Opioid Use Disorder Continuum of Care

Region 6 Assessment Report

Georgia
Department of
Behavioral Health
& Developmental
Disabilities

January 22, 2024

The following content areas are included in this assessment report

Contents

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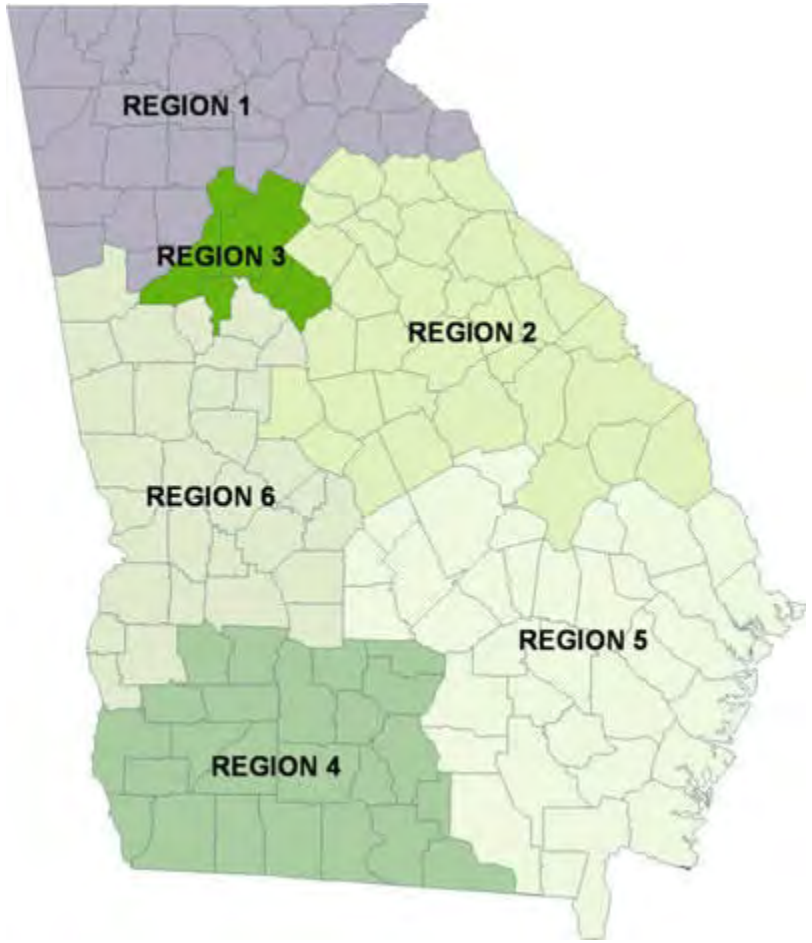
Executive Summary

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



Region 6

Region 6 is located in West Central Georgia and includes the following 31 counties:

- Butts
- Carroll
- Chattahoochee
- Clay
- Coweta
- Crawford
- Crisp
- Dooly
- Fayette
- Harris
- Heard
- Henry
- Houston
- Lamar
- Macon
- Marion
- Meriwether
- Muscogee
- Peach
- Pike
- Quitman
- Randolph
- Schley
- Spalding
- Stewart
- Sumter
- Talbot
- Taylor
- Troup
- Upson
- Webster

Source: 1. DBHDD Regional Field Offices

Region 6 offers a variety of services across the SUD/OUD Continuum of Care, and the region had the third lowest opioid overdose death rate in the state from 2018 to 2022

- From 2018 to 2022, Region 6 had the third lowest opioid overdose death rate across all regions. The region experienced the largest percent increase in total opioid overdose deaths among the 20-24-year age group (320%). The highest number of opioid-related deaths were observed in Carroll County, among the White population, and males.
- Compared to its peers, Region 6 saw the third lowest number of total opioid-related ED visits in 2022. The highest increases in ED visits were in the 10-to-19-year age group (160%), among males, and White population.
- Across the region, the highest number of naloxone doses were administered in Muscogee County.
- SUD/OUD providers leverage a diverse, however, limited workforce to deliver services.
- A small portion (22%) of zip codes in Carroll County experience higher social determinants vulnerabilities, which may contribute to the opioid-related overdose and death rates; however, additional analysis and exploration are warranted to confirm correlation and association.
- Across the continuum of care:
    - Primary prevention programs are offered in K-12, higher education institutions, and workplaces.
    - Of the treatment services, there is greater availability of OTP/MAT providers. There are, however, few residential treatment services, SAIOP Outpatient providers, Intensive Outpatient Women's providers, and Transitional Housing providers.
    - Residential Treatment services are available for adults and transition-aged youth.
    - Investments are being made to expand recovery services with the opening of a new Addiction Recovery Support Center (ARSC).
    - Harm reduction services, including syringe exchanges and naloxone distribution, are available across the region.
- There remain gaps and service variability across Region 6:
    - There are no Stand-Alone Detox services or providers offering Residential Treatment Semi – Independent or Independent services to women or youth in the region.
    - The following counties in Region 6 do not have SUD/OUD CoC Providers: Chattahoochee, Crisp, Dooly, Harris, Marion, Meriwether, Pike, Quitman, Schley, Talbot, Taylor, and Webster
    - There are more Residential Treatment services offered for men than women across all Residential Treatment areas.

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

Background Information

Overview of the Opioid Continuum of Care assessment reports

Background

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

Objectives

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

Assessment Inputs

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

*Information included in the report is based on data provided by DBHDD and DBHDD funded OUD/SUD Providers.

Approach to developing the assessment reports

Approach

1 Understand OUD burden

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

2 Compile current state CoC data

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

3 Identify gaps

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

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

Considerations

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

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

Prevention

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

Treatment

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

Recovery

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

Harm Reduction

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

Source: DBHDD Office of Addictive Diseases

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

OUD CoC Service	Prevention	Treatment	Recovery	Harm Reduction
Primary Prevention Services				
Stand-alone detox				
Residential Treatment • Intensive Residential Treatment: Men • Residential Treatment Men: Independent • Residential Treatment Men: Semi Independent • Intensive Residential Treatment Women (Women's Treatment and Recovery Services (WTRS) and non-WTRS) • Residential Treatment Women: Independent (WTRS and non-WTRS) • Residential Treatment Women: Semi Independent (WTRS and non-WTRS) • Intensive Residential Transition Aged Youth				
MAT/SAIOP Outpatient • SAIOP Outpatient • Intensive Outpatient (Women)				
Transitional Housing • Men • Women (WTRS and non-WTRS)				
Addiction Recovery Support Center				
Harm Reduction Services • Naloxone • Fentanyl test strips • Syringe exchange • HIV Early Intervention • Hep C testing and treatment				

Source: DBHDD Office of Addictive Diseases

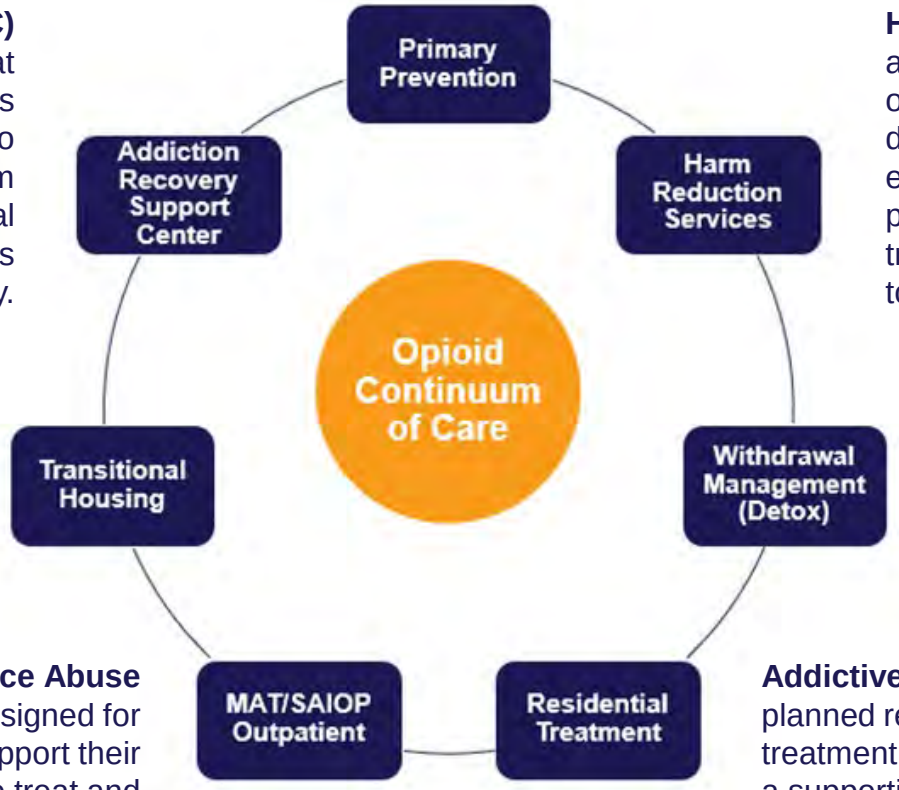
DBHDD's proposed Opioid Use Disorder Continuum of Care Model includes seven components

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

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

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

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



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

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

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

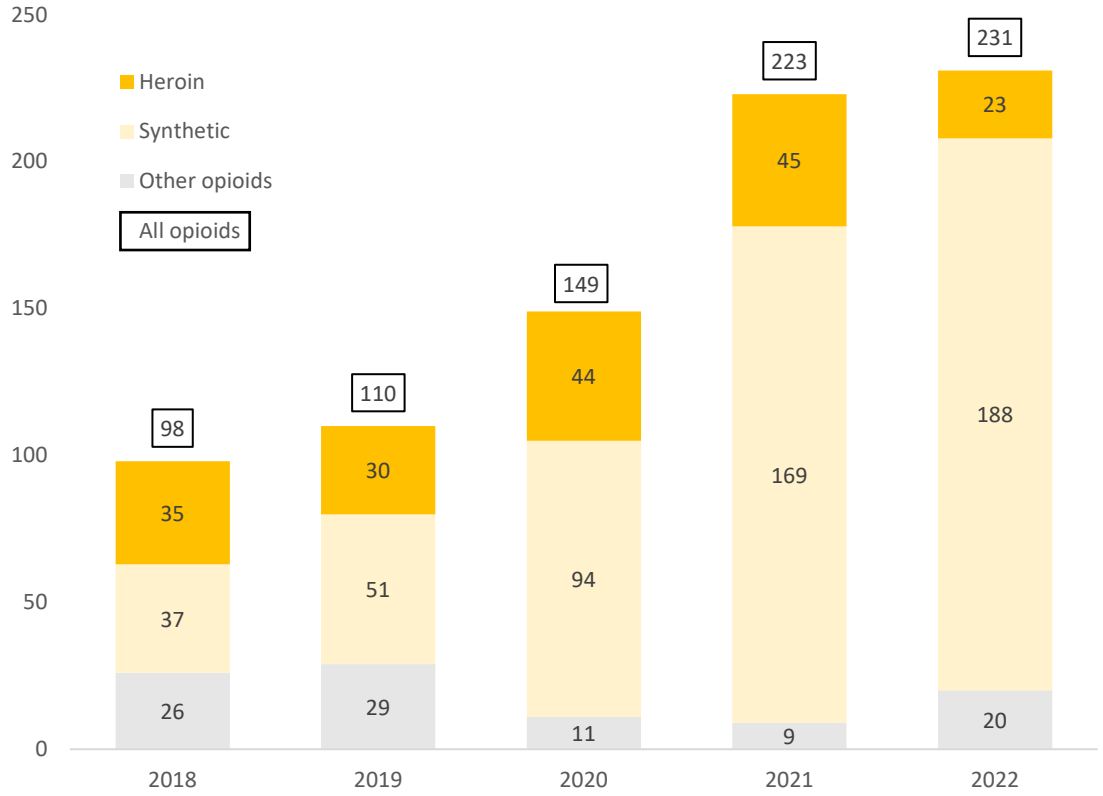
Source: DBHDD Office of Addictive Diseases, Continuum of Care, December 13, 2023

Epidemiological Data Analysis and Findings

Opioid Overdose Deaths

From 2018 to 2022, the annual number of total opioid overdose deaths in Region 6 more than doubled, with significant increase associate with synthetic opioids use

Total overdose deaths for all opioids in Region 6, 2018-2022



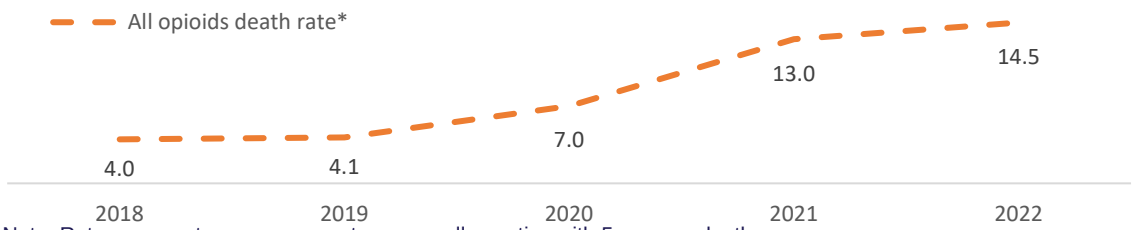
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. 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 6 totaled 231**, representing a rate of 14.5 per 100,000 residents
  - Overall, deaths increased 136% from 98 in 2018
  - On average, deaths increased at a compound annual growth rate of 23.9%
- **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 37 to 188
  - This represents an overall increase of 408% and a compound annual growth rate of 50.1%
- **Heroin** is a specific type of opioid drug. From 2018 to 2022, heroin drug overdoses decreased from 35 to 23
  - This represents an overall decline of 34% and an average annual decrease of 10.0%

Rate of opioid overdose deaths in Region 6, 2018-2022

per 100,000 residents

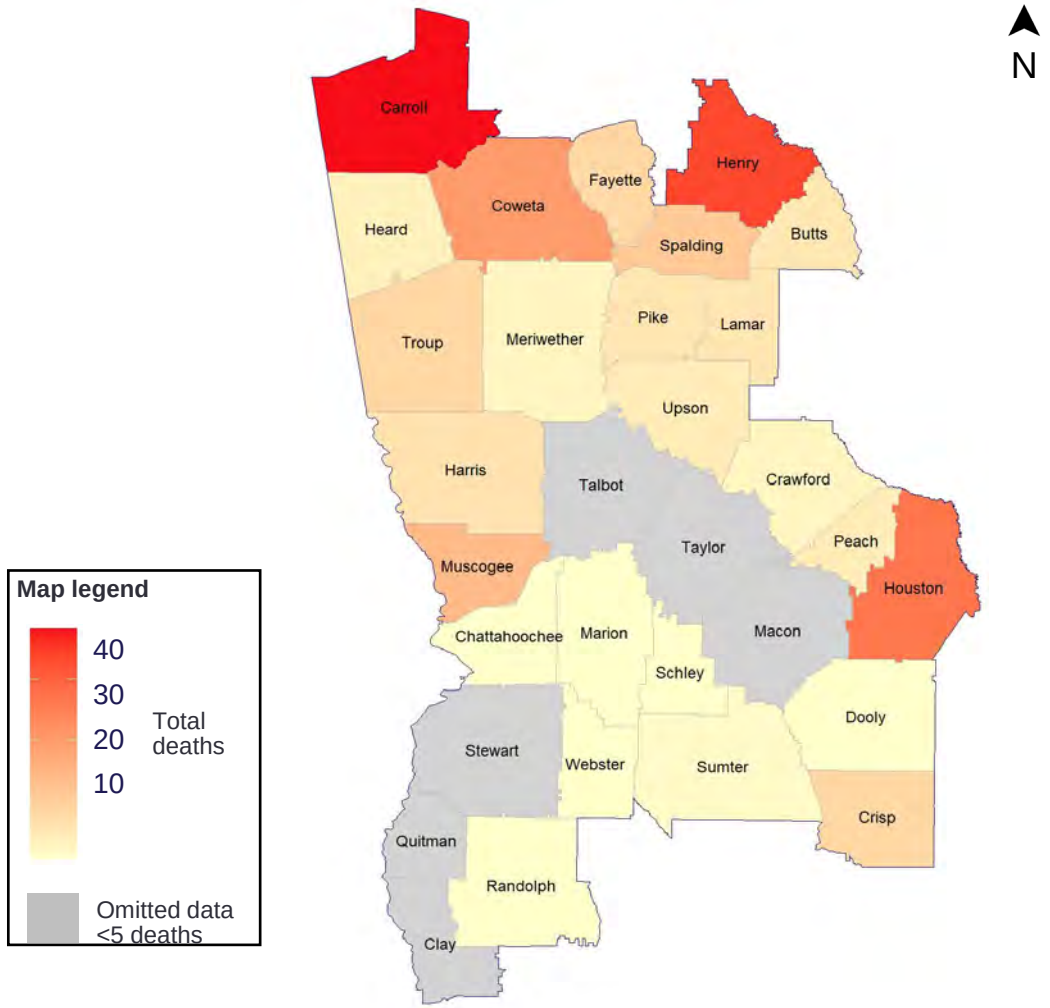


Note: Rate represents an average rate across all counties with 5 or more deaths.

