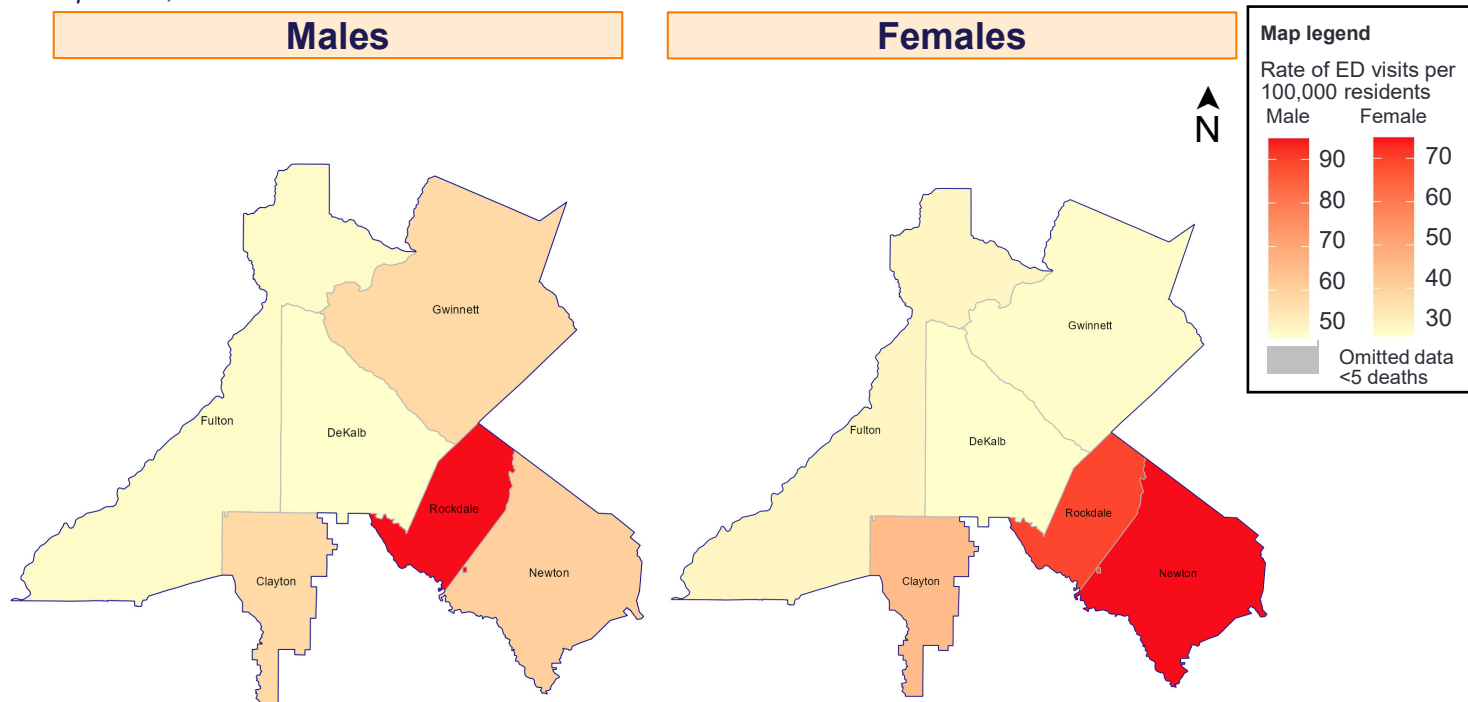
Key findings

- ▶ Opioid-related ED visits increased for all age groups shown from 2018-2022, except for the 20-24 age group
- ▶ Ages 10-19 saw the largest percentage increase (134%) in opioid-related ED visits, followed by ages 35-44 (55%)
- ▶ The subset of heroin-related ED visits increased for ages 45-59 and 60+

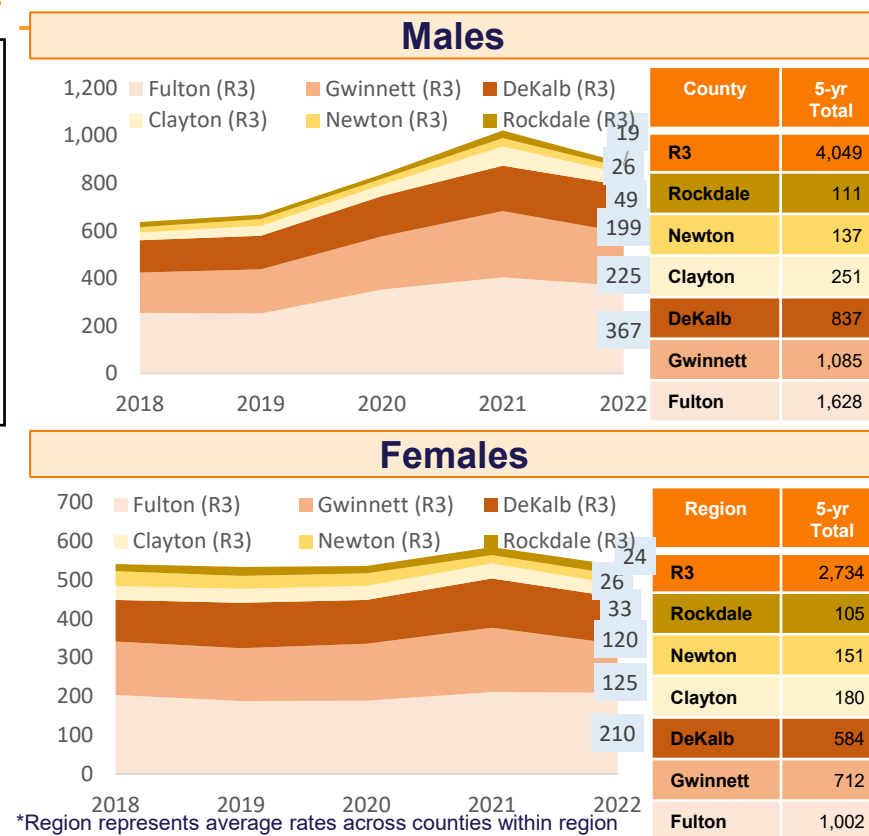
Over the past five years, there was an increase in the number of opioid-related ED visits for males in Region 3, while opioid-related ED visit numbers among females remained relatively stable

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

per 100,000 residents



Opioid-related ED visits in Region 3, 2018-2022

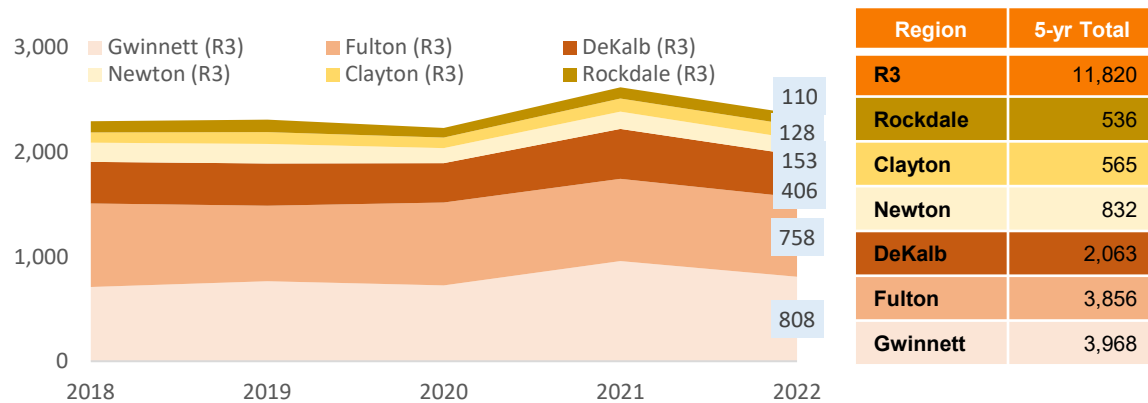


Key findings

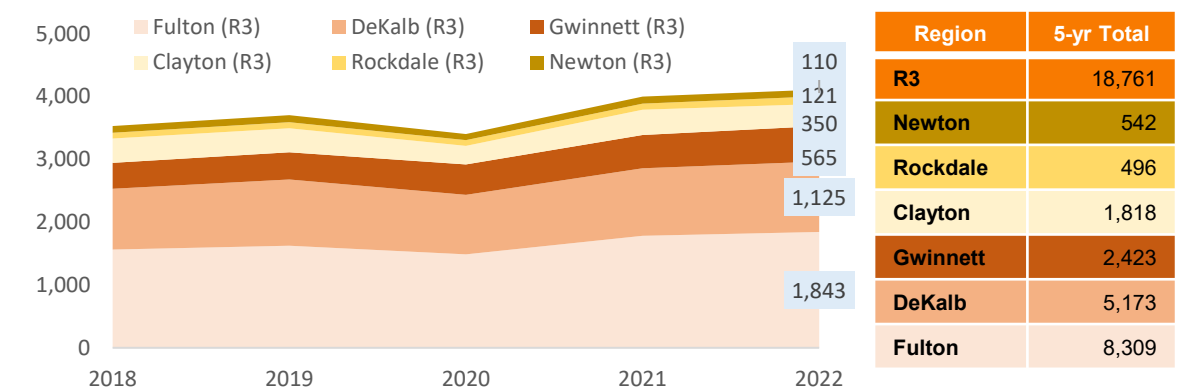
- ▶ Across Region 3, opioid-related ED visits among males increased from 637 in 2018 to 885 in 2022, representing a compound annual growth rate of 9%. Fulton County had the most opioid-related ED visits among males during the five-year timeframe (1,628), followed by Gwinnett County (1,085)
- ▶ Across Region 3, opioid-related ED visits among females decreased from 541 in 2018 to 538 in 2022. During the five-year timeframe, Fulton County had the most ED visits among females (1,002), followed by Gwinnett County (712).

From 2018 to 2022, the majority of total opioid-related ED visits in Region 3 were attributed to the Black or African American population

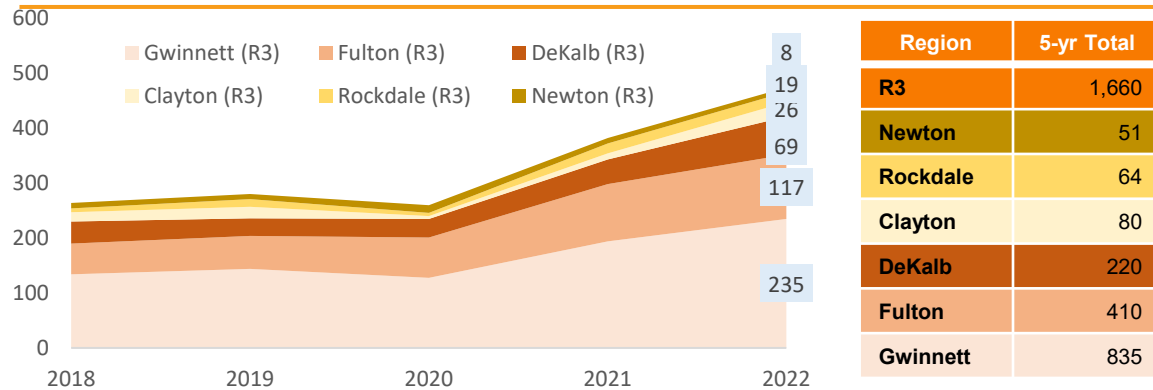
Opioid-related ED visits for the White population, 2018-2022



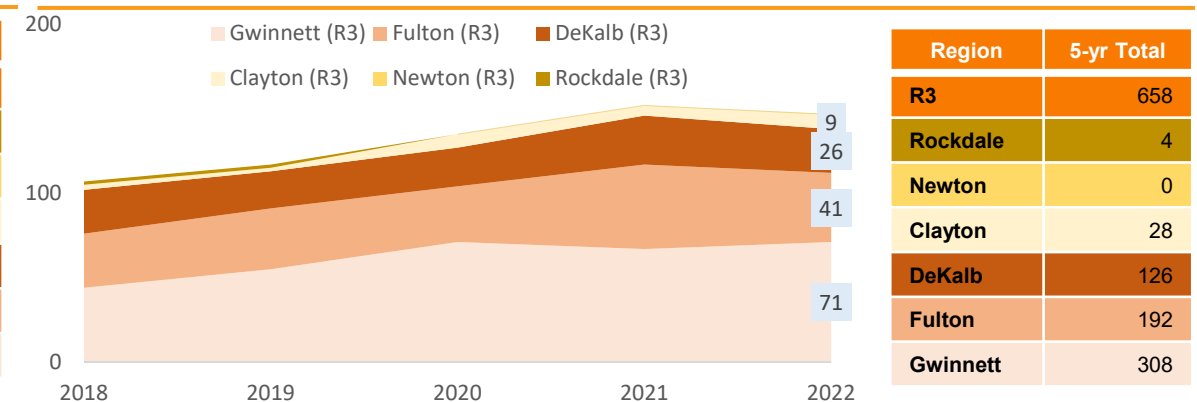
Opioid-related ED visits for the Black or African-American population, 2018-2022



