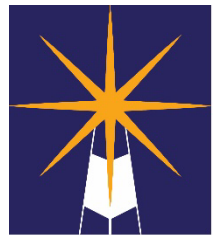


# Opioid Use Disorder Continuum of Care Region 5 Assessment Report



**D·B·H·D·D**

Georgia  
Department of  
Behavioral Health  
& Developmental  
Disabilities

January 22, 2024

The following content areas are included in this assessment report

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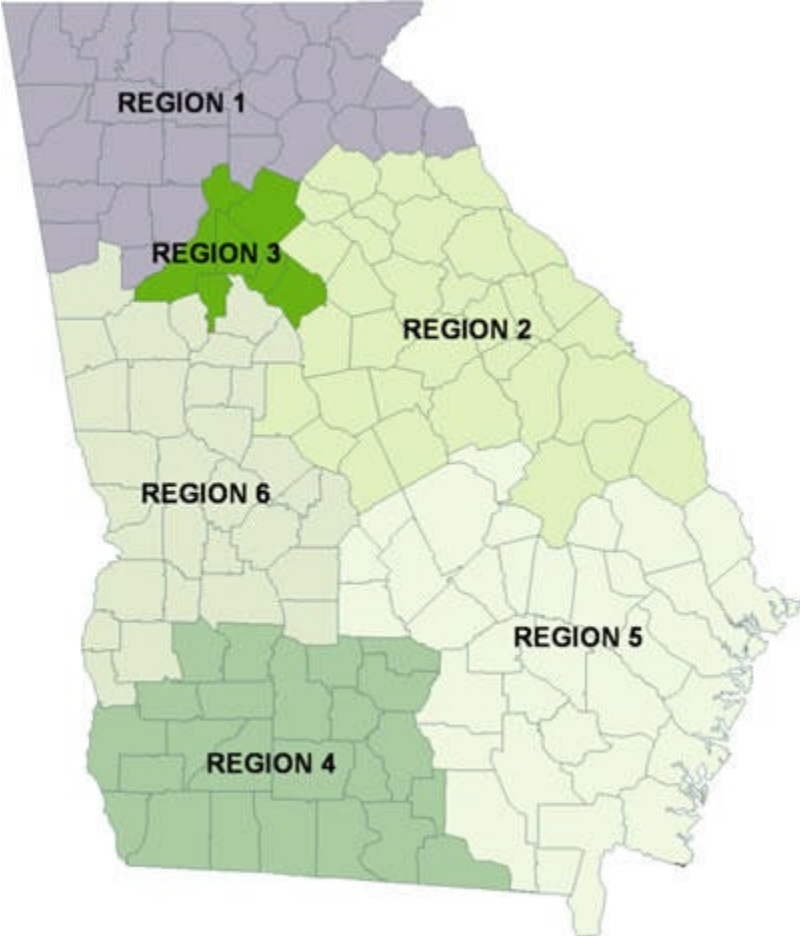
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# Executive Summary

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



## Region 5

Region 5 is located in Southeastern Georgia and includes the following 34 counties:

- Appling
- Atkinson
- Bacon
- Bleckley
- Brantley
- Bryan
- Bulloch
- Camden
- Candler
- Charlton
- Chatham
- Clinch
- Coffee
- Dodge
- Effingham
- Evans
- Glynn
- Jeff Davis
- Johnson
- Laurens
- Liberty
- Long
- McIntosh
- Montgomery
- Pierce
- Pulaski
- Tattnall
- Telfair
- Toombs
- Treutlen
- Ware
- Wayne
- Wheeler
- Wilcox

## Region 5 offers a variety of services across the SUD/ODU Continuum of Care, and the region had the second lowest opioid overdose death rate in the state from 2018 to 2022

- Region 5 experienced a 173% increase in opioid overdose deaths during from 2018 to 2022, with the largest percent increase in total opioid overdose deaths among the 20-24-year age group. The highest number of opioid overdose deaths were observed in Chatham County, among the White population, and males. There was a 500% increase in the opioid overdose deaths among Blacks or African-Americans.
- Across the six regions, Region 5 saw the fifth largest number of total opioid-related ED visits in 2022, with Chatham County ranked at the top. The highest increases in ED visits were in the 35-44 age group (107%), among males, and White population.
- Across the region, the highest number of naloxone doses were administered in Chatham County
- SUD/ODU providers leverage a diverse, however, limited workforce to deliver services
- Higher social determinants vulnerabilities may contribute to the overdose and death rates observed in Chatham County; multiple zip codes within the county have vulnerability across dimensions of access to medical services, housing stability, and economic status
- Across the continuum of care:
  - Primary prevention programs are offered in K-12, higher education institutions, and workplaces
  - Of the treatment services, there is greater availability of OTP/MAT providers
  - There are SAIOP Outpatient and Stand-Alone Detox providers available in the region
  - Residential treatment services are available for adults and transition-aged youth
  - Investments are being made to expand recovery services with the opening of new Addiction Recovery Support Centers (ARSCs)
  - Naloxone distribution sites as a harm reduction service are widely available across the region
- There remain gaps and service variability across Region 5:
  - There are no providers offering Residential Treatment Semi-Independent services to women
  - The following counties in Region 5 do not have SUD/ODU CoC Providers: Appling, Bleckley, Bryan, Clinch, Effingham, Evans, Jeff Davis, Long, Pierce, Pulaski, Tattnall, Treutlen, Wayne, and Wilcox
  - There are more residential treatment services offered for men than women across all residential treatment areas
  - Syringe exchange harm reduction services are not widely available across the region

# Background Information

# Overview of the Opioid Continuum of Care assessment reports

## Background

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

## Objectives

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

## Assessment Inputs

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

# Approach to developing the assessment reports

## Approach

### 1 Understand OUD burden

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

### 2 Compile current state CoC data

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

### 3 Identify gaps

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



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

## Considerations

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

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

## Prevention

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

## Treatment

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

## Recovery

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

## Harm Reduction

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

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

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

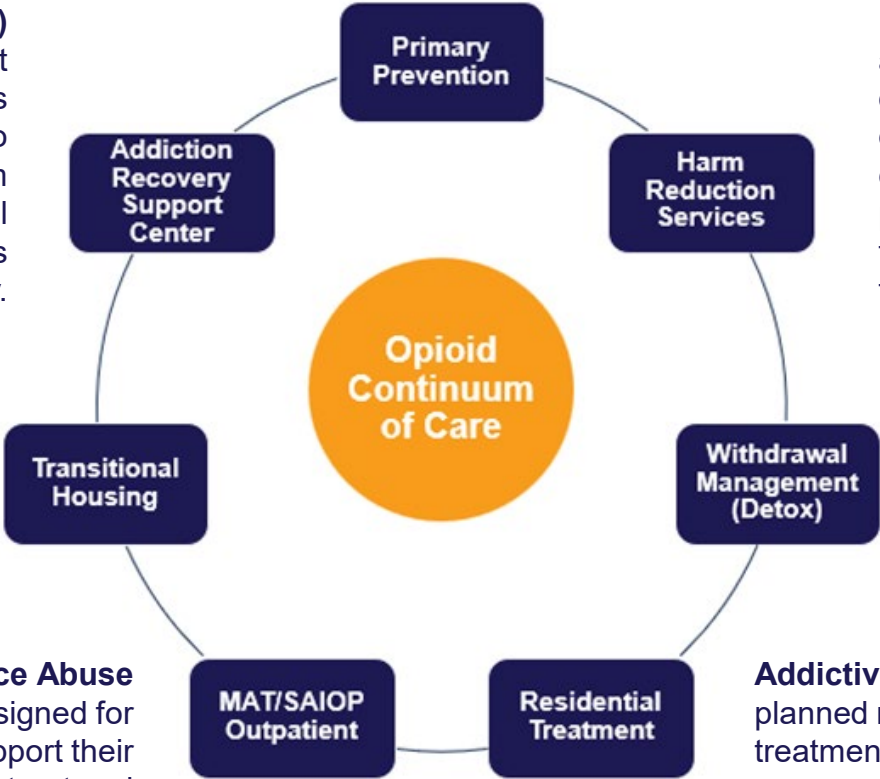
# DBHDD's proposed Opioid Use Disorder Continuum of Care Model includes seven components

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

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

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

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



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

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

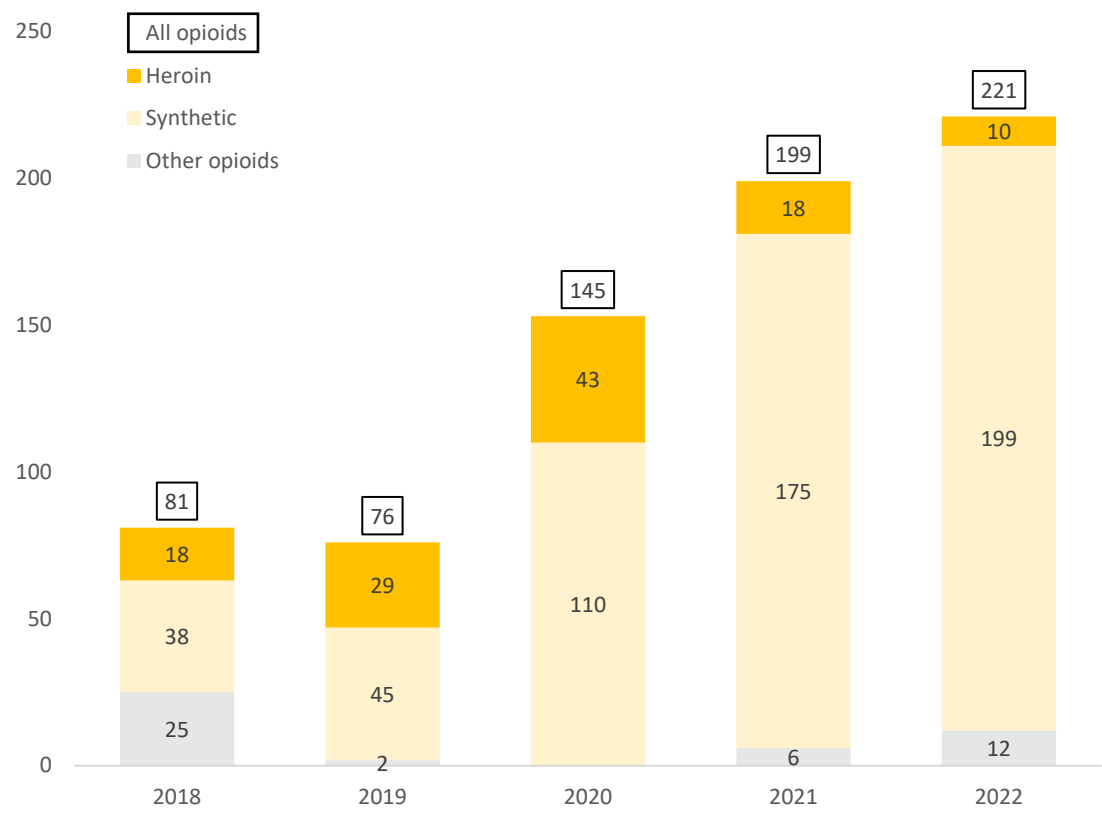
**Addictive Diseases Residential Service** provides a planned regimen of 24-hour observation, monitoring, treatment, and recovery supports for individuals who require a supportive and structured environment due to OUD. There are varying levels of care which include step-down models, intensive, semi-independent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

# Epidemiological Data Analysis and Findings

# Opioid Overdose Deaths

# From 2018 to 2022, the annual number of total opioid overdose deaths in Region 5 more than doubled, and reflected significant increase of synthetic opioids use

## Total overdose deaths for all opioids in Region 5, 2018-2022

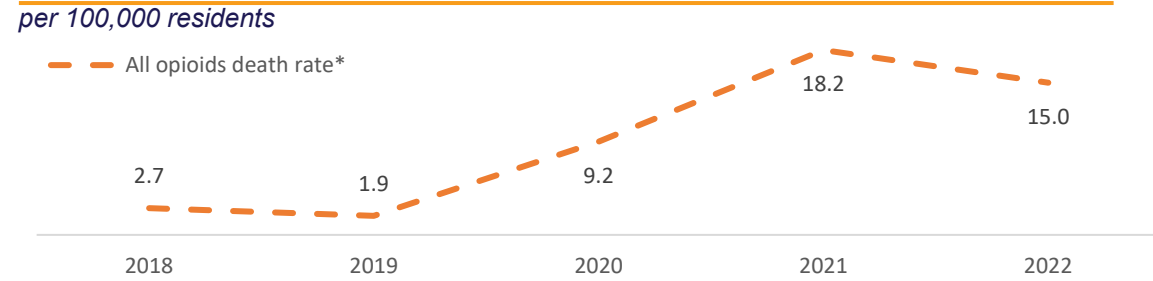


Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured). 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 5 totaled 221**, representing a rate of 15.0 per 100,000 residents
  - ▶ Overall, deaths increased 173% from 81 in 2018
  - ▶ On average, deaths increased at a compound annual growth rate of 28.5%
- ▶ **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 38 to 199.
  - ▶ This represents an overall increase of 424% and a compound annual growth rate of 51.3%
- ▶ **Heroin** is a specific type of opioid drug. From 2018 to 2022, heroin drug overdoses decreased from 18 to 10.
  - ▶ This represents an overall decline of 44% and an average annual decrease of 13.7%

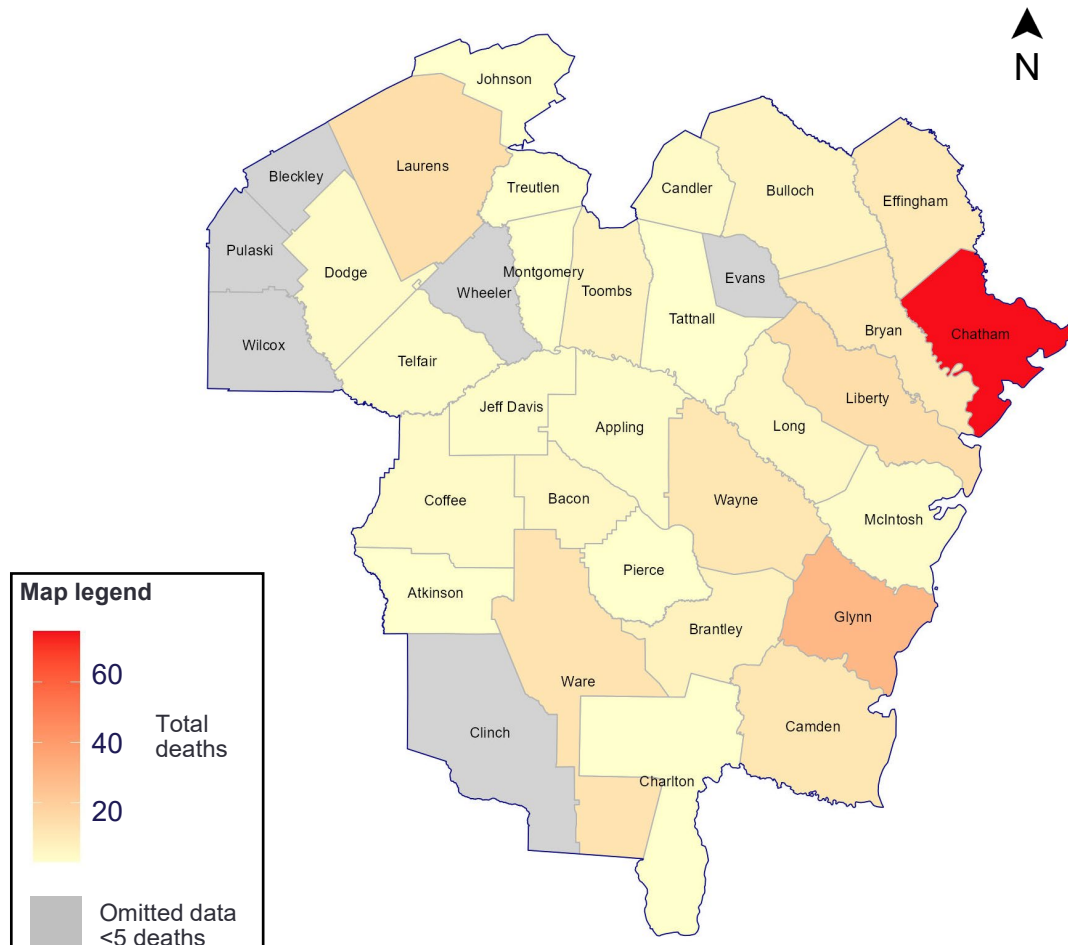
## Rate of opioid overdose deaths in Region 5, 2018-2022



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

# Chatham County, in the northeast part of Region 5, experienced the largest number of total opioid overdose deaths in 2022

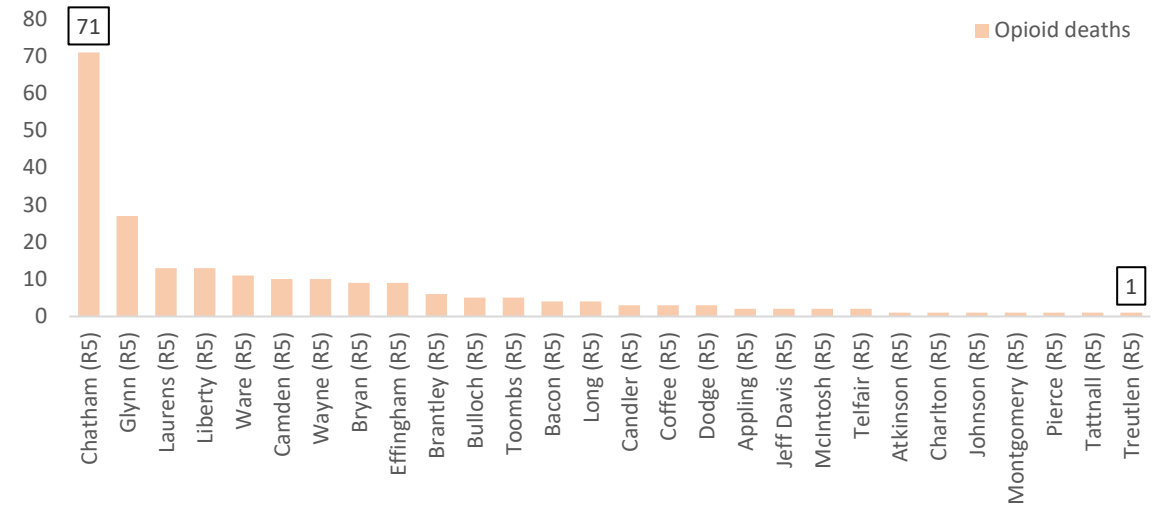
**Map of total opioid overdose deaths by county in Region 5, 2022**