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

Opioid overdose deaths were observed across Region 6 in 2022

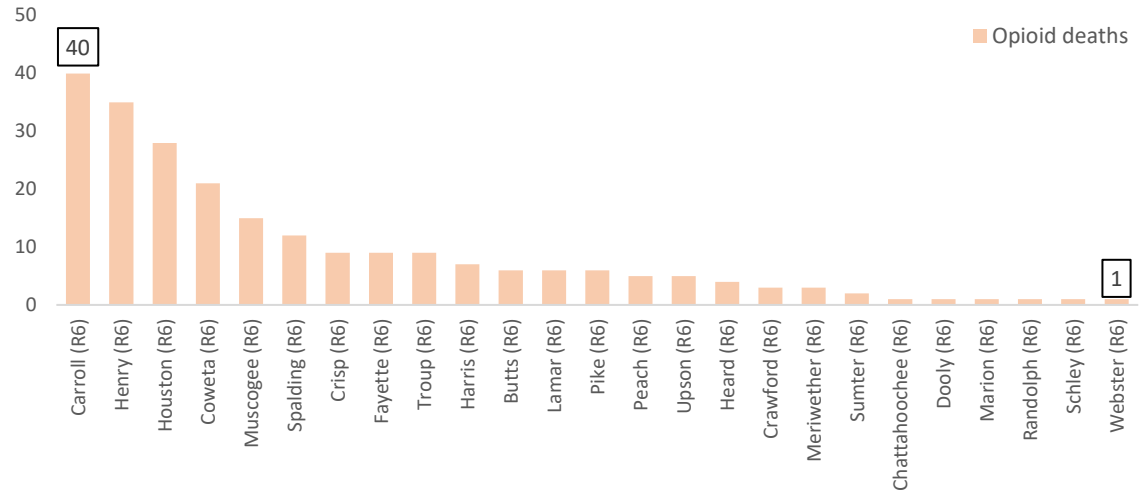
Map of total opioid overdose deaths by county in Region 6, 2022



Key findings

- In 2022, the **top five counties with the largest total number of opioid overdose deaths** were Carroll (40), Henry (35), Houston (28), Coweta (21), and Muscogee (15)
- The largest number of deaths coincided with counties with some of the largest population sizes in the region
- Chattahoochee, Dooly, Marion, Randolph, Schley, and Webster Counties all **had one opioid overdose death** in 2022

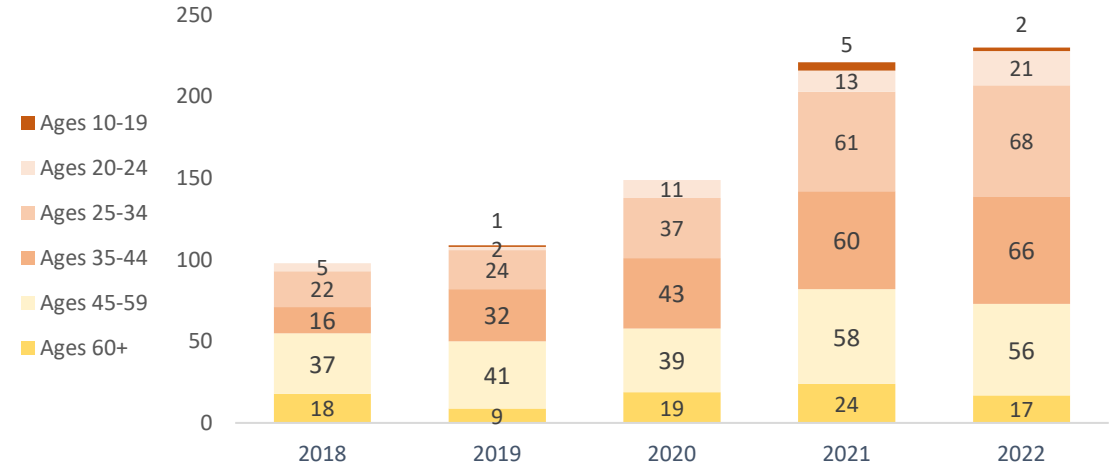
Opioid overdose deaths by county in Region 6, 2022



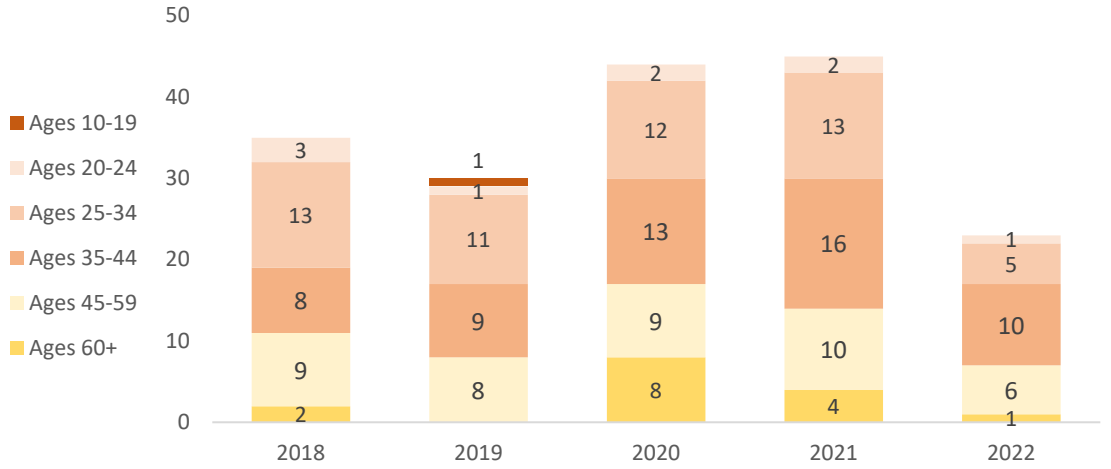
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

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

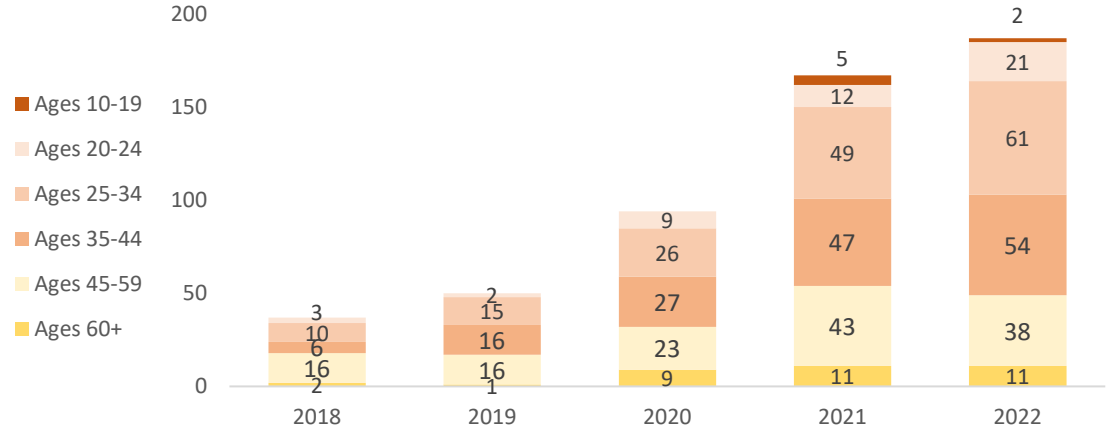
Total opioid overdose deaths by select age groups



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
  - Synthetic opioid overdose deaths increased for all age groups, while heroin overdose deaths decreased for all age groups except ages 35-44
- Ages 20-24 saw the largest percent increase (320%) in total opioid overdose deaths from 2018 to 2022. For this age group, deaths from synthetic opioid overdoses increased 600%.
- From 2018-2022, opioid overdose deaths increased 313% for ages 35-44 and 209% for ages 25-34

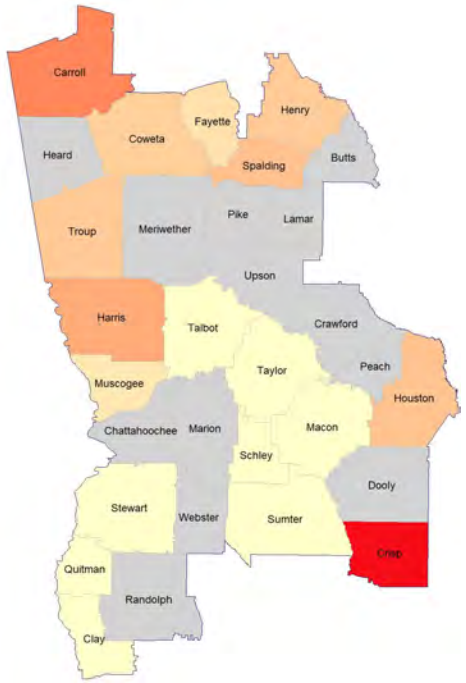
*Synthetic opioids (e.g., fentanyl) include those other than Methadone.
Notes: Data labels are not shown for years where there were no deaths for select age groups. Deaths for ages 0-9 totaled less than 5 during the five-year period and are not shown.
Source: 2018-2022 OASIS data from the Georgia Department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

In Region 6, the rate of opioid deaths among males increased more significantly than females over the last five years

Map of rates of opioid deaths by county, 2022

per 100,000 residents

Males



Females

N

Map legend

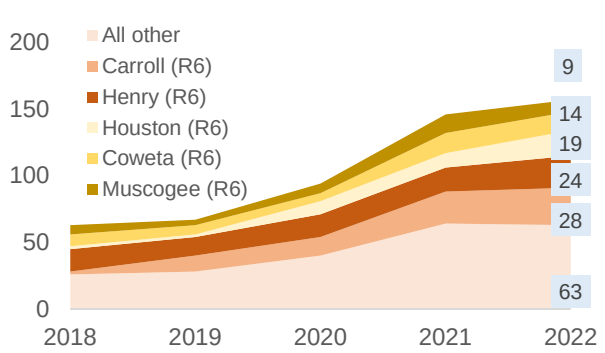
Rate of opioid deaths per 100,000 residents

Male	Female
60	15
40	10
20	5
0	0

Omitted data <5 deaths

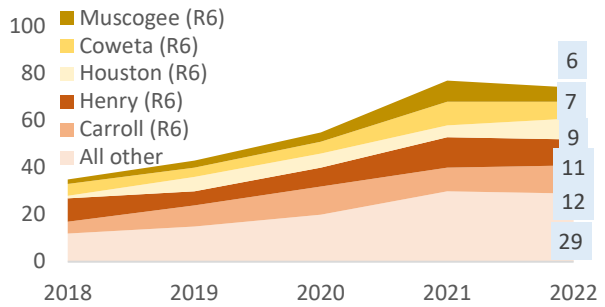
Opioid deaths by county, 2018-2022

Males



County	5-yr Total
R6	527
Muscogee	41
Coweta	51
Houston	44
Henry	90
Carroll	80
Other	221

Females



County	5-yr Total
GA	284
Muscogee	24
Coweta	31
Houston	27
Henry	48
Carroll	48
Other	106

*Region represents average rates across counties within region

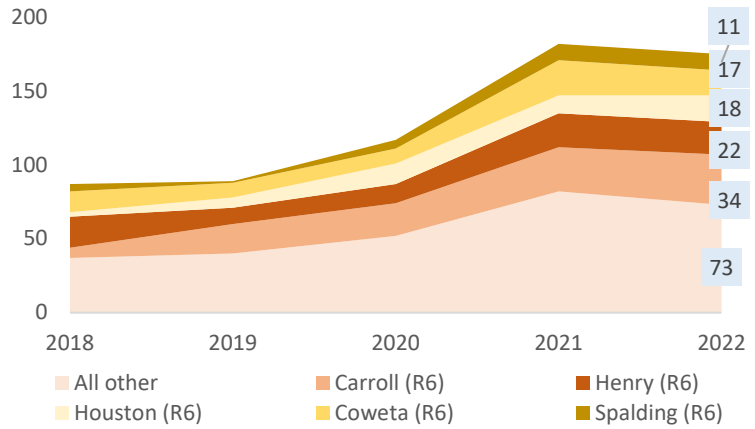
Key findings

- Opioid deaths among males increased from 63 in 2018 to 157 in 2022, representing a compound annual growth rate of 26%. Henry County had the most male opioid deaths during the five-year timeframe (90), followed by Carroll County (80)
- Opioid deaths among females increased from 35 in 2018 to 74 in 2022, representing a compound annual growth rate of 21%. Henry County and Carroll County had the most female opioid deaths during the five-year timeframe (48)

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.

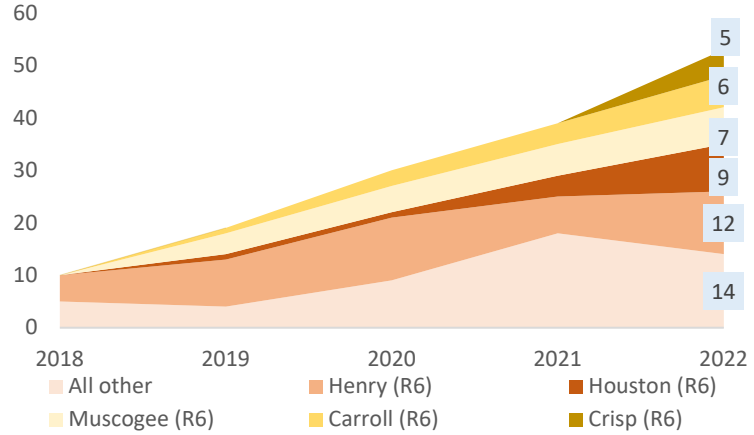
The White population in Region 1 experienced the largest total number of opioid overdose deaths over the 2018 – 2022 period compared to other racial and ethnic groups

Opioid deaths for the White population, 2018-2022



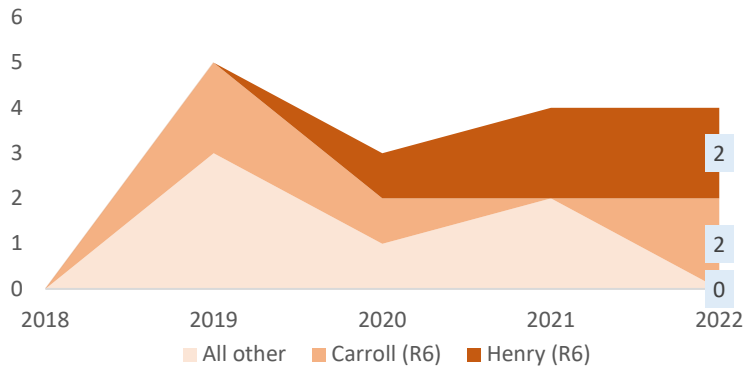
Region	5-yr Total
R6	650
Spalding	34
Coweta	75
Houston	54
Henry	90
Carroll	113
All other	284

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



Region	5-yr Total
R6	151
Crisp	5
Carroll	14
Muscogee	22
Houston	15
Henry	45
All other	50

Opioid deaths for the Hispanic population, 2018-2022



Region	5-yr Total
R6	16
Henry	5
Carroll	5
All other	6

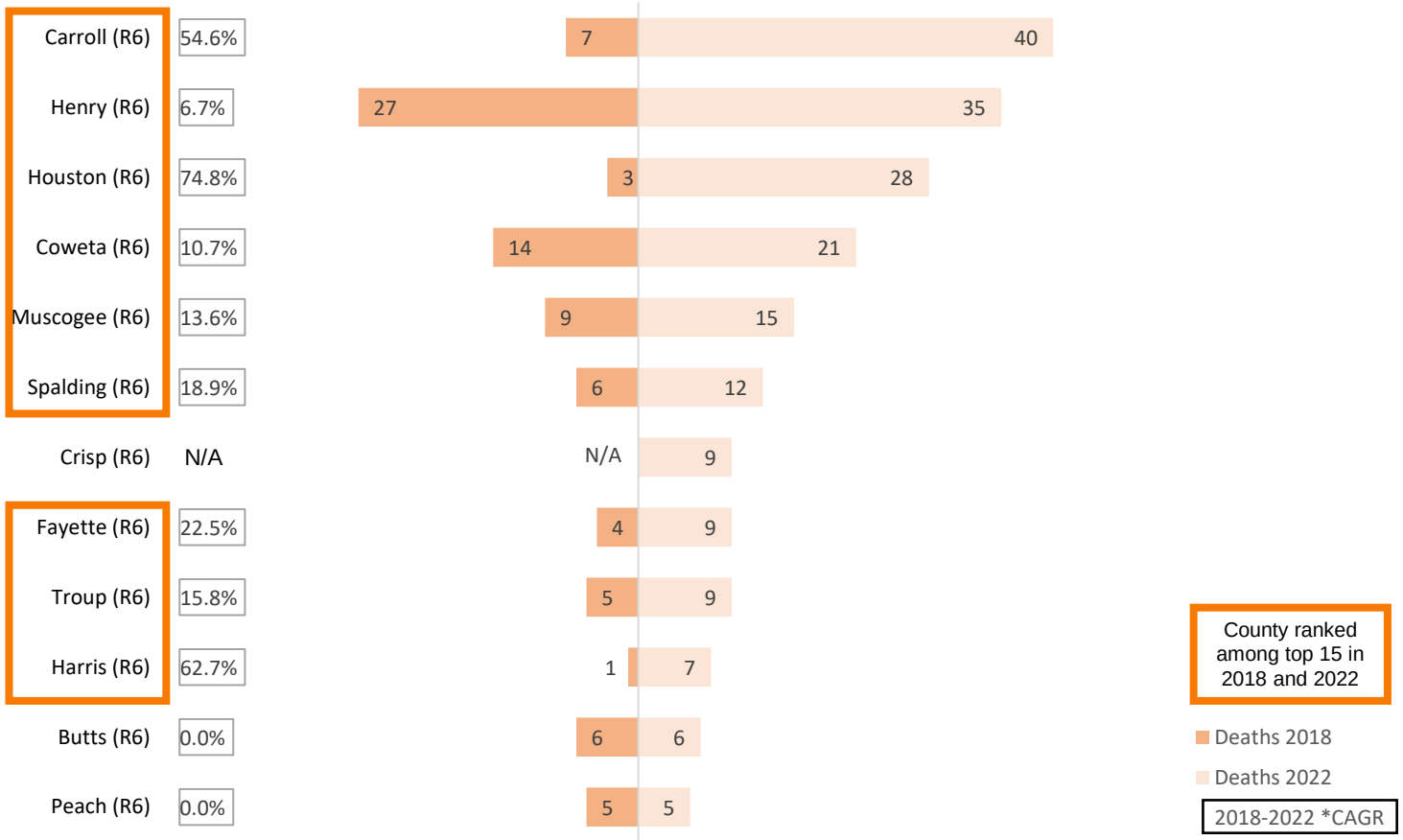
Key findings

- From 2018 to 2022, opioid deaths totaled 650 for the White population, 151 for the Black or African-American population, 4 for the Hispanic population, and 0 for the Asian population
- Carroll County had the most overall opioid deaths for Whites (113), while Henry County had the most opioid deaths for the Black or African-American (45). Both Henry County and Carroll County had the most overall deaths for the Hispanic population (5).
- The Asian population had one opioid overdose death in 2019 in Coweta County

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

From 2018 to 2022 in Region 6, the county with the largest total number of opioid overdose deaths shifted from Henry County to Carroll County

Opioid overdose deaths and growth rates among top 10 counties in Region 6 for the years 2018 and 2022



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

Key findings

- Nine counties ranked in the top 10 for opioid overdose deaths in 2018 and in 2022
- All counties ranking in the top 10 for opioid overdose deaths in 2018 or 2022 experienced either the same number or an increase in deaths from 2018
- Butts County and Peach County ranked in the top 10 for opioid overdose deaths in 2018, but not 2022
- Crisp County ranked in the top 10 for opioid overdose deaths in 2022, but not 2018
- Among all counties ranking in the top 10 in 2018 or 2022, **Houston County had the largest average annual growth rate (74.8%)**, followed by Harris County (62.7%) and Carroll County (54.6%)

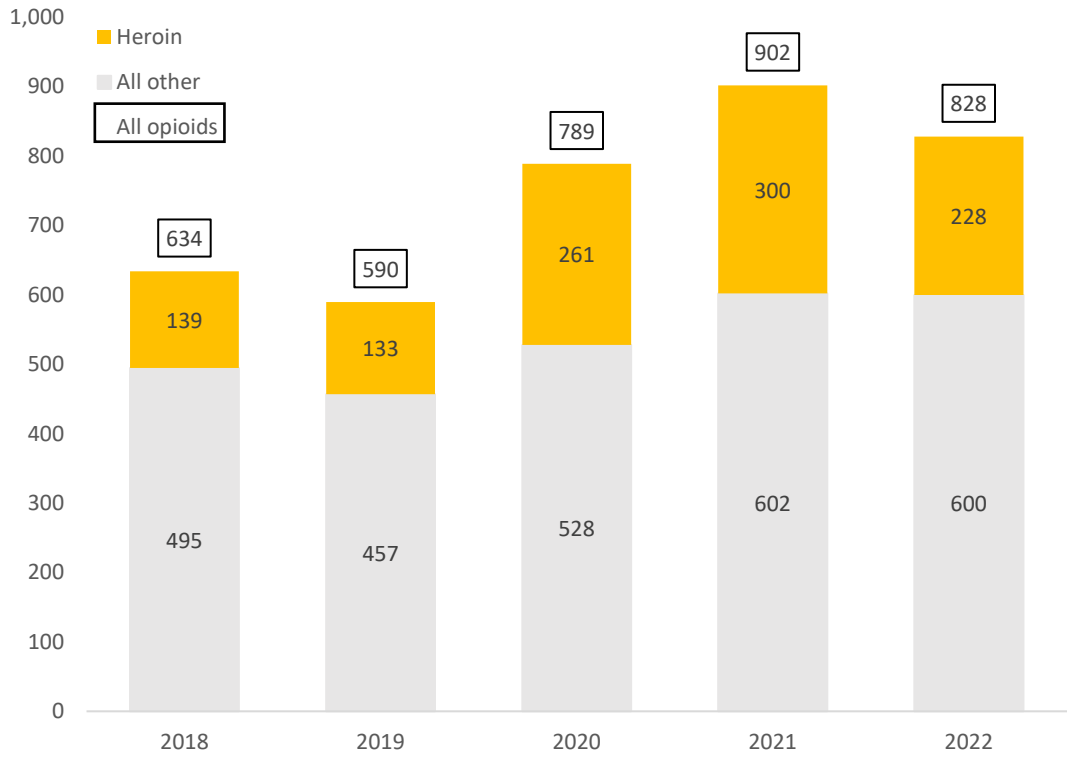
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured)..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