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



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

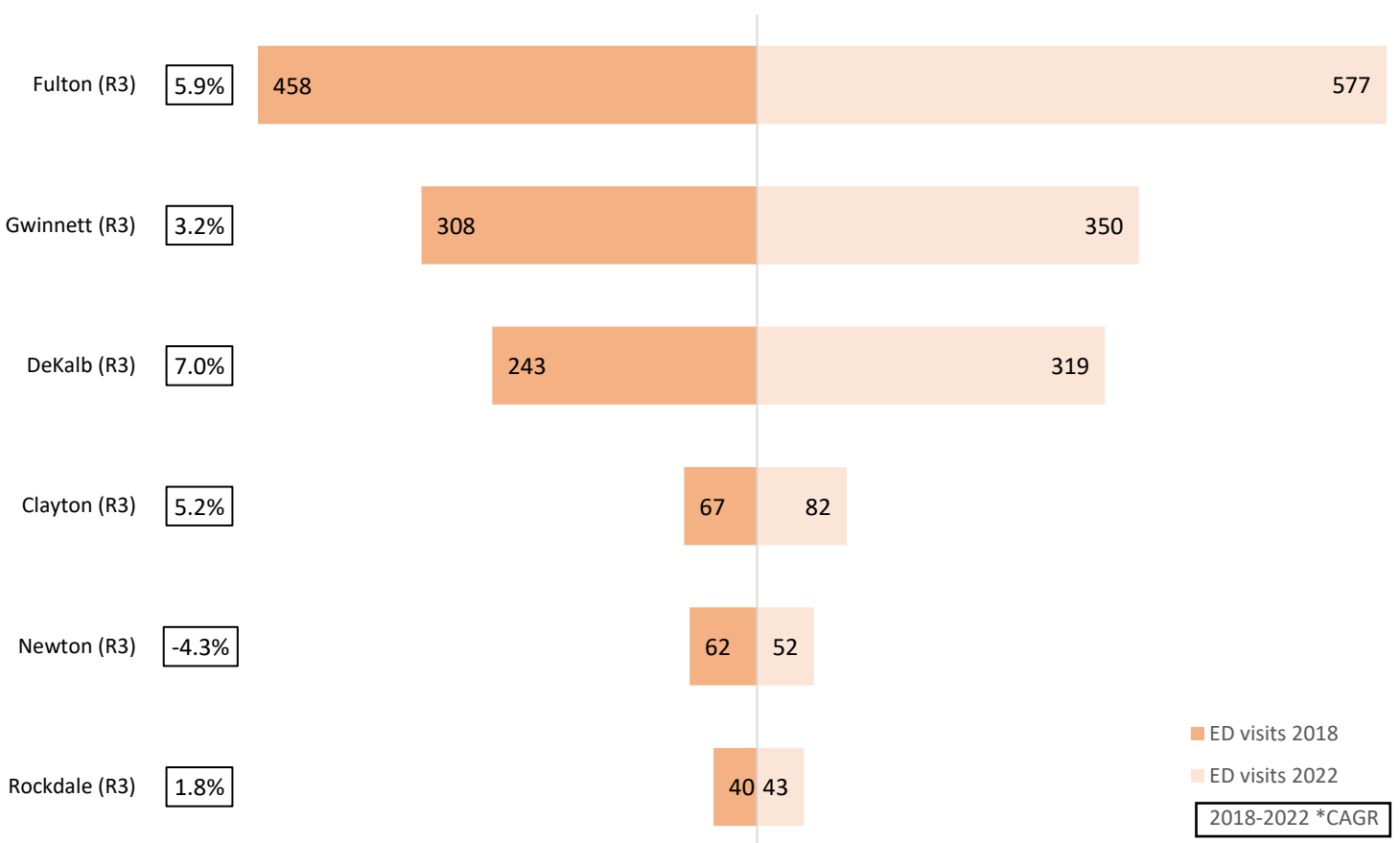


Key findings

- ▶ From 2018 to 2022, opioid-related ED visits totaled 11,820 for the White population, 18,761 for the Black or African-American population, 1,660 for the Hispanic population, and 658 for the Asian population
- ▶ Carroll County had the most ED visits among the White population (1,608), Muscogee County had the most ED visits among the Black or African-American population (1,147), and Henry County had the most ED visits among the Hispanic (93) population and Asian (18) population

From 2018 to 2022, Fulton County consistently had the largest total number of opioid-related ED visits in Region 3

Opioid-related ED visits and growth rates among all counties in Region 3 in the years 2018 and 2022



Key findings

- ▶ All counties in Region 3 experienced an increase in the number of opioid related ED visits from 2018 to 2022, except for Newton County
- ▶ Fulton County had the most opioid-related ED visits in both 2018 and 2022, while Rockdale had the least
- ▶ Among all counties in Region 3, **DeKalb County had the largest average annual rate of increase in opioid-related ED visits (7.0%)**, followed by Fulton County (5.9%) and Clayton County (5.2%)

*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.

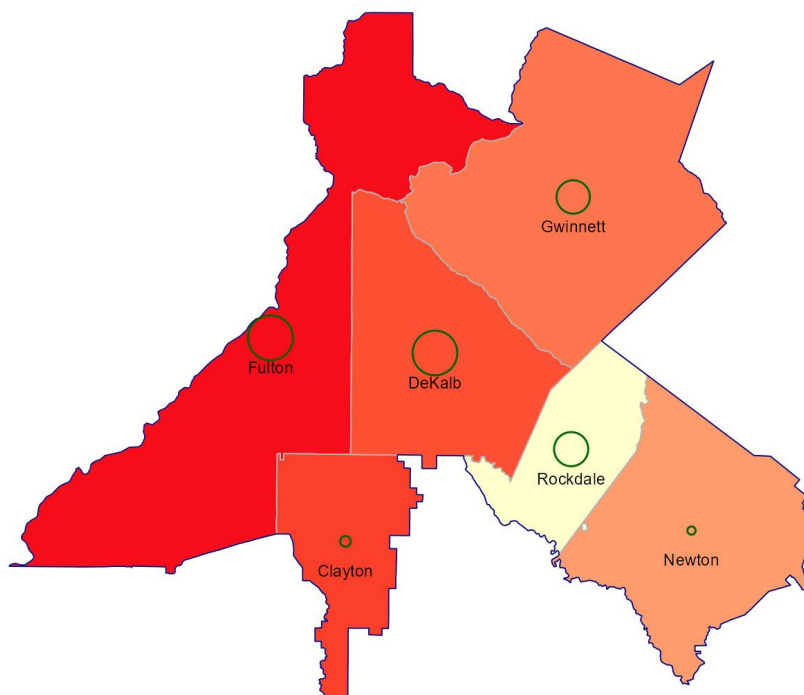
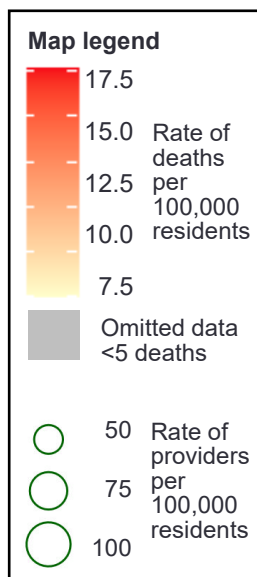
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

Overall Opioid Burden Relative to BHSS Provider Prevalence

The opioid overdose death rate in 2022 across Region 3 was 14.3 compared to a BHSS provider rate of 57.7 in 2021

Map of rates of deaths from opioid overdose and behavioral health and social services providers by county in Region 3, 2022

per 100,000 residents

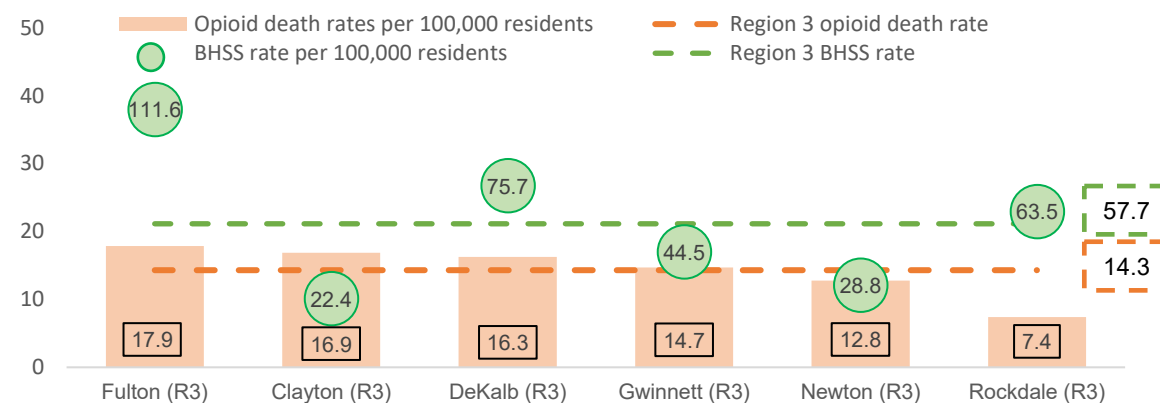


Key findings

- ▶ Across Region 3, there were 14.3 deaths from opioid overdose and 57.7 behavioral and social services (BHSS) providers per 100,000 residents in 2022
- ▶ Clayton and Gwinnett Counties had opioid overdose rates above the regional average and BHSS provider rates below the regional average
- ▶ Fulton County had the highest death rate (17.9) per 100,000 residents, followed by Clayton (16.9) and DeKalb (16.3)

Rates of deaths from opioid overdose (2022) and behavioral health and social services providers (2021) by county in Region 3

per 100,000 residents

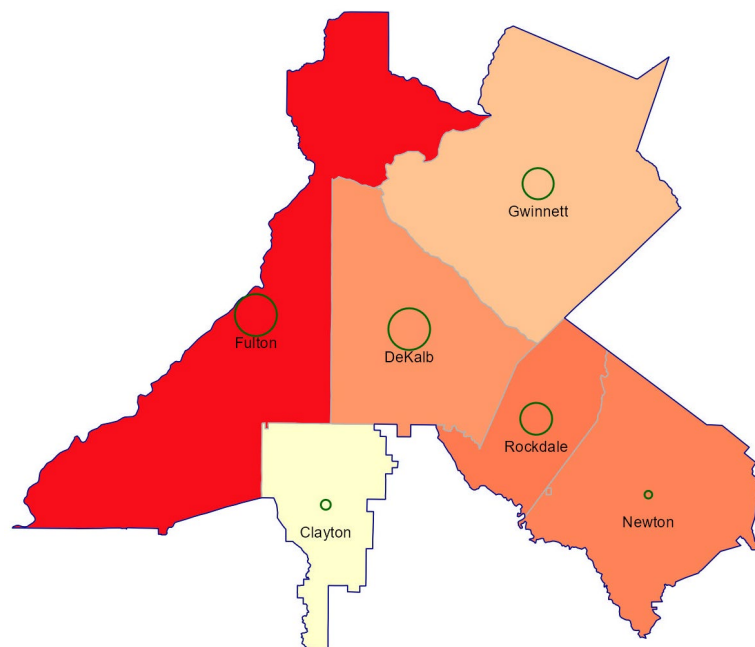
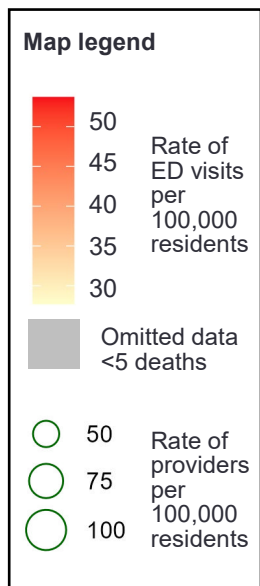


Note: Rates shown for all counties with 5 or more deaths. BHSS provider rate is derived from the total count of unique behavioral and social service provider NPI's on the Georgia Dept. of Community Health active provider directory per 100,000 residents.