## Key findings

- ▶ In 2022, the **top five counties with the largest total number of opioid overdose deaths** were Chatham (71), Glynn (27), Laurens (13), Liberty (13), and Ware (11)
- ▶ Wayne (10), Camden (10), Effingham (9), Bryan (9), and Brantley (6) counties all **had more than five opioid overdose deaths** in 2022

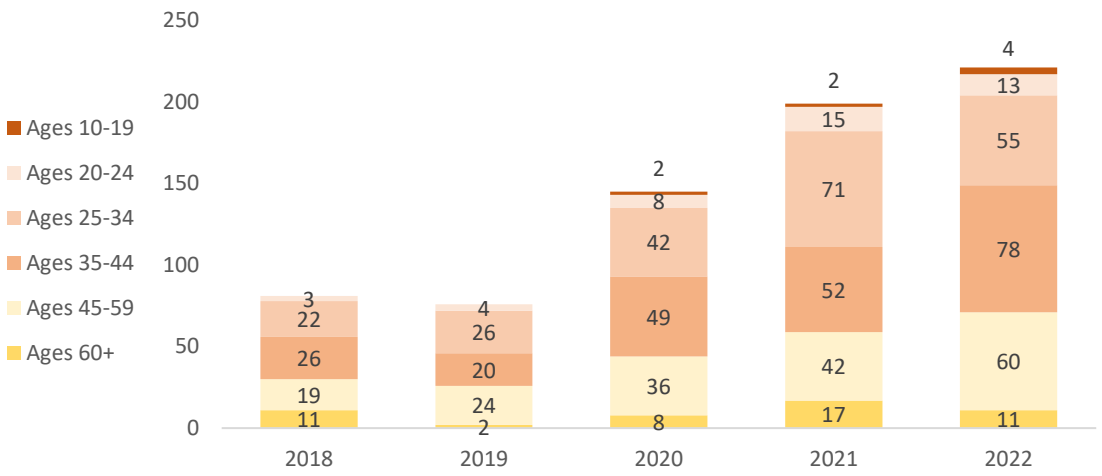
**Opioid overdose deaths by county in Region 5, 2022**



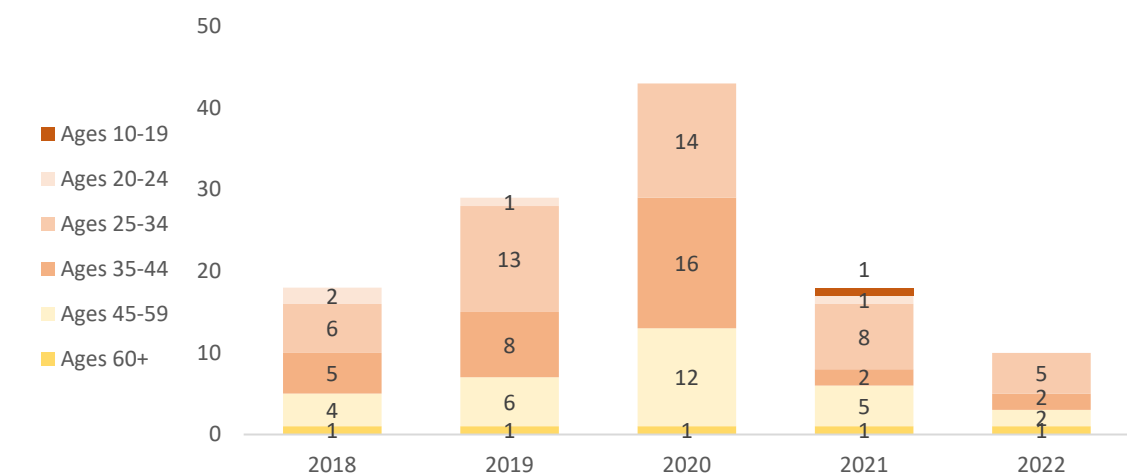


# Total opioid overdose deaths increased across all age groups from 2018 to 2022, with the exception of the 60+ age group

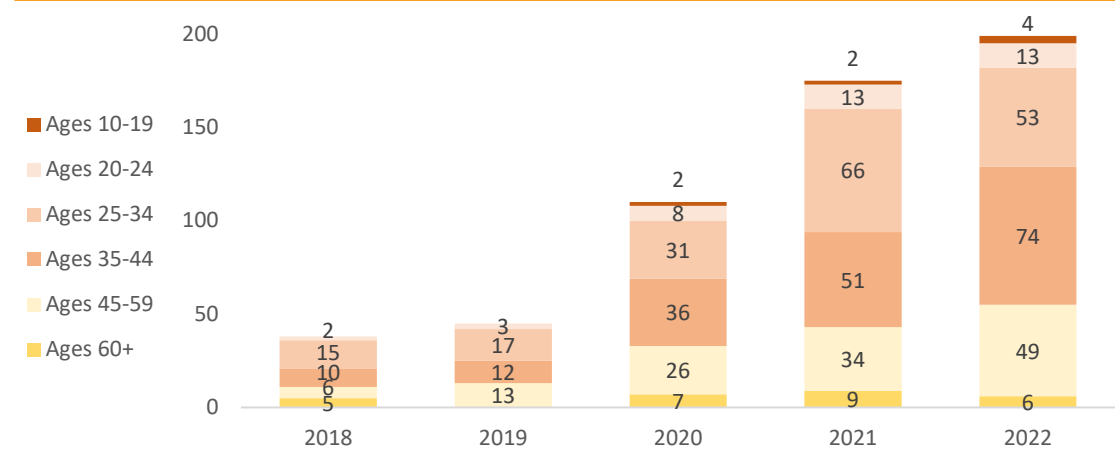
## Total opioid overdose deaths by select age groups



## Heroin opioid overdose deaths by select age groups



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



## Key findings

- ▶ Opioid overdose deaths increased for all age groups shown except the 60+ population from 2018-2022
  - ▶ The synthetic opioid overdose deaths subset increased for all age groups, while heroin overdose deaths decreased among all age groups except ages 10-19 and 60+
- ▶ Ages 20-24 saw the largest percent increase (333%) in total opioid overdose deaths from 2018 to 2022. For this age group, deaths from synthetic opioid overdoses increased 550%
- ▶ From 2018-2022, opioid overdose deaths increased 216% for ages 45-59 and 200% for ages 35-44

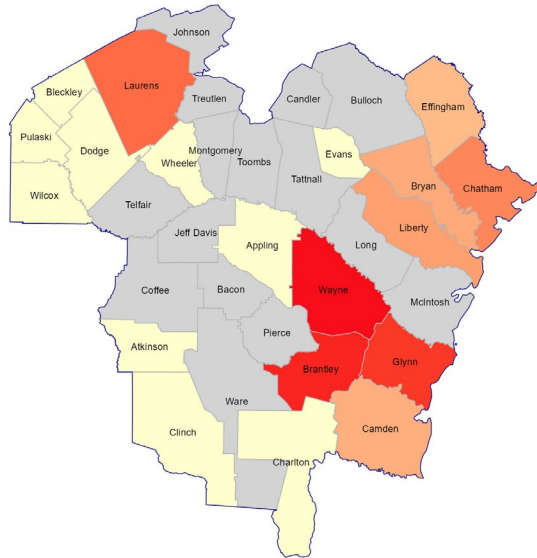
\*Synthetic opioids (e.g., fentanyl) include those other than Methadone.  
 Notes: Data labels are not shown for years where there were no deaths for select age groups. Deaths for ages 0-9 totaled less than 5 during the five-year period and are not shown.  
 Source: 2018-2022 OASIS data from the Georgia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

# The rate of opioid deaths among males has grown more significantly than females over the last five years in Region 5

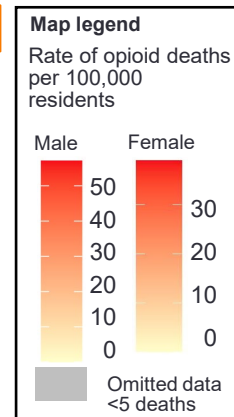
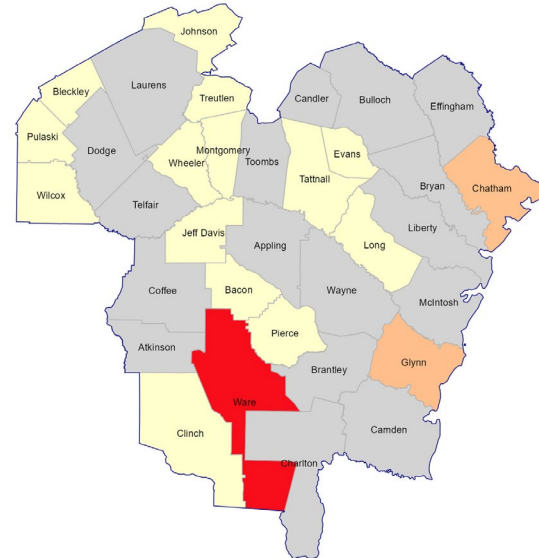
## Map of rates of opioid overdose deaths by county, 2022

per 100,000 residents

### Males

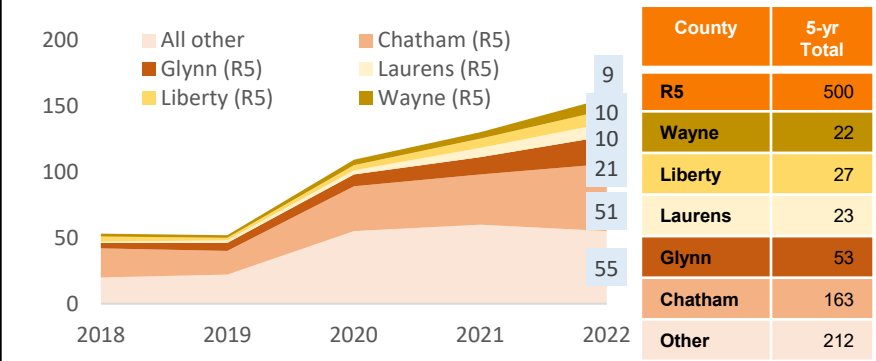


### Females

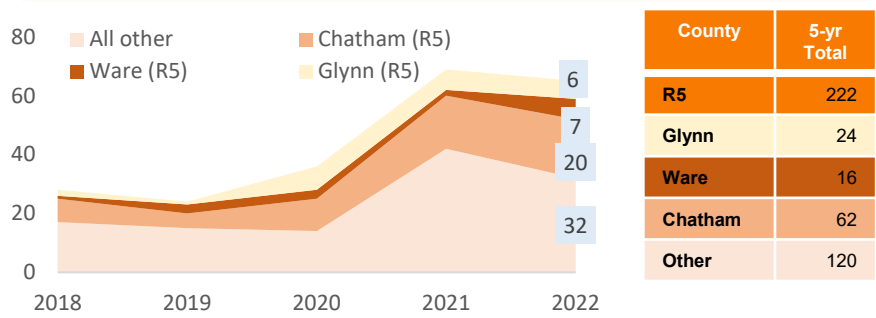


## Opioid deaths by county, 2018-2022

### Males



### Females



\*Region represents average rates across counties within region

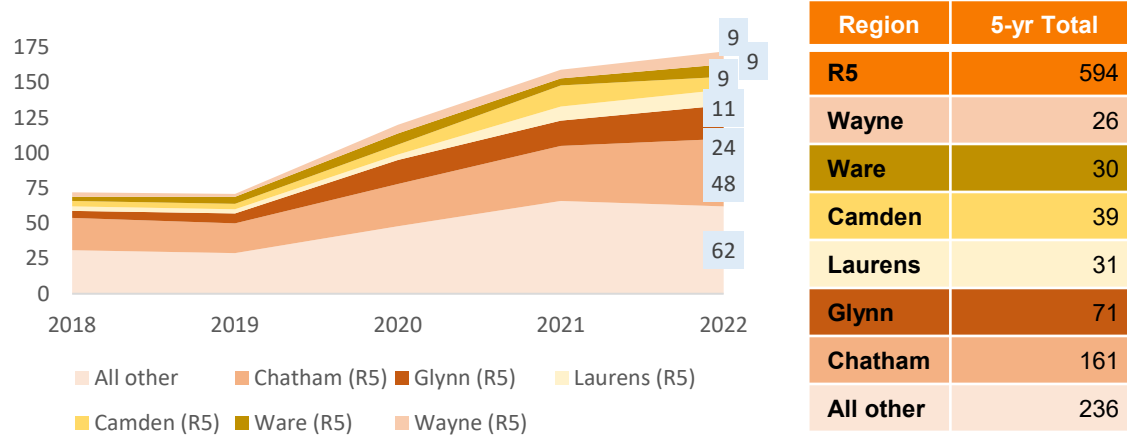
## Key findings

- ▶ Opioid deaths among males increased from 53 in 2018 to 156 in 2022, representing a compound annual growth rate of 31%. Chatham County had the most male opioid deaths during the five-year timeframe (163), followed by Glynn County (53).
- ▶ Opioid deaths among females increased from 28 in 2018 to 65 in 2022, representing a compound annual growth rate of 23%. Chatham County had the most female opioid deaths during the five-year timeframe (62), followed by Glynn County (24).

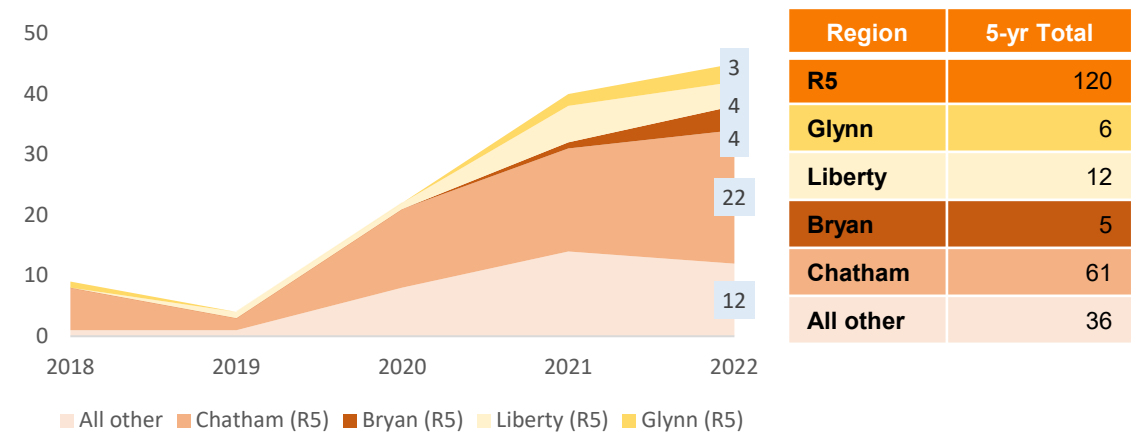
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

# The White population in Region 5 experienced the largest total number of opioid overdose deaths over the 2018 – 2022 period compared to other racial and ethnic groups

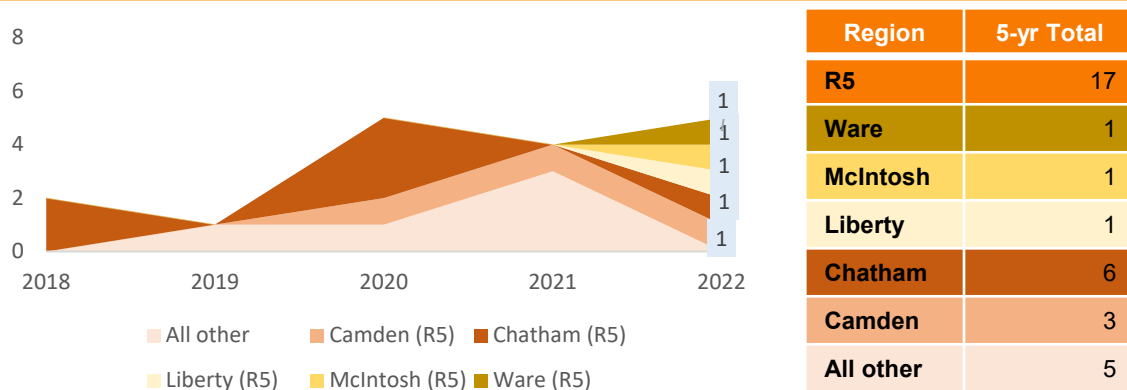
## Opioid deaths for the White population, 2018-2022



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



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

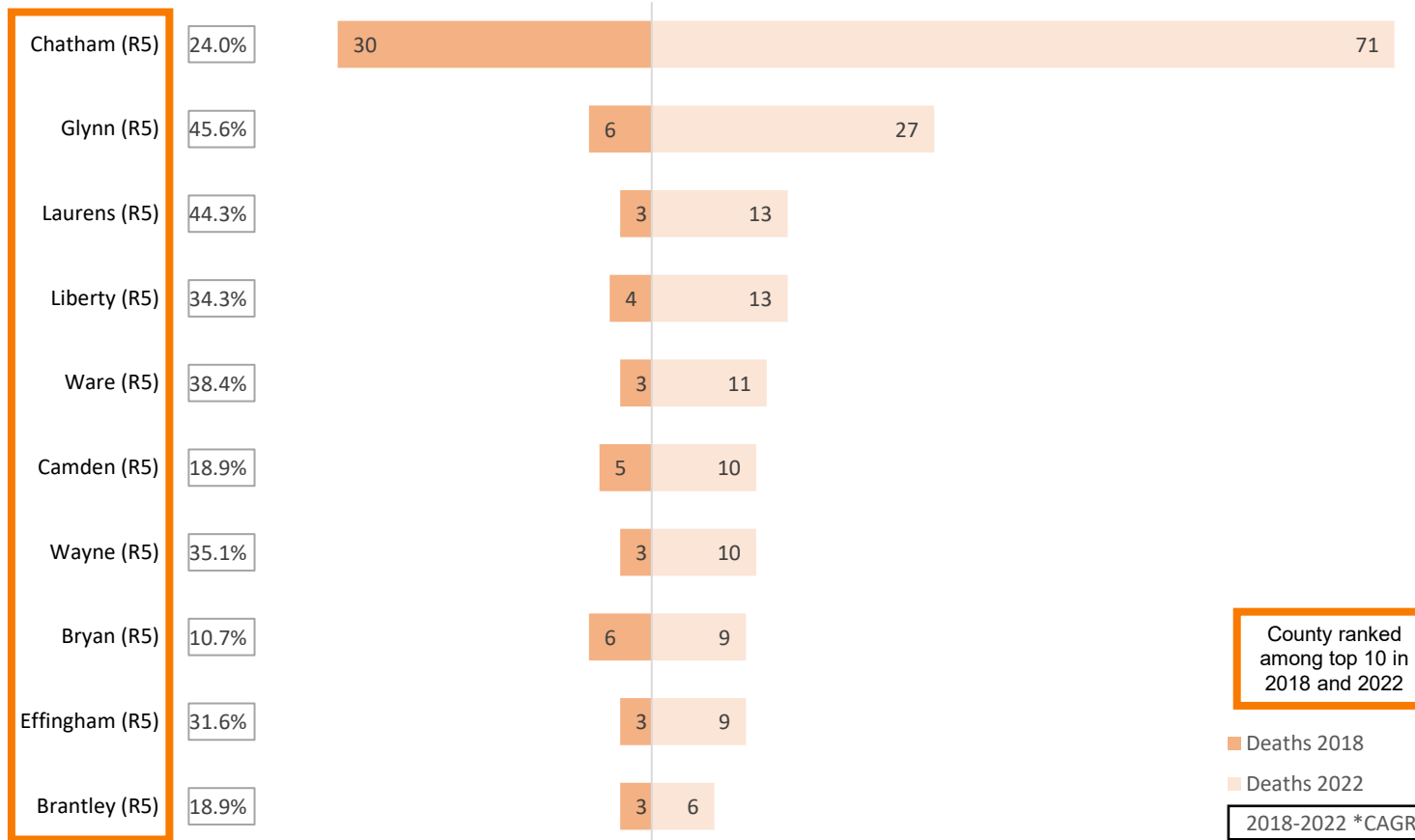


## Key findings

- ▶ From 2018 to 2022, opioid deaths totaled 594 for the White population, 120 for the Black or African-American population, 17 for the Hispanic population, and 2 for the Asian population
- ▶ Chatham County had the most overall opioid deaths for the White (113) population, the Black or African-American (61) population, and the Hispanic (6) population
- ▶ There was one opioid overdose death among the Asian population in 2022, occurring in Liberty County