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

Opioid-related Emergency Department Visits

Between 2018 and 2022 in Region 6, the total number of opioid-related emergency department (ED) visits peaked in 2021

Total opioid-related ED visits in Region 6, 2018-2022



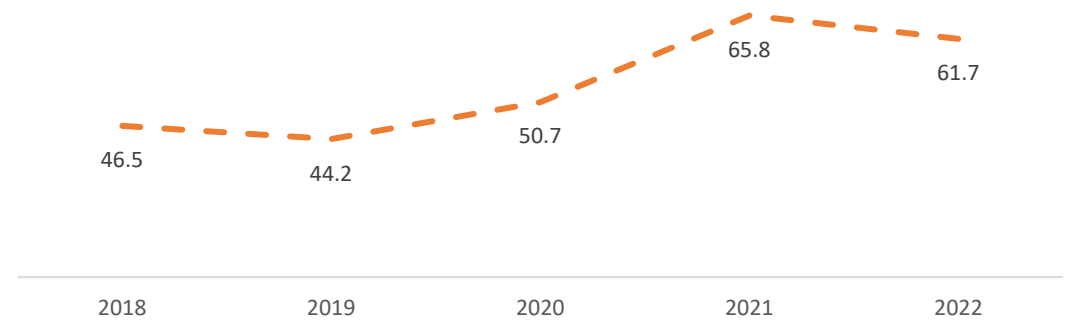
Note: The total for all opioids includes both prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine), opioids used to treat addiction (e.g., methadone), as well as heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly-manufactured).. 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 6 totaled 828,** representing a rate of 61.7 per 100,000 residents
  - Overall, opioid-related ED visits increased 31% from 634 in 2018
  - On average, opioid-related ED visits increased at a compound annual growth rate of 6.9%
- **Heroin** is a specific type of opioid-related drug. **From 2018 to 2022, heroin ED visits increased from 139 to 228**
  - This represents an increase of 64% and a compound annual growth rate of 13.2%

Rate of opioid-related ED visits in Region 6, 2018-2022

per 100,000 residents



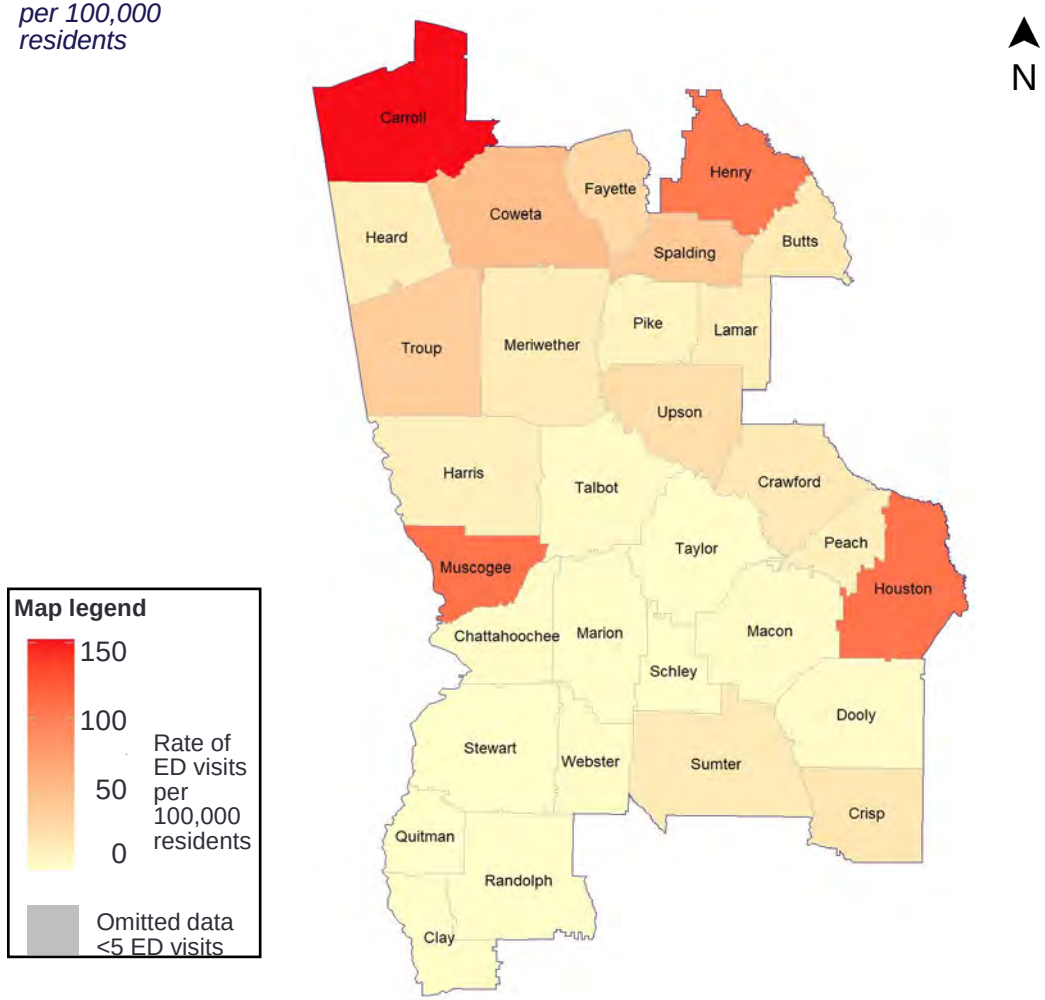
Note: Rate represents an average rate across all counties with 5 or more ED visits.

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

The total number of opioid-related ED visits varies by county across Region 6, with Carroll, Houston, Muscogee and Henry experiencing the largest numbers

Map of opioid-related ED visits by county, 2022

per 100,000 residents

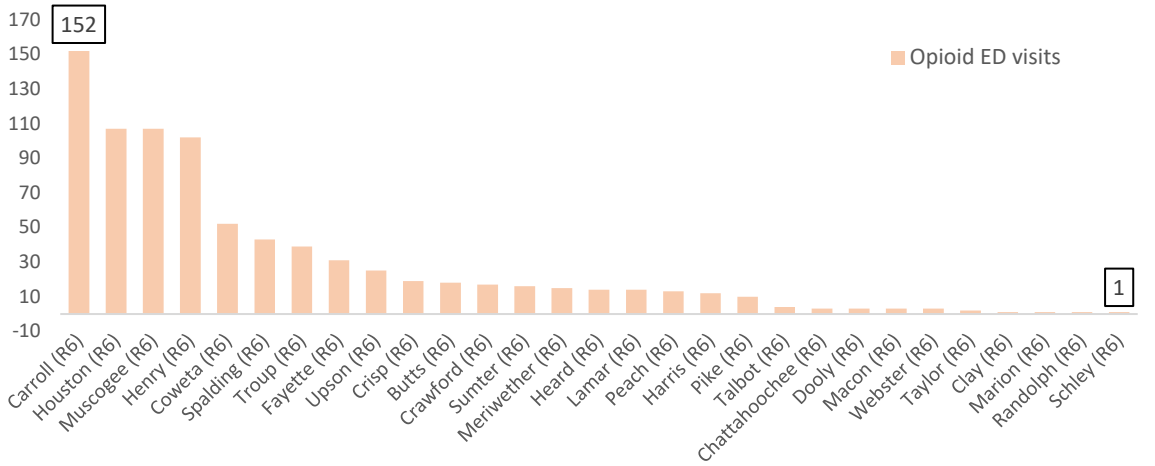


Key findings

- In 2022, the **top four counties with the largest total number of opioid-related ED visits** were Carroll (152), Houston (107), Muscogee (107), and Henry (102)
- In addition to the top four counties, Coweta (52), Spalding (43), Troup (39), Fayette (41) and Upson (25) Counties **had at least 25 opioid-related ED visits**

Opioid-related ED visits, 2022

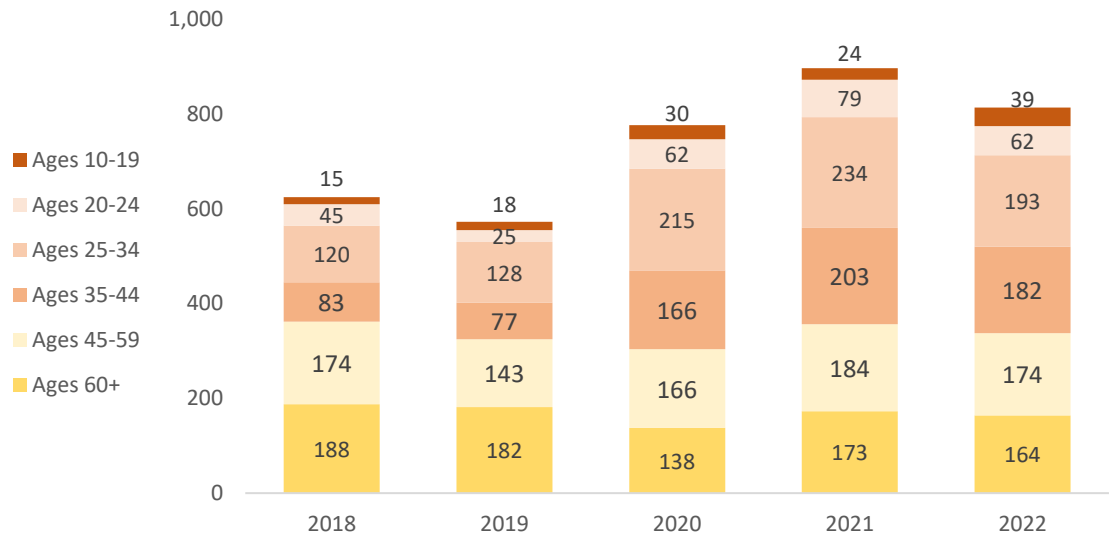
per 100,000 residents



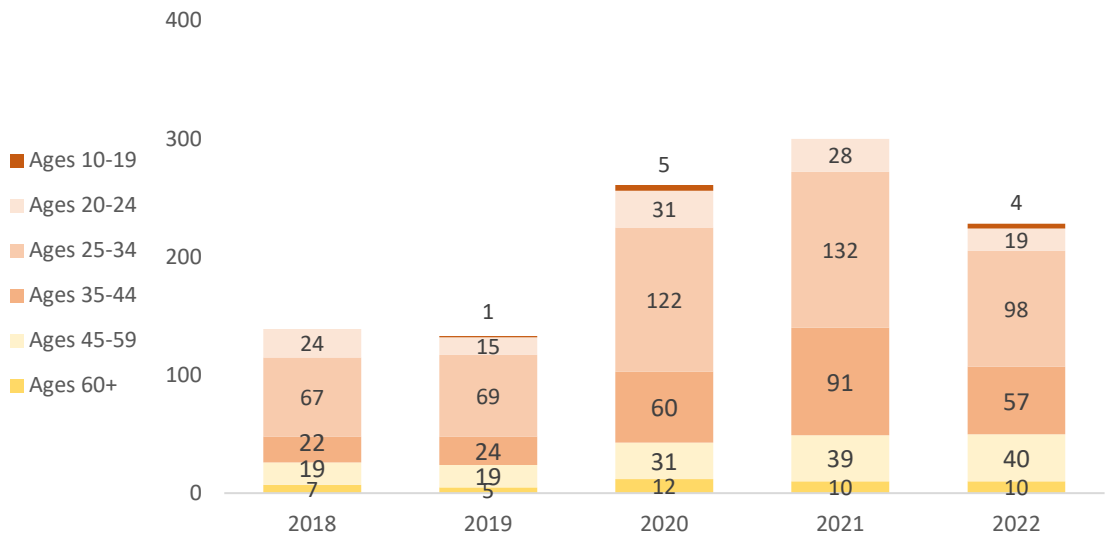
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data.

Total number of opioid-related ED visits increased across all age groups from 2018 to 2022, except among the 60+ age group

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 those age 60 and older
- Ages 10-19 saw the largest percentage increase (160%) in total opioid-related ED visits, followed by ages 35-44 (119%)
- The subset of heroin ED visits decreased 21% for ages 20-24, while heroin opioid-related ED visits increased for all other age groups

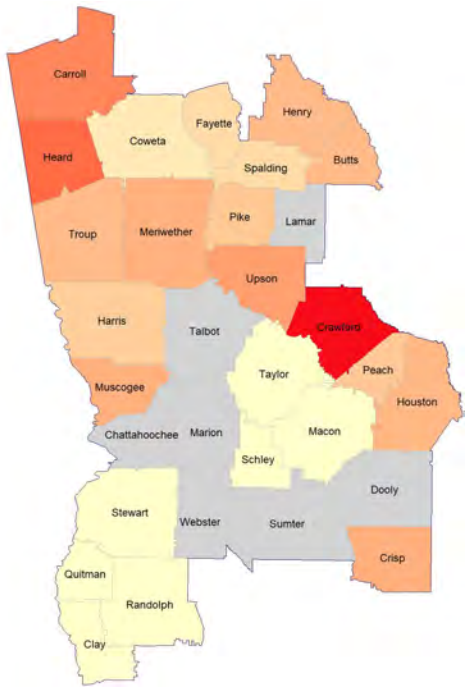
Notes: Data labels are not shown for years where there were no deaths for select age groups. ED visits for ages 0-9 totaled less than 60 during the five-year period and are not shown.
Source: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information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

There was an increase in the number of opioid-related ED visits over the past five years among both males and females

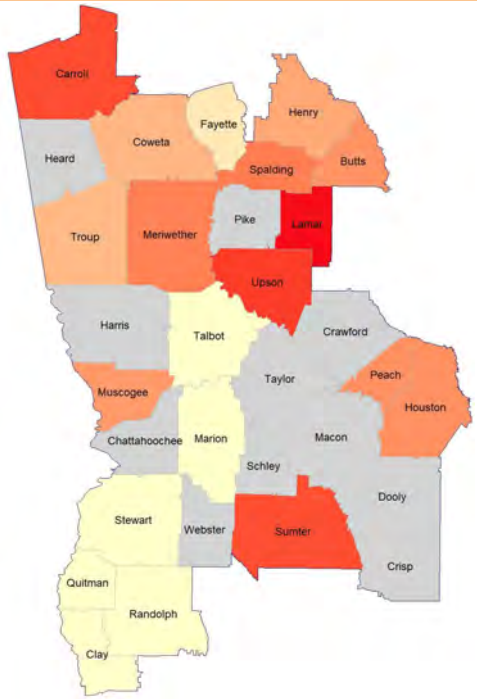
Map of rates of opioid-related ED visits by county, 2022

per 100,000 residents

Male



Female



N

Map legend

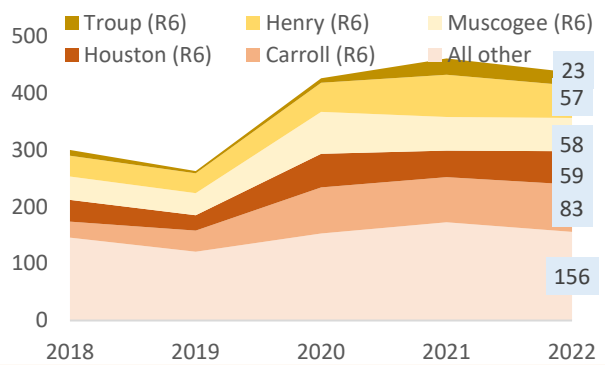
Rate of ED visits per 100,000 residents

Male	Female
200	100
100	50
0	0

Omitted data <5 deaths

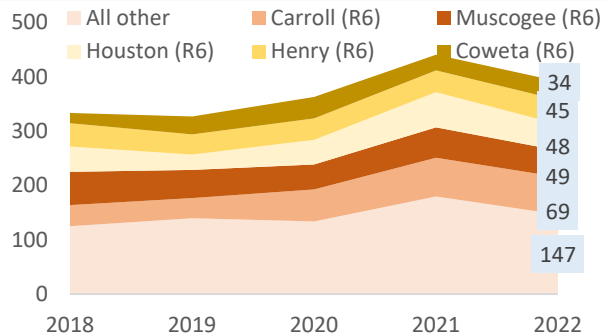
Opioid-related ED visits in Region 6, 2018-2022

Male



County	5-yr Total
R6	1,886
Troup	74
Henry	254
Muscogee	271
Houston	230
Carroll	308
All other	749

Female



Region	5-yr Total
R6	1,857
Coweta	154
Henry	205
Houston	233
Muscogee	264
Carroll	275
All other	726

*Region represents average rates across counties within region

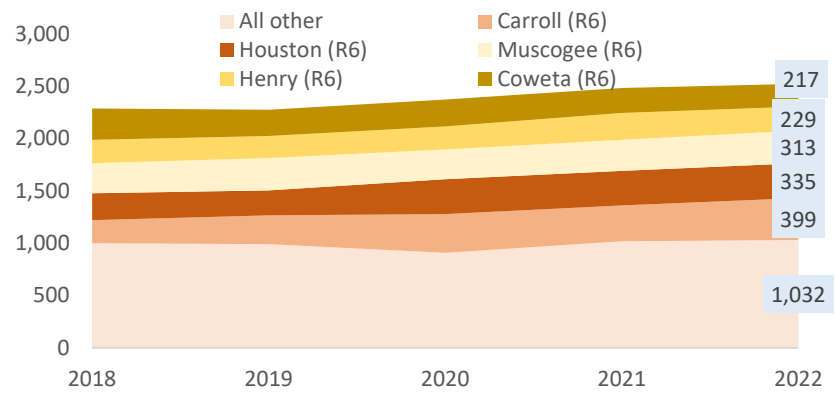
Key findings

- Opioid-related ED visits among males increased from 300 in 2018 to 426 in 2022, representing a compound annual growth rate of 10%. Carroll County had the most male opioid-related ED visits during the five-year timeframe (308), followed by Muscogee County (271).
- Opioid-related ED visits among females increased from 334 in 2018 to 392 in 2022, representing a compound annual growth rate of 4%. Carroll County had the most female opioid-related ED visits during the five-year timeframe (275), followed by Muscogee County (264).

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.