Across Region 3, 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

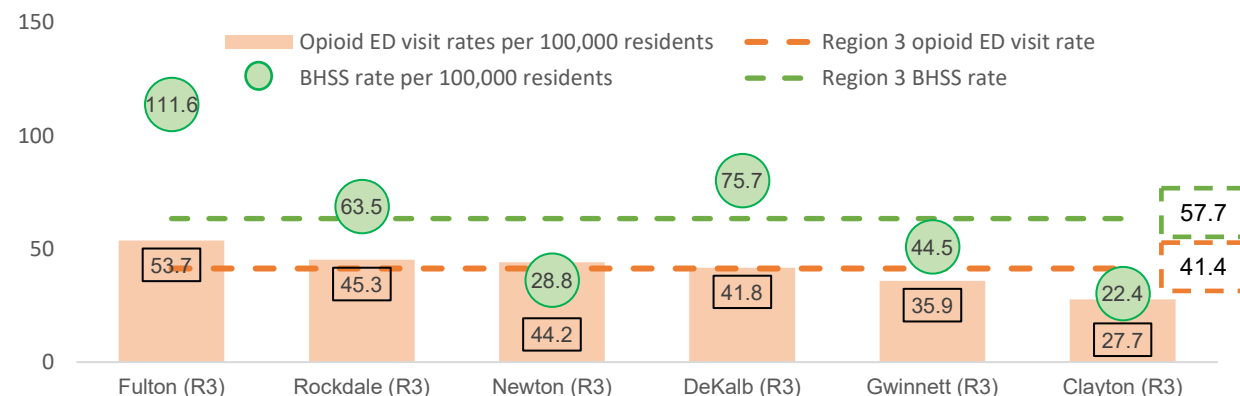


Key findings

- ▶ Across Region 3, **there were 41.4 opioid-related ED visits and 57.1 behavioral and social services (BHSS) providers per 100,000 residents**
- ▶ Newton County had **opioid-related ED visits above the regional average and BHSS provider rates below the regional average**
- ▶ Fulton County had the **highest ED visits rate (53.7) per 100,000 residents, followed by Rockdale (45.3) and Newton (44.2)**

Rates of opioid overdose ED visits (2022) and behavioral health and social services providers (2021) by county in Region 3

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.

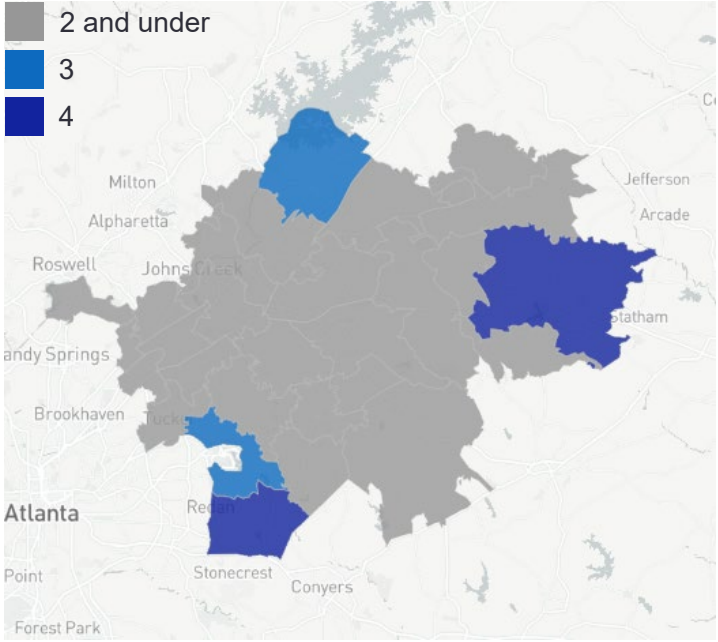
Gwinnett County Vulnerability Analysis and Findings

Five of the 29 zip codes assessed within Gwinnett 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 where determinants are lower than the state average.

Heatmap of communities that are underserved and marginalized in Gwinnett 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	
30058	Dark Blue	Dark Blue	Dark Blue	Dark Blue	4
30680	Dark Blue	Dark Blue	Dark Blue	Dark Blue	4
30046	Blue	White	Blue	Blue	3
30087	Blue	Blue	White	Blue	3
30518	Blue	Blue	White	Blue	3

Key observations of social determinants:

Medically Underserved: 20 out of 29 in-scope zip codes in Gwinnett 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 29 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.

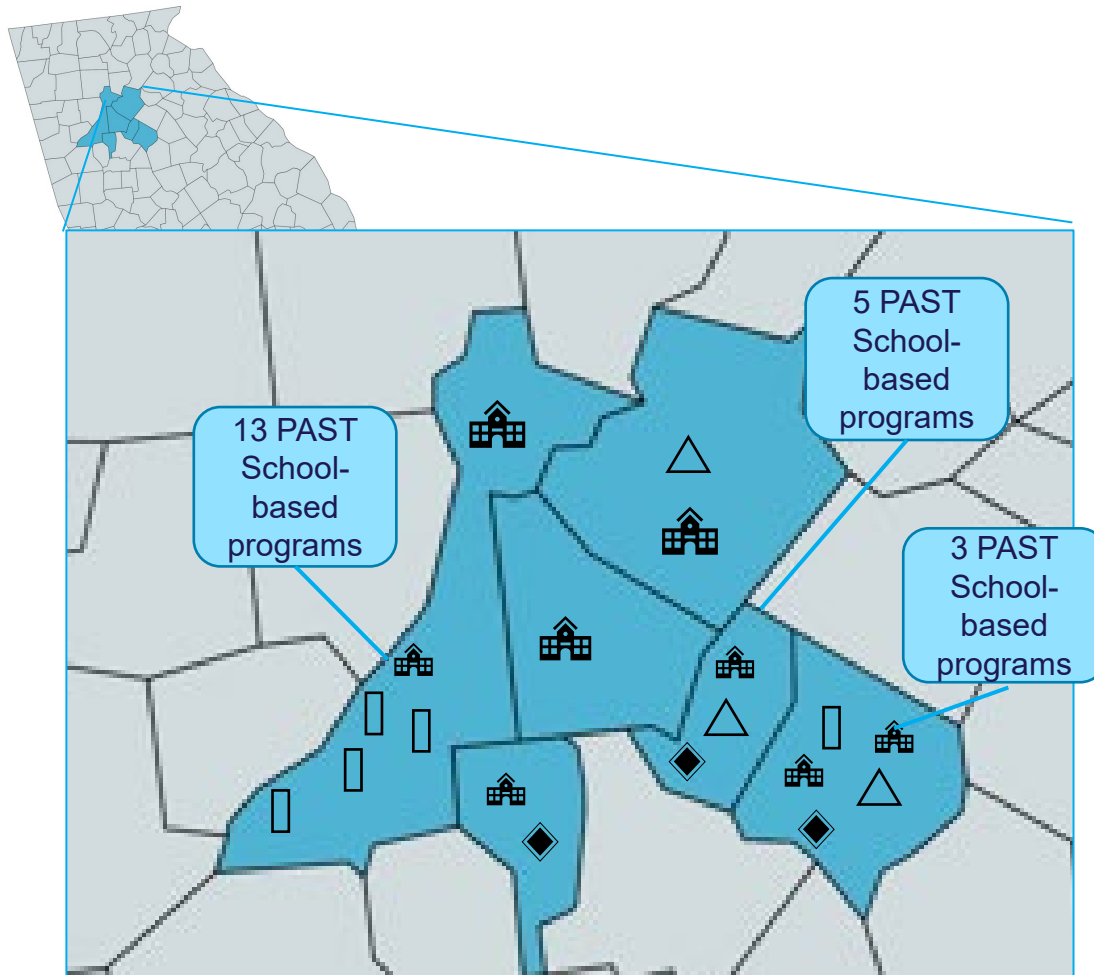
Economically marginalized: 7 out of 29 in-scope zip codes in Gwinnett County have above average shares of the population enrolled in Medicaid and SNAP, poverty rates and unemployment rates and a below average share without a college degree.

Housing unstable: 5 out of 29 in-scope zip codes in Gwinnett 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.

Continuum of Care Assessment Findings

Primary Prevention programs in Region 3 are located in all six counties in the region



County with Prevention Program

◆ PIP 🏠 School based program
 🏠 Clubhouse 📄 College Program
 △ Suicide Prevention Project

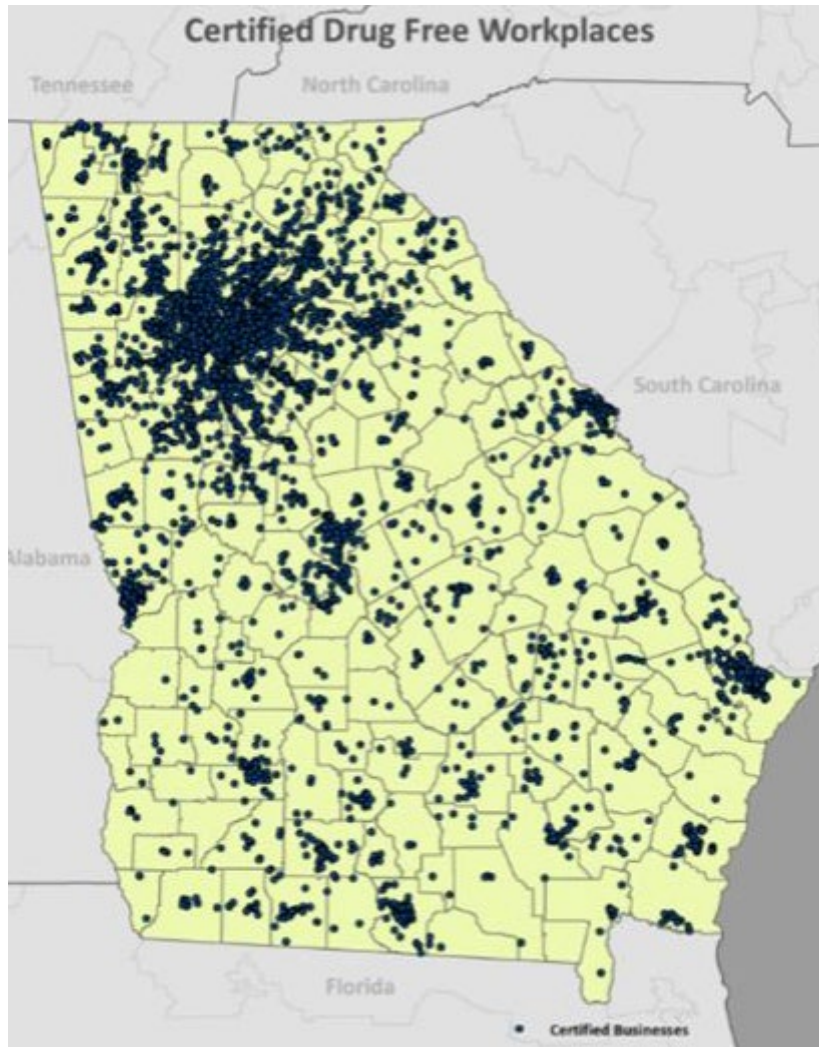
Key Takeaway

Primary Prevention programs offer services to youth and families throughout Region 3

Additional Findings

- The Peer Assisted Student Prevention Project (PAST) project offers prevention services to 21 schools across Fulton (13), Rockdale (5) and Newton (3) counties
- Partners in Prevention Project operates across Rockdale, Newton and Clayton counties
- State Opioid Response (SOR) Adopt-A-School program works with Newton County High School
- Suicide Prevention Framework (SPF) Suicide Prevention Project leverages the Youth Action Team individual strategy throughout Gwinnett, Newton and Rockdale counties
- There are five colleges participating in prevention programs in Region 3: Morehouse School of Medicine, Spelman College, Clarke Atlanta University and Emory University, and Oxford College
- Sources of Strength operates in schools across the following counties: Clayton (2), DeKalb (3), Gwinnett (4), Fulton (2)