# From 2018 to 2022 in Region 5, Chatham County consistently had the largest total number of opioid overdose deaths

## Opioid overdose deaths and growth rates among top 10 counties in Region 5 for the years 2018 and 2022



## Key findings

- ▶ All counties ranking in the top 10 for opioid overdose deaths in 2022 also ranked in the top 10 in 2018
- ▶ All counties ranking in the top 10 for opioid overdose deaths in 2018 and 2022 experienced an increase in deaths from 2018
- ▶ Among all counties ranking in the top 10 in 2018 and 2022, **Glynn County had the largest average annual growth rate (45.6%)**, followed by Laurens County (44.3%) and Ware County (38.4%)

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

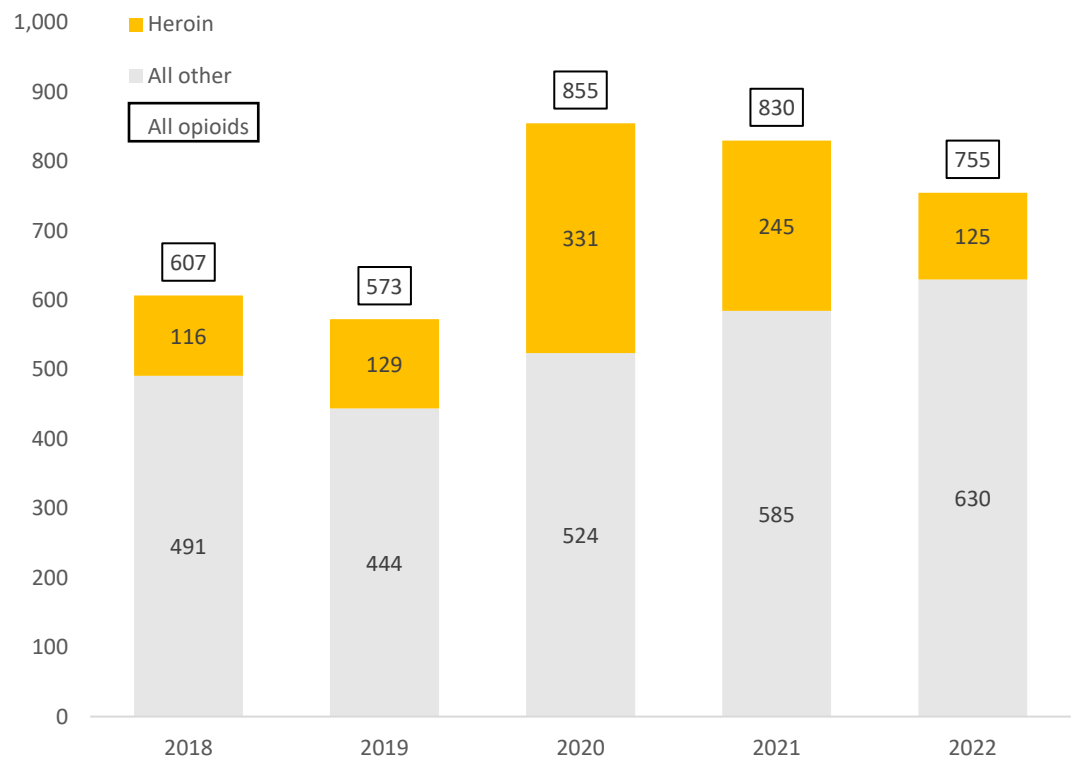
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl) that may be prescription or illicitly-manufactured).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

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

# Opioid-related Emergency Department Visits

# Between 2018 and 2022 in Region 5, the total number of opioid-related emergency department (ED) visits peaked in 2020

## Total opioid-related ED visits in Region 5, 2018-2022



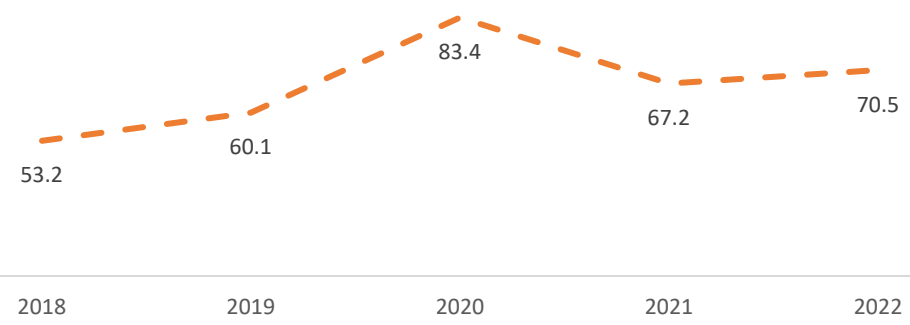
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).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

## Key findings

- ▶ In 2022, **all opioid-related ED visits in Region 5 totaled 755**, representing a rate of 70.5 per 100,000 residents
  - ▶ Overall, opioid-related ED visits increased 24% from 607 in 2018
  - ▶ On average, opioid-related ED visits increased at a compound annual growth rate of 5.6%
- ▶ **Heroin is a specific type of opioid-related drug. From 2018 to 2022, heroin ED visits increased from 116 to 125**
  - ▶ This represents an increase of 8% and a compound annual growth rate of 1.9%

## Rate of opioid-related ED visits in Region 5, 2018-2022

per 100,000 residents

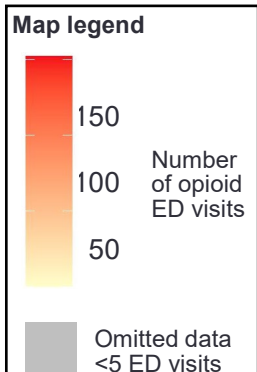
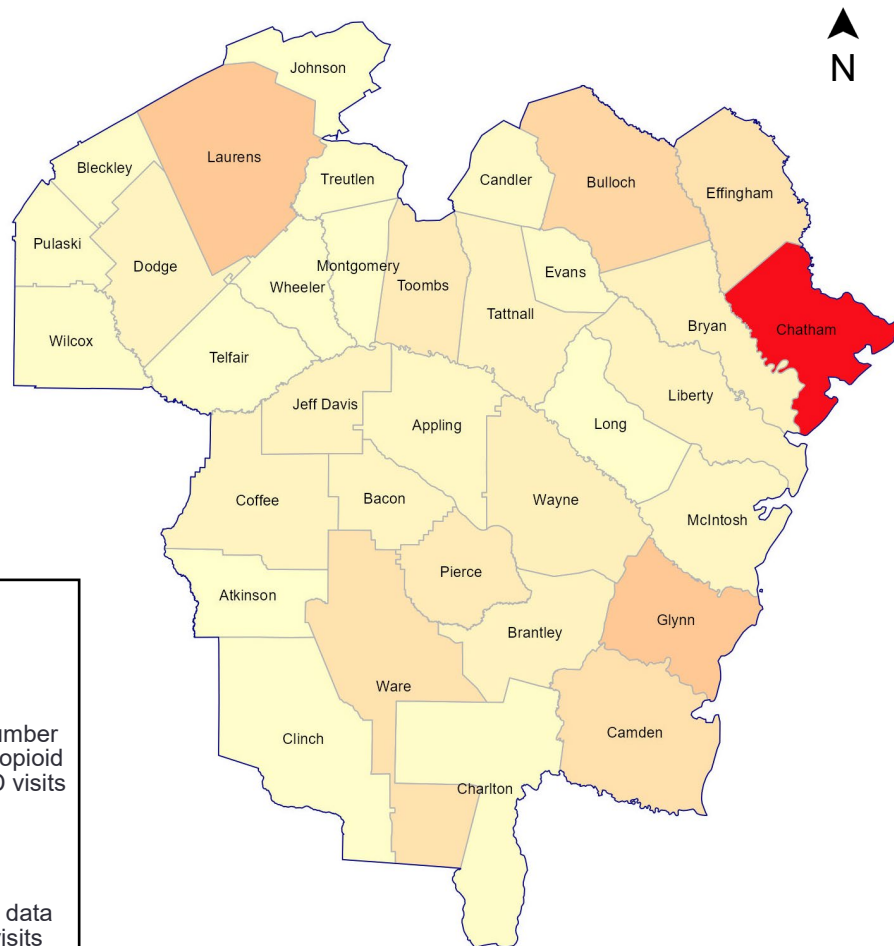


Note: Rate represents an average rate across all counties with 5 or more ED visits.

# Chatham County, in the northeastern part of Region 5, had the largest number of opioid-related ED visits in 2022

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

per 100,000 residents

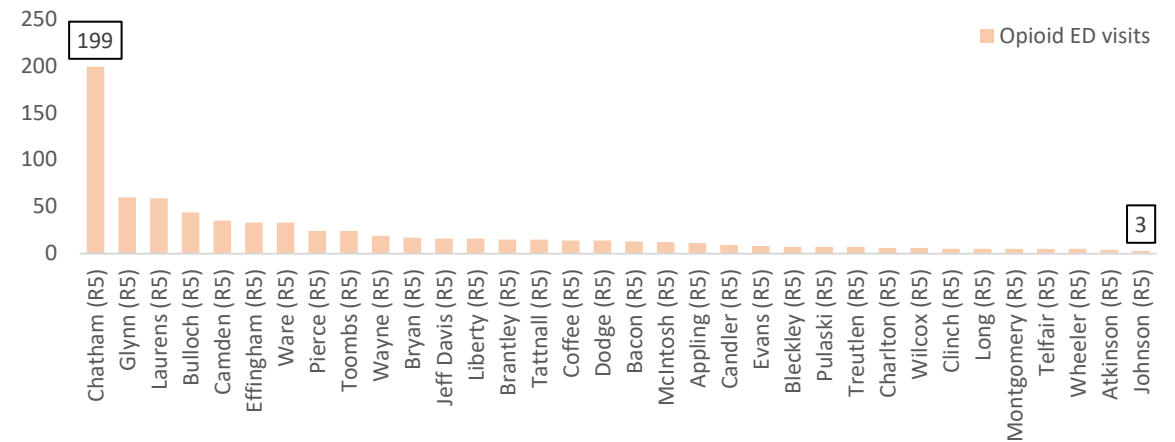


## Key findings

- ▶ In 2022, the **top four counties with the largest total number of opioid-related ED visits** were Chatham (199), Glynn (60), Laurens (59), and Bulloch (44)
- ▶ In addition to the top four counties, Camden (35), Effingham (33), and Ware (33) Counties **had at least 25 opioid-related ED visits**

## Opioid-related ED visits, 2022

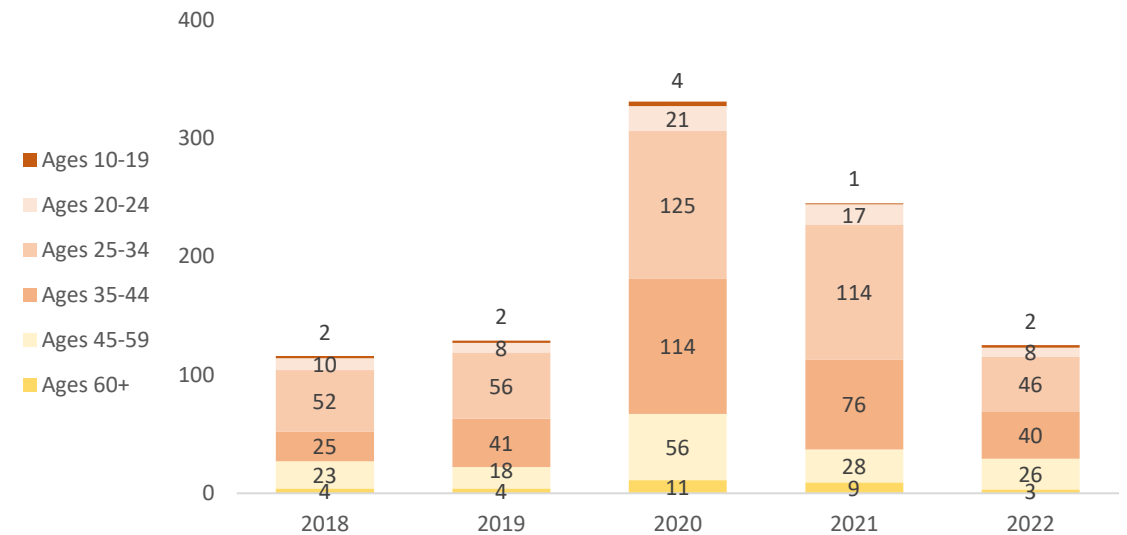
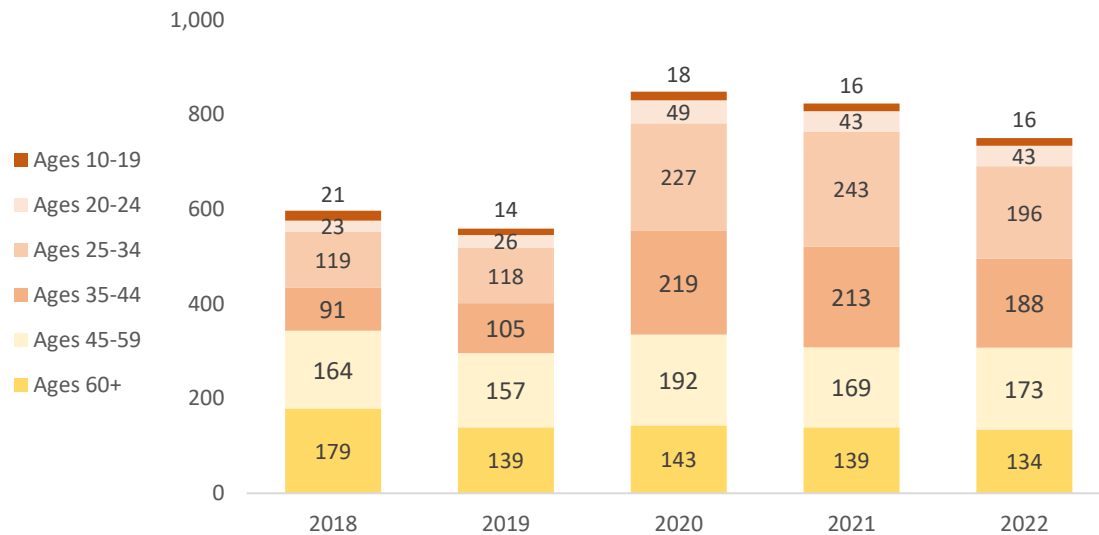
per 100,000 residents



From 2018 to 2022 in Region 5, the total number of opioid-related ED visits increased for all age groups, except for the 10-19 and 60+ age groups which saw a decrease in opioid-related ED visits

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

**Heroin ED visits by select age groups**



**Key findings**

- ▶ Opioid-related ED visits increased for all age groups shown from 2018-2022, with the exception of the 10-19 and 60+ age groups
- ▶ Ages 35-44 saw the largest percentage increase (107%) in opioid-related ED visits, followed by ages 20-24 (87%)
- ▶ The subset of heroin ED visits increased for the 35-44 and 45-59 ages groups, while visits decreased for the 20-24, 25-34, and 60+ age groups

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

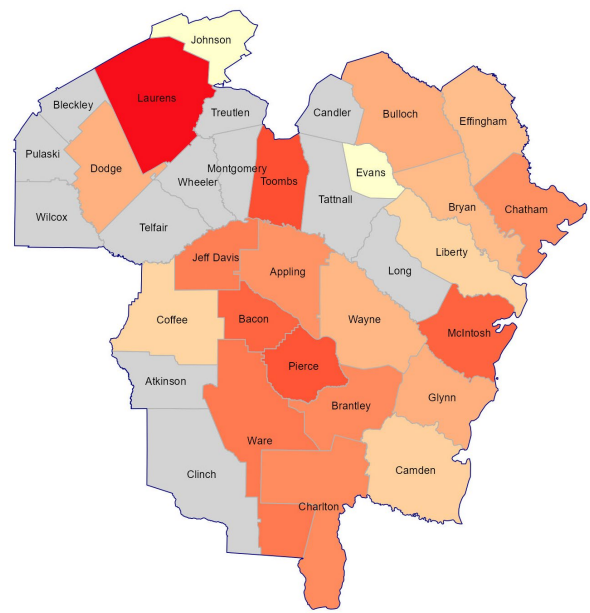


# There was an increase in the number of opioid-related ED visits over the past five years among males and a decrease among females in Region 5