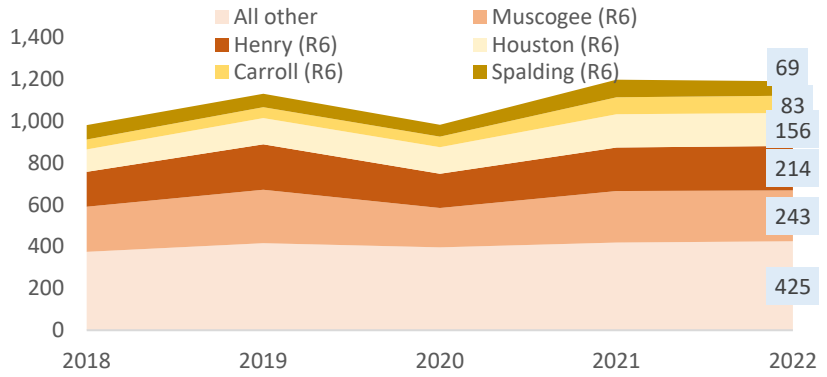
From 2018 to 2022, the majority of total opioid-related ED visits in Region 6 were among the White population

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



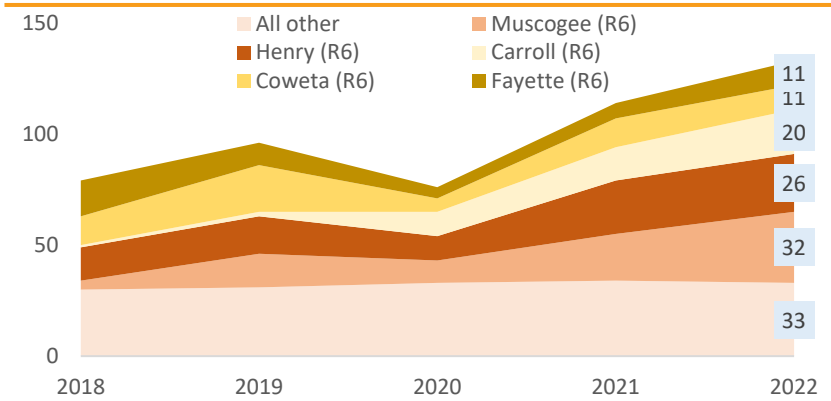
Region	5-yr Total
R6	11,949
Coweta	1,260
Henry	1,145
Muscogee	1,490
Houston	1,491
Carroll	1,608
All other	4,955

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



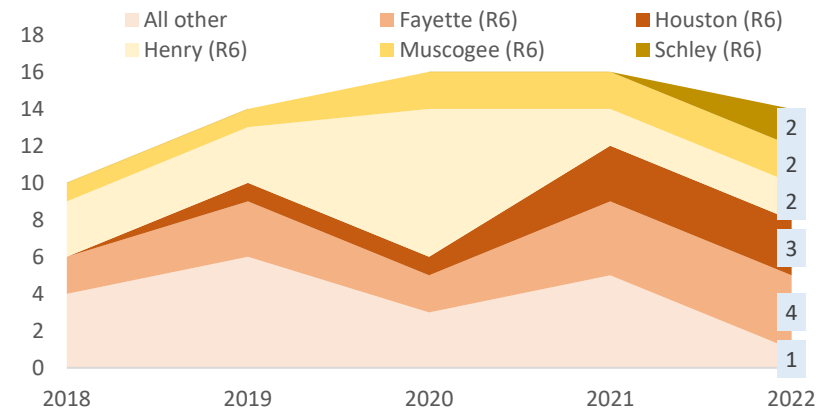
Region	5-yr Total
R6	5,481
Spalding	343
Carroll	312
Houston	676
Henry	971
Muscogee	1,147
All other	2,032

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



Region	5-yr Total
R6	498
Fayette	49
Coweta	64
Carroll	49
Henry	93
Muscogee	82
All other	161

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



Region	5-yr Total
R6	70
Schley	2
Muscogee	8
Henry	18
Houston	8
Fayette	15
All other	19

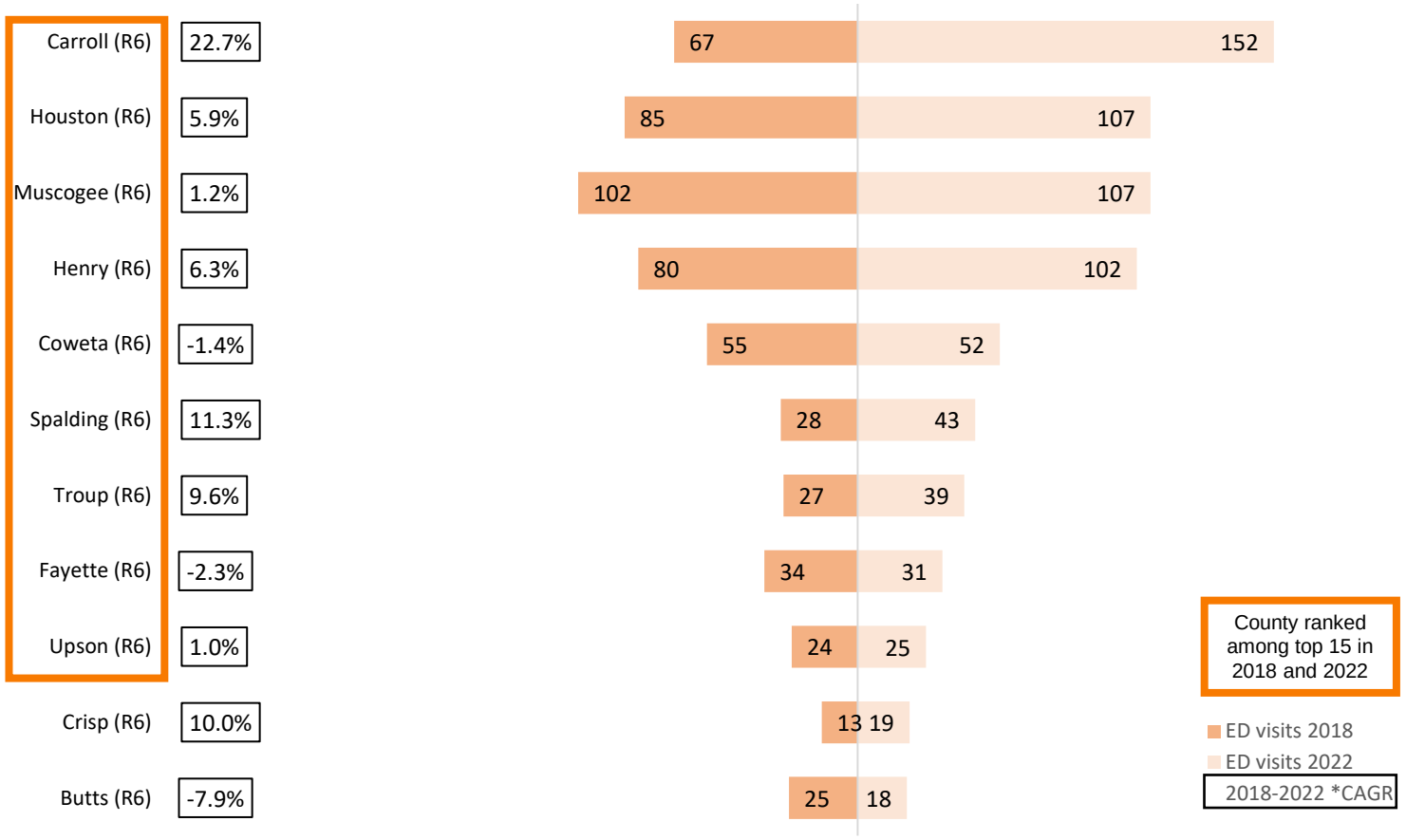
Key findings

- From 2018 to 2022, opioid-related ED visits totaled 11,949 for the White population, 5,481 for the Black or African-American population, 498 for the Hispanic population, and 70 for the Asian population
- Carroll County had the most opioid-related ED visits for Whites (1,608), Muscogee County had the most opioid-related ED visits for the Black or African-American (1,147) population, and Henry County had the most opioid-related ED visits for the Hispanic (93) population and Asian (18) population

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

Nine counties in Region 6 ranked among the top 10 counties with the highest number of opioid-related ED visits in 2018 and 2022

Opioid-related ED visits and growth rates among top 10 counties in region 6 in the years 2018 and 2022



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

Key findings

- Nine counties in Region 6 ranked in the top 10 for total opioid-related ED visits in 2018 and 2022
- Coweta, Fayette, and Butts Counties experienced a decrease in opioid-related ED visits in 2022 from 2018
- Butts County ranked in the top 10 for opioid-related ED visits in 2018, but not 2022
- Crisp County ranked in the top 10 in 2022, but not 2018
- Among all counties ranking in the top 10 in 2018 or 2022, **Carroll County had the largest average annual growth rate (22.7%)**, followed by Spalding County (11.3%) and Crisp County (10.0%)

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

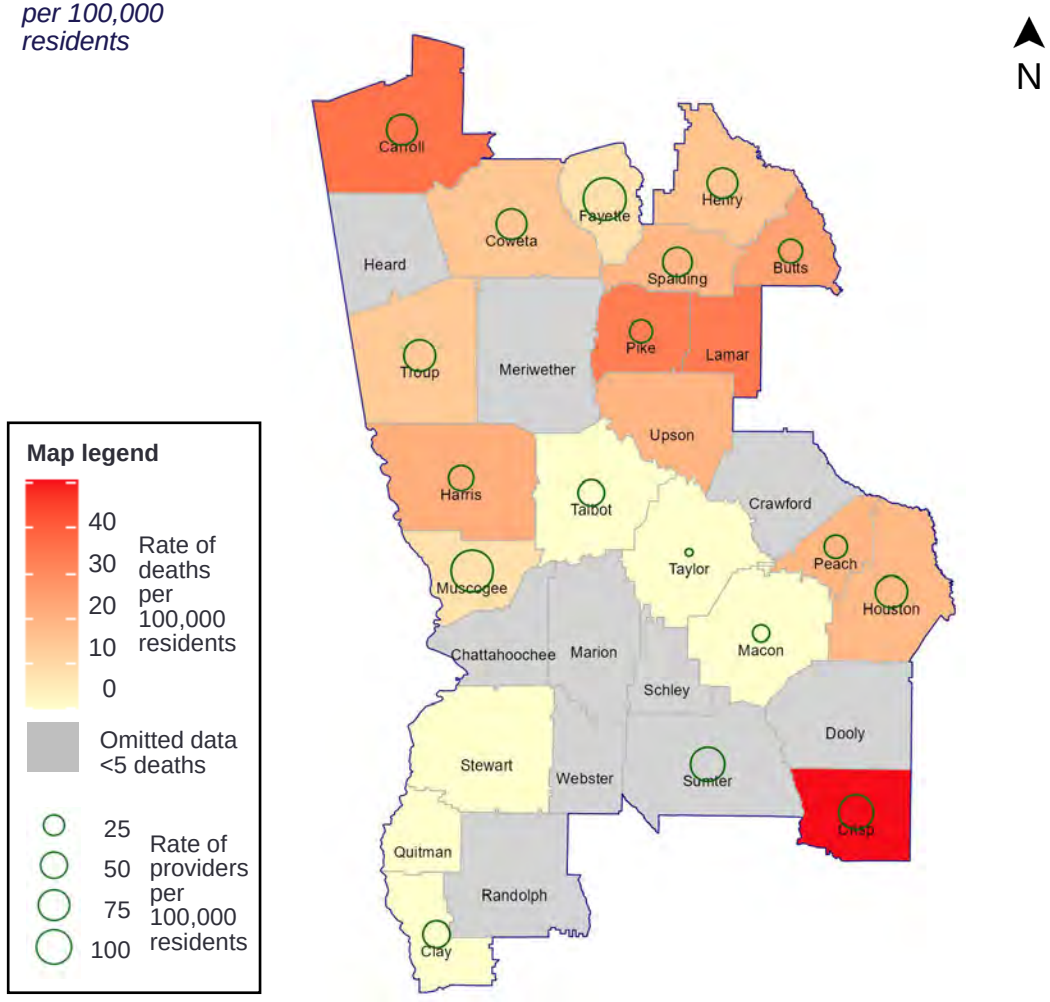
Sources: 2018-2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

Overall Opioid Burden Relative to BHSS Provider Prevalence

The opioid overdose death rate in 2022 across Region 6 was 14.5 compared to a BHSS provider rate of 23.1 in 2021

Map of rates of opioid overdose deaths and behavioral health and social services providers by county in Region 6, 2022

per 100,000 residents

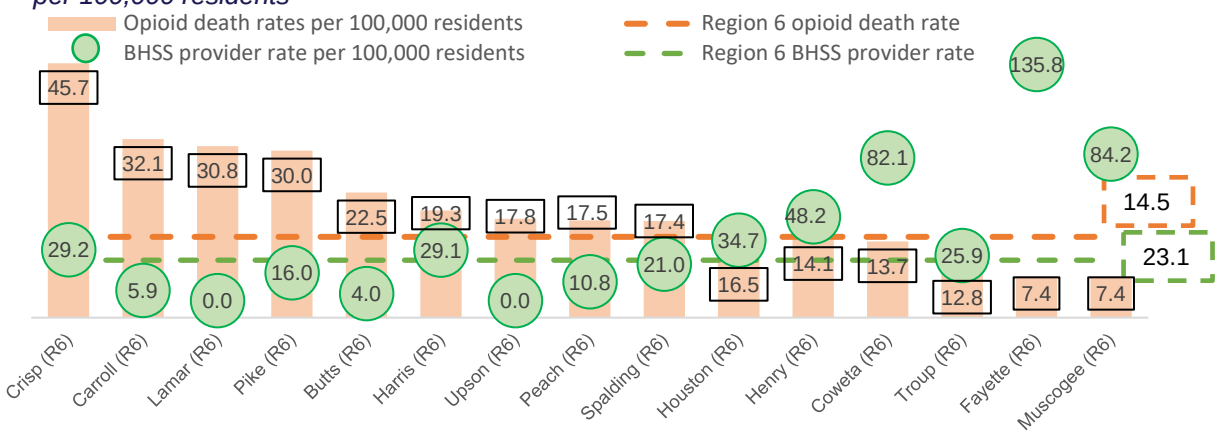


Key findings

- Across Region 6, **there were 14.5 opioid overdose deaths and 23.1 behavioral and social services (BHSS) providers** per 100,000 residents
- Carroll, Lamar, Pike, Butts, Upson, Peach, and Spalding Counties had **opioid overdose death rates above the regional average and BHSS provider rates below the regional average**
- Crisp County had the **highest death rate** (45.7) per 100,000 residents, followed by Carroll (32.1), Lamar (30.8) and Pike (30.0)
- The BHSS provider rates in Lamar and Upson Counties are essentially 0 per 100,000 residents

Rates of opioid overdose deaths (2022) and behavioral health and social services providers (2021) by county in Region 6

per 100,000 residents



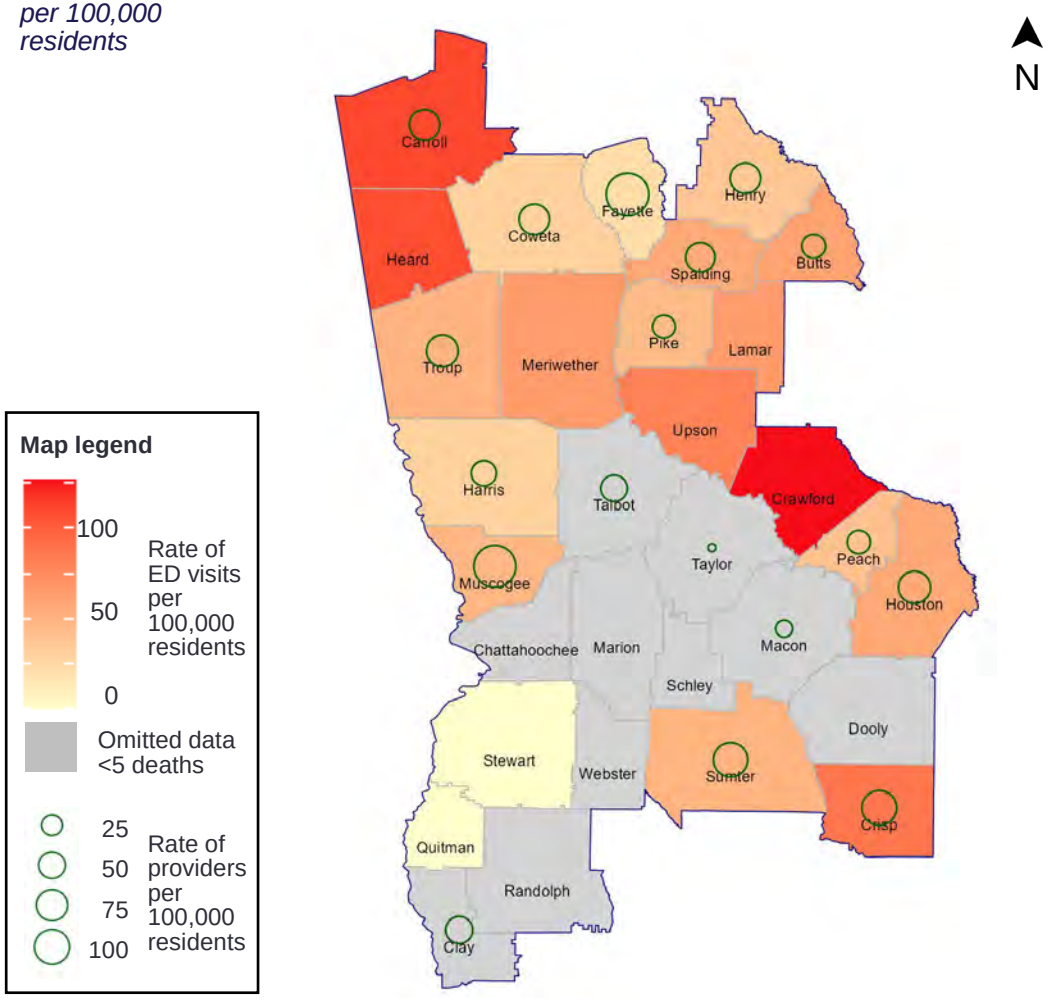
Note: Rates shown for all counties with 5 or more deaths. BHSS provider rate is derived from the total count of unique behavioral and social service provider NPI's on the Georgia Dept. of Health active provider directory per 100,000 residents.

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

Across Region 6, 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

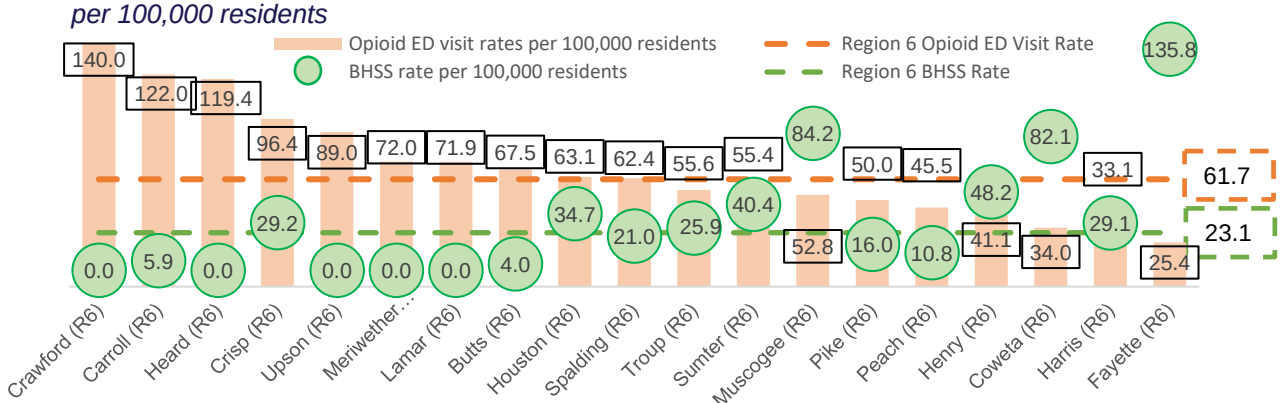


Key findings

- Across Region 6, **there were 61.7 opioid-related ED visits and 23.1 behavioral and social services (BHSS) providers** per 100,000 residents
- Crawford, Carroll, Heard, Upson, Meriweather, Lamar, Butts, and Spalding Counties had **opioid-related ED visits above the regional average and BHSS provider rates below the regional average**
- Crisp County had the **largest opioid ED visits rate** (96.4) per 100,000 residents, followed by Carroll (122.0), and Heard (119.4)
- The BHSS provider rates Crawford, Heard, Upson, Meriweather, and Lamar Counties are essentially 0 per 100,000 residents

Rates of opioid overdose ED visits (2022) and behavioral health and social services providers (2021) by county in Region 6

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 Health active provider directory per 100,000 residents.