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



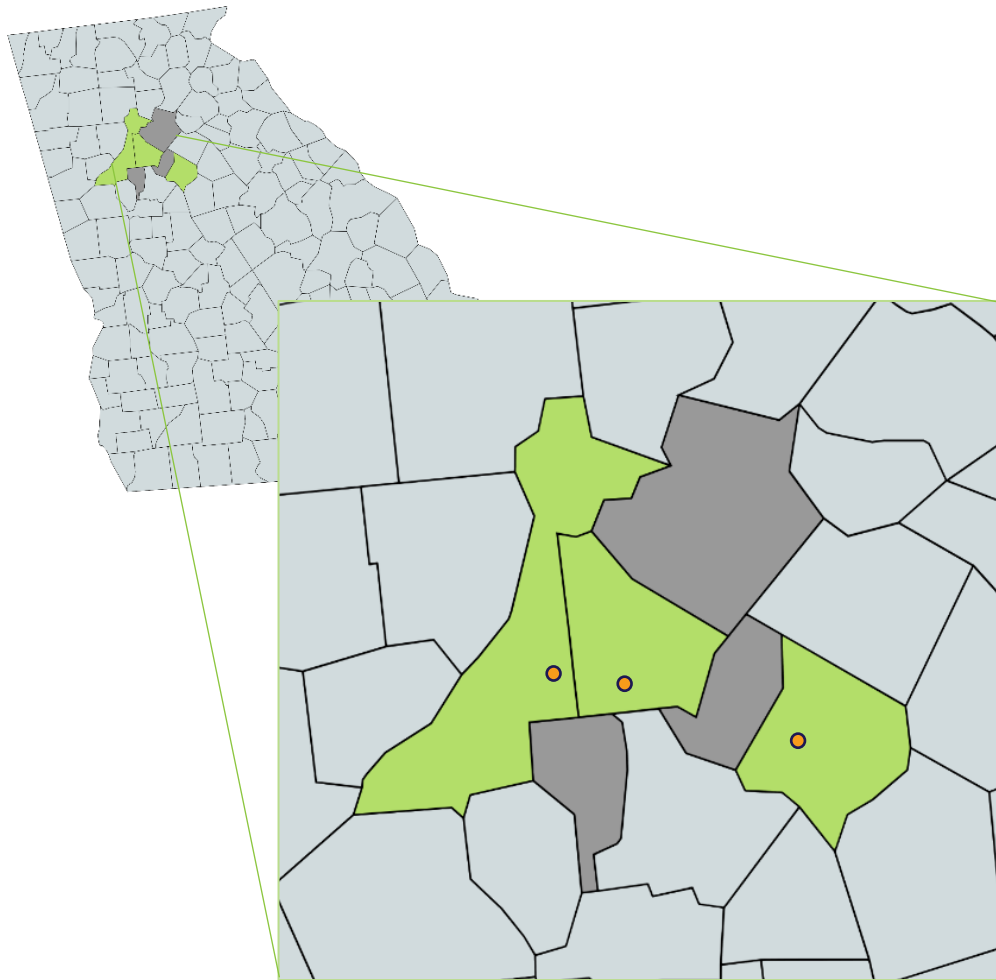
Key Takeaway

Drugs Don't Work (DDW) has 7,284 certified drug-free workplaces throughout the state of Georgia, including locations across Region 3.

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

Half of the counties in Region 3 have Stand-Alone Detox Centers



County with Stand Alone Detox Provider



Stand Alone Detox Provider

Key Takeaway – Stand Alone Detox

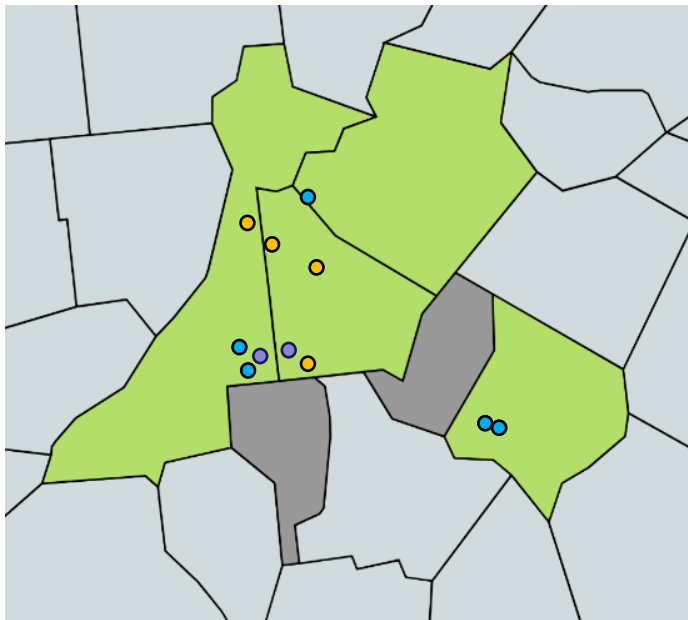
Three of the four Stand Alone Detox Centers in Georgia are located in Region 3.

Additional Findings

- View Point Health, a CSB, also serves as a Stand-Alone Detox Center in Newton County
- All the Stand-Alone Detox Centers in Region 3 have sustainable funding sources
- Gwinnett, Clayton, and Rockdale Counties do not have Stand-Alone Detox Centers

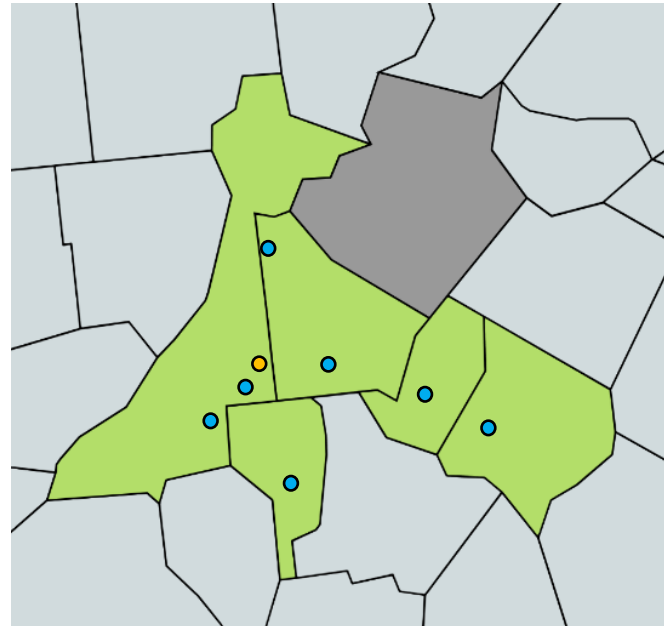
There is at least one type of Residential Treatment provider in each county in Region 3, however most are located in Fulton County

Intensive Residential Treatment (IRT)



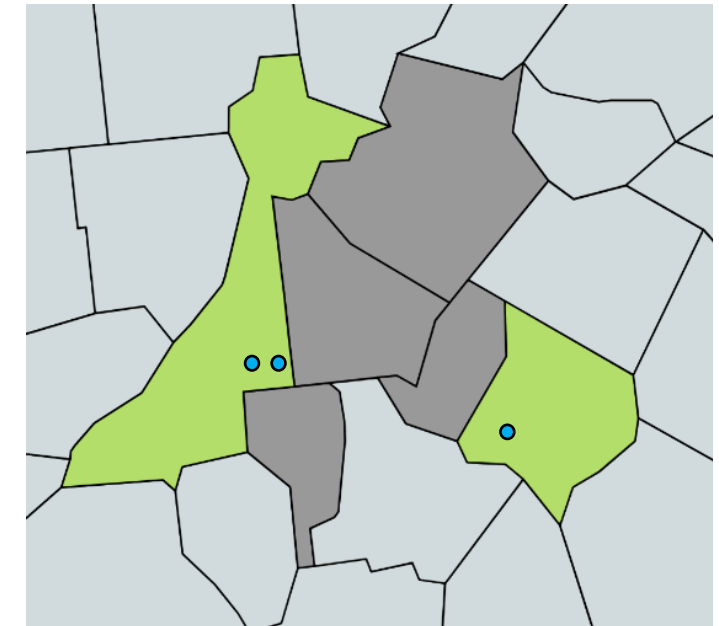
- County with Intensive Residential Treatment Provider
- IRT Provider: Men's
- IRT Provider: Women's (WTRS and non-WTRS)
- IRT Provider: Men's *and* Women's

Residential Treatment: Semi-Independent



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

Residential Treatment: Independent



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

There are twice as many facilities offering Residential Treatment services for men compared to services for women in Region 3

Key Takeaways – Residential Treatment

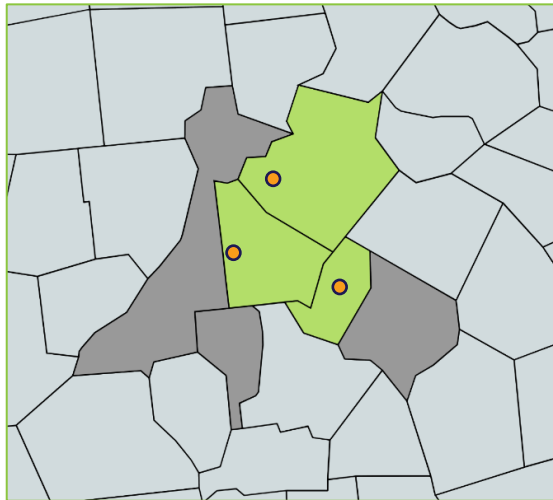
- There is at least one Men’s Residential Treatment provider (across Independent, Semi-Independent and Intensive) in every county in Region 3.
- There are no Women’s Residential Treatment providers in Clayton, Gwinnett, Newton or Rockdale Counties.
- There are no Intensive Residential: Transition Aged Youth Providers in Region 3.

Additional Findings

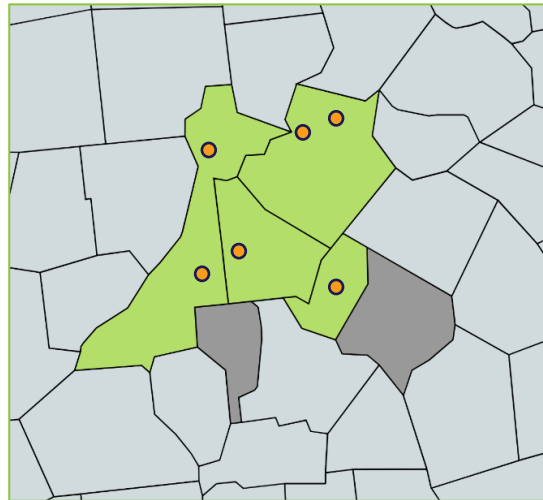
- Intensive Residential Treatment
 - There are no IRT facilities serving women in Newton or Gwinnett Counties
 - There are no IRT facilities in Rockdale or Clayton Counties for men or women
- Residential Treatment: Semi – Independent
 - There is only one provider offering Semi-Independent services to women compared to seven providers serving men
- Residential Treatment: Independent
 - There are two Independent Residential Treatment centers in Region 3 that serve men, one each in Fulton and Newton Counties
 - There are no facilities in Region 3 providing Independent Residential Treatment to women

OTP and MAT providers - including state and federally funded, MAT Medicaid, MAT-Office based non-OTP treatment, and Non-funded Self-Pay Only OTPs - offer services across five of the six counties in Region 3

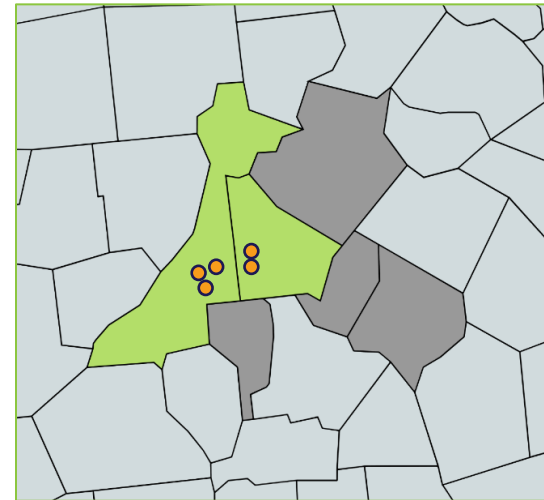
OTP (State and Federal Funded Providers)



