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Official

Informal Presentation Minutes

Tuesday, June 2, 2026 – 11:00 AM

Present: Nicole L. Hendrickson, Kirkland D. Carden, Ben Ku, Jasper Watkins III, Matthew Holtkamp

1. Community Services

Assessment of Gwinnett County's Opioid Use Disorder Landscape

Dr. Terri Timberlake-Briscoe and Sally Wallace of Ernst & Young presented findings of the Assessment of Gwinnett County's Opioid Use Disorder Landscape, conducted in collaboration with the Gwinnett County Opioid Abatement Advisory Committee, and also discussed prioritizing funding allocations and oversight. No official action taken.

Assessment of Gwinnett County's Opioid Use Disorder Landscape

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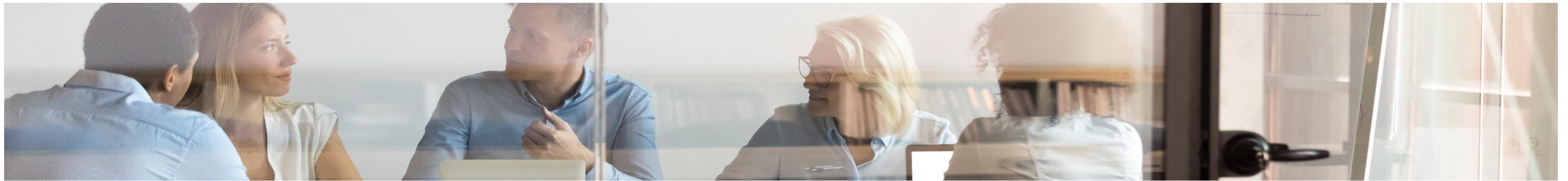
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1. Executive summary

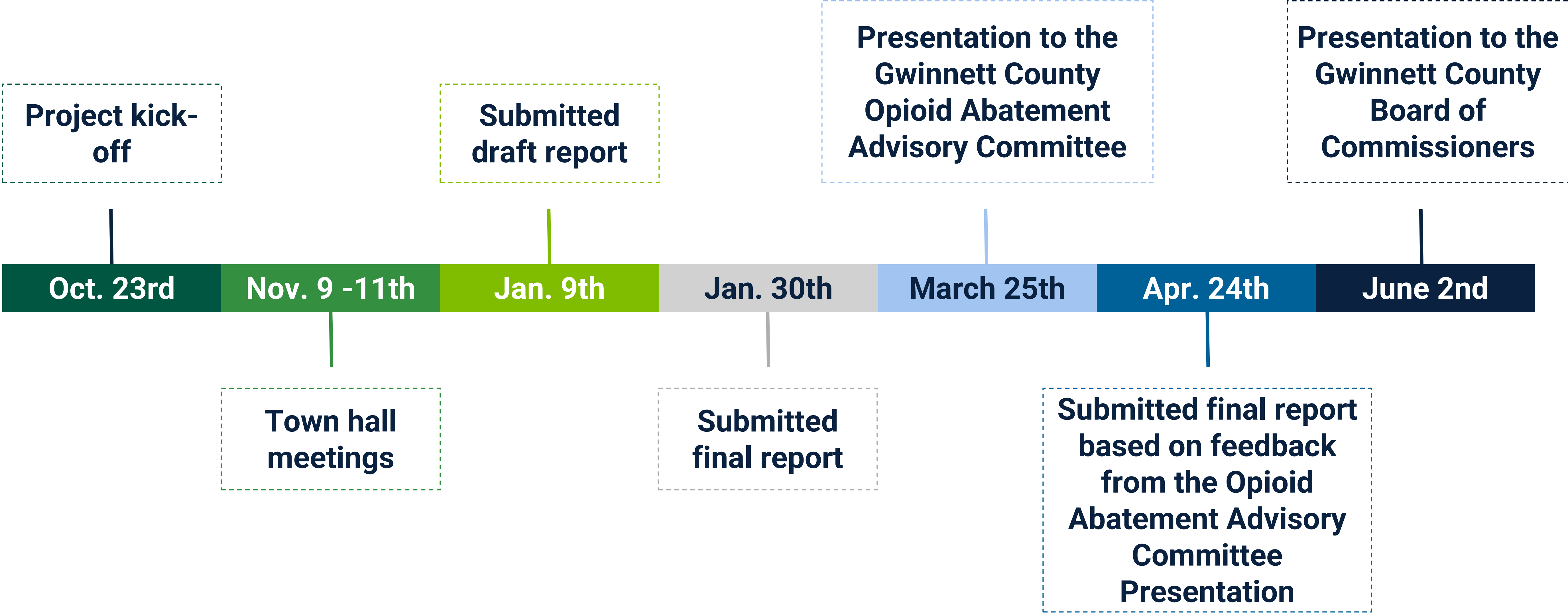
The objective of this study is to assess Gwinnett County's current Opioid Use Disorder landscape to identify gaps, needs, and key priorities. To achieve this, Gwinnett employed a mixed-method approach that integrates both quantitative and qualitative data to uncover recurring themes and areas for improvement.