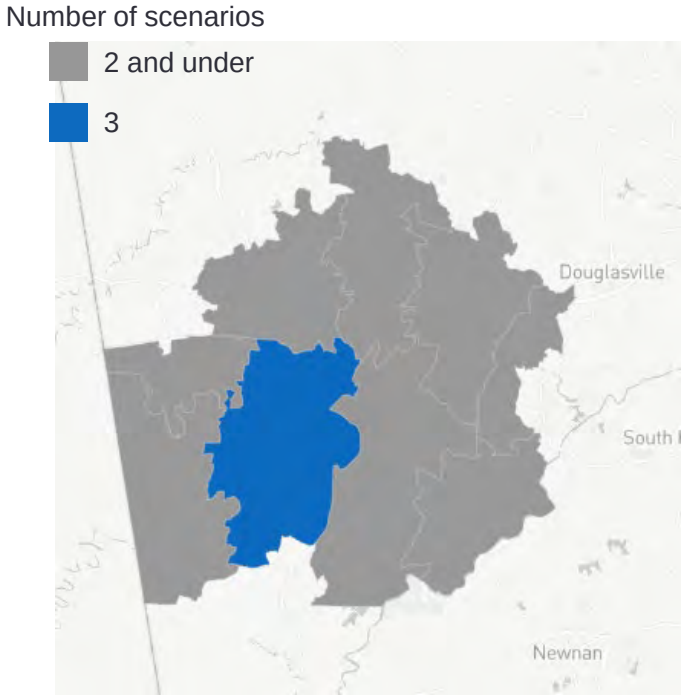
Sources: 2022 OASIS data from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). 2021 American Community Survey 5-year data. 2022 Georgia Department of Community Health provider list.

Carroll County Vulnerability Analysis and Findings

One of the nine zip codes assessed within Carroll County was indicated to have high vulnerability from a social determinant standpoint

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 Carroll County



Zip codes of populations by scenario

	Four scenario types				
Zip Code	**Medically Underserved**	**Housing Unstable**	**Socially Marginalized**	**Economically Marginalized**	**Number of scenarios**
30117	■	■	■		3

Key observations of social determinants:

Medically Underserved: 1 out of 9 in-scope zip codes in Carroll County has above average shares of the population without health insurance or with Medicaid, above average HPSA scores and a significant minority population.

Socially marginalized without access: 2 out of 9 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

Economically marginalized: 1 out of 9 in-scope zip codes in Carroll County has above average shares of the population enrolled in Medicaid and SNAP, poverty rates and unemployment rates and a below average share without a college degree.

Housing unstable: 2 out of 9 in-scope zip codes in Carroll County has below average median incomes and above average shares of households being renters, households with homes built in 1959 or earlier, and above average unemployment rates.

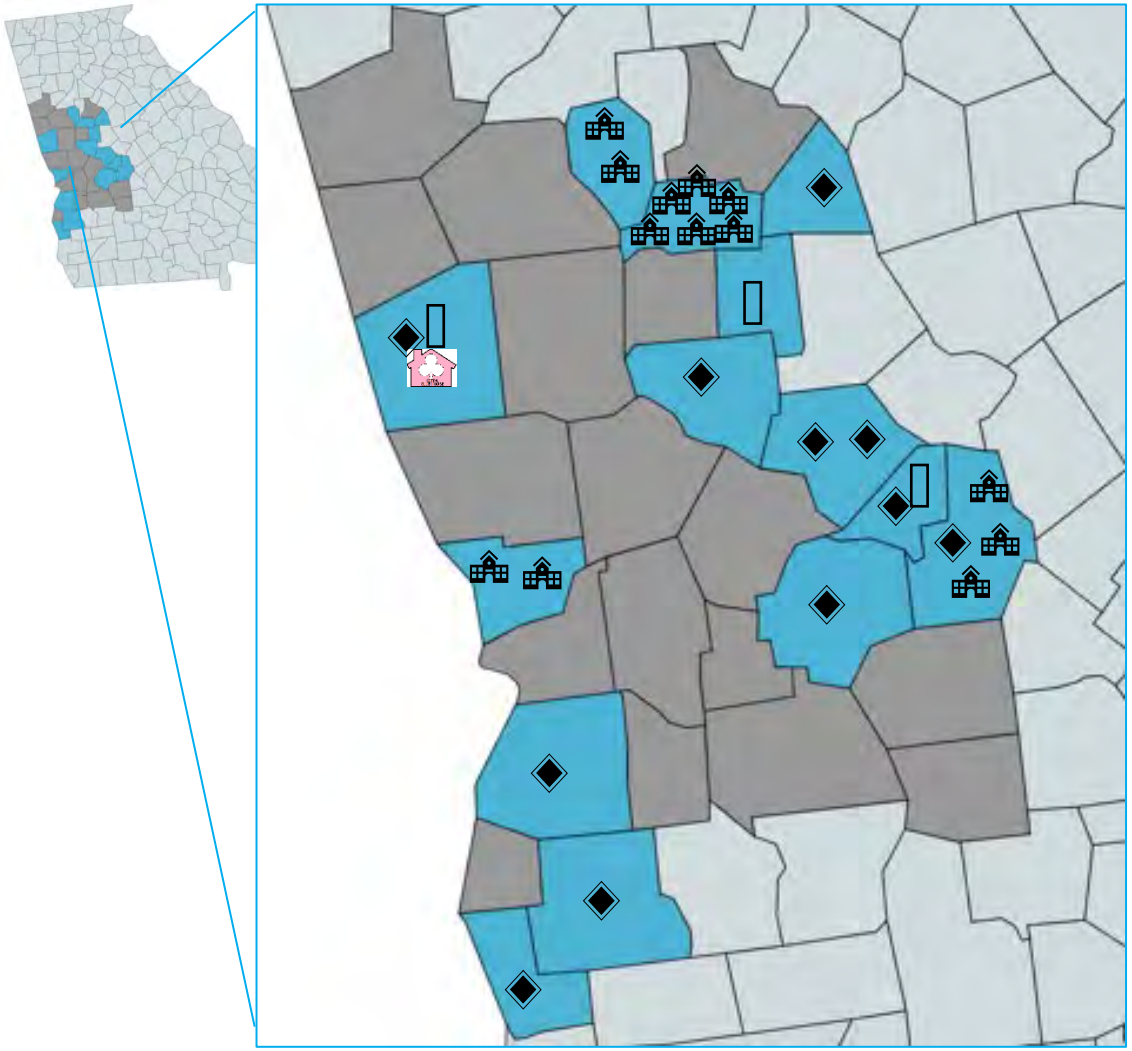
Note: Zip codes are included as communities experiencing disparities if they contain at least one census tract that meets 100% of the criteria for the scenario. Only zip codes defined as in-scope are reported. Health Professional Shortage Area (HPSA) is an index that measures whether there are shortages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

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

See Appendix for full zip code table

Continuum of Care Assessment Findings

Primary Prevention services in Region 6 are offered through a variety of categories including the PAST project, Partners in Prevention, Sources of Strength and college programs



County where Primary Prevention services are provided

PIP | School based program | Clubhouse | College Program

Source: DBHDD Contracts Listing 2023.

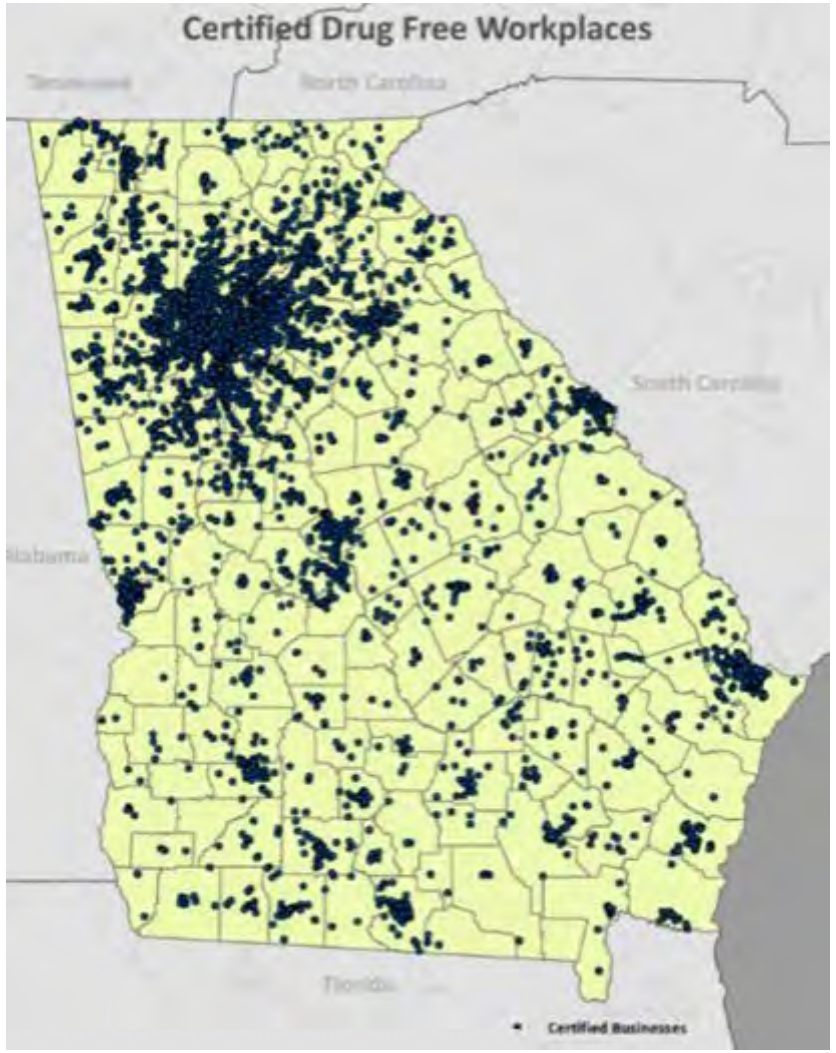
Key Takeaway – Primary Prevention

Most prevention program offerings are located along the eastern and western borders of the region

Additional Findings

- One of the three clubhouses in the state is located in Troup County
- There are six Peer Assisted Student Transition (PAST) program locations in Spalding County
- Partners in Prevention has eight school locations across the region
- Strategic Prevention Framework (SPF) Suicide Prevention Project offers Intentional Opioid Overdose and Safe Medication Storage programs across Crawford, Peach and Houston Counties
- Three colleges participate in prevention programs in Region 6: LaGrange College, Gordon State College, and Fort Valley State University in Troup, Lamar and Peach Counties respectively
- Sources of Strength has presence at seven schools across three counties: Fayette, Houston and Muscogee
- There are no Adopt-A-School Programs in Region 6

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 6

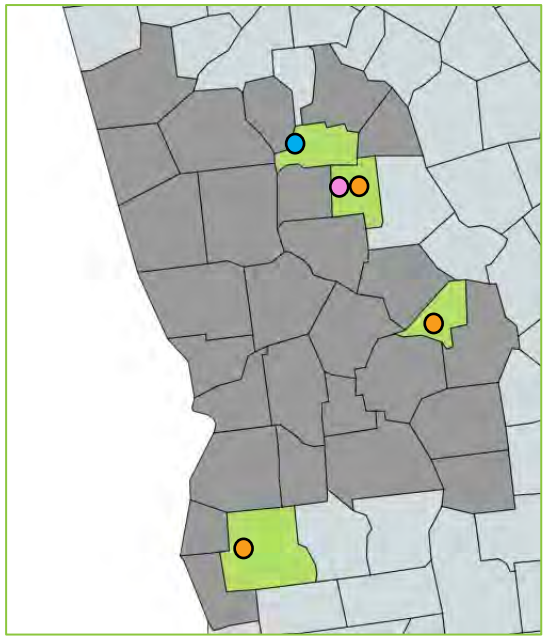
Additional Findings

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

Sources: Drugs Don’t Work website, DBHDD website

Intensive Residential Treatment is available to men, women, and transition aged youth while Semi-Independent and Independent Residential Treatment are only available for men in Region 6

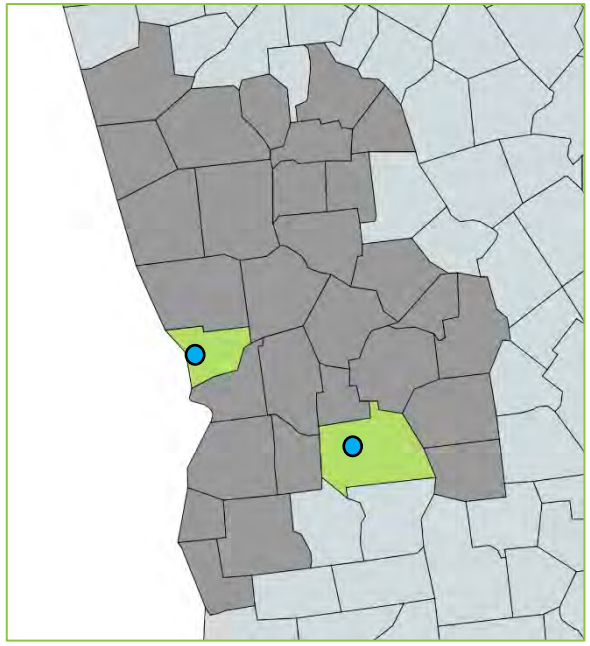
Intensive Residential Treatment (IRT)



County with Intensive Residential Treatment Provider

- IRT Provider: Men's
- IRT Provider: Women's (WTRS and non-WTRS)
- IRT Provider: Transition Aged Youth

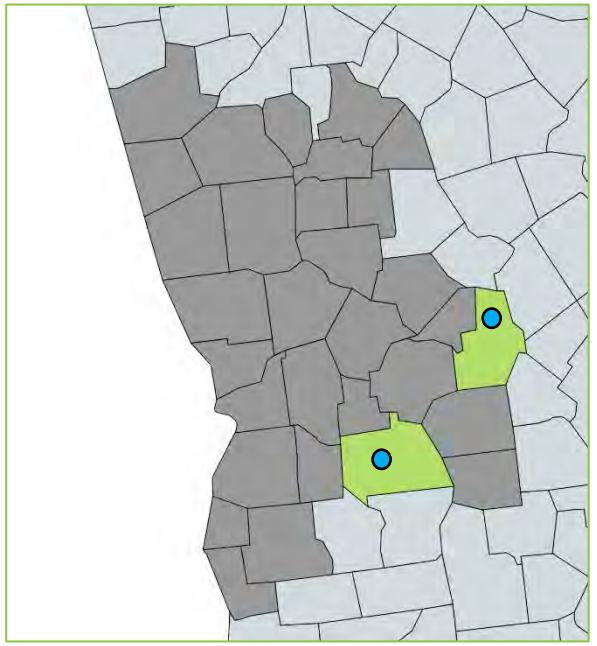
Residential Treatment: Semi-Independent



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

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

See Appendix for list of providers

Nine Residential Treatment provider locations offer services throughout Region 6

Key Takeaway – Residential Treatment

The Residential Treatment providers offer services in six out of the 31 counties in Region 6, with IRT having twice the number of providers than Semi-Independent or Independent Residential Treatment Services

Additional Findings

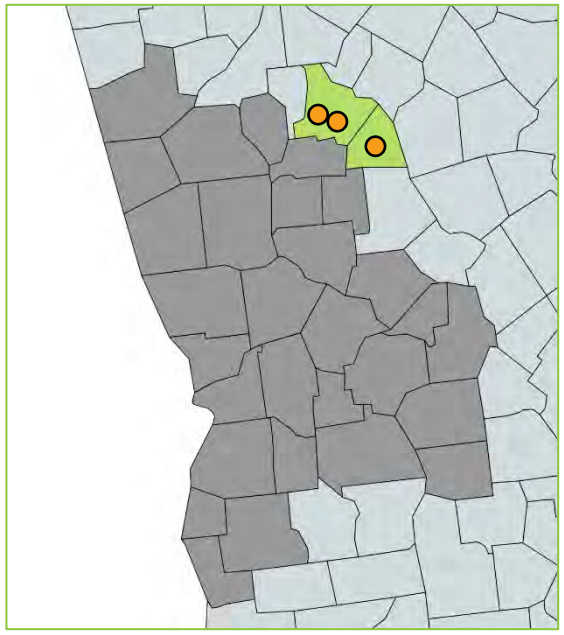
- **Intensive Residential Treatment**
  - There are three IRT provider locations that serve women, one IRT provider location that serves men, and one IRT provider location that serves transition-aged youth
- **Residential Treatment: Semi – Independent**
  - There are two Semi-independent Residential Treatment providers that serve men; none serve women
- **Residential Treatment: Independent**
  - There are two Independent Residential Treatment providers that serve men; none serve women

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

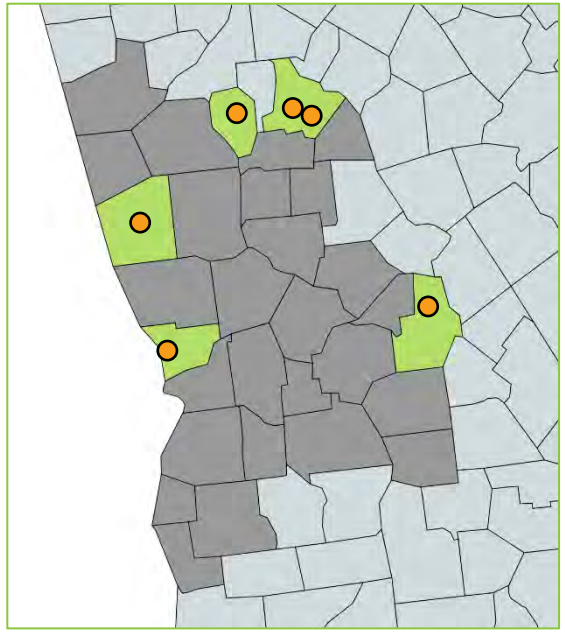
See Appendix for list of providers

OTP and MAT providers offer services across nine counties in Region 6, including state and federally funded, MAT Medicaid, MAT-Office based non-OTP treatment, and Non-funded Self-Pay OTP locations

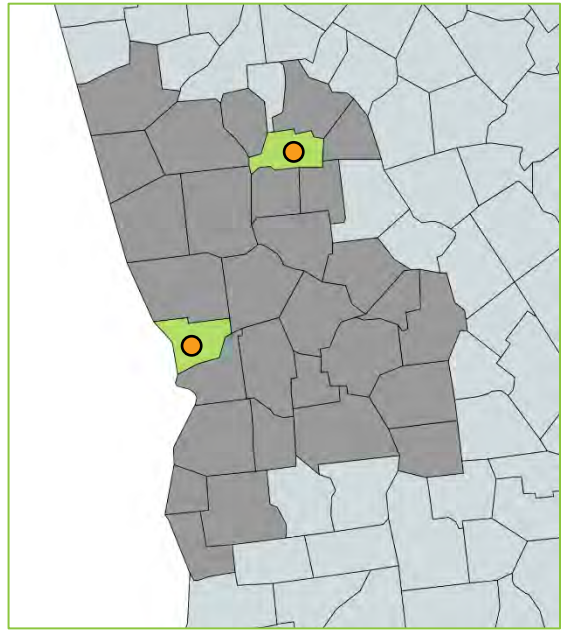
OTP (State and Federal Funded Providers)



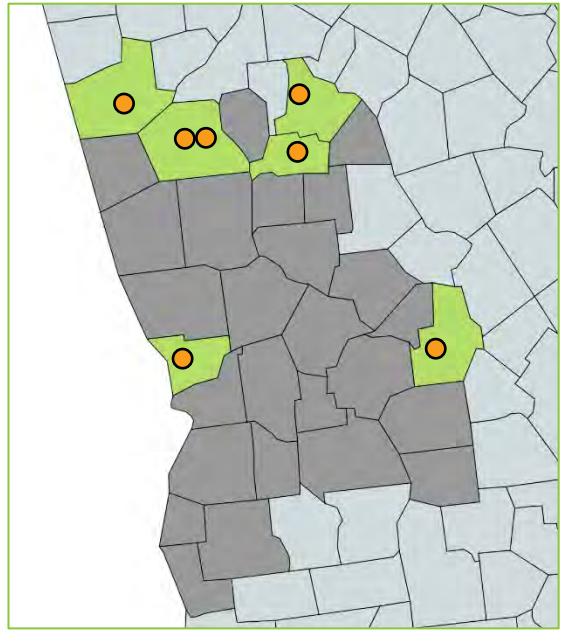
OTP (MAT Medicaid Providers Only)