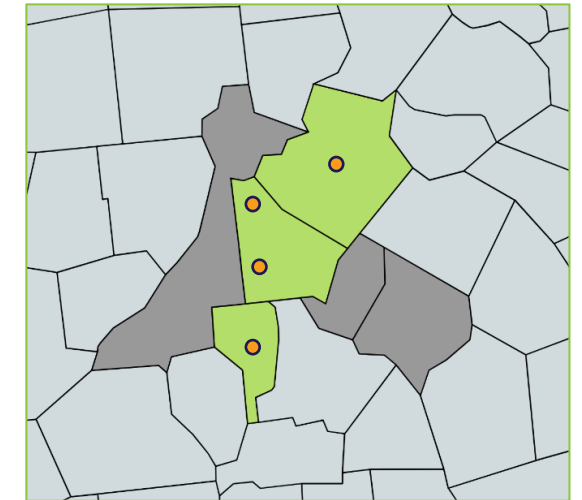
OTP (MAT Medicaid Providers Only)



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

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

Eighteen providers, located in five of the six counties in the Region 3, offer OTP and MAT treatment services

Additional Findings

- DeKalb County has the highest number of OTP and MAT providers compared to the other counties in Region 3
- The five MAT-Office Based providers are concentrated in downtown Atlanta
- Newton County is the only county in Region 3 with no MAT or OTP programs
- Clayton County has one OTP provider, a non-DBHDD funded Self-Pay only OTP Provider
- Two MAT-Office Based providers indicated that a portion of funding is scheduled to end which may impact ongoing service capacity to offer certain services:
 - Ascensa Health and Men and Women for Human Excellence have some funding that is scheduled to terminate on October 30, 2024 and the end in 2025, respectively

Four SAIOP providers are concentrated in the metropolitan Atlanta area of Region 3

Key Takeaway – SAIOP Outpatient

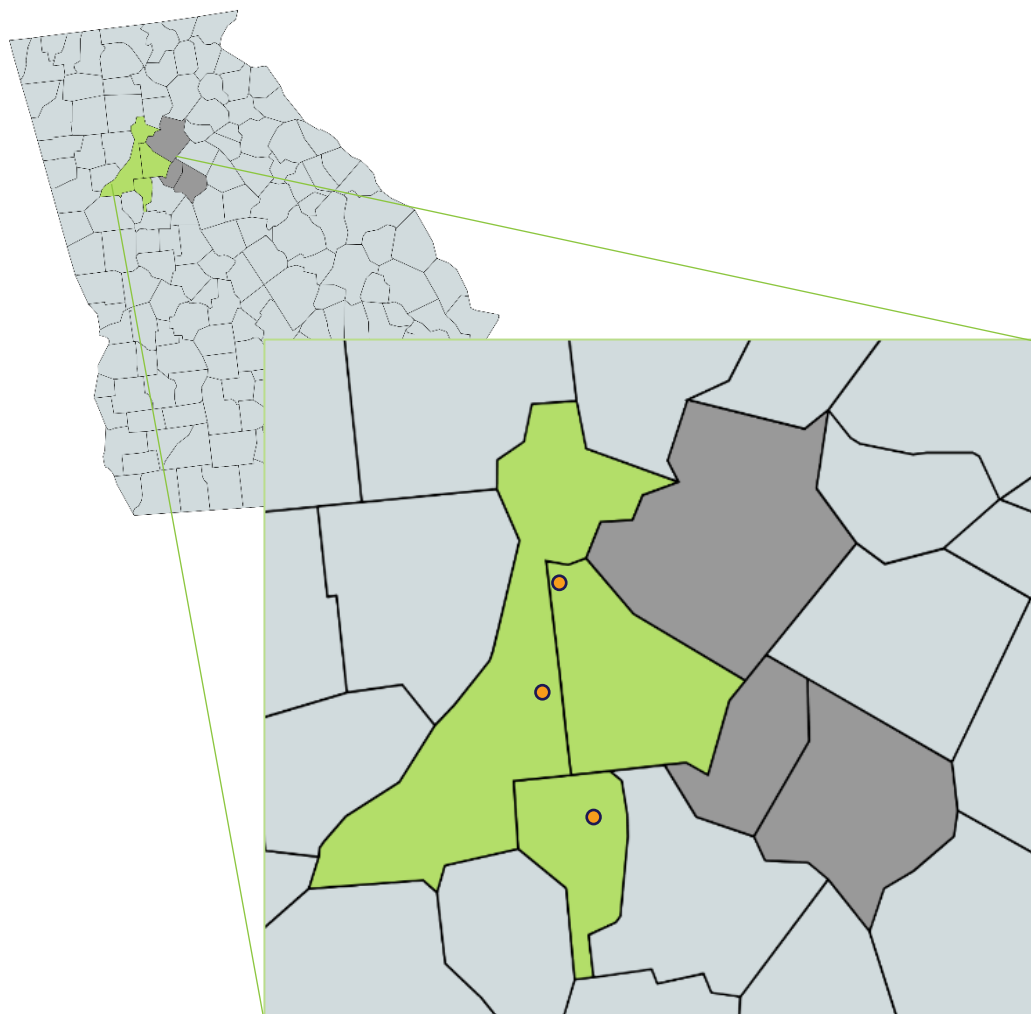
Fulton and DeKalb Counties are the only counties in Region 3 with SAIOP providers.

Additional Findings

- Fulton and DeKalb Counties each has two SAIOP providers
- SAIOP Outpatient services are unavailable in Newton, Clayton, Rockdale and Gwinnett Counties

 County with SAIOP Provider  SAIOP Provider

Half of the counties within Region 3 offer Intensive Outpatient women's services



County with Intensive Outpatient (Women) Provider

Intensive Outpatient (Women) Provider

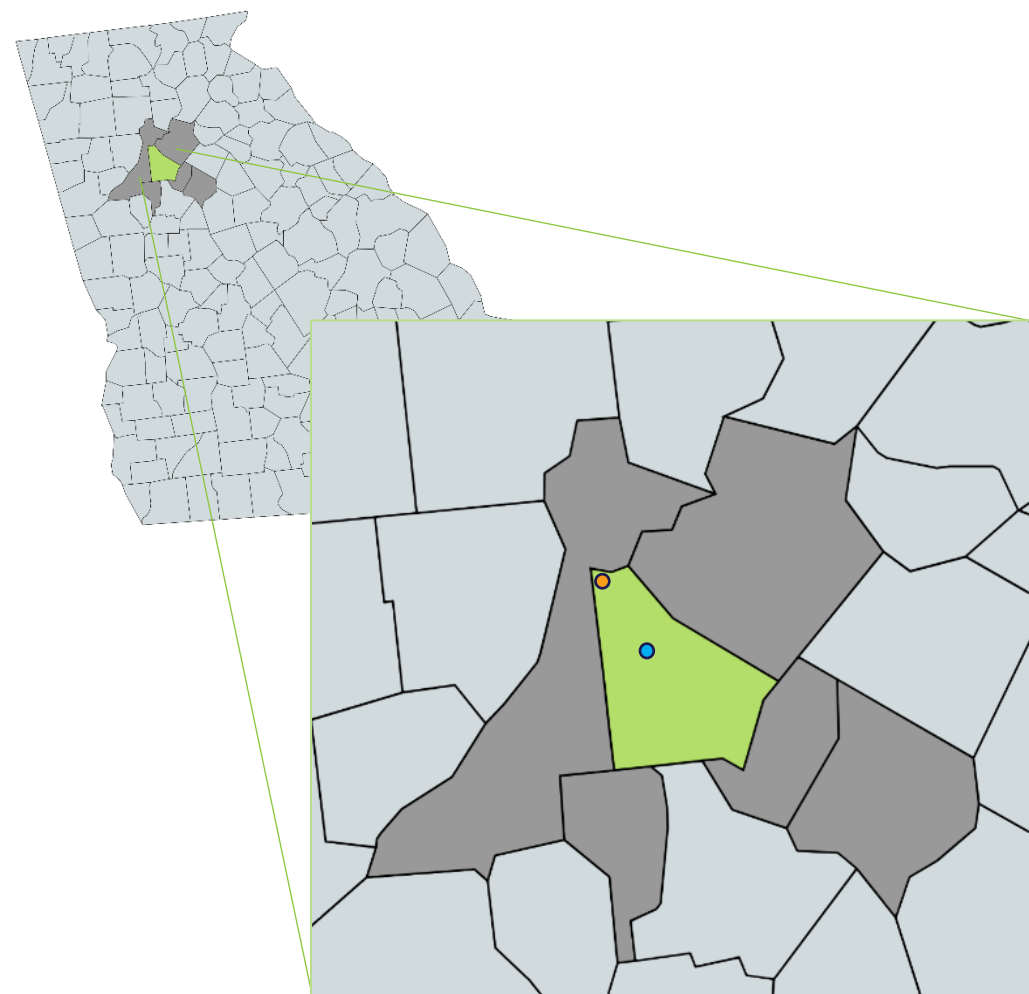
Key Takeaway – Intensive Outpatient (Women)

There are three Intensive Outpatient women's providers in Region 3.

Additional Findings

- The providers in DeKalb and Fulton Counties are non CSBs; the provider in Clayton County is a CSB
- All the Intensive Outpatient women's providers in Region 3 have sustainable funding

Only DeKalb County in Region 3 offers Transitional Housing for men or women



Key Takeaway – Transitional Housing (Men and Women)

DeKalb is the only county in Region 3 with Transitional Housing providers, with one men's and one women's location.

Additional Findings

- The women's Transitional Housing provider, Mary Hall Freedom Village, has sustainable funding
- The men's Transitional Housing provider, Caring Works Inc., has funding scheduled to end in 2025, which may impact service capacity

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

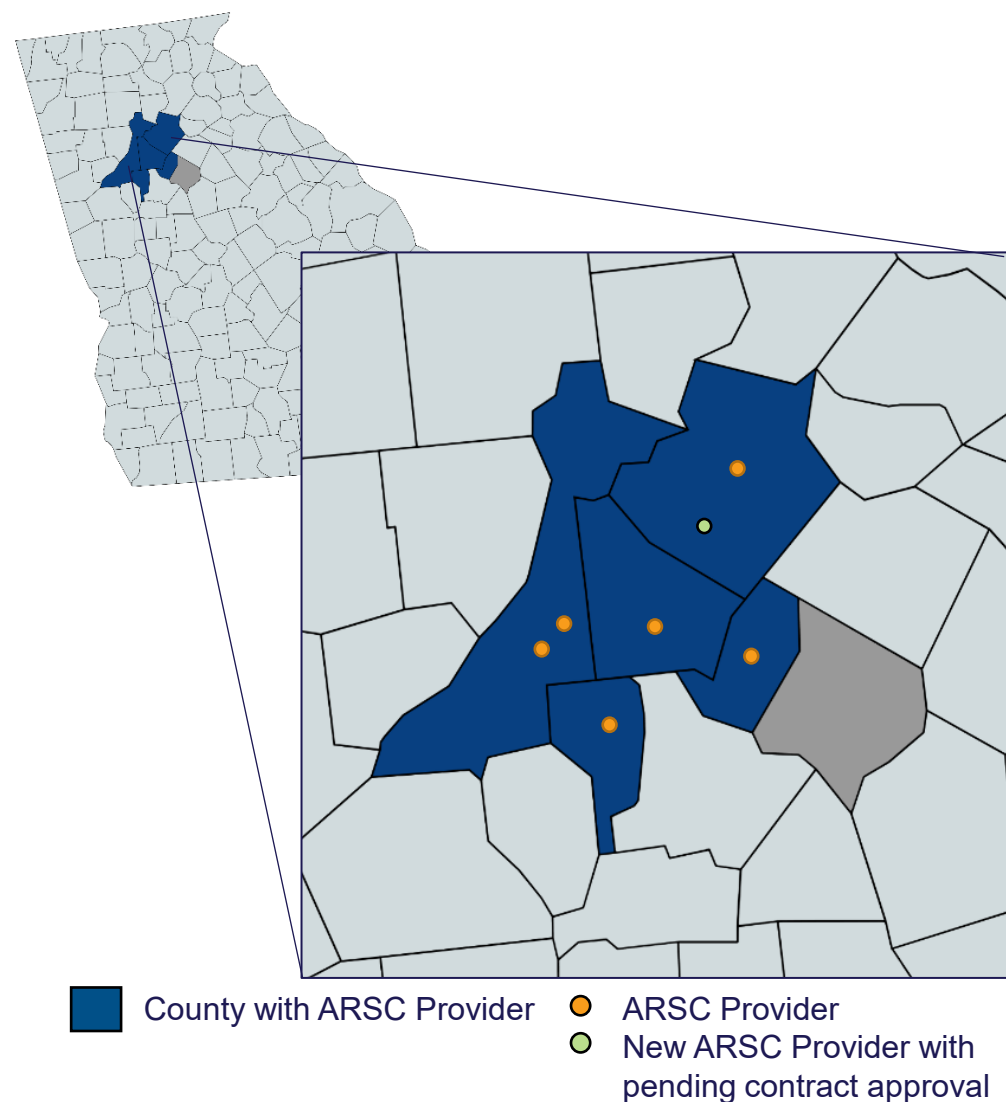
Six Addiction Recovery Support Centers operate across Region 3, with one new center pending

Key Takeaway

Five of the six counties in Region 3 have at least one Addiction Recovery Support Center (ARSC). Newton County does not currently have an ARSC.