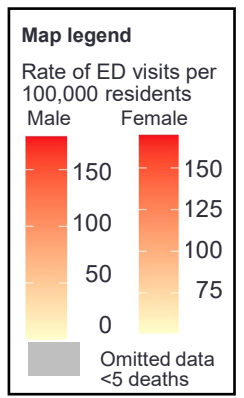
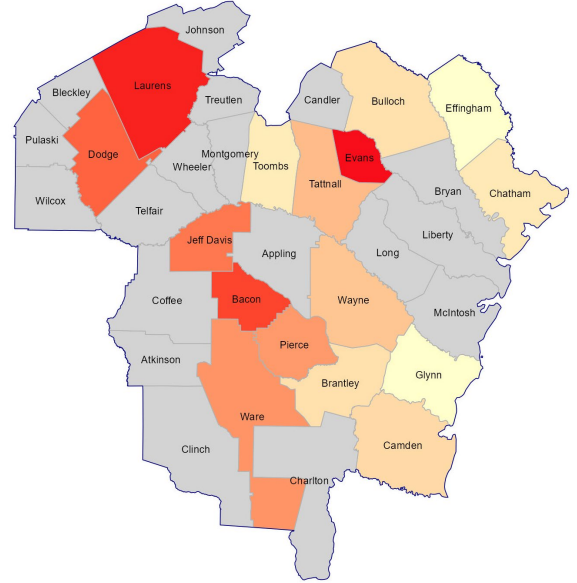
## Map of rates of opioid-related ED visits by county, 2022

per 100,000 residents

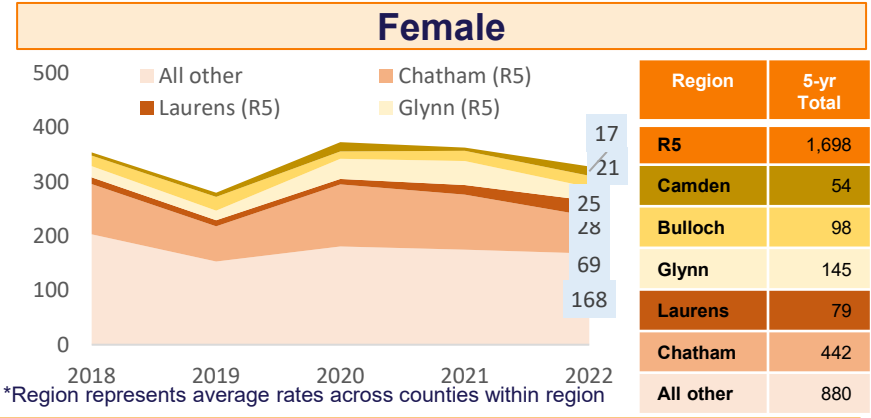
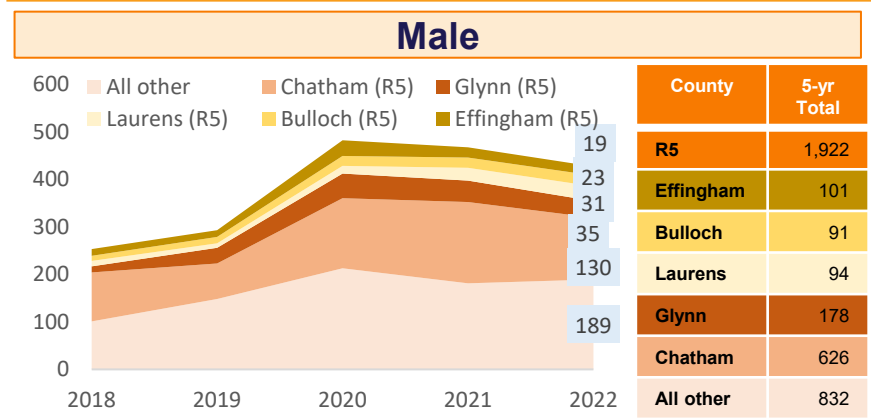
### Male



### Female



## Opioid-related ED visits in Region 5, 2018-2022



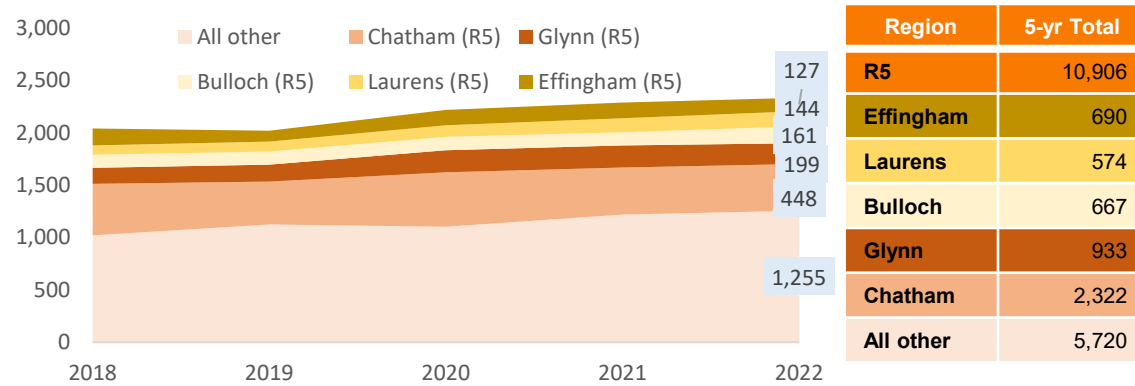
### Key findings

- ▶ Opioid-related ED visits among male increased from 253 in 2018 to 427 in 2022, representing a compound annual growth rate of 14%. Chatham County had the most male opioid-related ED visits during the five-year timeframe (626), followed by Glynn County (178).
- ▶ Opioid-related ED visits among female decreased from 354 in 2018 to 328 in 2022, representing a compound annual decline of 2%. Chatham County had the most female opioid-related ED visits during the five-year timeframe (442), followed by Glynn County (145)

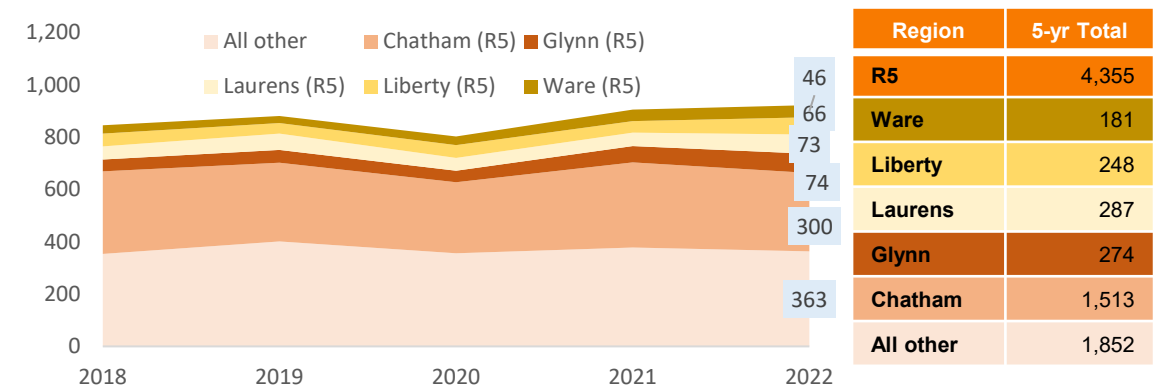
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

# From 2018 to 2022, the majority of total opioid-related ED visits in Region 5 were among the White population

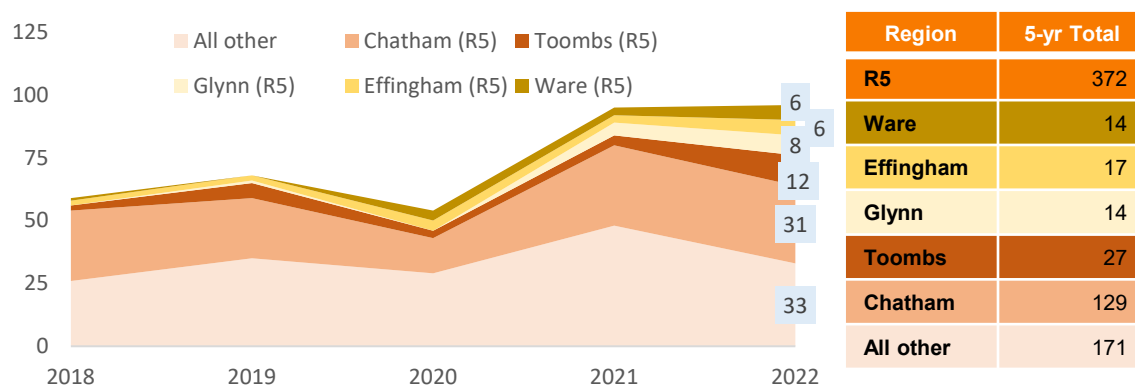
## Opioid-related ED visits for the White population, 2018-2022



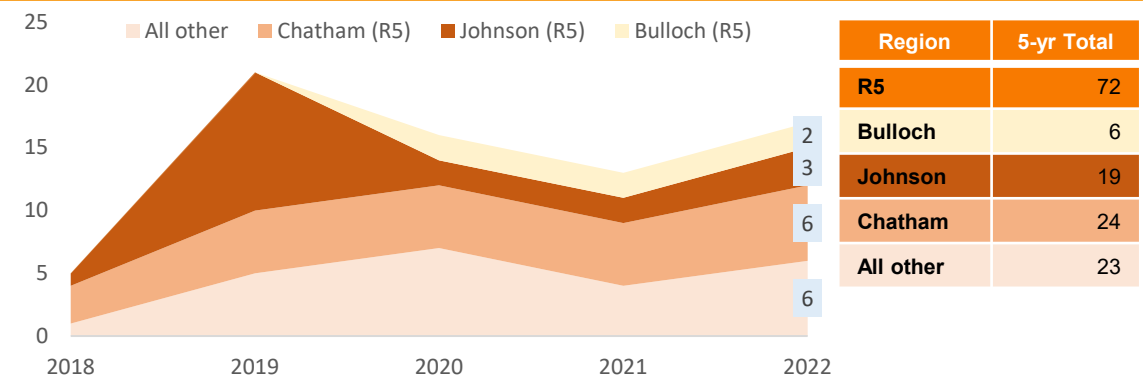
## Opioid-related ED visits for the Black or African-American population, 2018-2022



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



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

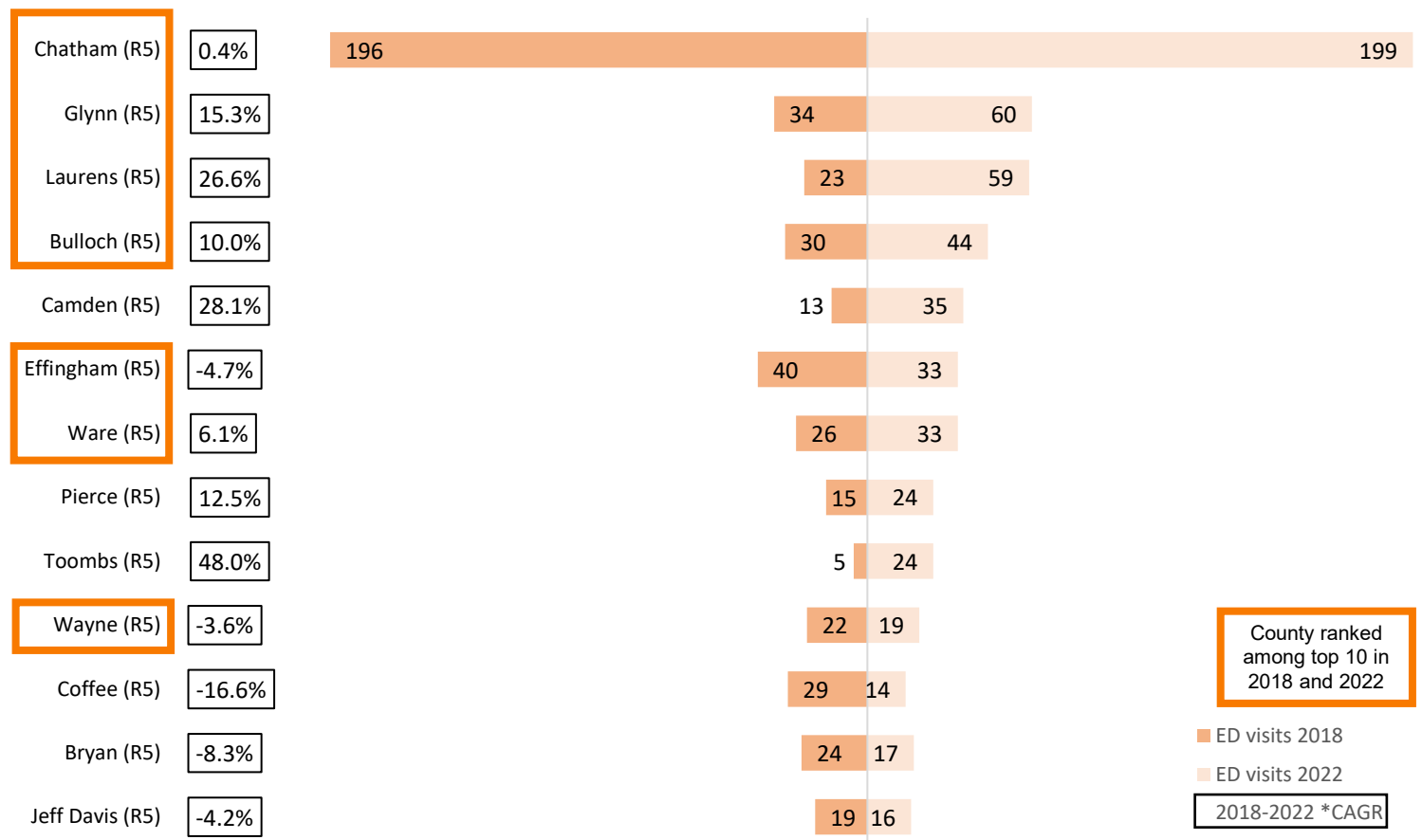


### Key findings

- ▶ From 2018 to 2022, opioid-related ED visits totaled 10,906 for the White population, 4,355 for the Black or African-American population, 372 for the Hispanic population, and 72 for the Asian population
- ▶ Chatham County had the most opioid-related ED visits among the White (2,322), the Black or African-American (1,513), the Hispanic (129) population, and the Asian (24) populations

# From 2018 to 2022, seven counties in Region 5 consistently ranked among the top 10 counties with the largest number of opioid-related ED visits

## Opioid-related ED visits and growth rates among top 10 counties in region 5 in the years 2018 and 2022



## Key findings

- ▶ Seven counties in Region 5 ranked in the top 10 for total opioid-related ED visits in 2018 and 2022
- ▶ Effingham, Wayne, Coffee, Bryan, and Jeff Davis Counties experienced decreases in opioid-related ED visits in 2022 from 2018
- ▶ Coffee, Bryan, and Jeff Davis Counties ranked in the top 10 for opioid-related ED visits in 2018, but not 2022
- ▶ Camden, Pierce, and Toombs Counties ranked in the top 10 in 2022, but not in 2018
- ▶ Among all counties ranking in the top 10 in 2018 or 2022, **Toombs County had the largest average annual growth rate (48.0%)**, followed by Camden County (28.1%) and Laurens County (26.6%)

\*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.

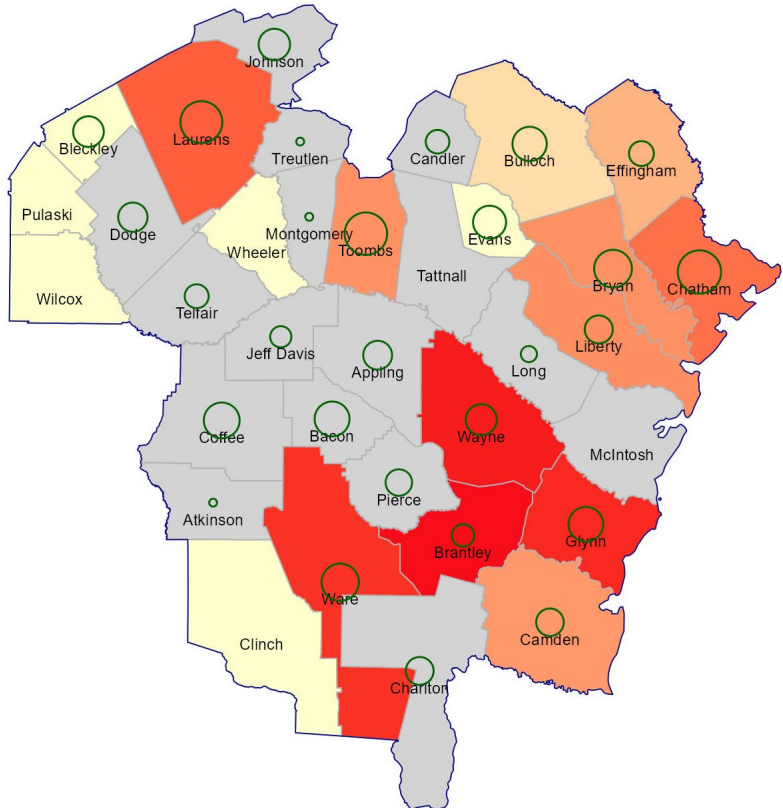
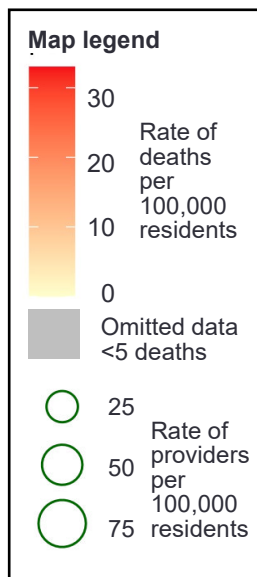
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

# Overall Opioid Burden Relative to BHSS Provider Prevalence

# The opioid overdose death rate in 2022 across Region 5 was 15.0 compared to a BHSS provider rate of 22.9 in 2021

## Map of rates of opioid overdose deaths and behavioral health and social services providers by county in Region 5, 2022

per 100,000 residents

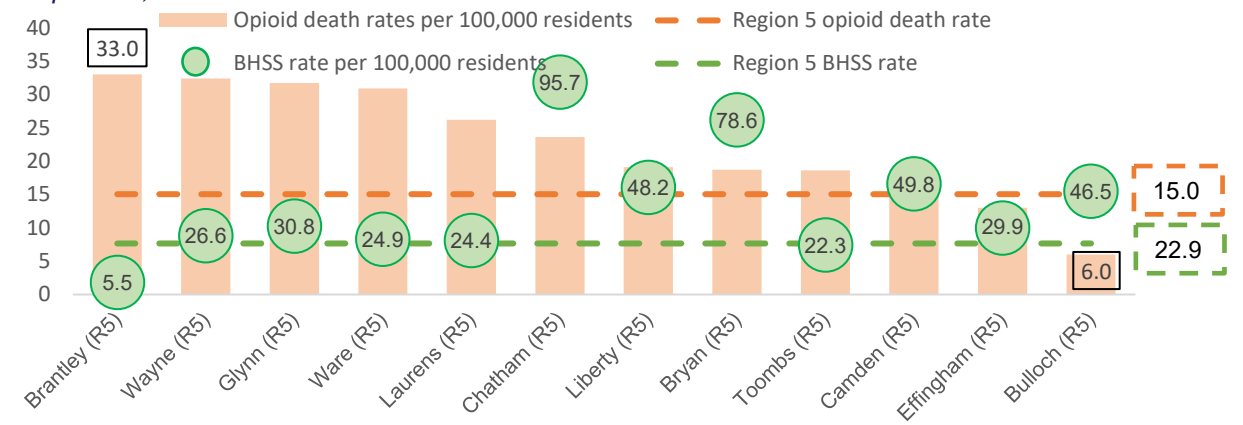


## Key findings

- ▶ Across Region 5, there were **15.0 opioid overdose deaths** and **22.9 behavioral and social services (BHSS) providers** per 100,000 residents
- ▶ Brantley and Toombs Counties have **opioid overdose death rates above the regional average** and **BHSS provider rates below the regional average**
- ▶ Brantley County has the **largest death rate (33.0)** per 100,000 residents, followed by Wayne (32.4) and Glynn (31.7)