MAT-Office based Treatment Non-OTP Based Treatment



Non-Funded Self-Pay Only OTP Providers



County with OTP or MAT Treatment Provider

OTP or MAT Treatment Provider

Source: DBHDD MAT OTP Recovery Center Sites, November 30, 2023

See Appendix for list of providers

The 16 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 OTP Providers

16 providers offer OTP and MAT treatment services in nine out of the 31 counties in Region 6

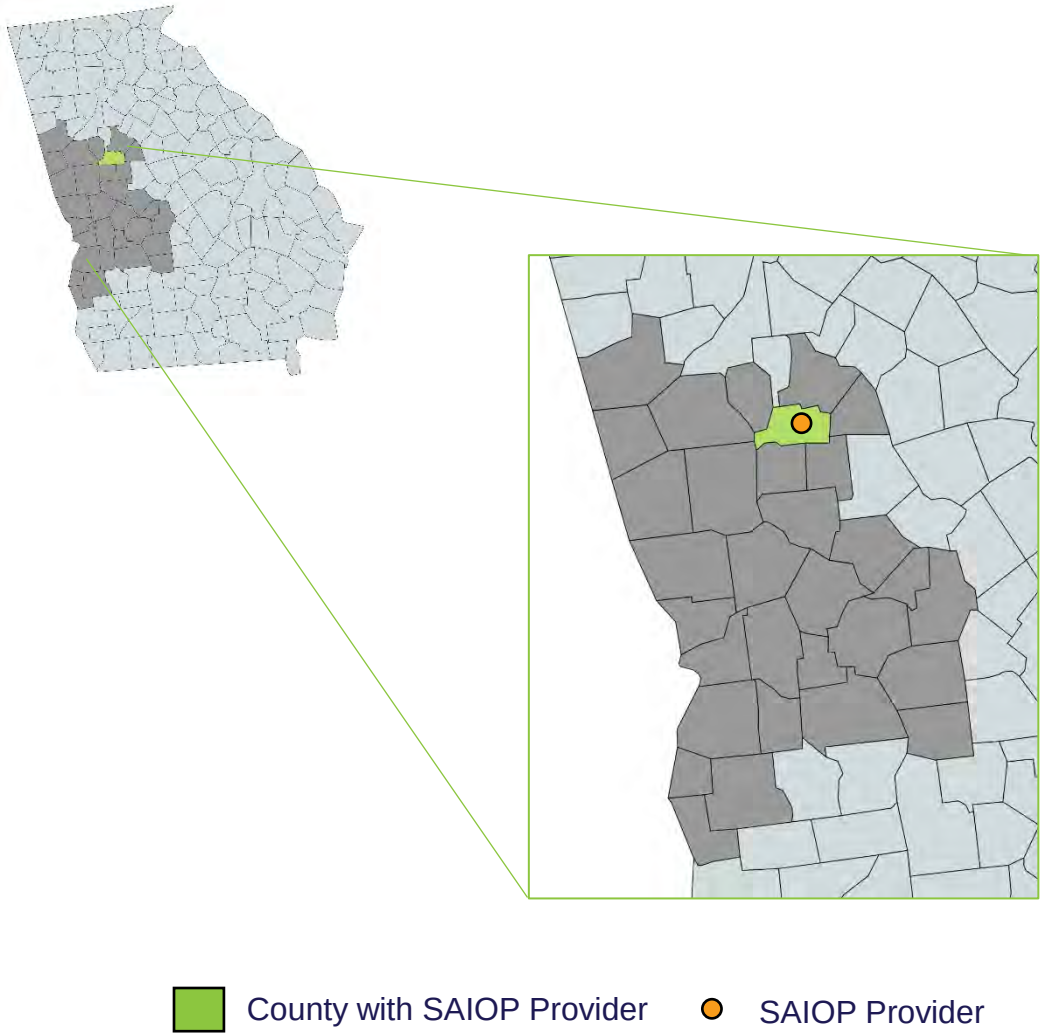
Additional Findings

- All OTP providers in Region 6 serve individuals who opt for self-pay
- Both MAT-office based providers in Region 6 serve uninsured individuals
- Muscogee and Henry Counties each has three OTP and/or MAT providers
- Henry County has two OTP providers funded with state and federal funds
- Butts County has one OTP provider that uses SOR funds
- Both MAT office-based treatment providers in Region 6 are CSBs and receive SOR funds
- Muscogee County has one OTP MAT Medicaid provider

Source: DBHDD MAT OTP Recovery Center Sites, November 30, 2023

See Appendix for list of providers

There is only SAIOP provider offering services in the northeastern part of Region 6



Key Takeaway – SAIOP Outpatient

In Region 6, there is significant void in the availability of SAIOP providers. There is only one SAIOP provider, located in Spalding County, to be found in the region.

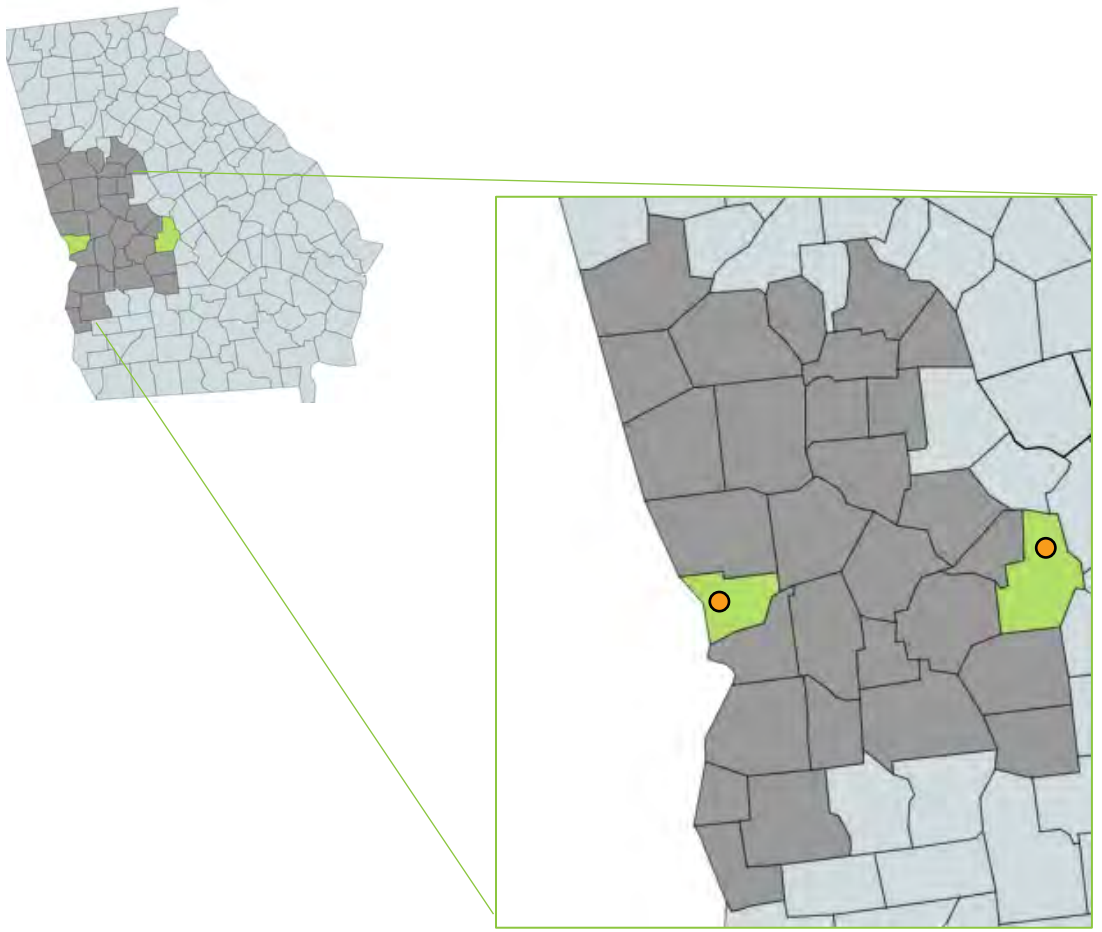
Additional Findings

- Volunteers of America, a non CSB, is located in Spalding County and indicated that there is sustainable funding
- It would take approximately a 140 mile drive each way for someone located in the southeastern corner of Region 6 in Clay County to reach to the SAIOP provider in Spalding County

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

See Appendix for list of providers

There are two Intensive Outpatient (Women) providers providing services in Region 6



County with Intensive Outpatient (Women) Provider

Intensive Outpatient (Women) Provider

Key Takeaway – Intensive Outpatient (Women)

There are two Intensive Outpatient (Women) providers in Region 6 (located in Muscogee and Houston Counties)

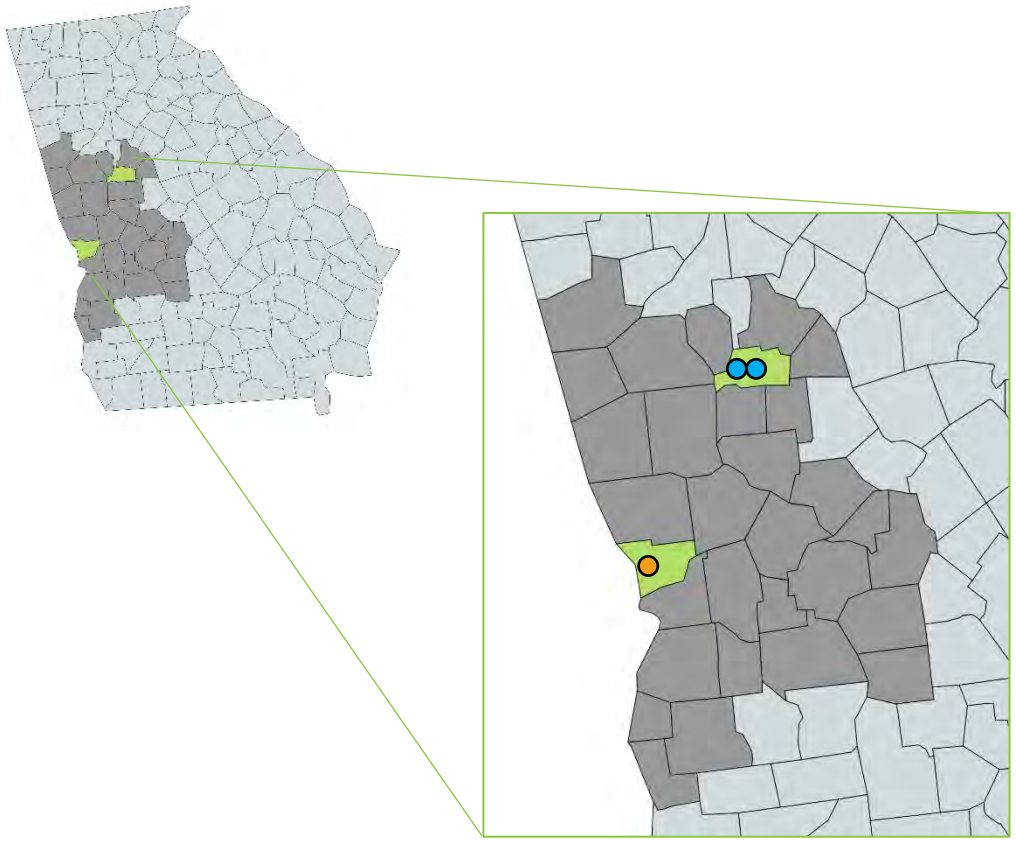
Additional Findings

- New Horizons in Muscogee County, a CSB, indicated it has sustainable funding
- Middle Flint is offering Intensive outpatient services to women in Houston County

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

See Appendix for list of providers

Two Transitional Housing providers serving men are located within one county in the northeast, and one provider serving women is located in the western part of Region 6



County with Transitional Housing Provider

Transitional Housing: Men's Provider

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

Key Takeaway – Transitional Housing (Men and Women)

Region 6 contains three Transitional Housing provider locations with two serving men and one serving women

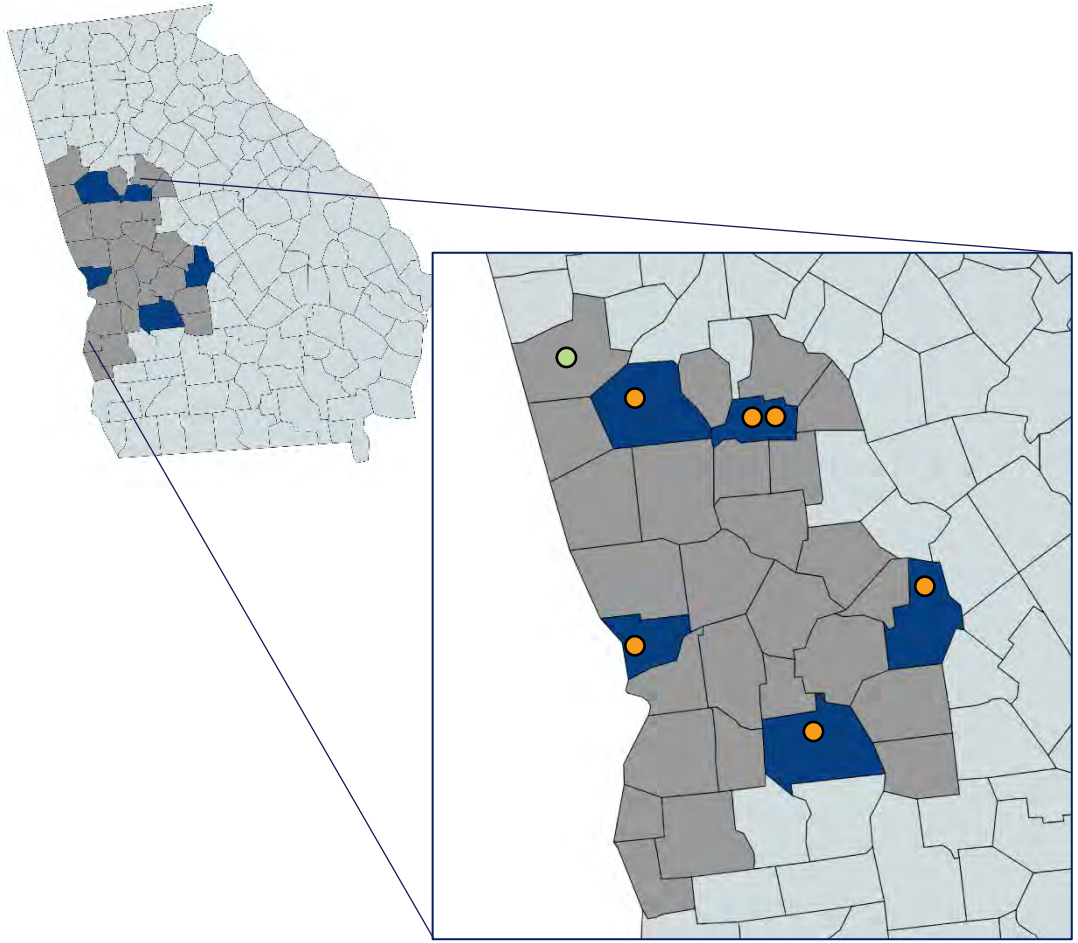
Additional Findings

- All Transitional Housing provider locations in Region 6 are CSBs and indicated that there is sustainable funding
- Muscogee County has one Transitional Housing provider that serves women
- Spalding County has two Transitional Housing providers that both serve men

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

See Appendix for list of providers

There are six Addiction Recovery Support Centers located throughout Region 6, and one new location pending



Key Takeaway

Six Addiction Recovery Support Centers (ARSCs) across Region 6 collectively

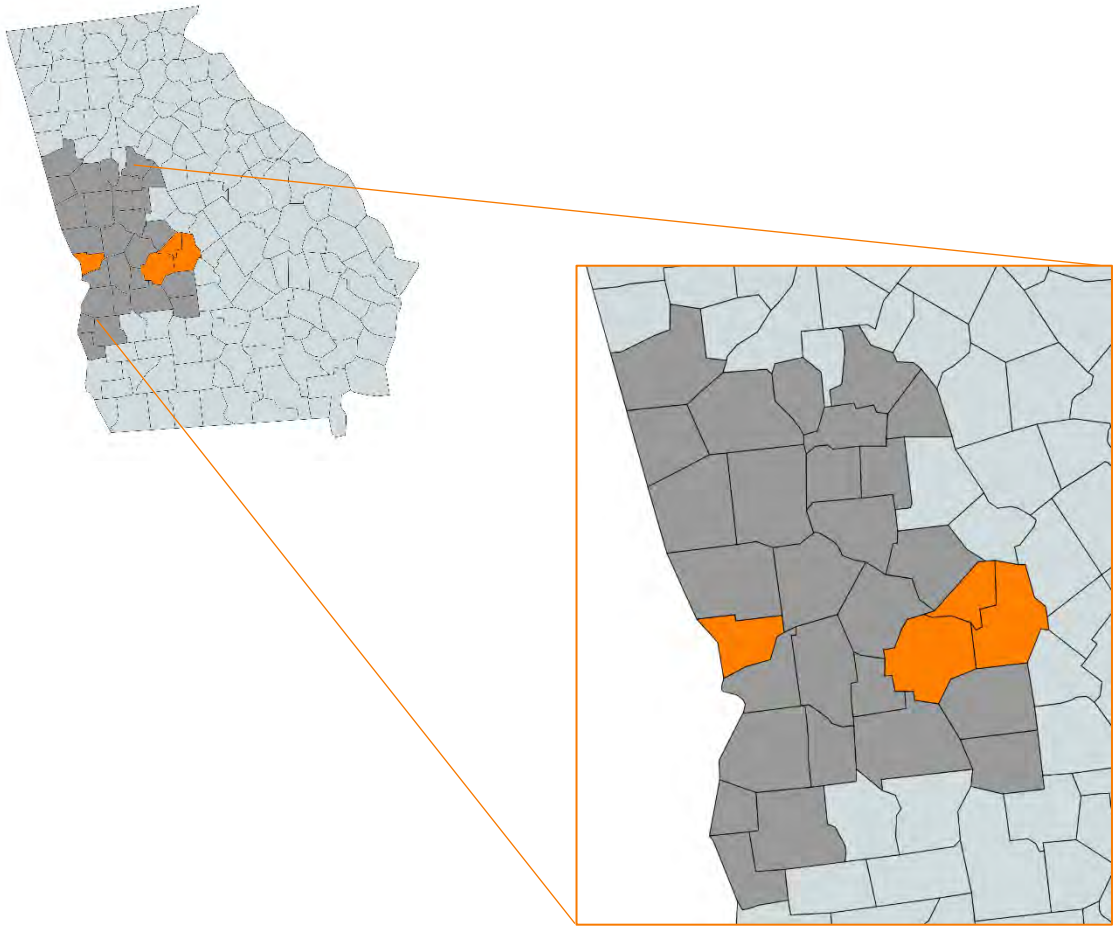
Additional Findings

- All ARSCs in Region 6 are indicated to have sustainable funding
- One new ARSC is under a pending contract in Carroll County
- Spalding County has two ARSC provider locations. Coweta, Muscogee, Sumter and Houston Counties each have one ARSC.