Additional Findings

- Fulton County has two ARSCs
- DeKalb, Clayton, Gwinnett and Rockdale Counties each have one ARSC
- There are currently no ARSCs in Newton County
- All Region 3 ARSCs have sustainable funding
- Gwinnett County has a pending contract with one new ARSC provider



The Georgia Harm Reduction Coalition Syringe Services Program (SSP) operates six locations across Region 3

Key Takeaway

The Georgia Harm Reduction Coalition currently operates six sites across five of the six counties in Region 3.

Additional Findings

- The Georgia Harm Reduction Coalition noted that it has a good saturation of SSPs in Region 3
- Along with the 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
- Three of the six SSP sites in Region 3 have distributed over 20,000 syringes since February 2022:
 - Chamblee (in DeKalb County): 37,000 syringes
 - Fulton: 33,833 syringes
 - Gwinnett: 29,500 syringes

 County with a GA Harm Reduction Coalition SSP Site

The McKinsey Settlement funds distribution of Naloxone to providers across five counties in Region 3

Key Takeaway

27 providers in five of the six counties across Region 3 receive Naloxone as part of the McKinsey Settlement

Additional Findings

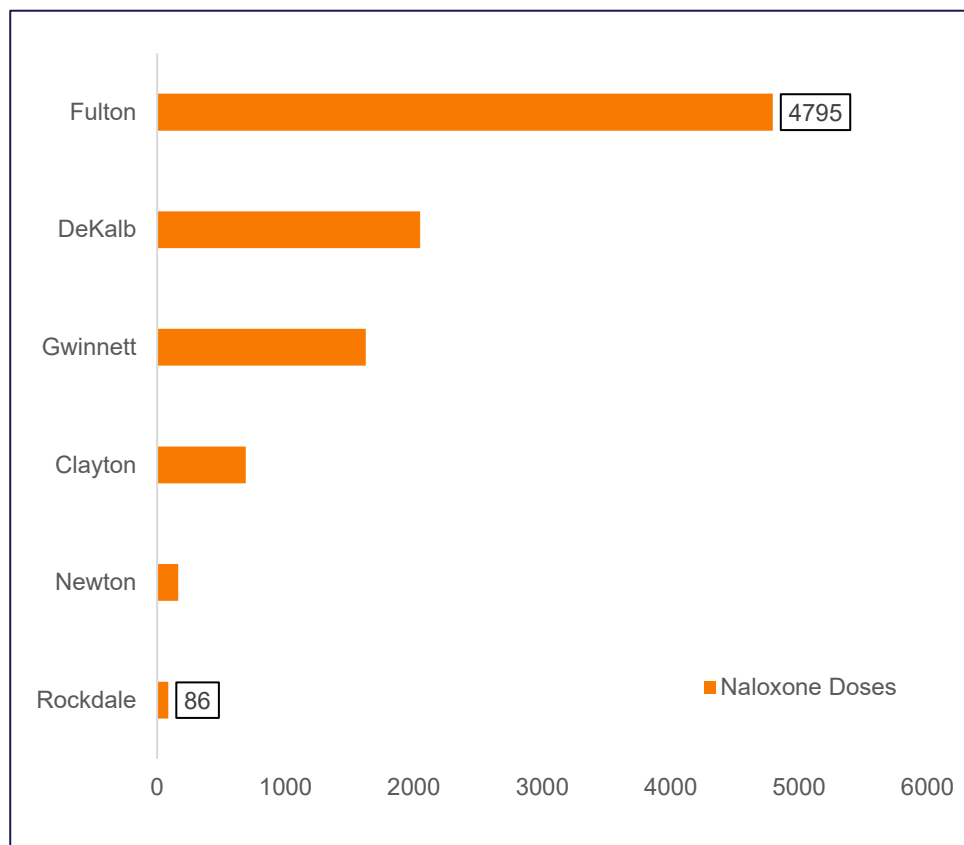
- Naloxone is distributed across Region 3, with a concentration in counties around the metro-Atlanta area
- Across Region 3 there were 27 providers who received Naloxone, including DBHDD contracted OUD/SUD providers, DBHDD contracted Mobile Crisis providers, and Department of Public Health Local Health Departments
 - Integrated Health Mobile Crisis provides services throughout Region 3
 - Newton County does not have a Naloxone distribution provider funded through the McKinsey Settlement



County with a McKinsey Settlement Naloxone Provider

From January 2022 to December 2023, Fulton, DeKalb, and Gwinnett Counties had the highest total number of Naloxone doses administered across Region 3

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



Key Takeaway

Fulton County recorded the highest number of Naloxone doses administered across all counties in Region 3

Additional Findings

- Collectively, the counties in Region 3 totaled 9,409 doses of Naloxone administered from January 2022 – December 2023*
- Each county in the Region administered at least 86 doses of Naloxone from January 2022 – December 2023*
- Fulton County recorded 4,795 Naloxone doses administered from January 2022 – December 2023, which is over two times the number of doses in the next highest county, DeKalb which recorded 2,049 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 3, providers offer OUD/SUD services across thirty-two facilities, and most operate with a total workforce of less than 20 FTEs

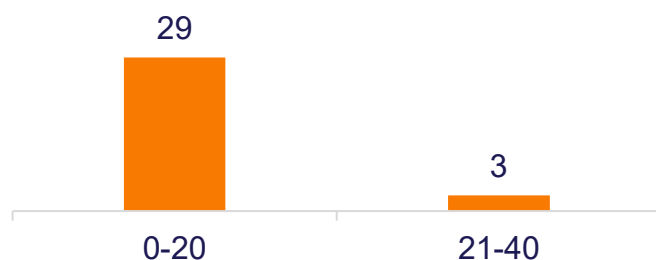
A survey was administered to DBHDD-funded OUD/SUD providers to assess the availability of services across the State of Georgia. Data were collected and analyzed at both the state and regional levels to provide a comprehensive view of the CoC service offerings as well as the corresponding facility staffing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

Respondent mix



Total no. of facilities = **31**

Number of facilities by total workforce



Number of facilities by type of services

Addiction recovery support center	6
MAT / opioid maintenance outpatient programs	7
Stand-alone/residential detox	4
SAIOP outpatient programs	5
Residential treatment: men - semi-independent	6
Residential treatment: women - semi-independent*	4
Intensive residential treatment : men	3
Intensive residential treatment: women*	2
Harm reduction services	1
Residential treatment: men - independent	2
Intensive outpatient (WTRS)	1
Transitional housing - men	2
Residential treatment: women independent*	1

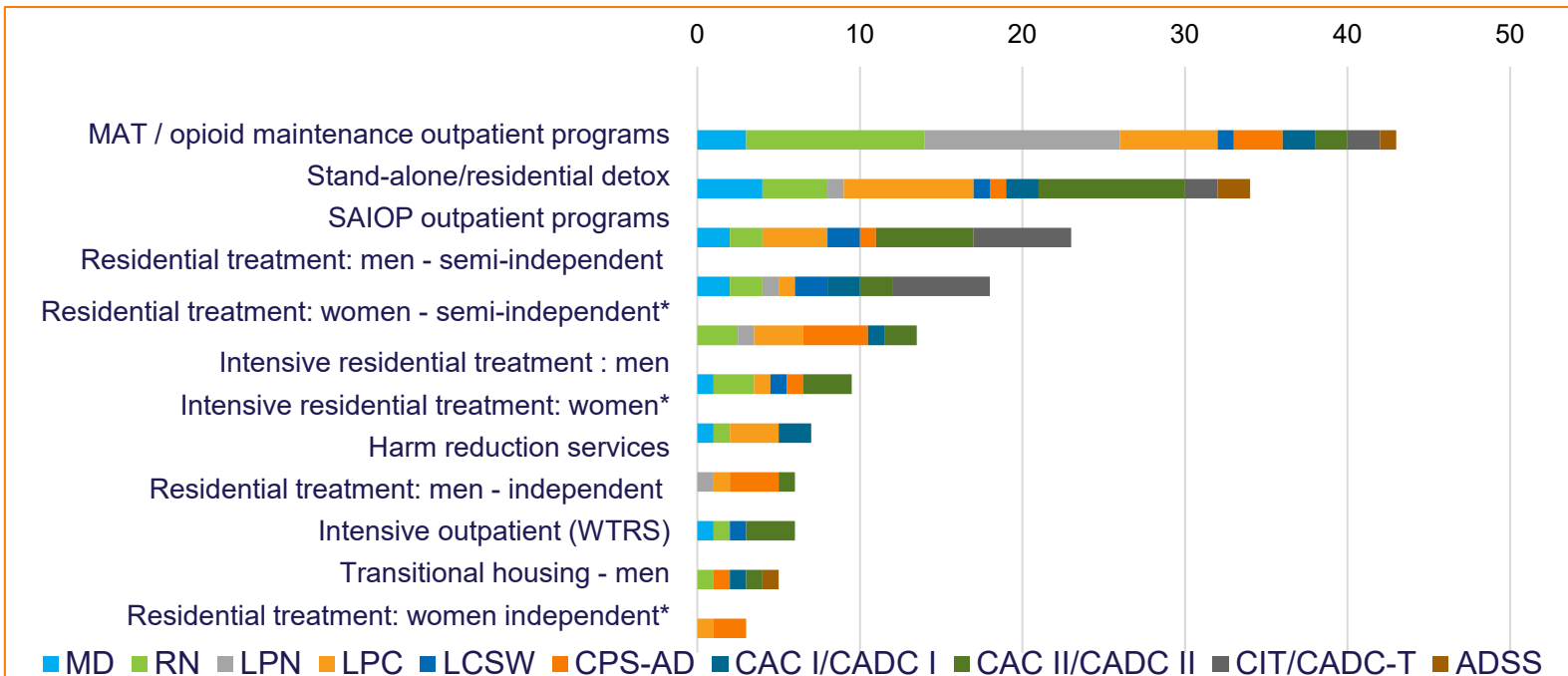
Key findings

- **Addiction recovery support services**, through which individuals improve their health and wellness, are the most widely offered service; available in **31%** of the facilities
- **91% of facilities** have a workforce size ranging from 0-20 individuals

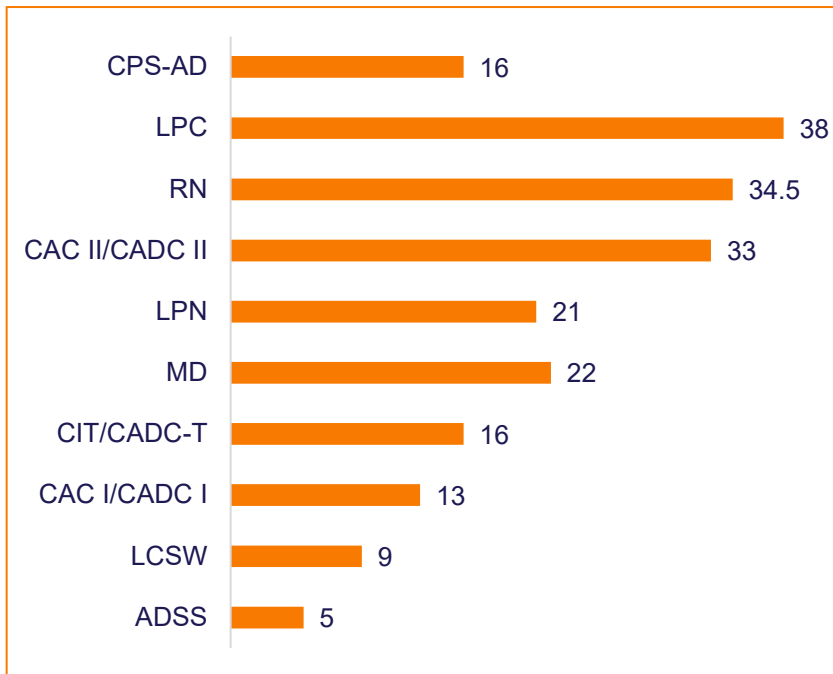
Note: None of the facilities responded for intensive residential treatment: transition aged youth and transitional housing - women* services. One facility is counted more than once depending on the number of services provided by that facility; Limited data availability w.r.t services for 10 facilities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

In Region 3, the most common certification across the provider facilities is a LPC and is the largest total number of FTEs are associated with MAT/opioid maintenance outpatient programs

Total workforce for different designations by services



Total workforce by designations across facilities



Key findings

- Across all of the MAT/Opioid Maintenance providers in Region 3 there are a total of 43 employees currently aiding providers in offering treatment services. Among the workforce, survey results revealed that the majority of positions were LPCs.