## Rates of opioid overdose deaths (2022) and behavioral health and social services providers (2021) by county in Region 5

per 100,000 residents

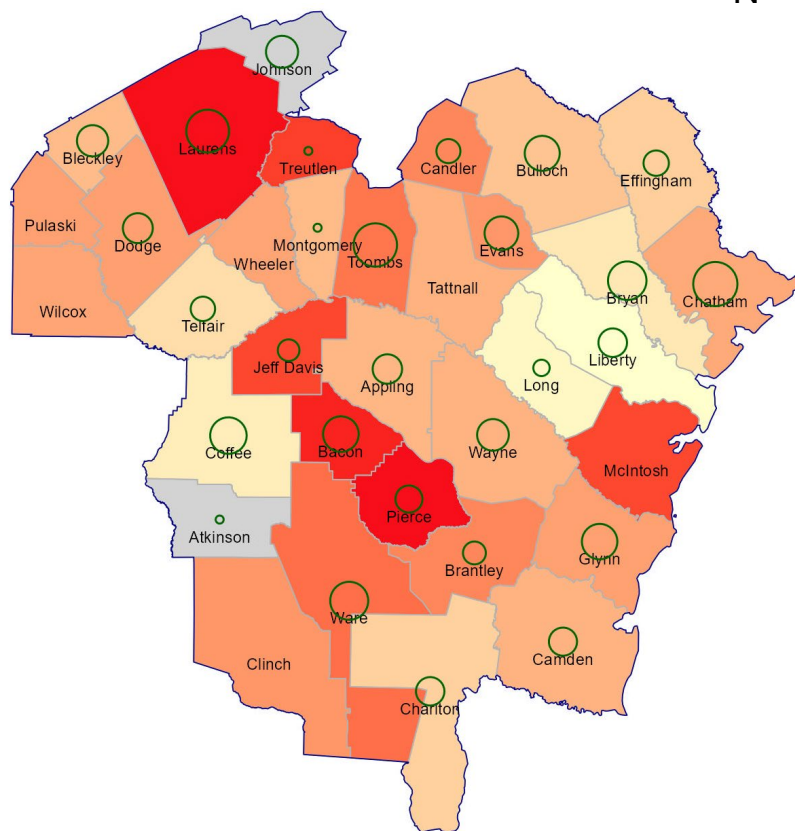
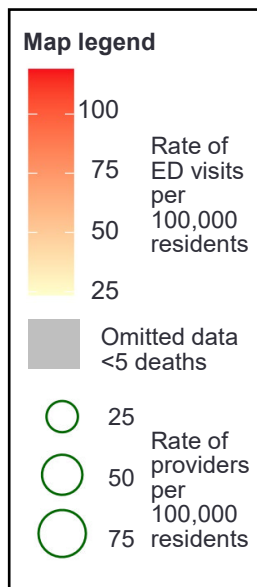


Note: Rates shown for all counties with 5 or more deaths. BHSS provider rate is derived from the total count of unique behavioral and social service provider NPI's on the Georgia Dept. of Health active provider directory per 100,000 residents.

# Across Region 5, 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

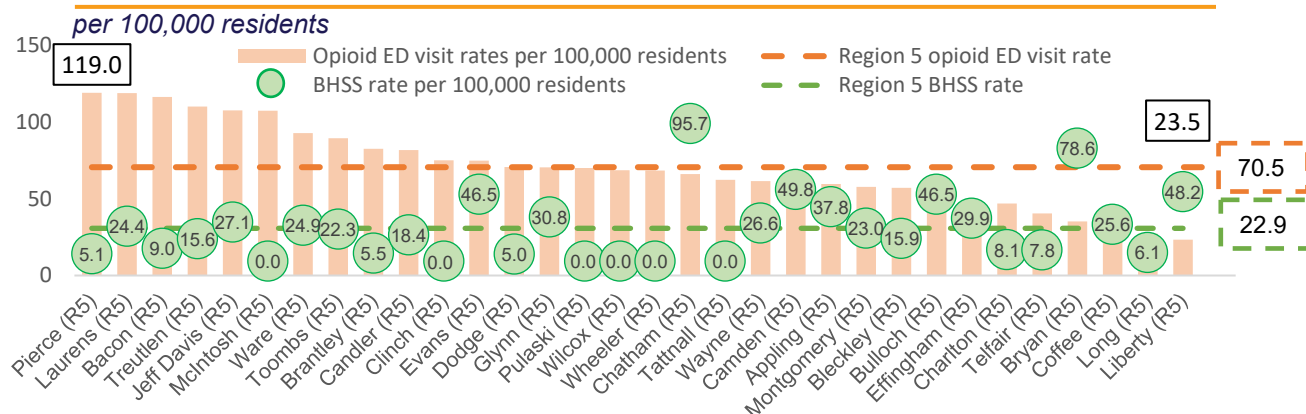
per 100,000 residents



## Key findings

- ▶ Across Region 5, there are **70.5 opioid-related ED visits and 22.9 behavioral and social services (BHSS) providers** per 100,000 residents
- ▶ Pierce, Bacon, Treutlen, McIntosh, Toombs, Brantley, Candler, Clinch, and Dodge Counties have **opioid-related ED visits above the regional average and BHSS provider rates below the regional average**
- ▶ Pierce County has the **largest opioid-related ED visit rate (119.0)** per 100,000 residents, followed by Laurens (118.8) and Bacon (116.2)
- ▶ The BHSS provider rates in McIntosh, Clinch, Pulaski, Wilcox, Wheeler, and Tattnall Counties are essentially 0 per 100,000 residents

## Rates of opioid-related ED visits (2022) and behavioral health and social services providers (2021) by county in Region 5



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

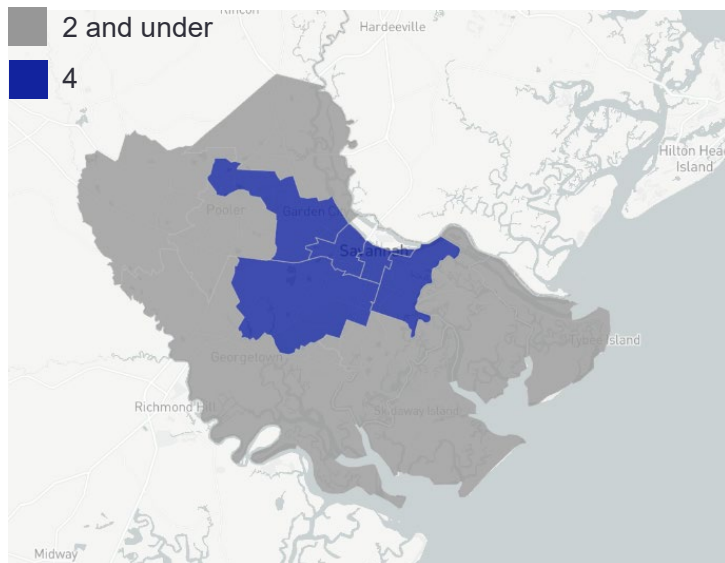
# Chatham County Vulnerability Analysis and Findings

# Five of the 14 zip codes assessed within Chatham County were indicated to 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 Chatham 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	
31401	Yes	Yes	Yes	Yes	4
31404	Yes	Yes	Yes	Yes	4
31405	Yes	Yes	Yes	Yes	4
31408	Yes	Yes	Yes	Yes	4
31415	Yes	Yes	Yes	Yes	4

### Key observations of social determinants:

**Medically Underserved:** 7 out of 14 in-scope zip codes in Chatham 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:** 6 out of 14 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

**Economically marginalized:** 5 out of 14 in-scope zip codes in Chatham 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:** 7 out of 14 in-scope zip codes in Chatham County have below average median incomes and above average shares of households being renters, households with homes built in 1959 or earlier, and above average unemployment rates.

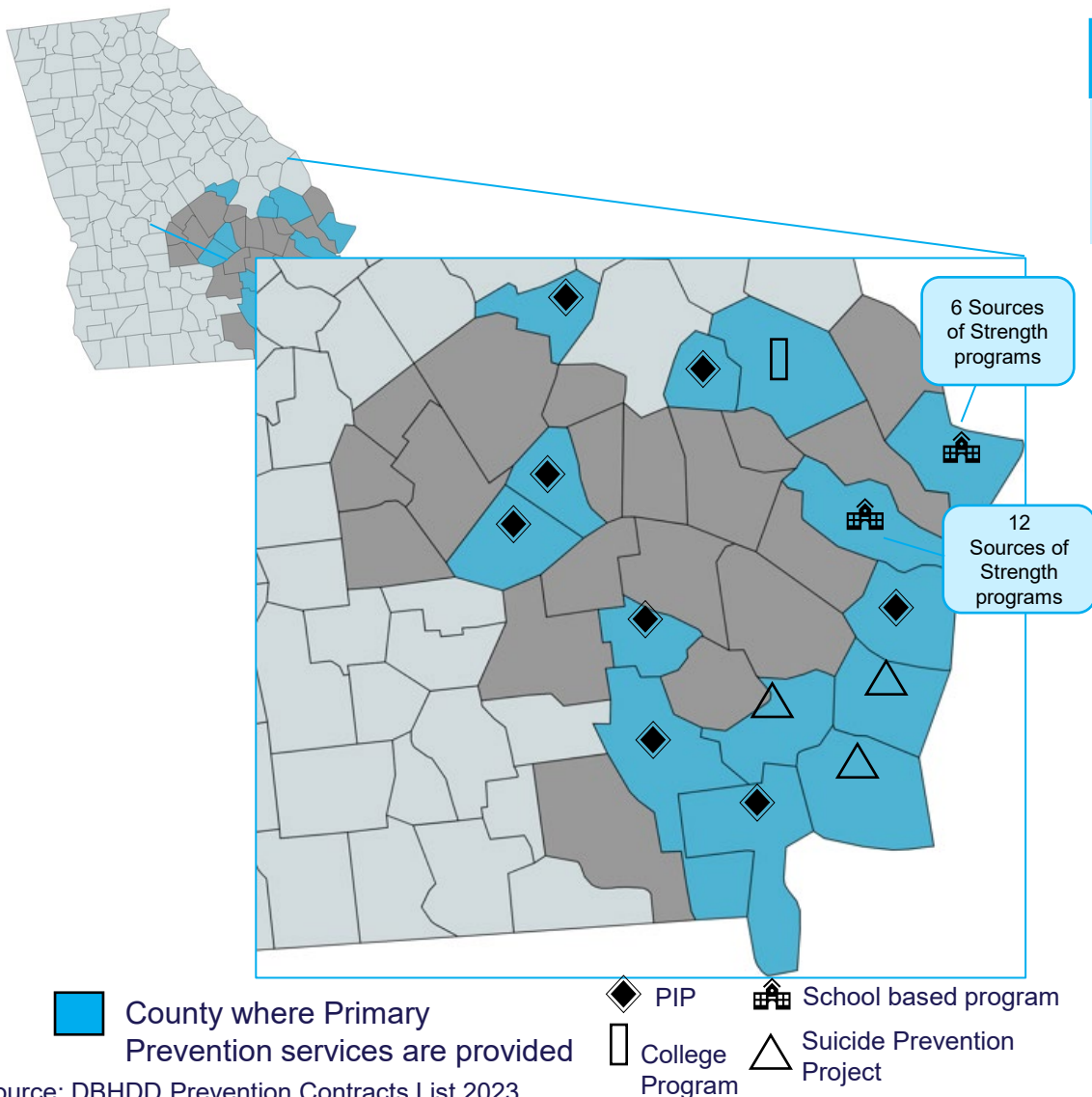
Note: Zip codes are included as communities experiencing disparities if they contain at least one census tract that meets 100% of the criteria for the scenario. Only zip codes defined as in-scope are reported. Health Professional Shortage Area (HPSA) is an index that measures whether there are shortages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

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



# Continuum of Care Assessment Findings

# Primary Prevention programs are offered to youth and families across 13 counties in Region 5



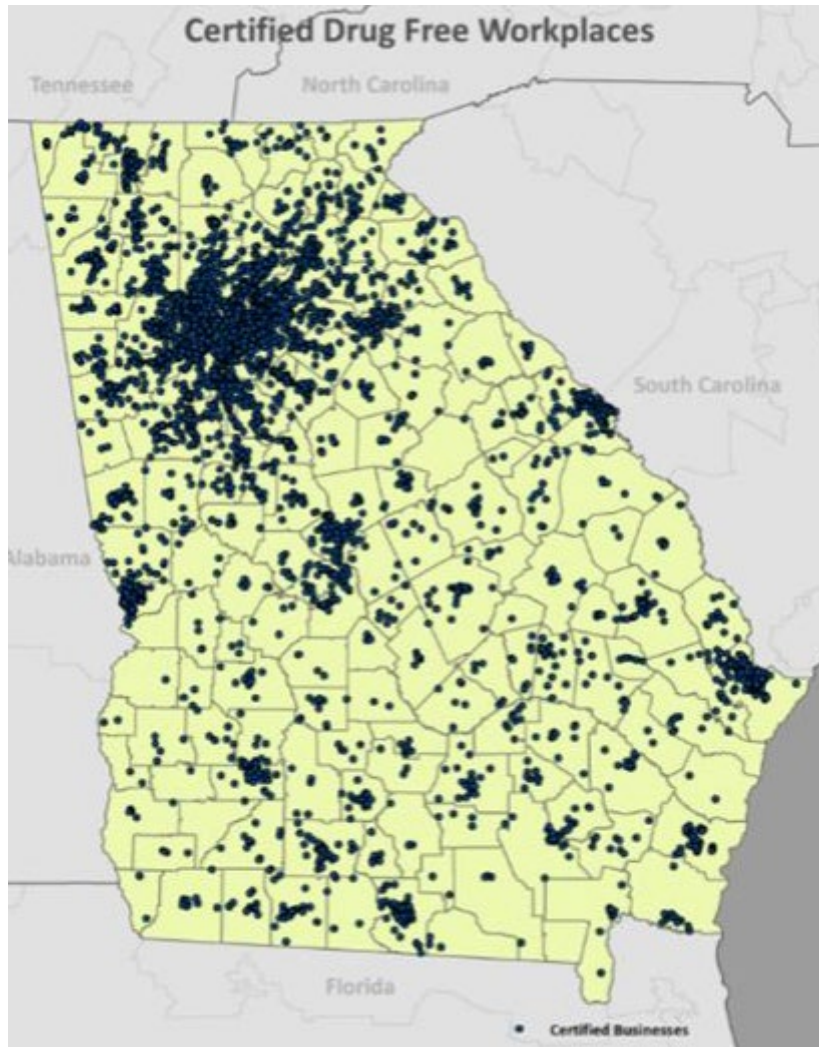
## Key Takeaway

Primary Prevention projects are mostly centered in the southeastern sections of the region

## Additional Findings

- There are eight Partners and Prevention Project programs offering services to youth across Johnson, McIntosh, Charlton, Ware, Bacon, Candler, Telfair and Wheeler Counties
- The College of Prevention Project Expansion is working with Georgia Southern University in Bulloch County
- There were three events and showcases focused on community education and awareness in Bulloch and Atkinson Counties. Gold Hearts and Pillars also held a Regional Wellness Fair in Chatham County.
- Suicide Prevention Framework (SPF) Suicide Prevention Project and Camden Community Alliance and Resources Inc. offer information and outreach campaigns across Camden, Glynn and Brantley Counties
- Georgia Southern University is offering prevention services through the Adopt-A-School program in Chatham County
- Sources of Strength offers prevention programs at twelve locations in Liberty County and six locations in Chatham County

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



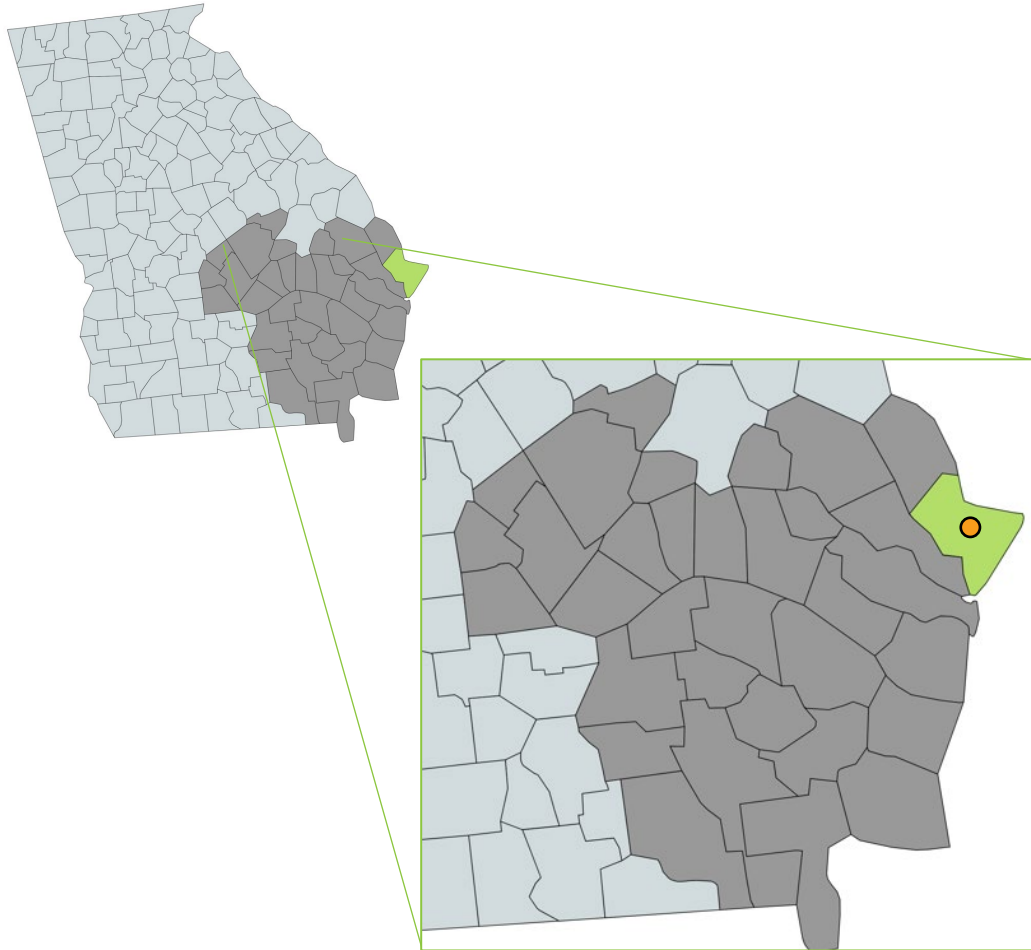
## Key Takeaway

Drugs Don't Work (DDW) has 7,284 certified drug-free workplaces throughout the state of Georgia, including locations across Region 5