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

See Appendix for list of providers

The Georgia Harm Reduction Coalition Syringe Services Program (SSP) operates 3 sites across Region 6



County with a GA Harm Reduction Coalition SSP Site

Key Takeaway

The Georgia Harm Reduction Coalition currently operates three sites across four counties in Region 6

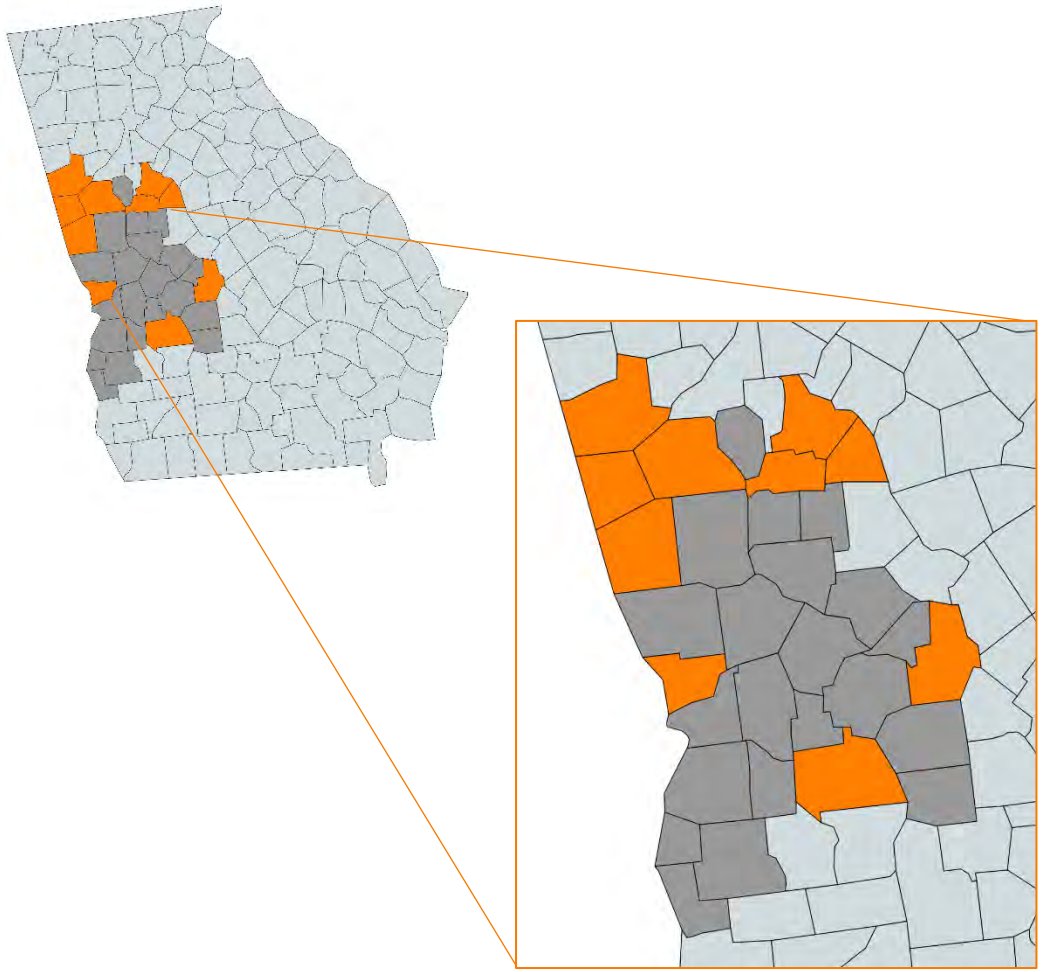
Additional Findings

- The SSP site in Macon County distributed 7,090 syringes since the program's initiation in February 2022
- SSP locations in Columbus (within Muscogee County) and Warner Robbins (within Houston and Peach Counties) are newly implemented
- 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 SSP capacity in Region 6

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

See Appendix for list of providers

The McKinsey Settlement is funding distribution of Naloxone to providers across 10 counties in Region 6



County with a McKinsey Settlement Naloxone Provider

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

Key Takeaway

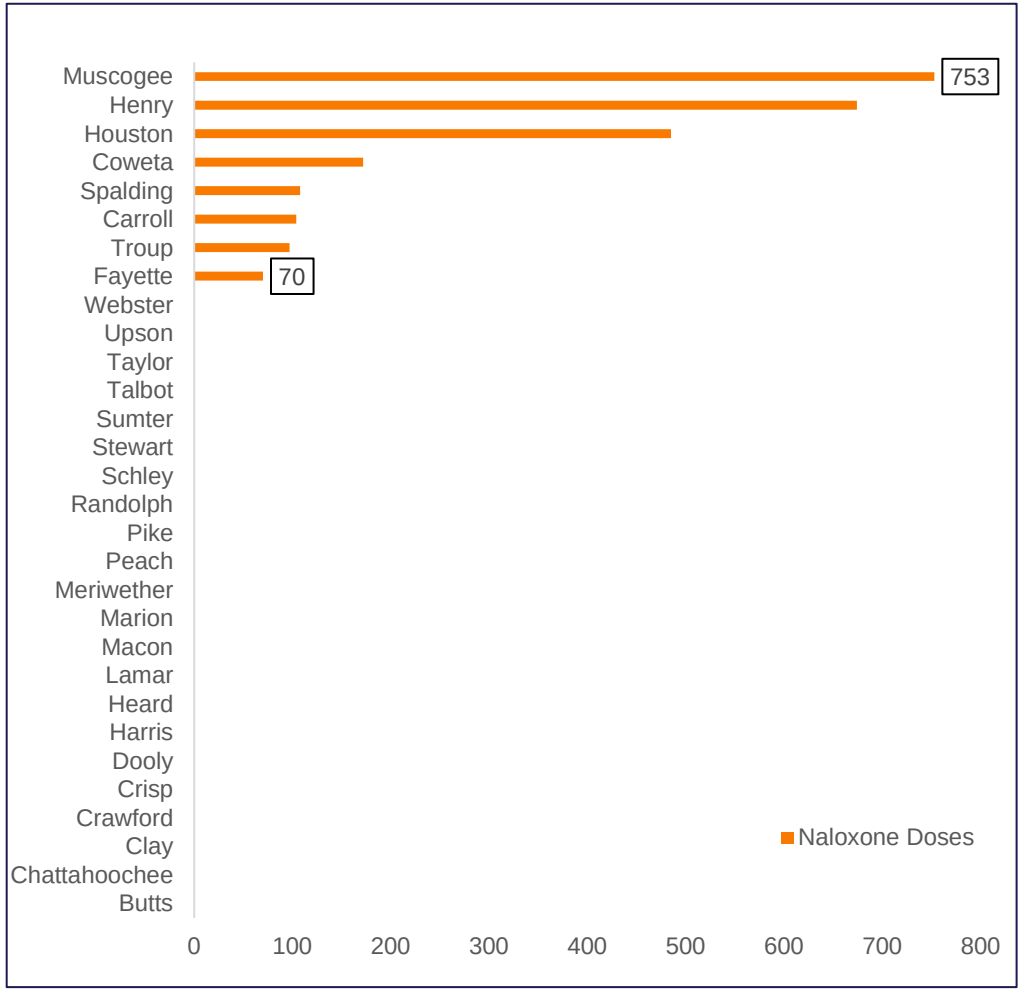
13 providers in 10 of the 31 counties across Region 6 are receiving Naloxone as part of the McKinsey Settlement

Additional Findings

- Naloxone is distributed across Region 6, with a concentration in counties around the northern portion of the region, near the metro-Atlanta area
- Thirteen providers across Region 6 received Naloxone, including DBHDD OUD/SUD providers, the DBHDD Mobile Crisis providers, and the Department of Public Health Local Health Departments

From January 2022 to December 2023, Muscogee, Henry, and Houston Counties experienced the highest total number of Naloxone doses administered across Region 6

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



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

Key Takeaway

Muscogee County recorded the highest number of Naloxone doses administered across all counties in Region 6

Additional Findings

- Collectively, 2,463 doses of Naloxone were administered from January 2022 – December 2023* in Region 6
- DPH data indicated that Quitman County did not administer any Naloxone doses in the selected time-period and therefore is not reflected in the chart
- Muscogee, Henry, Houston, Coweta, Spalding, Carroll, Troup, and Fayette Counties all have over 70 recorded doses of Naloxone administered from January 2022 – December 2023

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

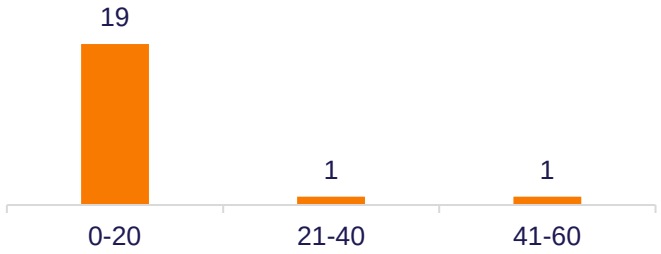
In Region 6, providers are offering OUD/SUD services across twenty-one facilities and most are operating with a total workforce of less than 20 FTEs

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

Respondent mix

Total no. of facilities = 20

Number of facilities by total workforce



Number of facilities by type of services

MAT / opioid maintenance outpatient programs	5
Addiction recovery support center	4
Standalone/residential detox	0
Intensive residential treatment: women*	4
Residential treatment: men - semi-independent	4
SAIOP outpatient programs	3
Transitional housing - women*	3
Residential treatment: women - semi-independent*	2
Intensive outpatient (WTRS)	2
Intensive residential treatment : men	1
Residential treatment: men - independent	1
Transitional housing - men	1

Key findings

- **MAT/Opioid Maintenance** is the most widely offered service, available in **25%** of the facilities
- **90% of the facilities** have a workforce size ranging from 0-20 individuals

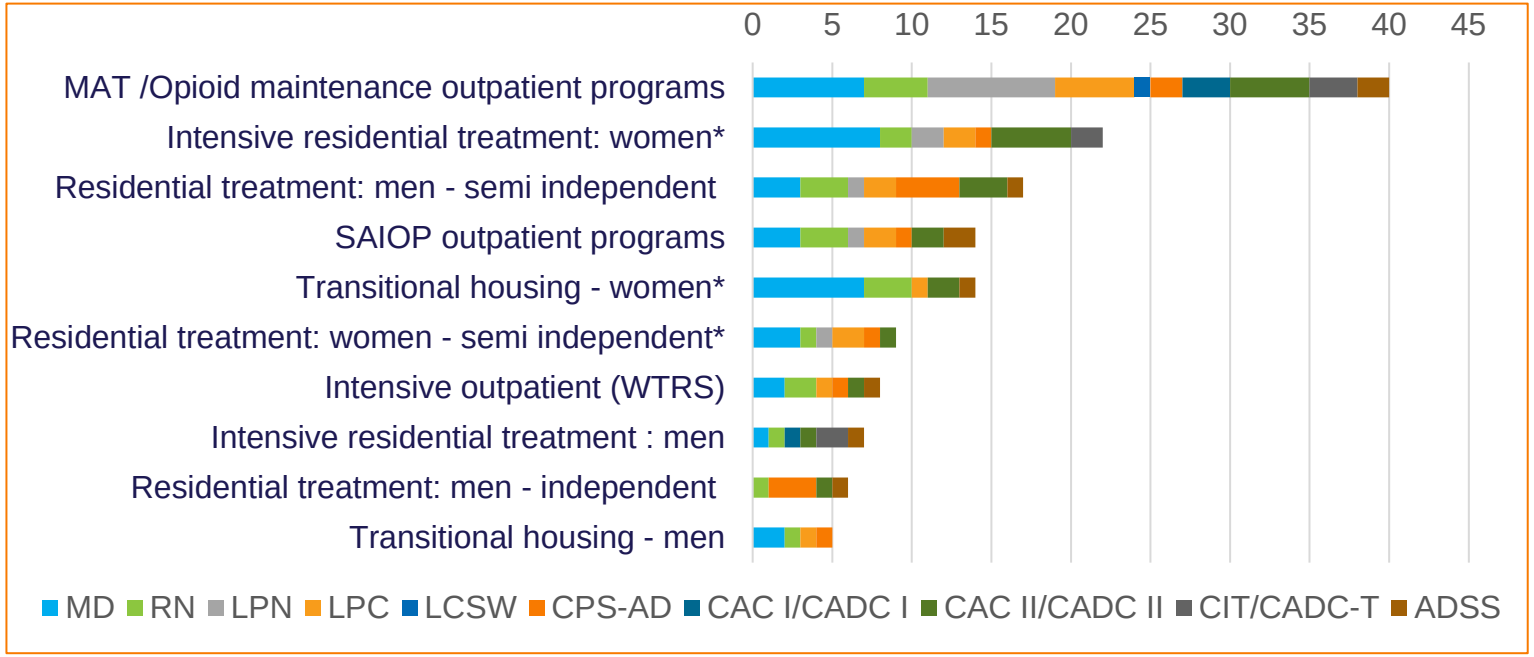
Note: None of the facilities responded for intensive residential treatment: transition aged youth, residential treatment: women independent* and harm reduction services. One facility is counted more than once depending on the number of services provided by that facility; Limited data availability w.r.t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

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

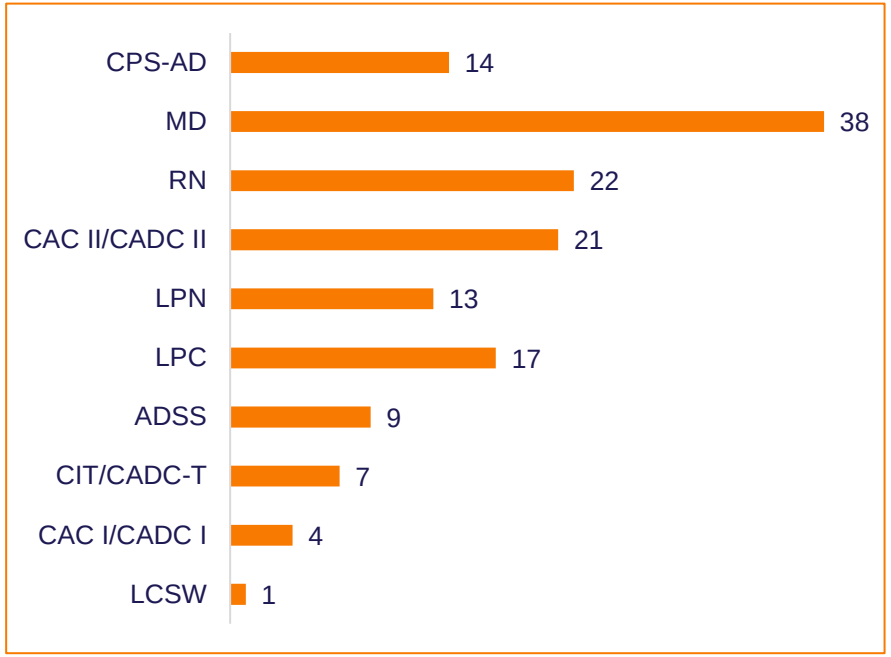
As of 12/7/2023

In Region 6, the largest number of FTEs offer MAT services and the most common certification across the provider facilities is a MD

Total workforce for different designations by services



Total workforce by designations across facilities



Key findings

- **MDs** make the highest contribution to this service
- **MAT programs** have the highest workforce contributing to a total of **40 individuals**

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

As of 12/7/2023

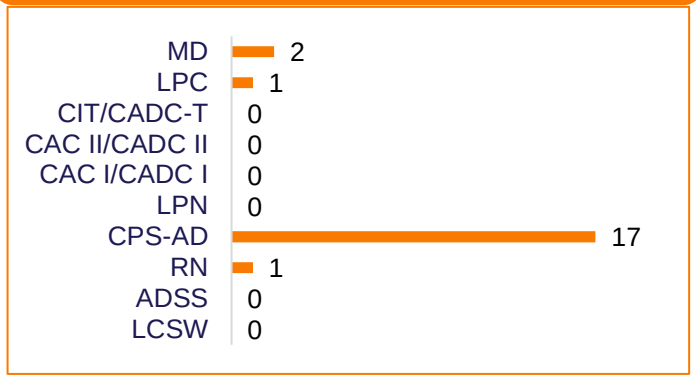
In Region 6, four ARSCs completed the provider survey and indicated a more diverse workforce, however still 20 or less across centers

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

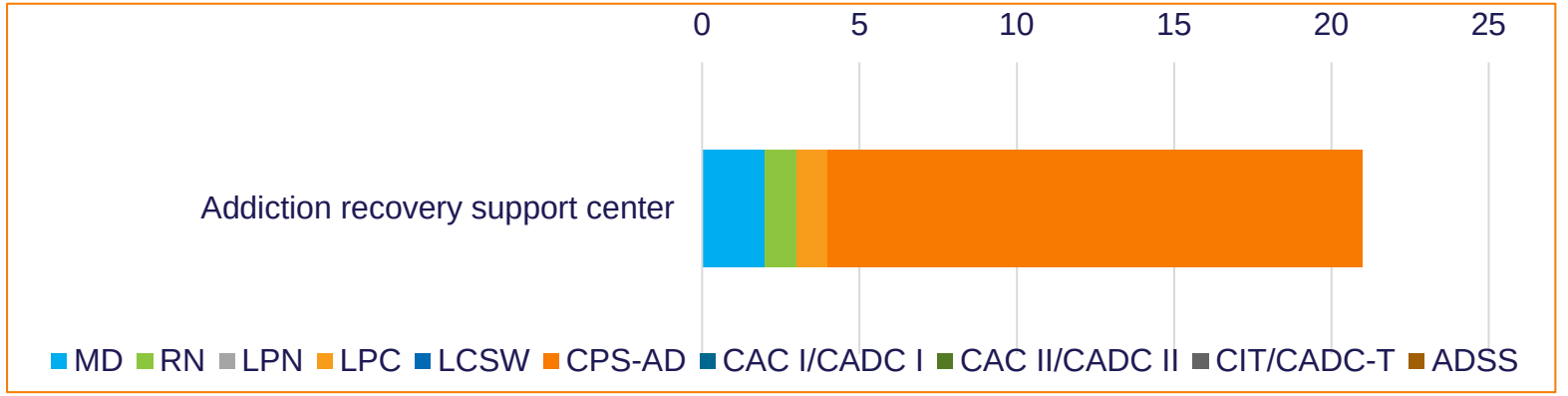
Respondent mix

Total no. of facilities = 4

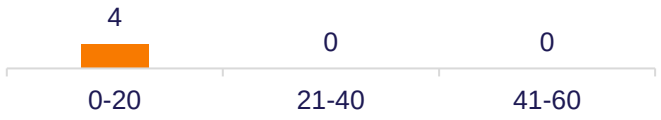
Total workforce by designations across facilities



Total workforce for different designations by services



Number of facilities by total workforce



Key findings

- **There are 6 ARSCs in the region, but only 4 were indicated in the provider survey responses**
- **New Horizons Behavioral Health has the most diverse staff designations**

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

Footnote: McIntosh Trail CSB is indicated an ARSC on the list confirmed with DBHDD, but there was no response for this provider in the survey, thus staffing for this provider is not included in the total count in this slide

Summary of Findings and Gaps

The overall burden in the region is low in comparison to other regions but there are a few counties that are experiencing disproportionate OUD burden

Opioid Use Disorder in Region 6

- Region 6 has an opioid death rate of 14.5 per 100,000 residents, which is the second lowest amongst all the regions, and on average, deaths increased at a compound annual growth rate of 23.9% from 2018 - 2022
- From 2018 – 2022 synthetic opioids, including fentanyl, accounted for the majority of recorded opioid overdose deaths compared to heroin and other types of opioids
- Crisp County has the highest death rate across all counties in Region 6 despite having a BHSS provider rate of 29.2 per 100,000 residents, which is higher than the region's average of 23.1
- Lamar County has the second highest death rate with essentially 0 BHSS providers per 100,000 residents
- From 2018 – 2022, ages 24-59 had the highest number of reported deaths across all opioids, synthetic opioids and heroin
- Across Region 6, there are almost twice as many males experiencing opioid overdose deaths than females:
    - From 2018 – 2022, the number of opioid deaths among male more than doubled (63 in 2018 to 157 in 2022)
    - From 2018 – 2022 the number of opioid deaths among females also more than doubled (35 in 2018 to 74 in 2022)
- Opioid-related ED visits and opioid overdose deaths were significantly higher among the White population compared to the Black or African American, Hispanic and Asian populations. Opioid overdose deaths and opioid-related ED visits among the White population was more than doubled the amount compared to the Black or African American population.
    - Opioid-related ED visits from 2018 – 2022: White (11,949), Black or African American (5, 481), Hispanic (498), Asian (70)
    - Opioid overdose deaths from 2018 – 2022: White (650), Black or African American (151), Hispanic (16), Asian (1)
- Carroll County, which ranked number one in 2022 in Region 6 for the highest number of opioid-related ED visits could be related to the health equity vulnerabilities the county is experiencing. This could be potentially be due in part to the overall social vulnerability of the county.