In Region 3, six ARSCs completed the provider survey and indicated they operate with a workforce of less than 10

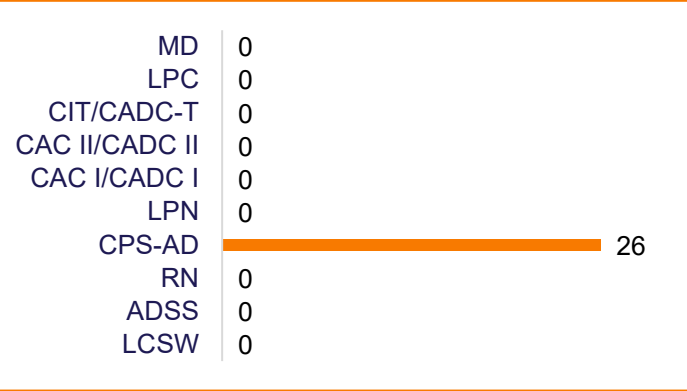
The survey results for Addiction Recovery Support Centers have been separated to clearly differentiate the ARSC workforce from other provider types.

Respondent mix

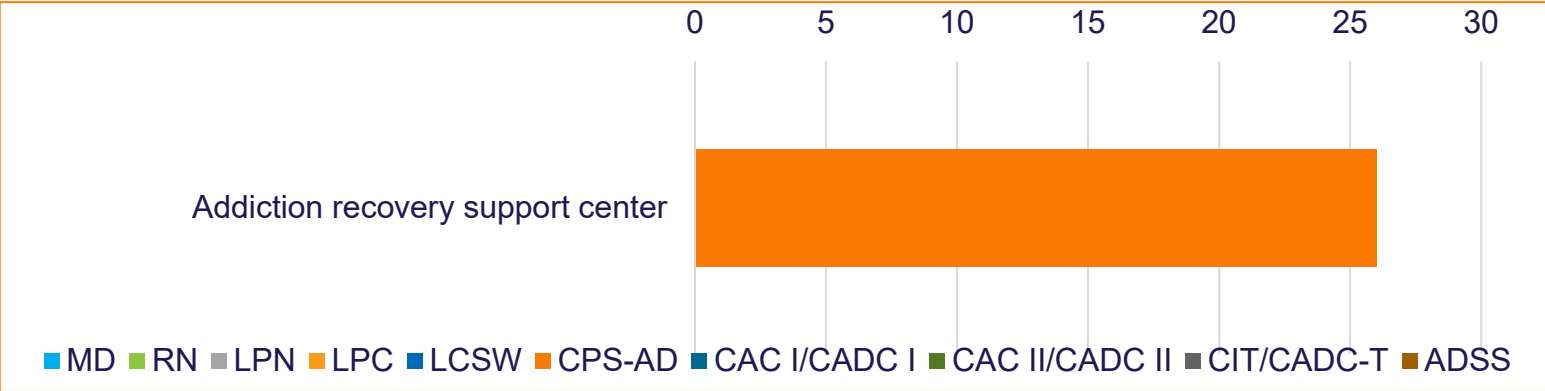


Total no. of facilities = 6

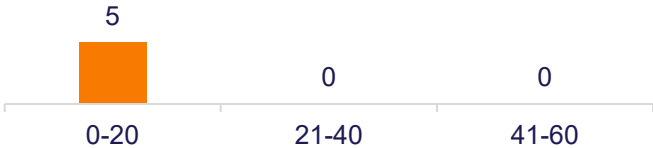
Total workforce by designations across facilities



Total workforce for different designations by services



Number of facilities by total workforce



Key findings

- There are less than 10 staff working in each of the ARSCs
- Sojourn Ministries Inc. has the highest number of staff, 9 employees, at their center

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

Footnote: Clayton Center Community Service Board 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

Region 3 experiences higher numbers of opioid-related deaths and ED visits, consistent with the counties' overall population density compared to more rural regions

Opioid Use Disorder in Region 3

- Region 3 is the most densely populated region in the state, given the region covers the metro Atlanta area. Region 3 had the second largest number of opioid-related ED visits from 2018 to 2022 (6,783 ED visits) and second largest number of total statewide opioid overdose deaths from 2018 to 2022 (1,868 total deaths).
 - Fulton (577), DeKalb (319) and Gwinnett (350) Counties ranked among the top five counties in the state with the largest number of opioid-related ED visits in 2022.
 - Fulton (192) and Gwinnett (143) Counties were both also among the top five counties in the state with the largest number of opioid overdose deaths in 2022.
- When examining the opioid overdose death rates per 100,000 residents, to account for population, Region 3 is tied with Region 2 for the second-highest death rate over the period 2018 to 2022 (11.2 per 100,000 residents).
- Region 3 had the lowest opioid-related ED visit rate per 100,000 residents (41.9) compared to other regions from 2018 to 2022.
- While males account for more total opioid overdose deaths than females in Region 3, both genders experienced similar increases in deaths from 2018 to 2022
- Opioid overdose deaths increased among all age groups from 2018 to 2022. Ages 20-24 saw the largest percent increase (150%) in total opioid overdose deaths from 2018 to 2022. Deaths from synthetic opioid overdoses increased 318% for this age group.
- Region 3 is comprised of four of the five QBGS, including the City of Atlanta, and is a densely populated area with a high minority populations. The African American population experienced higher opioid related ED visits from 2018 - 2022 than Whites, Asians and Hispanics. African Americans had a total of 18,761 over the five-year period; Fulton County, with 1,843 visits during 2022 alone had the highest number of visits consistently over the course of five years.
- Looking at Gwinnett County through a social vulnerability lens, there are several zip codes experiencing above average shares of the population that do not have any health insurance (public or private) and are enrolled in government assistance programs such as SNAP and Medicaid. Additionally, 3 out of 29 in-scope zip codes having below average median incomes and above average shares of the population that are disabled, without a car and unemployed may be contributing to the high opioid overdose death rate in Gwinnett county, with a total death count of 143 individuals in 2022 alone.
- Fulton County, Gwinnet County, and DeKalb County all had more than 100 deaths from synthetic opioids (e.g., fentanyl) in 2022

Many of the Opioid Continuum of Care providers are currently clustered around downtown Atlanta, with fewer providers in the eastern half of the region

Availability of Services and Gaps Across the Opioid Continuum of Care

Availability of Services

- Throughout Region 3, residents currently have access to all seven types of OUD/SUD services across the continuum components of Prevention, Treatment, Recovery and Harm Reduction.
- Primary Prevention projects are currently serving Fulton, Clayton, Newton and Rockdale Counties. There are currently no projects targeting DeKalb and Gwinnett Counties, which may present a gap in primary prevention given these two counties were ranked among the highest in the state for opioid-related ED visits and overdose deaths in 2022.
- The majority of the Treatment providers operating in Region 3 are concentrated in Fulton and DeKalb Counties, near the downtown Atlanta area.
- To aid in Harm Reduction efforts, there have been a total of 100,333 syringes distributed across Fulton, DeKalb and Gwinnett Counties.

Gaps in Services

- Considering the geographic area, population density, and opioid trends in Gwinnett County, there are gaps in the providers available to residents. Specifically, there are no Stand-Alone Detox Centers, Semi-Independent or Independent Residential Treatment providers, SAIOP Outpatient providers, OTP providers, Intensive Outpatient Women's providers, or Transitional Housing providers in Gwinnett County.
- There are currently no providers in Region 3 offering Residential Treatment for transition aged youth or Independent Residential Treatment for women.
- Newton County is the only county in Region 3 without a Recovery provider, specifically an Addiction Recovery Support Center. Fulton and DeKalb Counties each have two ARCSs while Clayton, Gwinnett and Rockdale Counties each have one ARSC in the county

Appendix

Definitions

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

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

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

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

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

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

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

OUD CoC Service	Service Definition
<p>Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP)</p> <ul style="list-style-type: none"> • Opioid Maintenance outpatient programs • Intensive Outpatient (Women) 	<p>Opioid Maintenance Treatment: An organized, usually ambulatory, substance use disorder treatment service for individuals who have an addiction to opiates. The nature of the services provided (such as dosage, level of care, length of service or frequency of visits) is determined by the individual's clinical needs, but such services always includes scheduled psychosocial treatment sessions and medication visits (often occurring on a daily basis) within a structured program. Services function under a defined set of policies and procedures, including admission, discharge and continued service criteria stipulated by state law and regulation and the federal regulations at FDA 21 CFR Part 291. Length of service varies with the severity of the individual's illness, as well as his or her response to and desire to continue treatment. Treatment with methadone or LAAM is designed to address the individual's goal to achieve changes in his or her level of functioning, including elimination of illicit opiate and other alcohol or drug use. To accomplish such change, the Individualized Recovery/Resiliency Plan must address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of recovery. The Individualized Recovery/Resiliency Plan should also include individualized treatment, resource coordination, and personal health education specific to addiction recovery (including education about human immunodeficiency virus [HIV], tuberculosis [TB], and sexually transmitted diseases [STD]).¹</p> <p>Women's Treatment and Recovery Support (WTRS): Outpatient Services: WTRS Outpatient Services will provide comprehensive gender specific treatment for addictions. These services will encompass ASAM Level 1 Outpatient services and ASAM Level 2.1 Intensive Outpatient Services. ASAM Level 1 outpatient encompasses organized services that may be delivered in a wide variety of settings. Such services are provided in regularly scheduled sessions and follow a defined set of policies and procedures. ASAM Level 2.1 is an intensive outpatient set of services that maybe offered during the day, before or after work, in the evening or on weekends. Such programs provide essential support and treatment services while allowing the individual to apply his/her newly acquired skills in "real world "environments. The WTRS Outpatient Program assumes an average length of stay in outpatient treatment of 4 to 12 months or based on individual clinical need.¹</p>
<p>Transitional Housing</p> <ul style="list-style-type: none"> • Men 	<p>Transitional Housing linked to MAT OP provides a less restrictive residential setting with reduced supervision in conjunction with off-site treatment utilizing medication to support long-term recovery from Opioid Use Disorder. The residential program is designed to help individuals begin to strengthen their living skills and focus on creating financial, environmental, and social stability to increase the probability of long-term recovery² beyond the artificial environment.²</p>

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

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

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

Additional definitions for terms used throughout this report are included below

Definitions

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

Gwinnett County Vulnerability Analysis

Region 3 vulnerability analysis with all zip codes

Zip codes of populations by scenario in Gwinnett County

Zip Code	Four scenario types			Number of scenarios
	Medically Underserved	Housing Unstable	Socially Marginalized	
30058				4
30680				4
30046				3
30087				3
30518				3
30093				2
30096				2
30340				2
30039				1
30043				1
30044				1
30045				1
30047				1
30350				1
30360				1
30519				1
30071				1
30084				1
30052				1
30092				1
30017				0
30078				0
30620				0
30011				0
30097				0
30019				0
30548				0
30024				0
30517				0

Key observations of social determinants:

Medically Underserved: 20 out of 29 in-scope zip codes in Gwinnett 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 29 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: 7 out of 29 in-scope zip codes in Gwinnett 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: 5 out of 29 in-scope zip codes in Gwinnett 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 3 Providers and Services