## 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

## Region 5 contains one Stand-Alone Detox Center offering services in Chatham County



 County with Stand Alone Detox Provider

 Stand Alone Detox Provider

### Key Takeaway – Stand Alone Detox

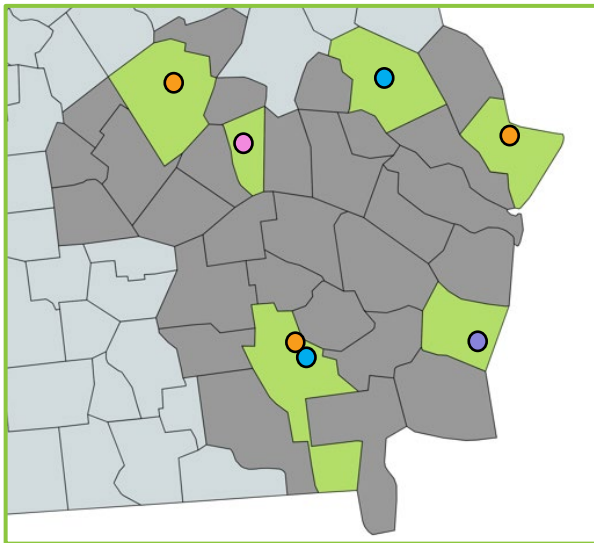
Region 5 has one Stand-Alone Detox Center located in Chatham County

### Additional Findings

- Recovery Place has some funding scheduled to end November 1, 2024, which may impact service capacity

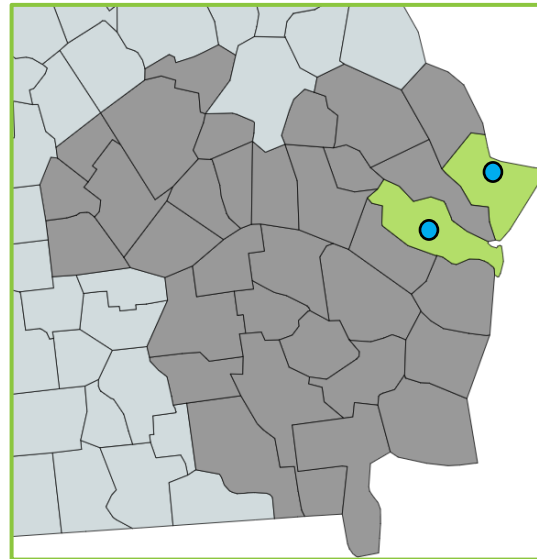
# Region 5 offers all three types of OUD/SUD Residential Treatment services: Intensive, Semi-Independent, and Independent

## Intensive Residential Treatment (IRT)



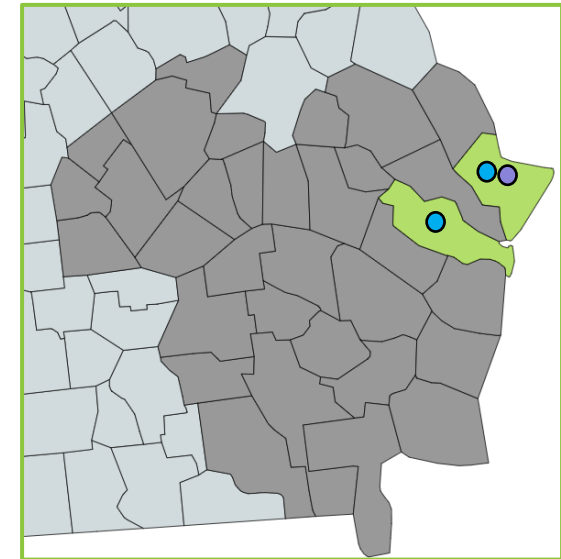
- County with Intensive Residential Treatment Provider
- IRT Provider: Men's
- IRT Provider: Women's (WTRS and non-WTRS)
- IRT Provider: Transition Aged Youth
- IRT Provider: Men's *and* Women's

## Residential Treatment: Semi-Independent



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

## Residential Treatment: Independent



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

## Residential Treatment is available to men, women, and transition-aged youth in Region 5

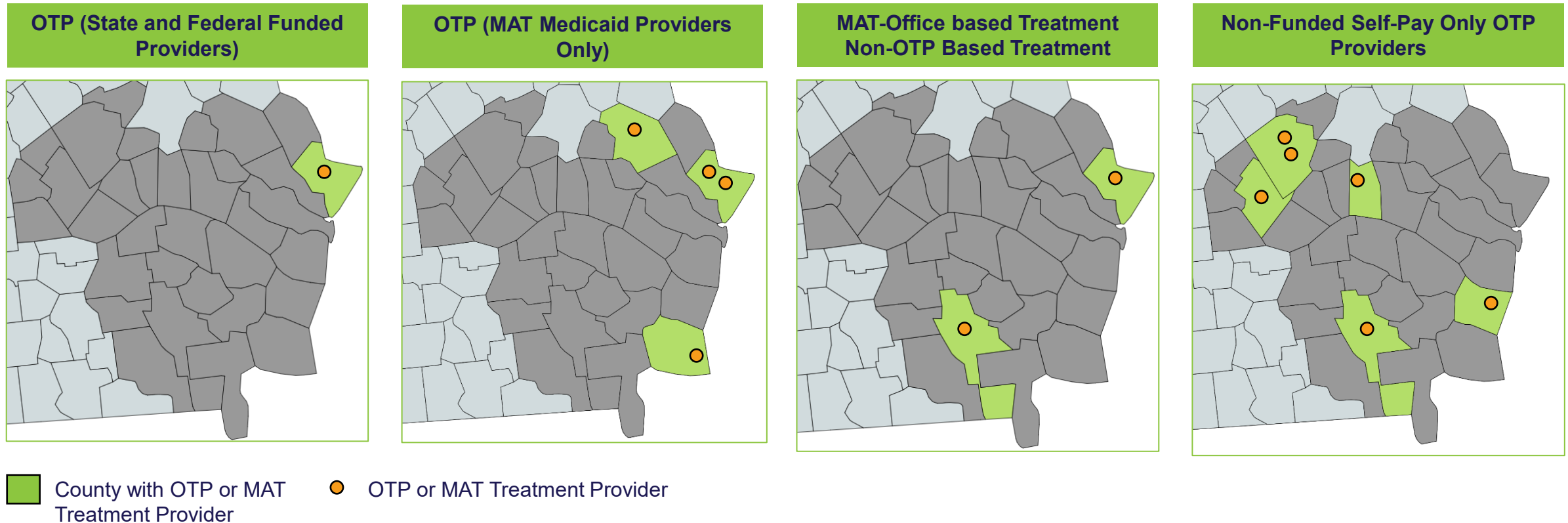
### Key Takeaways – Residential Treatment

The central portion of Region 5 has the most limited access to Residential Treatment, with most providers being scattered throughout the northern and southern areas of the region

### Additional Findings

- **Intensive Residential Treatment**
  - There are five IRT providers offering treatment to women and three IRT providers offering treatment to men
  - Unison Behavioral Health CSB, Garden Gate provides services to women in Ware County and has sustainable funding
  - Dogwood Women’s Recovery Residences/Recovery Place in Montgomery County offers IRT to transition-aged youth
- **Residential Treatment: Semi – Independent**
  - Recovery Place Community Services has two locations (non-CSBs) in Region 5 and indicated sustainable funding
- **Residential Treatment: Independent**
  - Recovery Place in Liberty County is a non-CSB with sustainable funding

OTP and MAT providers offer services across eight counties in Region 5, including state and federally funded, MAT Medicaid, MAT-Office based non-OTP treatment, and Non-Funded Self-Pay Only OTP



The 13 OTP and MAT treatment providers offer services in eight counties and are funded through a mix of state and federal funds, grants, Medicaid, and private sources

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

13 providers offer OTP and MAT treatment services in eight out of 24 counties in Region 5

### **Additional Findings**

- All OTP providers in Region 5 serve self-pay individuals
- Both MAT-office based providers in Region 5 serve uninsured individuals
- The OTP - State and Federal Funded provider in Chatham County, New Season – Savannah Treatment Center, uses SOR funds and indicated it has sustainable funding sources. This location is the only OTP provider that serves uninsured individuals in Region 5.
- The MAT-Office Based Treatment providers in Chatham and Ware Counties use SOR funds
  - Unison Behavioral Health in Ware County has indicated it has sustainable funding sources.



## Access to SAIOP services in Region 5 is limited to one provider in Chatham County

### Key Takeaway – SAIOP Outpatient

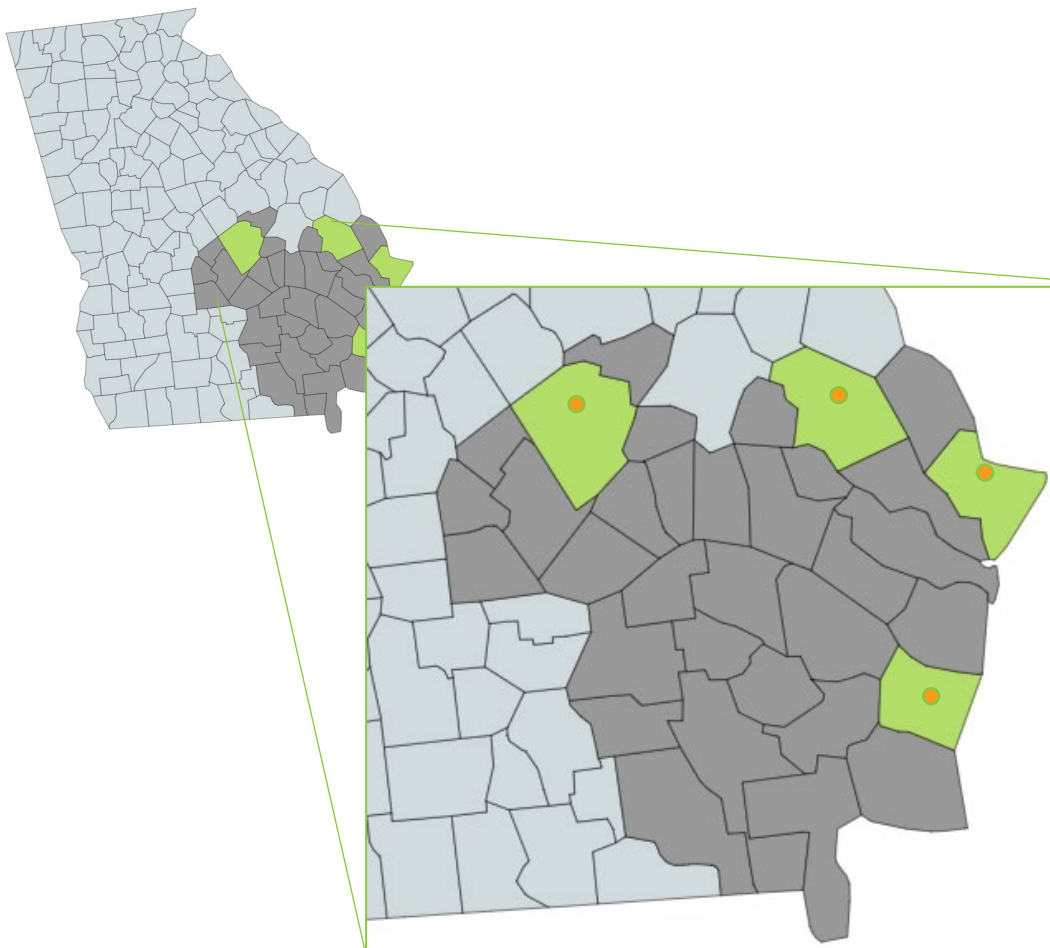
There is only one provider offering SAIOP Outpatient services in Region 5

### Additional Findings

- Recovery Place, on 65<sup>th</sup> Street in Savannah, offers SAIOP treatment in Chatham County. This provider indicated that it sustainable funding.

 County with SAIOP Provider     SAIOP Provider

There are four Intensive Outpatient (Women) providers offering services in Region 5



### Key Takeaway – Intensive Outpatient (Women)

Four Intensive Outpatient (Women) providers operate across Laurens, Chatham, Glynn and Bulloch Counties

### Additional Findings

- All the Intensive Outpatient (Women) providers in Region 5 have sustainable funding
- The Intensive Outpatient (Women) providers in Laurens and Glynn Counties are CSBs; the provider in Chatham county is not a CSB
- There is a void of service providers, particularly, in the central portion of the region

County with Intensive Outpatient (Women) Provider    Intensive Outpatient (Women) Provider

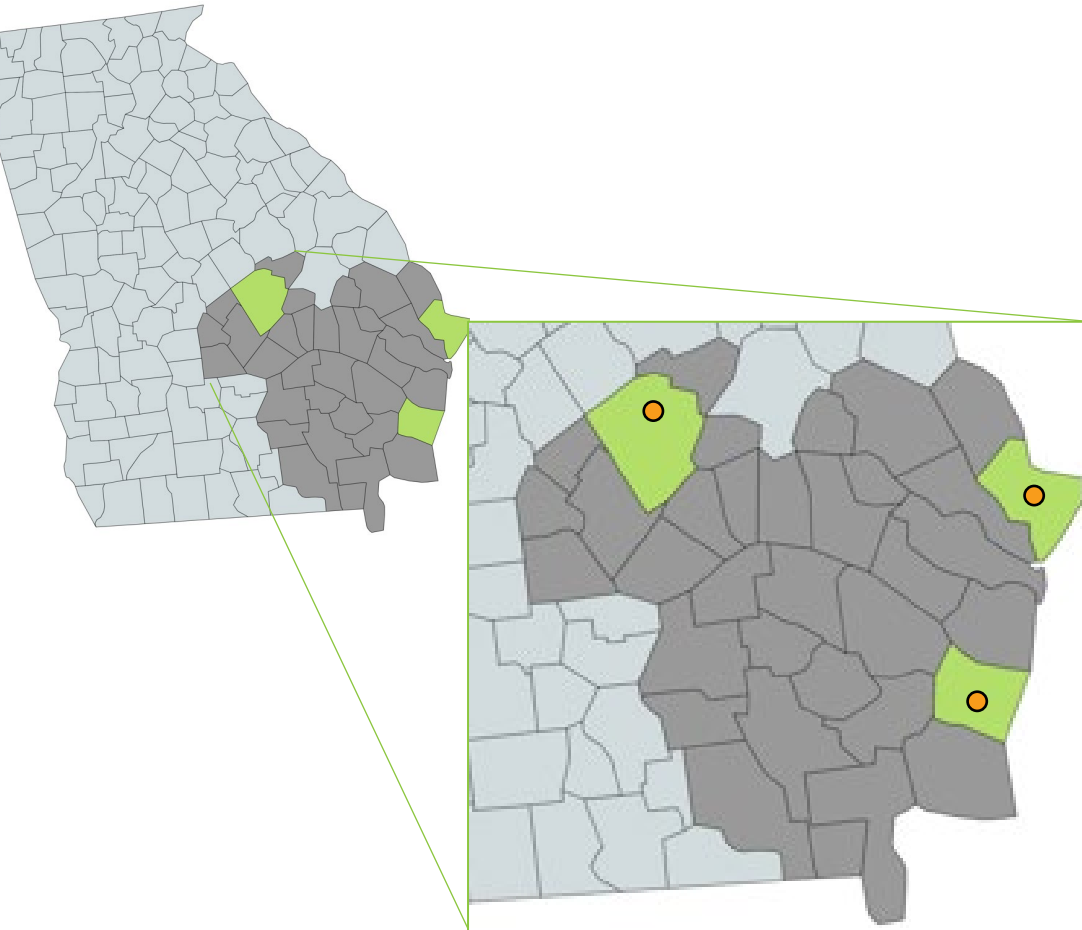
Region 5 has three Transitional Housing providers that serve women; there are no providers serving men

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

There is a Women's Transitional Housing Provider in each of the following counties: Laurens, Glynn and Chatham

### Additional Findings

- There are no Transitional Housing providers for men in Region 5
- All Transitional Housing providers in Region 5 are CSBs
- CSB Middle of Georgia and Gateway CSB both have sustainable funding to continue providing services



County with Transitional Housing Provider

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

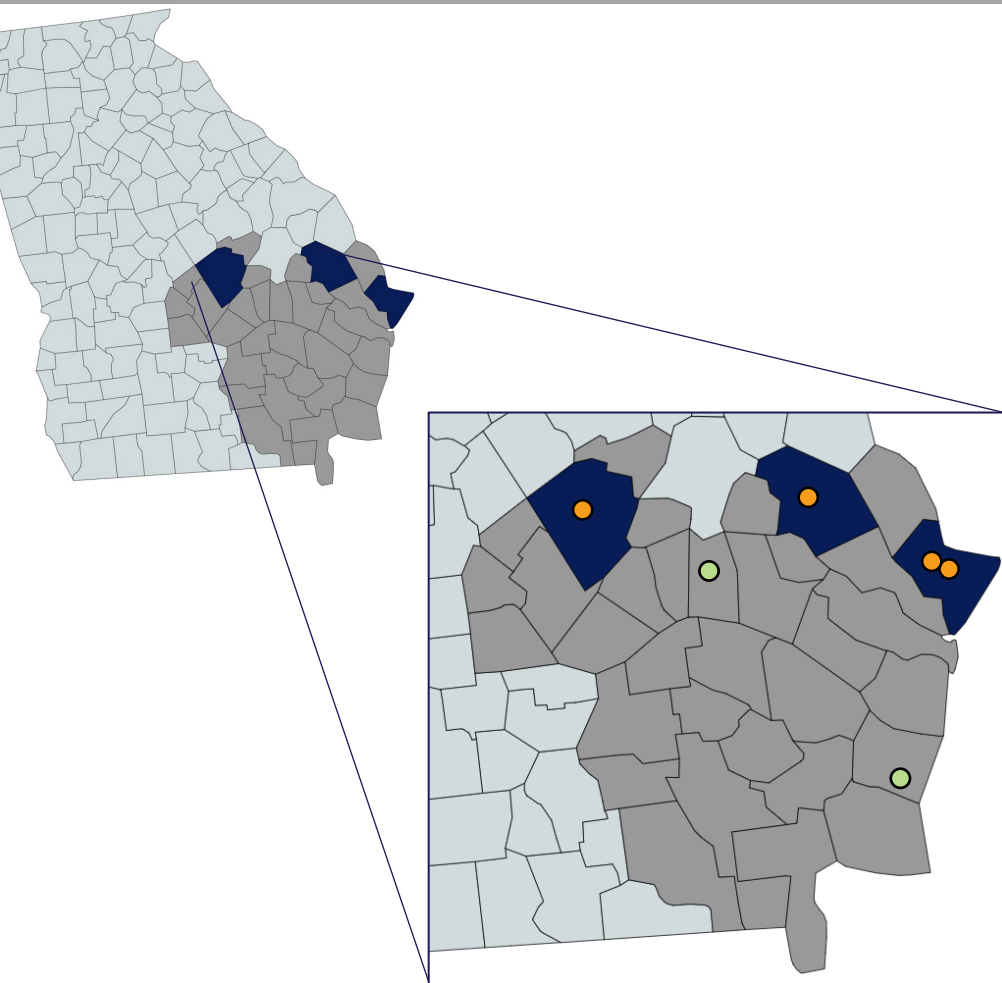
## Four Addiction Recovery Support Centers offer Recovery services in three counties in Region 5, with two new centers pending contracts