There are OUD/SUD CoC services being offered across all four categories, however there are a limited number of DBHDD funded provider facilities across the region

Availability of Services and Gaps Across the Opioid Continuum of Care

Availability of Services

- There are at least six programs that are dedicated to offering primary Prevention services and education to youth and families spread throughout fourteen counties in the region
- There is at least one DBHDD funded provider offering Treatment services across five of the service areas
- Region 6 has six DBHDD funded Addiction Recovery Support Centers and one pending contract across six counties
- There are multiple Harm Reduction efforts actively providing support to individuals throughout Region 6. Residents in Muscogee, Houston, Peach and Houston Counties have access to the syringe exchange program as well as hygiene kits through the Georgia Harm Reduction Coalition. Additionally, there are ten counties receiving Naloxone as a part of the McKinsey settlement.

Gaps in Services

- Region 6 does not have any providers that are offering Residential Services to women in neither the Independent or Semi-Independent treatment
- There is only one provider offering Transitional Housing services to women (located in Muscogee County)
- Counties located in the central area of the region do not have access to Naloxone distribution nor the syringe exchange programs

Appendix

Definitions

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

OUD CoC Service	Service Definition
Primary Prevention Services	Interventions that occur prior to the onset of a disorder and are intended to prevent or reduce risk for the disorder. They are broken into 3 sub-categories: Universal, Selected, and Indicated. Universal targets the general public. Selected targets individuals or populations sub-groups who are at risk of developing disorders or substance use disorders is significantly higher than average. Indicated are for high-risk individuals who are identified as having minimal but detectable sings or symptoms foreshadowing mental, emotional, or behavioral disorders.[1]
Stand-alone detox	**Ambulatory Substance Abuse Detoxification:** This service is the medical monitoring of the physical process of withdrawal from alcohol or other drugs in an outpatient setting for those individuals with an appropriate level of readiness for behavioral change and level of community/social support. It is indicated when the individual experiences physiological dysfunction during withdrawal, but life or significant bodily functions are not threatened. This service must reflect ASAM (American Society of Addiction Medication) Levels 1-WM (Ambulatory Without Extended On-Site Monitoring) and 2-WM (Ambulatory with Extended Onsite Monitoring) and focuses on rapid stabilization and entry into the appropriate level of care/treatment based upon the ASAM guidelines placement criteria. These services may be provided in traditional Outpatient, Intensive Outpatient, Day Treatment, Intensive Day Treatment or other ambulatory settings.[2]
Residential Treatment • Intensive Residential Treatment: Men • Intensive Residential Treatment Women (Women's Treatment and Recovery Services (WTRS) and non-WTRS)	**Intensive Residential AD Services:** AD Intensive Residential Service (associated with ASAM Level 3.5) provides a planned regimen of 24-hour observation, monitoring, treatment and recovery supports utilizing a multi-disciplinary staff for individuals who require a supportive and structured environment due to a Substance Use Disorder. This Intensive level of Residential Service maintains a basic rehabilitative focus on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills.[2]

Sources: 1. DBHDD Office of Addictive Diseases. 2. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers.

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

OUD CoC Service	Service Definition
Residential Treatment • Intensive Residential Transition Aged Youth	Adolescent Intensive Residential Treatment (IRT) Programs provide 24-hour supervised residential treatment for adolescents ages 13-17 who need a structured residence due to substance abuse issues. The programs are in the metropolitan and southern regions of the state to provide statewide access. Treatment services are within the level of care as defined by the American Society of Addiction Medicine (ASAM Level 3.5) which is the Clinically Managed Medium-Intensity Residential Services.[1]
Residential Treatment • Residential Treatment Men: Semi Independent • Residential Treatment Women: Semi Independent (WTRS and non-WTRS)	**Semi-Independent AD Residential Services:** AD Semi-Independent Residential Services provides or coordinates on-site or off-site treatment services in conjunction with on-site recovery support programming that aligns with a supportive and structured living environment for individuals with a Substance Use Disorder. The residential setting is less restrictive with reduced supervision as individuals begin to strengthen living skills and focus on creating financial, environmental, and social stability to increase the probability of long-term recovery. Residential Care maintains a basic rehabilitation focus on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills.[2]
Residential Treatment • Residential Treatment Men: Independent • Residential Treatment Women: Independent (WTRS and non-WTRS)	**Independent AD Residential Services:** AD Independent Residential Services provides recovery housing with a supportive and structured living environment for individuals with a Substance Use Disorder. This is a lower level of care with minimal supervision designed to promote independent living in a recovery environment for individuals who have established and maintained some consistent level of sobriety and does not require 24/7 supervision. Residents continue to maintain basic rehabilitation with focus on early recovery skills that include the negative impact of substances use, tools for developing positive support, and relapse prevention skills.[2]

Sources: 1. DBHDD Website. 2. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers.

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

OUD CoC Service	Service Definition
Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP) • Opioid Maintenance outpatient programs • Intensive Outpatient (Women)	**Medicaid Assisted Treatment:** Medication Assisted Treatment (MAT) provides specific interventions for reducing and/or eliminating the use of illicit opioids and other drugs of abuse; while developing the individuals social support network and necessary lifestyle changes; psychoeducational skills; pre-vocational skills leading to work activity by reducing substance use as a barrier to employment; social and interpersonal skills; improved family functioning; the understanding of substance use disorders; and the continued commitment to a recovery and maintenance program. MAT is a multi-faceted approach treatment service for adults who require structure and support to achieve and maintain recovery from Opioid Use Disorder.[1] **Substance Abuse Intensive Outpatient Program :** An outpatient approach to treatment services for adults eighteen (18) years or older who require structure and support to achieve and sustain recovery, focusing on early recovery skills; including the negative impact of substances, tools for developing support, and relapse prevention skills. Through the use of a multi-disciplinary team, medical, therapeutic and recovery supports are provided in a coordinated approach to access and treat individuals with substance use disorders in scheduled sessions, utilizing the identified components of the service guideline. This service can be delivered during the day and evening hours to enable individuals to maintain residence in their community, continue work or go to school. The duration of treatment should vary with the severity of the individual's illness and response to treatment based on the individualized treatment plan, utilizing the best/evidenced based practices for the service delivery and support.[1]

Sources: 1. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers.

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

OUD CoC Service	Service Definition
Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Program (SAIOP) • Opioid Maintenance outpatient programs • Intensive Outpatient (Women)	**Opioid Maintenance Treatment:** An organized, usually ambulatory, substance use disorder treatment service for individuals who have an addiction to opiates. The nature of the services provided (such as dosage, level of care, length of service or frequency of visits) is determined by the individual's clinical needs, but such services always includes scheduled psychosocial treatment sessions and medication visits (often occurring on a daily basis) within a structured program. Services function under a defined set of policies and procedures, including admission, discharge and continued service criteria stipulated by state law and regulation and the federal regulations at FDA 21 CFR Part 291. Length of service varies with the severity of the individual's illness, as well as his or her response to and desire to continue treatment. Treatment with methadone or LAAM is designed to address the individual's goal to achieve changes in his or her level of functioning, including elimination of illicit opiate and other alcohol or drug use. To accomplish such change, the Individualized Recovery/Resiliency Plan must address major lifestyle, attitudinal and behavioral issues that have the potential to undermine the goals of recovery. The Individualized Recovery/Resiliency Plan should also include individualized treatment, resource coordination, and personal health education specific to addiction recovery (including education about human immunodeficiency virus [HIV], tuberculosis [TB], and sexually transmitted diseases [STD]).[1] **Women's Treatment and Recovery Support (WTRS): Outpatient Services:** WTRS Outpatient Services will provide comprehensive gender specific treatment for addictions. These services will encompass ASAM Level 1 Outpatient services and ASAM Level 2.1 Intensive Outpatient Services. ASAM Level 1 outpatient encompasses organized services that may be delivered in a wide variety of settings. Such services are provided in regularly scheduled sessions and follow a defined set of policies and procedures. ASAM Level 2.1 is an intensive outpatient set of services that maybe offered during the day, before or after work, in the evening or on weekends. Such programs provide essential support and treatment services while allowing the individual to apply his/her newly acquired skills in "real world "environments. The WTRS Outpatient Program assumes an average length of stay in outpatient treatment of 4 to 12 months or based on individual clinical need.[1]
Transitional Housing • Men	Transitional Housing linked to MAT OP provides a less restrictive residential setting with reduced supervision in conjunction with off-site treatment utilizing medication to support long-term recovery from Opioid Use Disorder. The residential program is designed to help individuals begin to strengthen their living skills and focus on creating financial, environmental, and social stability to increase the probability of long-term recovery beyond the artificial environment.[2]

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

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

OUD CoC Service	Service Definition
Transitional Housing • Women (WTRS and non-WTRS)	**Women's Treatment and Recovery Services: Transitional Housing** Ready for Work Transitional Housing provide a safe, stable, drug free residence and utilities (power and water) for no more than 6 months to any woman or woman with a child that has successfully completed all recommended treatment/recovery services. The environment should be gender specific and can include dependent children between birth and 18 years old. Transitional Housing is to be a step down in service from Ready for Work residential or outpatient programs; thus, a successful completion of Ready for Work residential, outpatient, or least an ASAM level 2 program is necessary.[1]
Addiction Recovery Support Center	**Addiction Recovery Support Center** An Addiction Recovery Support Center offers a set of non-clinical, peer-led activities that engage, educate and support individuals and families successfully to make life changes necessary to establish, maintain and enhance recovery (health and wellness) from substance use disorders. The recovery activities are community-based services for individuals with a substance use disorder; and consist of activities that promote recovery, self-determination, self-advocacy, well-being, and independence. Activities are individualized, recovery-focused, and based on a relationship that supports a person's ability to promote their own recovery. Activities include social support, linkage to and coordinating among other service providers, eliminating barriers to independence and continued recovery. Activities may occur in the center or in other locations in the community.[1]
Harm Reduction Services	Harm Reduction Services involves the development of programs that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs, such as opioids, without necessarily reducing drug consumption. Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission; improve physical, mental, and social wellbeing; and offer low barrier options for accessing health care services, including substance use and mental health disorder treatment. The Harm Reduction approach to the opioid crisis provides the opportunity to engage in community outreach and service connection to address two major health crises that currently follow the opioid epidemic, HIV and Hepatitis C (HEP C). Additional critical components of harm reduction include syringe exchange programs and access to Naloxone. [2]

Sources: 1. DBHDD FY2024 Provider Manual for Community Behavioral Health Providers. 2. SAMHSA Harm Reduction

Additional definitions for terms used throughout this report are included below

Definitions

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

Carroll County Vulnerability Analysis

Appendix – Region 6 vulnerability analysis with all zip codes

Zip codes of populations by scenario in Carroll County

Four scenario types

Zip Code	Medically Underserved	Housing Unstable	Socially Marginalized	Economically Marginalized	Number of scenarios
30117					3
30110					2
30116					1
30185					0
30187					0
30108					0
30182					0
30179					0
30180					0

Key observations of social determinants:

Medically Underserved: 1 out of 9 in-scope zip codes in Carroll 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: 2 out of 9 in-scope zip codes have below average median incomes and above average shares of the population that is disabled, without a car and unemployed. SVI is above average.

Economically marginalized: 1 out of 9 in-scope zip codes in Carroll 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: 2 out of 9 in-scope zip codes in Carroll 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 6 Providers and Services

Prevention Providers

Project Name	*Service Location*
Partners in Prevention Project	Macon County
Partners in Prevention Project	Upson County
Partners in Prevention Project	Stewart County
Partners in Prevention Project	Crawford County
Partners in Prevention Project	Clay County
Partners in Prevention Project	Randolph County
Partners in Prevention Project	Troup County
Partners in Prevention Project	Butts County
SPF Suicide Prevention Project	Crawford, Peach, and Houston County
SOR Sources of Strength Project	201 Walt Banks Rd Peachtree City, GA 30269
SOR Sources of Strength Project	100 Wildcat Way Fayetteville, GA 30215
SOR Sources of Strength Project	Old SR-96 Bonaire, GA 31005
SOR Sources of Strength Project	920 SR 96 Warner Robins, GA 31088
SOR Sources of Strength Project	200 Danny Carpenter Dr Kathleen, GA 31047
SOR Sources of Strength Project	7611 Whitesville Rd Columbus, GA 31904
SOR Sources of Strength Project	7352 Garrett Rd Midland, GA 31820
Peer Assisted Student Transition (PAST) Project	Kennedy Road Middle
Peer Assisted Student Transition (PAST) Project	Griffin High School
Peer Assisted Student Transition (PAST) Project	Orrs Elem
Peer Assisted Student Transition (PAST) Project	Carver Road Middle
Peer Assisted Student Transition (PAST) Project	Futral Elem
Peer Assisted Student Transition (PAST) Project	Spalding High School
Prevention Clubhouse	601 Union St LaGrange, Georgia 30241
College Prevention Program	LaGrange College
College Prevention Program	Gordon State College
College Prevention Program	Fort Valley State University

Region 6 Providers and Services

Residential Treatment Providers				
Provider Name	***Address***	***County Name***	***Zip Code***	***Residential Type***
McIntosh Trail CSB 8	621 Carver Road Griffin, GA 30224	Spalding	30224	Intensive Residential Treatment: Men
McIntosh Trail CSB New Choices	101 Owens Lane Barnesville, GA 30204	Lamar	30204	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Middle Flint Community Service Board 1	103 Knollwood Drive Americus, GA 31909	Sumter	31709	Residential Treatment: Men - Semi Independent
Middle Flint Community Service Board 2	704 Harrold Drive Americus, GA 31709	Sumter	31709	Residential Treatment: Men - Independent
Middle Flint Community Service Board (new contracted location)	300 Green Street, Fort Valley, GA 31030	Peach	31030	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Middle Flint Community Service Board 3	317 Woodlawn Avenue Warner Robins 31093	Houston	31093	Residential Treatment: Men - Independent
New Horizons CSB 1	1441 Boxwood Boulevard D 18 Columbus, GA 31906	Muscogee	31906	Residential Treatment: Men - Semi Independent
VOA Millennium Center	96 Millennium Dr. Cuthbert GA 39840	Randolph	39840	Intensive Residential Treatment: Women (WTRS and non-WTRS)
Westcare Guidance Center	700 Veterans Boulevard, Barnesville, GA 30204	Lamar	30204	Intensive Residential Treatment: Transition aged youth

Region 6 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
Beyond Your Ordinary Treatment Center	97 Atlanta St Ste 100, McDonough, GA, 30253	30253	Henry	X	X		
BHG Jackson GA Treatment Center	794 McDonough Road, Jackson, GA, 30233	30233	Butts	X			
Bright Star Healthcare Group, LLC	1545 Pennsylvania Ave, McDonough, GA, 30253	30253	Henry	X	X		
Access Health Treatment Center	105-A Bradford Square, Fayetteville, GA, 30215	30215	Fayette		X		
Crossroads Treatment Center of LaGrange	229 South Davis Road, Suite 900, LaGrange, GA, 30241	30241	Troup		X		
HealthQwest, LLC - Warner Robins	607-A Russell Parkway, Warner Robins, GA, 31088	31088	Houston		X		
MedMark Treatment Centers - Columbus North	5617 Princeton Ave Suite B, Columbus, GA, 31904	31904	Muscogee		X		
McIntosh Trail CSB	1435 N. Expressway, suite 301 Griffin, GA 30224	30224	Spalding			X	
New Horizon CSB	2100 Comer Avenue, Columbus, GA.31906	31906	Muscogee			X	
Columbus Metro Treatment Center	1135 13th Street, Columbus, GA, 31901	31901	Muscogee				X
MBA Wellness Centers	1233 Eagles Landing Parkway, Stockbridge, GA, 30281	30281	Henry				X
New Pointe Treatment Center LLC	1031 Keith dr, Perry, GA, 31069	31069	Houston				X
New Start Treatment, LLC	600 South 8th Street, Griffin, GA, 30224	30224	Spalding				X

Region 6 Providers and Services

OTP/MAT Providers continued

Provider	Address	Zip Code	County	OTP (State and Federal Funded Providers)	OTP (MAT Medicaid Providers Only)	MAT-Office based Treatment Non-OTP Based Treatment	Non-Funded Self-Pay Only OTP Providers
The Center of Renewed Promises	1485 East Highway 34, Suite1-A, Newnan, GA, 30265	30265	Coweta				X
Toxicology Associates of North Georgia - Carrollton	2536 Carrollton-Villa Rica Highway, Carrolton, GA, 30117	30117	Carroll				X
Treatment Center of Newnan	931 Lower Fayetteville Road, Newnan, GA, 30263	30263	Coweta				X

Region 6 Providers and Services

SAIOP Providers

Provider Name	*Address*	*County Name*	*Zip Code*
Volunteers of America	308 South 5th Street Griffin, GA 30224	Spalding	30224

Intensive Outpatient (Women) Providers

Provider Name	*Address*	*County Name*	*Zip Code*
New Horizons CSB 2	1727 Boxwood Place Columbus, GA 31906	Muscogee	31906
Flint Middle	83 Green St. Warner Robins, Ga. 31093	Houston	31093

Transitional Housing Providers

Provider Name	*Address*	*County Name*	*Zip Code*	*Housing Type*
McIntosh Trail CSB 5	1574 Williamson Road Griffin, GA 30223	Spalding	30224	Men
McIntosh Trail CSB 7	239 Westmoreland Road Griffin, GA 30223	Spalding	30224	Men
New Horizons CSB 2	1727 Boxwood Place Columbus, GA 31906	Muscogee	31906	Transitional Housing: Women (WTRS and non-WTRS)

Region 6 Providers and Services

Addiction Recovery Support Centers				
Provider Name	***Address***	***County Name***	***Zip Code***	***Existing or New Location***
Coweta FORCE	36 Salbide Avenue Newnan, GA 30263	Coweta	30263	Existing
iHOPE	603C Russell Parkeway, Warner Robins, GA 31088	Houston	31088	Existing
McIntosh Trail CSB	1435 N. Expressway, Suite 301 Griffin, GA 30224	Spalding	30224	Existing
Middle Flint Addiction Recovery Center	512 Millard Fuller Blvd, Americus, GA 31709	Sumter	31709	Existing
New Horizons - Connections, The Place 2B	4825 14th Ave, Columbus, GA 31904	Muscogee	31904	Existing
The Vine	1435 N Expy #108, Griffin, GA 30223	Spalding	30223	Existing
Carroll County Mental Health Advocates, Inc.	118 South White Street, Carrollton, GA 30117	Carroll	30117	New Location

Region 6 Providers and Services

Harm Reduction Providers	
SSP Locations	***Syringes distributed***
Columbus (Muscogee)	Implemented
Macon	7,090
Warner Robins (houston and Peaches county)	Implemented

Harm Reduction Providers	
Naloxone Distribution Provider	***Counties***
4 Lagrange	Troup
7 West Central (Columbus)	Muscogee
Beyond Your Ordinary Inc	Henry
BHG of Jackson	Butts
Coweta FORCE	Coweta
iHOPE, Inc.	Houston
McIntosh Trail CSB	Butts
Middle Flint Addiction Recovery Center	Sumter
Middle Flint BH	Houston
New Horizons BH	Muscogee
New Horizons CSB	Muscogee
Pathways Center	Carroll And Heard
The Vine	Spalding

Provider Survey Analysis

Methodology and assumptions

Methodology

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

Assumptions

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

Abbreviations

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