Prevention Providers

<i>Project Name</i>	<i>Service Location</i>
HBCU Behavioral Health Initiative	Clark Atlanta University Campus
HBCU Behavioral Health Initiative	Morehouse School of Medicine Campus
Partners in Prevention Project	Rockdale County
Partners in Prevention Project	Newton County
Partners in Prevention Project	Clayton County
South Atlanta Cluster	Dobbs Elementary
South Atlanta Cluster	Crawford Long Middle
South Atlanta Cluster	South Atlanta High School
Mays Cluster	Peyton Forest Elementary
Mays Cluster	Jean Childs Young Middle
Mays Cluster	Benjamin E. Mays High School
North Atlanta Cluster	Garden Hill Elementary
North Atlanta Cluster	Sutton Middle (6,7,and 8th Grade Campuses)
North Atlanta Cluster	North Atlanta High School
Washington Cluster	M. Agnes Jones Elementary
Washington Cluster	H. G Russell West End Academy Middle
Washington Cluster	Booker T. Washington High School.
Mohammed Schools of Atlanta Cluster	Mohammed Elementary
Rockdale Co Heritage Cluster	Peeks Chapel Elementary
Rockdale Co Heritage Cluster	Salem High School
Rockdale Co Heritage Cluster	Memorial Middle School
Rockdale Co Salem Cluster	Sims Elementary
Rockdale Co Salem Cluster	Edwards Middle
Alcovy Cluster.	Liberty Middle
Alcovy Cluster.	Livingston Elementary
Alcovy Cluster.	Alcovy High School

Region 3 Providers and Services

Prevention Providers continued

<i>Project Name</i>	<i>Service Location</i>
College of Prevention Project Expansion	Spelman College
College of Prevention Project Expansion	Clarke Atlanta University
College of Prevention Project Expansion	Oxford College
College of Prevention Project Expansion	Emory University
HBCU Behavioral Health Initiative	Morehouse School of Medicine
SOR Sources of Strength Project	9652 Fayetteville Rd Jonesboro, GA 30238
SOR Sources of Strength Project	1251 Mundys Mill Rd Jonesboro, GA 30238
SOR Sources of Strength Project	2830 Henderson Mill Rd Atlanta, GA 30341
SOR Sources of Strength Project	3456 Aztec Rd #2702 Doraville, GA 30340
SOR Sources of Strength Project	2160 Idlewood Rd Tucker, GA 30084
SOR Sources of Strength Project	170 Russell Rd Lawrenceville, GA 30043
SOR Sources of Strength Project	4455 Steve Reynolds Blvd Norcross, GA 30093
SOR Sources of Strength Project	4285 Shiloh Rd Snellville, GA 30039
SOR Sources of Strength Project	2288 Main St E, Snellville, GA 30078
SOR Sources of Strength Project	3260 Northside Dr NW, Atlanta, GA 30305
SOR Sources of Strength Project	3260 Northside Dr NW, Atlanta, GA 30305
SPF Suicide Prevention Project	Gwinnett, Newton, and Rockdale Counties
SOR Adopt-A-School	Newton County High School

Region 3 Providers and Services

Residential Treatment Providers				
<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Residential Type</i>
Ascensa Health	139 Renaissance Parkway Northeast Atlanta, GA 30308	Fulton	30308	Intensive Residential Treatment: Men, Residential Treatment: Men - Independent, Residential Treatment: Women - Semi Independent (WTRS and non-WTRS) Intensive Residential Treatment: Women (WTRS and non-WTRS)
Ascensa Health	95 Renaissance Parkway NE Atlanta, GA 30308	Fulton	30308	Intensive Residential Treatment: Men
Breakthru House	1866 Eastfield Street Decatur, GA 30032	DeKalb	30032	Intensive Residential Treatment: Women (WTRS and non-WTRS)
CaringWorks, Inc.	2785 Washington Street SW Atlanta, GA 30303	Fulton	30303	Residential Treatment: Men - Semi Independent
Clayton Center Community Service Board	853 Battle Creek Rd, Jonesboro, GA 30236	Clayton	30274	Residential Treatment: Men - Semi Independent
Con-Roc Corporation	1060 Scott Street Conyers, GA 30012	Rockdale	30012	Residential Treatment: Men - Semi Independent
Covent Community, Inc.	623 Spring Street NW Atlanta, GA 30308	Fulton	30308	Intensive Residential Treatment: Men
HUGS	4751 Best Road Atlanta, GA 30337	Fulton	30337	Residential Treatment: Men - Semi Independent
Mary Hall Freedom House 1	8995 Roswell Rd, Sandy Springs, GA 30350	DeKalb	30350	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Mary Hall Freedom House 2	3655 Westchase Village Lane Peachtree Corners, GA 30092	Gwinnett	30092	Intensive Residential Treatment: Men
Mary Hall Freedom House 3	9400 Roswell Road Unit 6A Sandy Springs, GA 30350	DeKalb	30350	Residential Treatment: Men - Semi Independent

Region 3 Providers and Services

Residential Treatment Providers continued				
<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Residential Type</i>
Men and Women for Human Excellence	4283 Memorial Drive Ste C, Decatur GA 30032	DeKalb	30032	Residential Treatment: Men - Semi Independent
Metro Atlanta Recovery Residence - Right Side Up 1	2200 Ranchwood Dr, Atlanta, GA 30345	DeKalb	30345	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Metro Atlanta Recovery Residence - Right Side Up 2	5825 Glenridge Dr. Atlanta, GA 30328, Ste 118	Fulton	30328	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Newport Integrated Behavioral Health	1810 Moseri Road Decatur. GA 30032	DeKalb	30032	Intensive Residential Treatment: Men, Intensive Residential Treatment: Women (WTRS and non-WTRS)
Quest Community Development Organization	615 Lindsay Street NW Atlanta, GA 30318	Fulton	30318	Residential Treatment: Men - Independent
Viewpoint Health CSB 1	175 Kirkland Road Covington, GA 30016	Newton	30016	Intensive Residential Treatment: Men, Residential Treatment: Men - Semi Independent
Viewpoint Health CSB 2	215 Kirkland Road Covington, GA 30016	Newton	30016	Intensive Residential Treatment: Men
Viewpoint Health CSB 4	115 Kirkland Road Covington, GA 30016	Newton	30016	Residential Treatment: Men - Semi Independent

Region 3 Providers and Services

OTP/MAT Providers

Provider	Address	Zip Code	County	OTP (State and Federal Funded Providers)	OTP (MAT Medicaid Providers Only)	MAT-Office based Treatment Non-OTP Based Treatment	Non-Funded Self Pay Only OTP Provider
Alliance Recovery Center - Conyers	3430 Highway 20, Conyers, GA, 30013	30013	Rockdale	X	X		
Alliance Recovery Center - Decatur	1116 East Ponce de Leon Ave, Decatur, GA, 30030	30030	DeKalb	X	X		
Lakeland Centers Atlanta	7001 Peachtree Ind. Blvd., Norcross, GA, 30092	30092	Gwinnett	X			
Crossroads Treatment Center of Sugarloaf	2855 Lawrenceville Suwanee Road #330, Suwanee, GA, 30024	30024	Gwinnett		X		
HealthQwest Frontiers - Buford	4271 South Lee St., Suite 101, Buford, GA, 30518	30518	Gwinnett		X		
New Day Treatment Center	2563 Martin Luther King, Jr. Drive SW, Atlanta, GA, 30311	30311	Fulton		X		
North Fulton Treatment Center	601 Bombay Lane, Roswell, GA, 30076	30076	Fulton		X		
Georgia Harm Reduction Coalition, Inc.	1231 Joseph E. Boone Blvd., NW, Atlanta, GA. 30314	30314	Fulton			X	
Grady Memorial Hospital	80 Jesse Hill Jr. Drive, SE Atlanta, GA 30303	30303	Fulton			X	
Newport Integrated Behavioral Health	1810 Moseri Road Decatur, GA 30032	30032	DeKalb			X	
Ascensa Health, Inc	139 Renaissance Pkwy, NE Atlanta, GA 30308	30308	Fulton			X	
Men and Women for Human Excellence	4286 Memorial Drive, suite D Decatur, GA 30032	30032	DeKalb			X	
Atlanta VA Medical Center	1670 Clairmont Road, Decatur, GA, 30033	30033	DeKalb				X
Consecrated Care, Inc	217 Arrowhead Boulevard Suite B-1, Jonesboro, GA, 30236	30236	Clayton				X
GPA Treatment Center, Inc.	4255 Chamblee Tucker Road, Doraville, GA, 30340	30340	DeKalb				X
Toxicology Associates of North Georgia - Gwinnett	751 Collins Hill Road, Lawrenceville, GA, 30046	30046	Gwinnett				X

Region 3 Providers and Services

SAIOP Providers

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

Stand Alone Detox Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
Newport Integrated Behavioral Health	1810 Moseri Road Decatur, GA 30032	DeKalb	30032
Viewpoint Health CSB 1	175 Kirkland Road Covington, GA 30016	Newton	30016
Ascensa Health	139 Renaissance Parkway Northeast Atlanta, GA 30308	Fulton	30308

Intensive Outpatient (Women) Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
Mary Hall Freedom	8995 Roswell Rd, Sandy Springs, GA 30350	DeKalb	30350
Paula Crane Life Enrichment Center	792 Mt Zion Rd, Morrow, GA 30260	Clayton	30260
Ascensa Health	139 Renaissance Parkway Northeast Atlanta, GA 30308	Fulton	30308

Transitional Housing Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Housing Type</i>
Caring Works INC	2785 Lawrenceville Highway Ste 205 Decatur, GA 30033	DeKalb	30033	Transitional Housing: Men
Mary Hall Freedom	8995 Roswell Rd, Sandy Springs, GA 30350	DeKalb	30350	Transitional Housing: Women (WTRS and non-WTRS)

Region 3 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>
Paula Crane Life Enrichment Center	1792 Mt Zion Rd, Morrow, GA 30260	Clayton	30260	Existing
The DOOR	4086 Covington Hwy. Suite H, Decatur, GA 30032	DeKalb	30032	Existing
Recovery Resources of Atlanta - Midtown	623 Spring Street, NW, Atlanta, GA 30308	Fulton	30308	Existing
R2ISE	675 Metropolitan Pkwy, Suite 5036, Atlanta, GA 30310	Fulton	30310	Existing
Navigate Recovery - Safe Harbor	52 Gwinnett Dr, Suite A, Lawrenceville, GA 30046	Gwinnett	30046	Existing
Grit and Grace RCO	1400 Parker Rd, Conyers, GA 30094	Rockdale	30094	Existing
Recovery Connections Inc	2405 Lawrenceville Hwy, Lawrenceville, GA. 30044	Gwinnett	30044	New Location

Region 3 Providers and Services

Harm Reduction Providers	
<i>SSP Locations</i>	<i>Syringes distributed</i>
Chamblee (DeKalb)	37,000
Clayton	3204
DeKalb	9452
Fulton	33833
Gwinnett	29,500
Rockdale	1000

Harm Reduction Providers	
<i>Naloxone Distribution Provider</i>	<i>Counties</i>
3-2 Fulton	Fulton
3-3 Clayton (Jonesboro)	Clayton
3-4 East Metro	Gwinnett
3-5 DeKalb	Dekalb
Ascensa Health, Inc.	Fulton
Avita Community Partners	Gwinnett
Behavioral Health Link Region 2	Fulton
Circle of Recovery Peer Center	Dekalb
Clayton CSB	Fulton
DeKalb CSB	Dekalb
GNR Public Health	Gwinnett
Grady Memorial Hospital	Fulton

Harm Reduction Providers continued	
<i>Naloxone Distribution Provider</i>	<i>Counties</i>
Grady Memorial Hospital (ER)	Fulton
Grit and Grace RCO	Rockdale
Integrated Health Mobile Crisis Region 3	N/A
Little Five Points Pharmacy	Fulton
Men and Women 4 Human Excellence	Dekalb
Navigate Recovery - Safe Harbor	Gwinnett
Newport Integrated BH	Dekalb
OASIS, Inc.	Fulton
Paula Crane Life Enrichment Center	Clayton
Peers Empowering Peers	Fulton
R2ISE	Fulton
Recovery Resources of Atlanta – Midtown	Fulton
River Edge BH	Fulton
The DOOR	Dekalb
View Point Health	Gwinnett

Provider Survey Analysis

Methodology and assumptions

Methodology

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



Assumptions

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



Abbreviations

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