### Key Takeaway

There are four Addiction Recovery Support Centers (ARSCs) in Region 5

### Additional Findings

- Chatham County has two ARSCs
- Freedom Through Recovery is a non CSB in Bulloch County with sustainable funding
- Rise Up CSB of Middle Georgia in Laurens County has sustainable funding
- Two new ARSCs are pending contracts, one in Glynn County and one in Toombs County



County with ARSC Provider

- ARSC Provider
- New ARSC Provider with pending contract

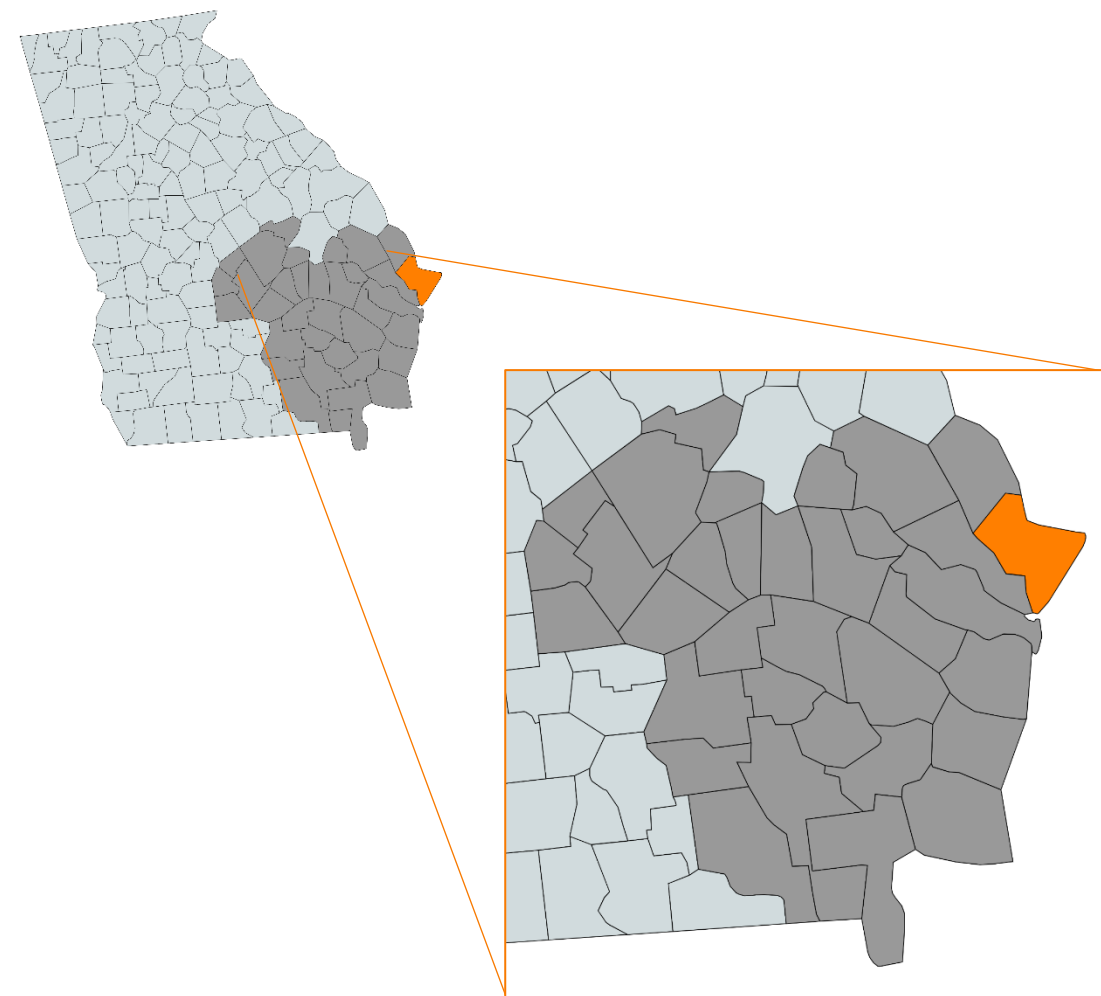
## The Georgia Harm Reduction Coalition Syringe Services Program operates one location in Region 5

### Key Takeaway

The Georgia Harm Reduction Coalition currently operates one Syringe Services Program (SSP) site across one county in Region 5

### Additional Findings

- The SSP site in Region 5, located in Savannah (Chatham County), distributed 27,500 syringes since the program was initiated in February 2022
- Along with the syringe exchange, the SSP sites also provide other harm reduction services including hygiene kits, condoms, fentanyl test strips, xylazine test strips, and Hep-C/HIV testing with referrals to treatment, if necessary
- The Georgia Harm Reduction Coalition indicated they are concentrating efforts to increase the availability of the SSP in Region 5



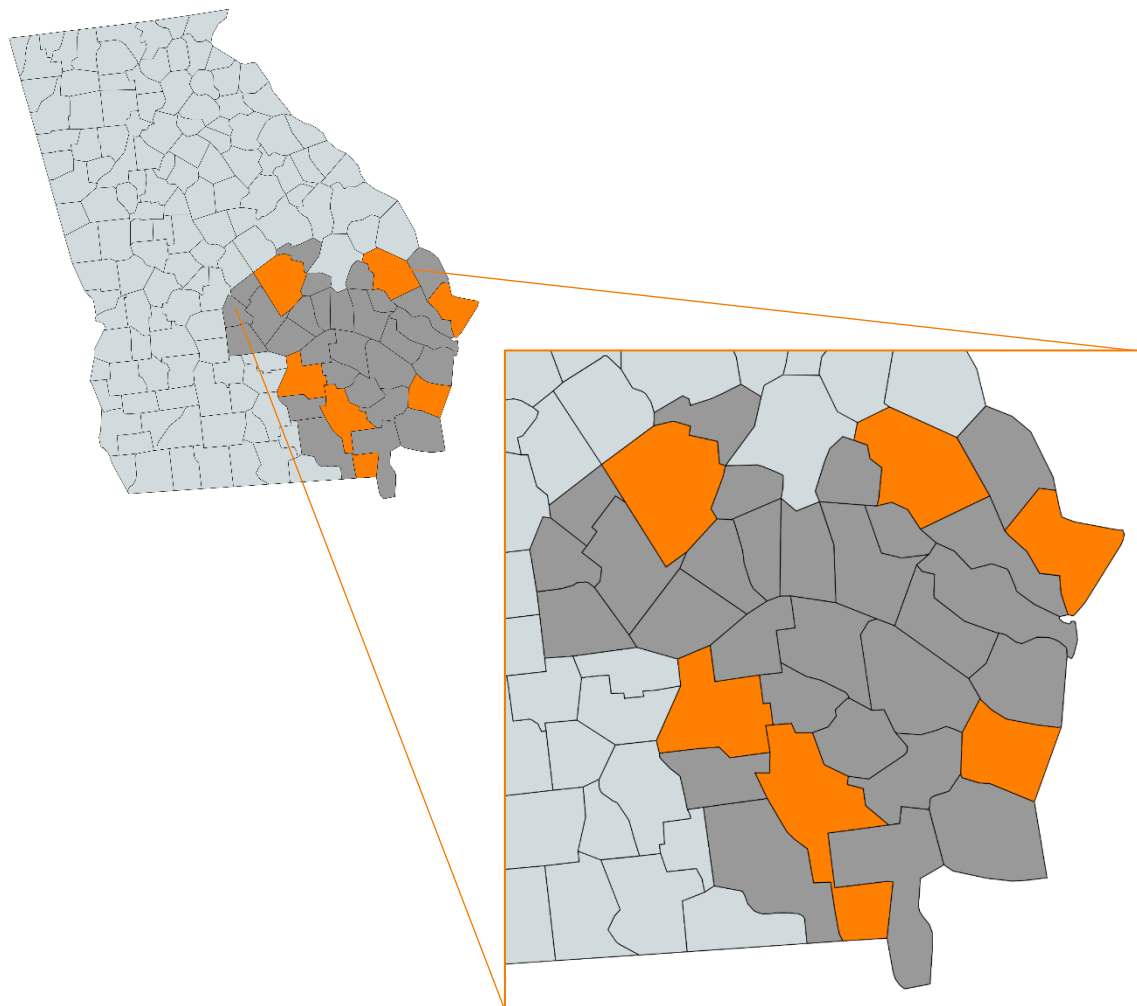
## The McKinsey Settlement funds distribution of Naloxone to providers across six counties in Region 5

### Key Takeaway

Ten providers in six of the 34 counties across Region 5 are receiving Naloxone as part of the McKinsey Settlement

### Additional Findings

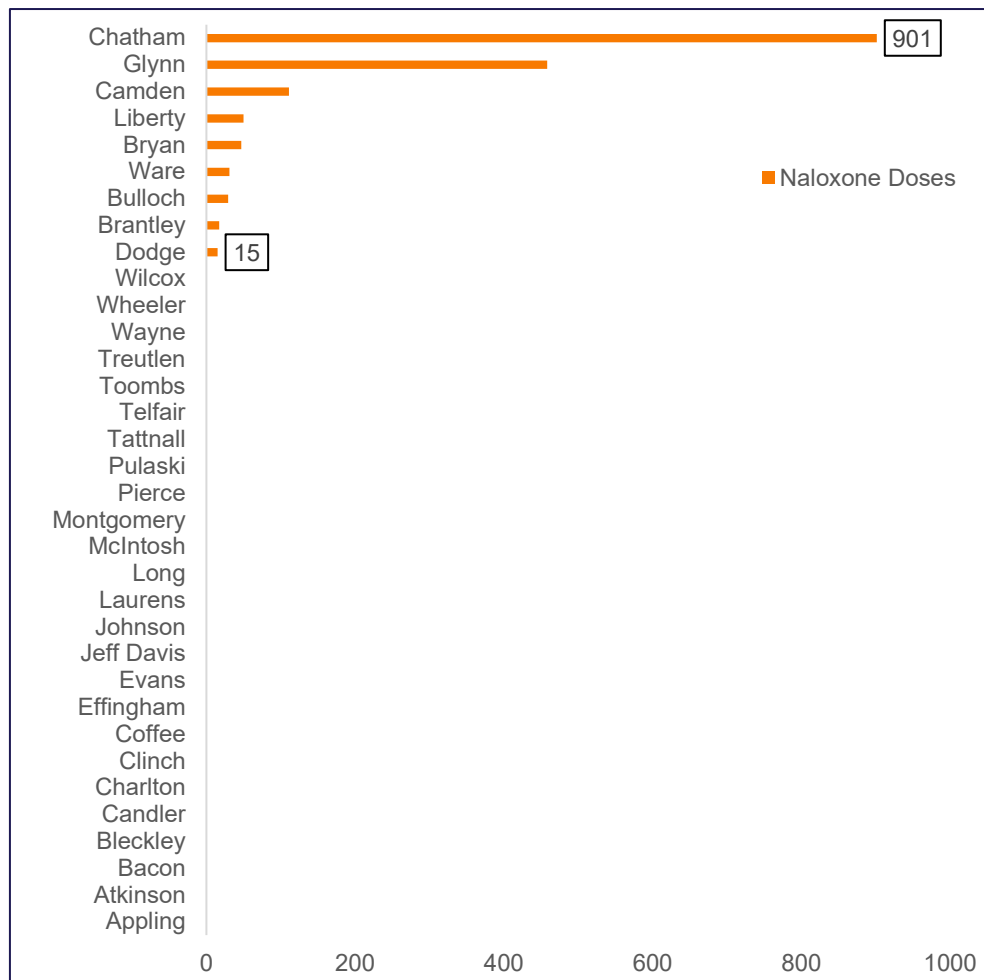
- Ten providers across Region 5 received Naloxone, including DBHDD OUD/SUD providers, the DBHDD Mobile Crisis providers, and the Department of Public Health Local Health Departments.
  - Mobile Crisis Response Services provides services throughout Region 5
  - Three of the ten Naloxone Distribution providers are DPH Local Health Departments in Region 5



 County with a McKinsey Settlement Naloxone Provider

From January 2022 to December 2023, Chatham, Glynn, and Camden Counties experienced the highest total number of Naloxone doses administered across Region 5

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



### Key Takeaway

Chatham County recorded the highest number of Naloxone doses administered across all counties in Region 5

### Additional Findings

- Collectively, 1,659 doses of Naloxone were administered across Region 5 totaled from January 2022 – December 2023\*
- Each county in the Region administered at least 1 dose of Naloxone from January 2022 – December 2023\*
- Chatman County recorded 901 Naloxone doses administered from January 2022 – December 2023, which is almost double the number of doses in the next highest county, Glynn County, which recorded 458 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 5, providers are offering OUD/SUD services across fifteen facilities, and most operate with a total workforce of less than 20 FTEs

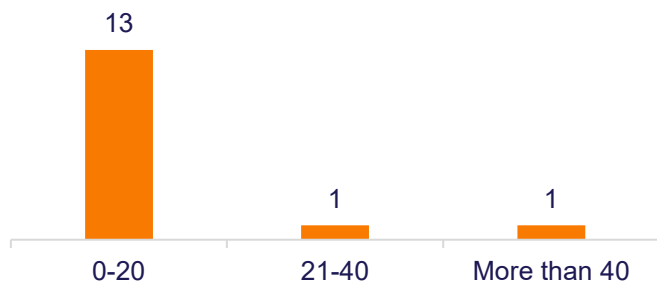
A survey was administered to DBHDD-funded OUD/SUD providers to assess the availability of services across the State of Georgia. Data were collected and analyzed at both the state and regional levels to provide a comprehensive view of the CoC service offerings as well as the corresponding facility staffing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

## Respondent mix



Total no. of facilities = **15**

## Number of facilities by total workforce



## Number of facilities by type of services

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

## Key findings

- **SAIOP**, a structured program for individuals and groups, is the most widely offered service, available in **33% of facilities**
- **87% of the facilities** have a workforce size ranging from 0-20 individuals

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

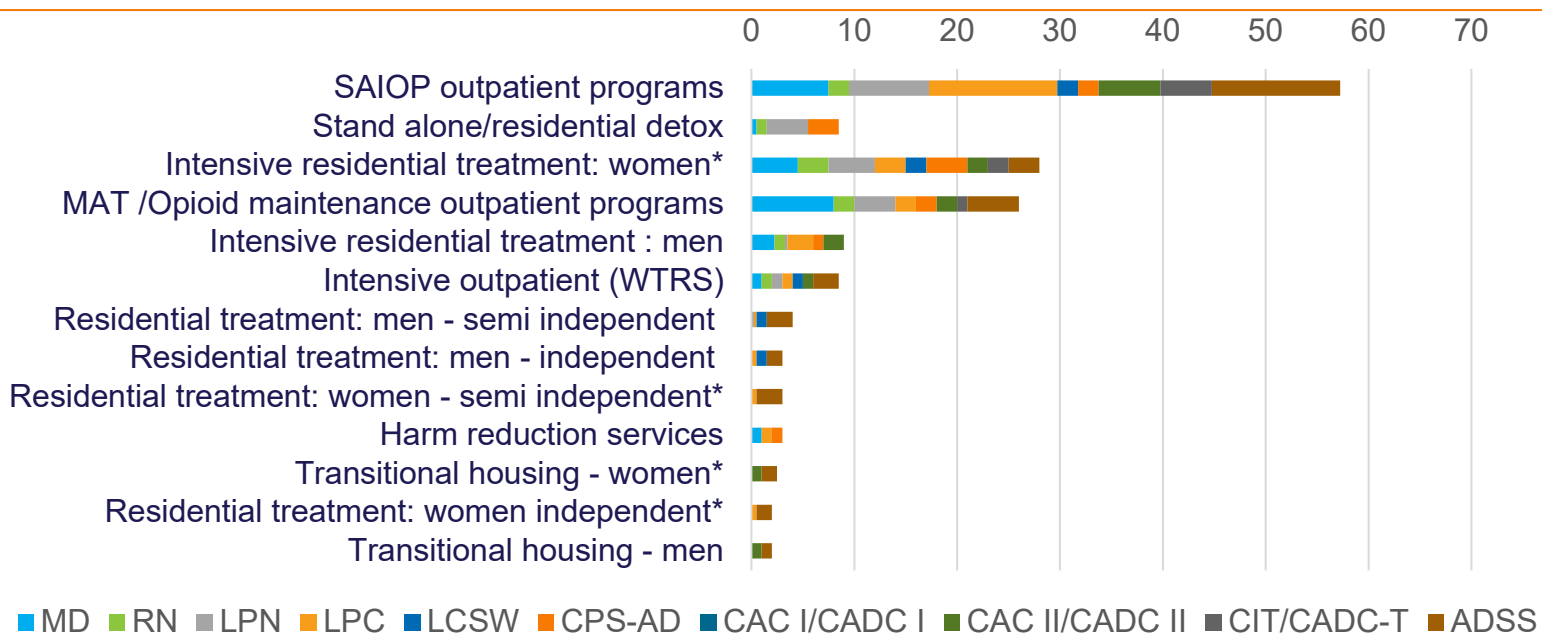
Note: None of the facilities responded for CAC I / CADC I

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

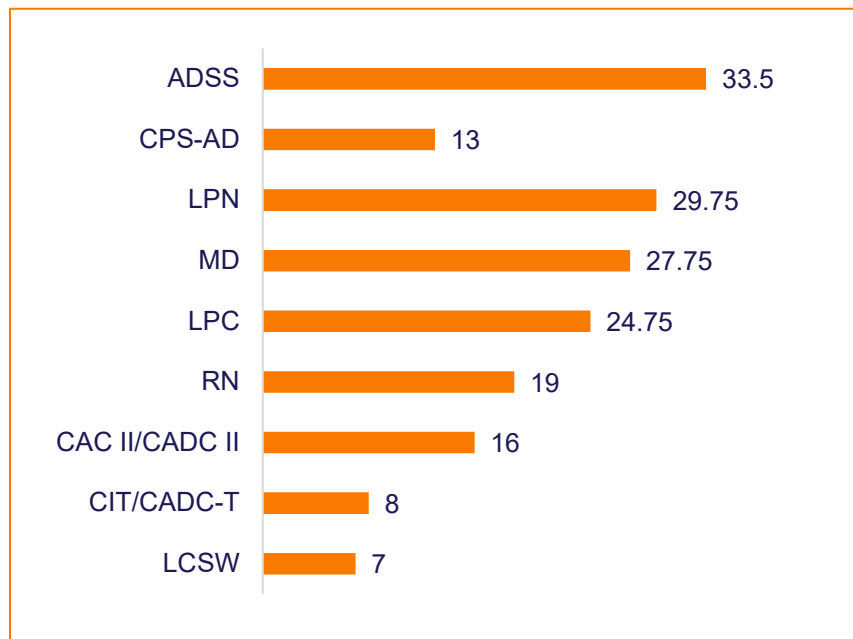


# In Region 5, the largest number of FTEs offer SAIOP services and the most common certification across the provider facilities is an ADSS

Total workforce for different designations by services



Total workforce by designations across facilities



## Key findings

- This service also has highest workforce allocation across different designations, contributing to a total of 57.25 individuals
- Nurses, particularly **RNs and LPNs**, play a vital role in **stand-alone / residential detox centers**, making them the prominent designations for these services

# In Region 5, three of four ARSCs completed the provider survey and indicated they operate with a workforce of less than 10

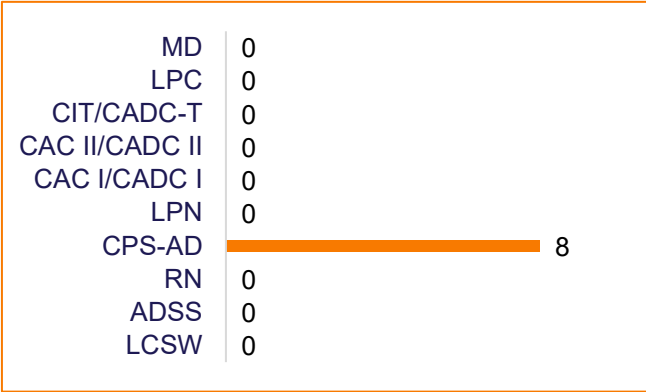
The survey results for Addiction Recovery Support Centers have been separated to clearly indicate the differences among the ARSC workforce from other provider types.

### Respondent mix

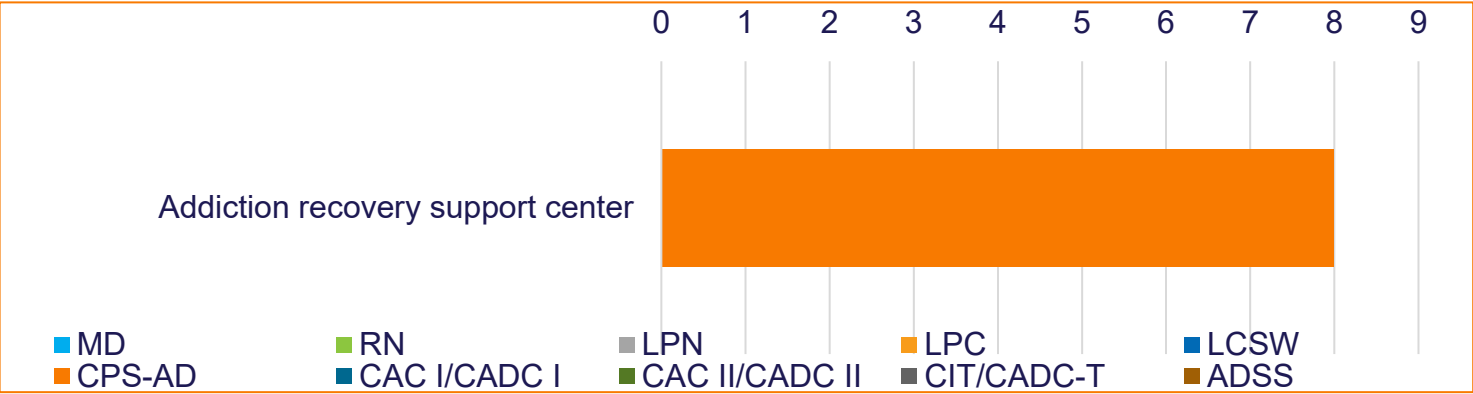


Total no. of facilities = 3

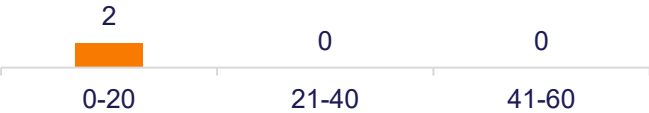
### Total workforce by designations across facilities



### Total workforce for different designations by services



### Number of facilities by total workforce



### Key findings

- There are a total of 4 ARSCs but only 3 indicated in the responses from the provider survey
- Freedom Through Recovery and RISEUP have 4 CPS-AD employees each

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

Footnote: Recovery Place Community Services 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

# In Region 5, the overall opioid burden is not as severe compared to the other regions, however, Chatham County is experiencing a high rate of opioid overdose deaths

## Opioid Use Disorder in Region 5

- From 2018 – 2022, Region 5 had a total of 722 opioid overdose deaths, which is the second lowest amongst all the regions
- In 2022, Chatham County experienced the highest number opioid overdose deaths (71 total deaths)
- In 2022, Brantley, Wayne, Glynn, and Ware Counties had the highest total death rates in the region; each county's death rate was higher than the regional average of 15.0. Each of these counties had a BHSS provider rate higher than the regional average (22.9), with the exception of Brantley County with a BHSS provider rate of 5.5.
- From 2018 to 2022, the total number of opioid overdose deaths among males (500) was more than double the total deaths number among females (222)
- Wayne, Brantley and Glynn Counties experienced the highest death rate for males across the region. Ware County experienced the highest death rate for females.
- From 2018 to 2022, total opioid overdose deaths were significantly higher among the White (594) population. The Black or African American population had the second largest total number of deaths (120), followed by the Hispanic (17) population and the Asian (2) population. Additionally, Chatham County had the most overall opioid deaths for the White (113) population, the Black or African-American (61) population, and the Hispanic (6) population.
- Consistently from 2018 to 2022, synthetic opioids have contributed to the most opioid overdose deaths compared to heroin and other opioids. In 2022 alone there were a total of 199 synthetic opioid overdose deaths, compared to ten heroin overdose deaths and 12 other opioid overdose deaths.
- In 2022 Chatham County experienced the largest number of total opioid overdose deaths across Region 5 by a significant amount compared to other counties. This could be potentially be due in part to the overall social vulnerability of the county.

Region 5 has CoC service presence across all categories but there is a potential gap in the central area of the region where services offered are limited or absent

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

#### Availability of Services

- There are at least five programs that offer Primary Prevention education and services across thirteen counties in Region 5
- Region 5 has one of the four Stand Alone Detox Centers in the state (located in Chatham County)
- There are DBHDD-funded providers offering CoC services to men across all the Residential Treatment categories (i.e. Intensive Residential Treatment, Semi-Independent, Independent)
- There are currently four Addiction Recovery Support Centers offering Recovery services, with an additional two new locations pending contracts
- The Georgia Harm Reduction Coalition is concentrating their Harm Reduction Services in Chatham County

#### Gaps in Services

- There are no DBHDD-funded providers in the region that offer Residential Treatment: Independent services to women
- The counties located in the central area of Region 5 do not have any DBHDD funded OTP/MAT, SAIOP, Intensive Outpatient Women, and Addiction Recovery Support Centers. However, there are a few counties in this area experiencing the highest opioid overdose death rates and opioid overdose ED visits in the region. This may indicate that there is a potential gap in available resources and services available to individuals in need.

# Appendix

# Definitions

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

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



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

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

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

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

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

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

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

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

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

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

### Definitions

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

# Chatham County Vulnerability Analysis

# Region 5 HealthEQ with all zip codes

Zip codes of populations by scenario in Chatham County

Zip Code	Four scenario types				Number of scenarios
	Medically Underserved	Housing Unstable	Socially Marginalized	Economically Marginalized	
31401	1	1	1	1	4
31404	1	1	1	1	4
31405	1	1	1	1	4
31408	1	1	1	1	4
31415	1	1	1	1	4
31406	1	1	0	0	2
31419	1	0	1	0	2
31409	0	1	0	0	1
31322	0	0	0	0	0
31328	0	0	0	0	0
31407	0	0	0	0	0
31410	0	0	0	0	0
31411	0	0	0	0	0
31302	0	0	0	0	0

**Key observations of social determinants:**

**Medically Underserved:** 7 out of 14 in-scope zip codes in Chatham 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:** 6 out of 14 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

**Economically marginalized:** 5 out of 14 in-scope zip codes in Chatham 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:** 7 out of 14 in-scope zip codes in Chatham County have below average median incomes and above average shares of households being renters, households with homes built in 1959 or earlier, and above average unemployment rates.

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

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

# Provider Locations



# Region 5 Providers and Services

## Prevention Providers

<i>Project Name</i>	<i>Service Location</i>
Partners in Prevention Project	Johnson County
Partners in Prevention Project	McIntosh County
Partners in Prevention Project	Charlton County
Partners in Prevention Project	Ware County Adults
Partners in Prevention Project	Bacon County Adults
Partners in Prevention Project	Candler County
Partners in Prevention Project	Telfair County
Partners in Prevention Project	Wheeler County
SOR Sources of Strength Project	100 Pafford St Hinesville, GA 31313
SOR Sources of Strength Project	910 Long Frasier Dr Hinesville, GA 31313
SOR Sources of Strength Project	3216 E Oglethorpe Hwy Hinesville, GA 31313
SOR Sources of Strength Project	425 Edgewater Dr Midway, GA 31320
SOR Sources of Strength Project	465 Coates Rd Hinesville, GA 31313
SOR Sources of Strength Project	10500 Bells Ferry Rd, Canton, GA 30114
SOR Sources of Strength Project	1000 Joseph Martin Rd, Hinesville, GA 31313
SOR Sources of Strength Project	635 Taylor Rd, Hinesville, GA 31313
SOR Sources of Strength Project	2150 Memorial Park Dr #5879, Gainesville, GA 30504
SOR Sources of Strength Project	2096 Big Divide Rd, Copperas Cove, TX 76522
SOR Sources of Strength Project	920 Long Frasier Dr, Hinesville, GA 31313
SOR Sources of Strength Project	2550 W 15th St, Hinesville, GA 31313
SOR Sources of Strength Project	4595 US-80 Savannah, GA 31410
SOR Sources of Strength Project	170 Whitemarsh Island Rd Savannah, GA 31410
SOR Sources of Strength Project	6020 Ogeechee Rd Savannah, GA 31419
SOR Sources of Strength Project	12419 Largo Dr Savannah, GA 31419
SOR Sources of Strength Project	3012 Sunset Blvd Savannah, GA 31404
SOR Sources of Strength Project	2025 E 52nd Street Savannah, GA 31404

# Region 5 Providers and Services

## Prevention Providers continued

<i>Project Name</i>	<i>Service Location</i>
College of Prevention Project Expansion	Georgia Southern University
Hearts for Families, Inc.	Bacon County
Bulloch County Alcohol and Drug Abuse Council, Inc.	Bulloch County
The Council on Alcohol and Drugs, Inc. (Atkinson County)	Atkinson County
Gold Hearts and Crowns (Pillars Initiative)	Chatham County
SPF Suicide Prevention Project	Camden, Glynn, and Brantley Counties
SOR Adopt-A-School	Woodville Tompkins Institute (Savannah, GA)

# Region 5 Providers and Services

<b>Residential Treatment Providers</b>				
<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Residential Type</i>
CSB Middle GA 1	2121 A Bellevue Road Building 7 Dublin, Georgia 31021	Laurens	31021	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Dogwood Womens Recovery Residences/Recovery Place	1900 North Railroad Avenue, Mt. Vernon, Georgia 30445	Montgomery	30445	Intensive Residential Treatment: Transition aged youth
Gateway CSB	600 Coastal Village Dr. Brunswick, GA 31520	Glynn	31520	Intensive Residential Treatment: Women (WTRS and non-WTRS) Intensive Residential Treatment: Men
Pineland Community Service Board	4 West Atlman Street Statesboro, GA 30458	Bulloch	30458	Intensive Residential Treatment: Men Intensive Residential Treatment: Women (WTRS and non-WTRS)
Recovery Place 2	416 W GAston Street Savannah, GA 31401	Chatham	31401	Residential Treatment: Men - Independent Residential Treatment: Women - Independent (WTRS and non-WTRS)
Recovery Place Community Services 1	466 Martin Luther King Jr. Blvd Savannah, GA 31401	Chatham	31401	Residential Treatment: Men - Semi Independent Residential Treatment: Men - Independent Intensive Residential Treatment: Women (WTRS and non-WTRS)
Recovery Place Community Services 2	415 Darcey Road Savannah GA 31313	Liberty	31313	Residential Treatment: Men - Semi Independent Residential Treatment: Men - Independent
Unison Behavioral Health CSB 2, Garden Gate	852 Tiffany lane Waycross, GA 31503	Ware	31503	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Unison CSB 3	3455 Harris Road Waycross, GA 31503	Ware	31503	Intensive Residential Treatment: Men

# Region 5 Providers and Services

OTP/MAT Providers							
Provider	Address	Zip Code	County	OTP (State and Federal Funded Providers)	OTP (MAT Medicaid Providers Only)	MAT-Office based Treatment Non-OTP Based Treatment	Non-Funded Self Pay Only OTP Providers
New Season - Savannah Treatment Center	145-B Southern Blvd, Savannah, GA, 31405	31405	Chatham	X			
Coastal Community Behavioral Health	5155 GA Hwy 40 East, St. Marys, GA, 31558	31558	Camden		X		
HealthQwest Frontiers - Savannah	6707 Forest Park Drive, Savannah, GA, 31406	31406	Chatham		X		
MedMark Treatment Center - Savannah	600 Commercial Court, Suite A, Savannah, GA, 31406	31406	Chatham		X		
Reliance Treatment Center of Statesboro	201 Donehoo Street, Statesboro, GA, 30458	30458	Bulloch		X		
Recovery Place	835 E. 65th Street ste. 104 Savannah, GA 31405	31405	Chatham			X	
Unison Behavioral Health	1007 Mary Street Waycross, GA 31503	31503	Ware			X	
Extended Wellness	604 N. Broadfoot Drive, Vidalia, GA, 30474	30474	Toombs				X
Genesis Treatment Center	1022 Hillcrest Parkway Suite 106, Dublin, GA, 31021	31021	Laurens				X
Preferred Treatment Center, LLC	1101 Hillcrest Pkwy, Unit F, Dublin, GA, 31021	31021	Laurens				X
Southeast Georgia Treatment Center	816 Professional Center Drive, Eastman, GA, 31023	31023	Dodge				X
Treatment Center of Brunswick	100 Cornerstone Drive, Brunswick, GA, 31523	31523	Glynn				X
Treatment Center of Waycross	1766 Memorial Drive, Waycross, GA, 31501	31501	Ware				X

# Region 5 Providers and Services

## Stand Alone Detox Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
Recovery Place 1	835 E. 65th Street Savannah, GA 31405	Chatham	31405

## SAIOP Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
Recovery Place 1	835 E. 65th Street Savannah, GA 31405	Chatham	31405

## Intensive Outpatient (Women) Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>
CSB Middle GA 2	2121 A Bellevue Road Building 3 Dublin, Georgia 31021	Laurens	31021
Gateway CSB	600 Coastal Village Dr. Brunswick, GA 31520	Glynn	31520
Recovery Place Community Services 1	466 Martin Luther King Jr. Blvd Savannah, GA 31401	Chatham	31401
Pineland Community Service Board	4 West Atلمان Street Statesboro, GA 30458	Bulloch	30458

## Transitional Housing Providers

<i>Provider Name</i>	<i>Address</i>	<i>County Name</i>	<i>Zip Code</i>	<i>Housing Type</i>
CSB Middle of Georgia 1	2121 A Bellevue Road Building 7 Dublin, Georgia 31021	Laurens	31021	Transitional Housing: Women (WTRS and non-WTRS)
Gateway CSB	600 Coastal Village Dr. Brunswick, GA 31520	Glynn	31520	Transitional Housing: Women (WTRS and non-WTRS)
Recovery Place Community Services 1	466 Martin Luther King Jr. Blvd Savannah, GA 31401	Chatham	31401	Transitional Housing: Women (WTRS and non-WTRS)

# Region 5 Providers and Services

## Harm Reduction Providers

<i>SSP Locations</i>	<i>Syringes distributed</i>
Savannah (Chatham)	27,500

## Harm Reduction Providers

<i>Naloxone Distribution Provider</i>	<i>Counties</i>
5-1 South Central (Dublin)	Laurens
9-1 Coastal (Savannah)	Chatham
9-2 Southeast (Waycross)	Ware
CSB of Middle GA	Laurens
Freedom Through Recovery Susan Ford RCO	Bulloch
Gateway CSB	Glynn
Mobile Crisis Response Services, R 5 Behavioral Health Link	N/A
Pineland BH	Bulloch
Recovery Place	Chatham
Unison Behavioral Health	Coffee

## Region 5 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>
Circle of Recovery Peer Center	2423 Abercorn Street, Savannah, GA	Chatham	31401	Existing
Freedom Through Recovery Susan Ford RCO	226 S Zetterower Ave, Statesboro, GA 30458	Bulloch	30458	Existing
Recovery Place 1	835 E. 65th Street Savannah, GA 31405	Chatham	31405	Existing
RiseUp - Community Service Board of Middle Georgia	621 Academy Ave. Dublin, GA 31021	Laurens	31021	Existing
New Roots Glynn Inc	500 Woodland Street, Brunswick, GA. 31523	Glynn	31523	New Location
Gardens of Hope	126 E. Liberty Ave, Lyons, GA. 30426	Toombs	30426	New Location

# Provider Survey Analysis



# Methodology and assumptions

## Methodology

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



## Assumptions

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



# Abbreviations

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