- **Quantitative analysis:** Analyzed county and zip-code level trends, conducted a workforce gap assessment, and developed a drive-time analysis
- **Qualitative analysis:** Conducted town halls, interviews, and a focus group with stakeholders, developed and released a provider survey

Gwinnett has invested significant resources and efforts in aligning programming, services and capabilities to meet the needs of individuals with OUD to reduce overdoses and deaths.



Project timeline



2. Quantitative analysis

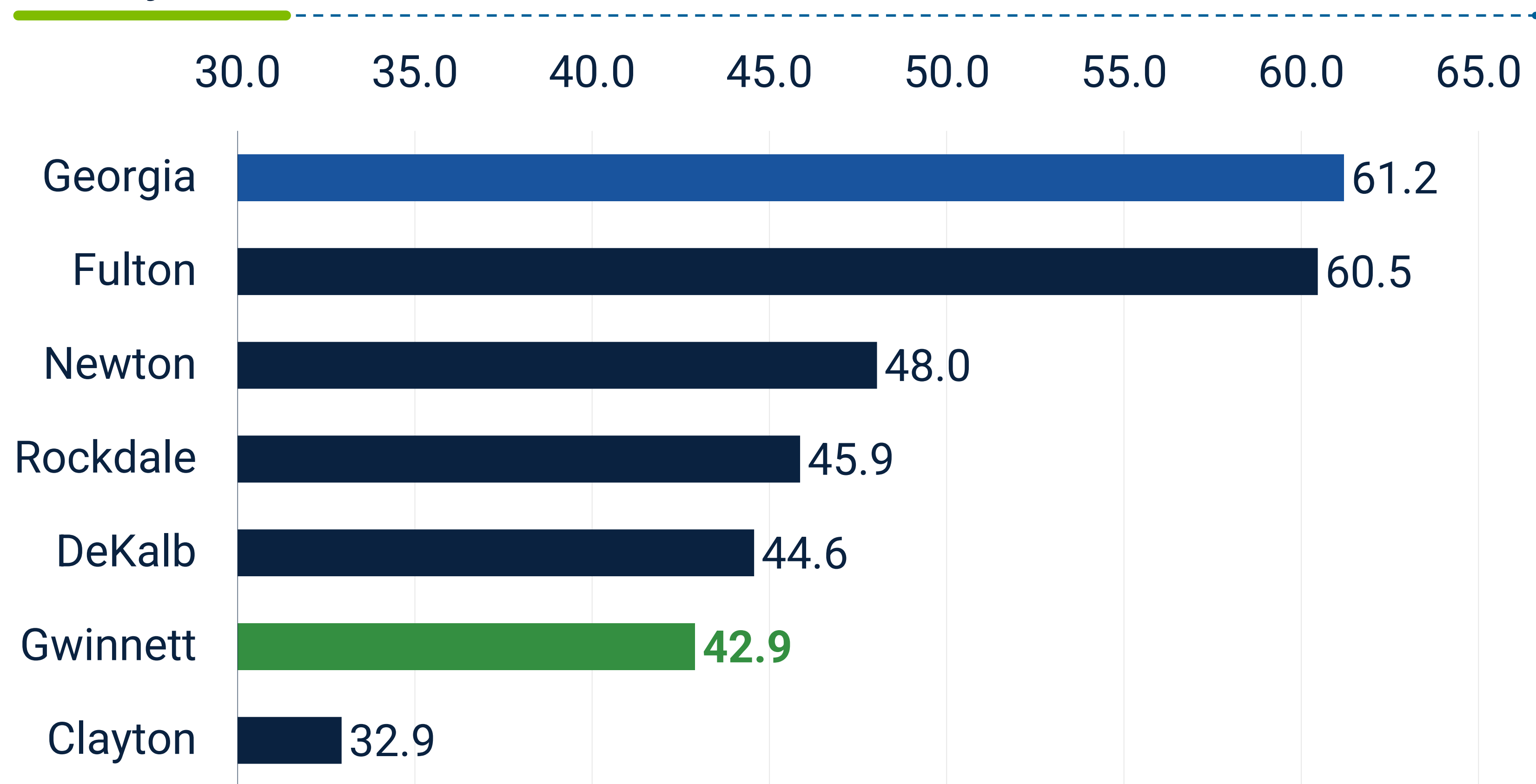
OUR landscape and trend analysis

Key takeaways

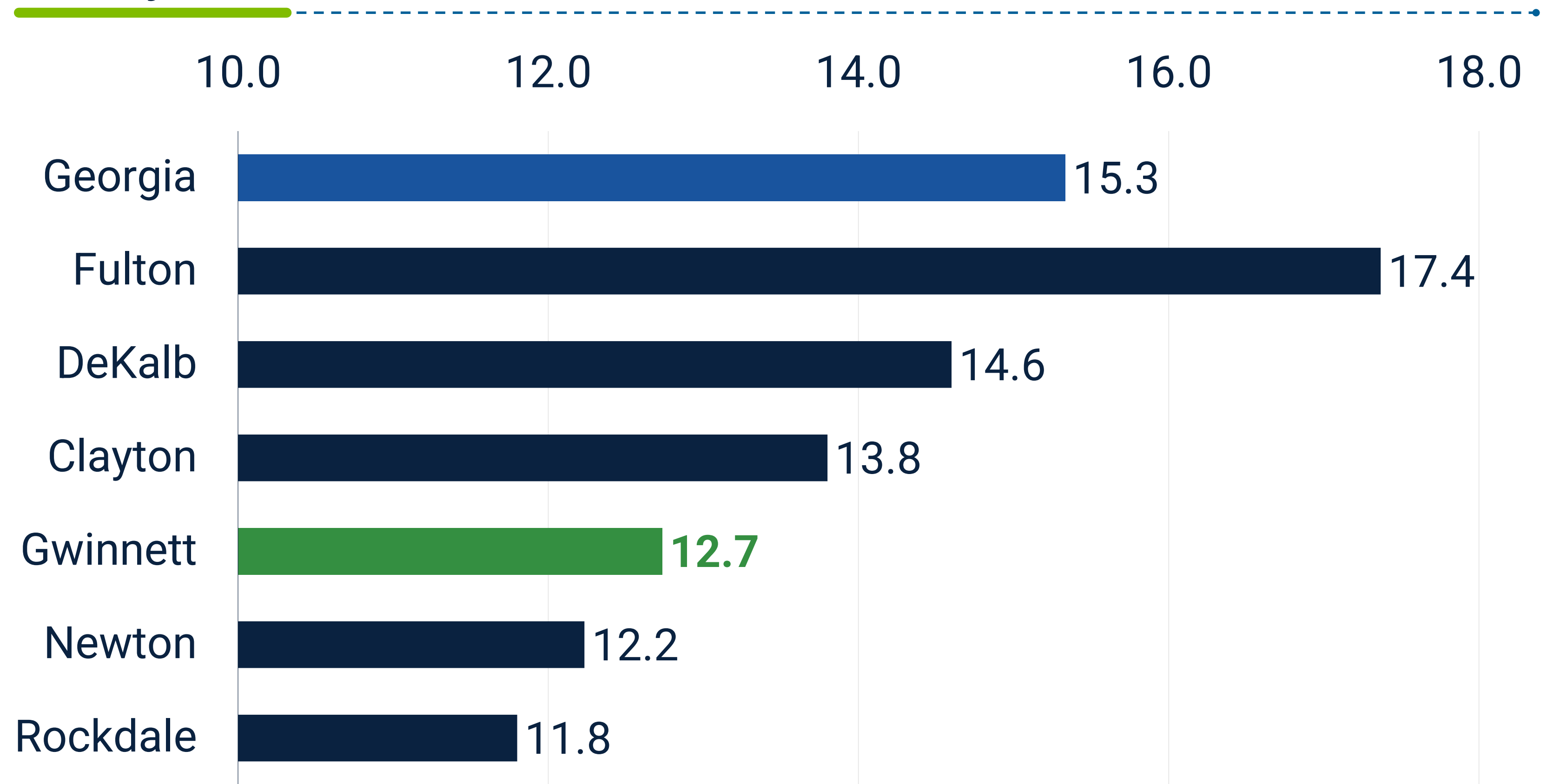
- From 2016 to 2024, total **opioid ER visits in Gwinnett County increased by 17%**, peaking in 2021 (40% increase compared to 2016)
- From 2016 to 2024, **rising opioid ER visits were led by men**, widening the gender gap as women's rates declined
- Opioid-related ER visits **surged among teens and multiracial** residents
- From 2016 to 2023, total opioid deaths in Gwinnett County increased from 55 to 146 deaths, before declining to 87 in 2024
- The number of opioid-related **deaths more than tripled among males in Gwinnett County** between 2016 and 2023, before declining in 2024
- Opioid-related deaths **increased for most age groups and racial groups** in Gwinnett County from 2016 to 2024

Gwinnett County's opioid-related ER visit and death rates are lower than those of most peer counties in Region 3 between 2022 – 2024

Average opioid-related ER visit rate (per 100,000 residents) by county, 2022 – 2024



Average opioid-related death rate (per 100,000 residents) by county, 2022 – 2024



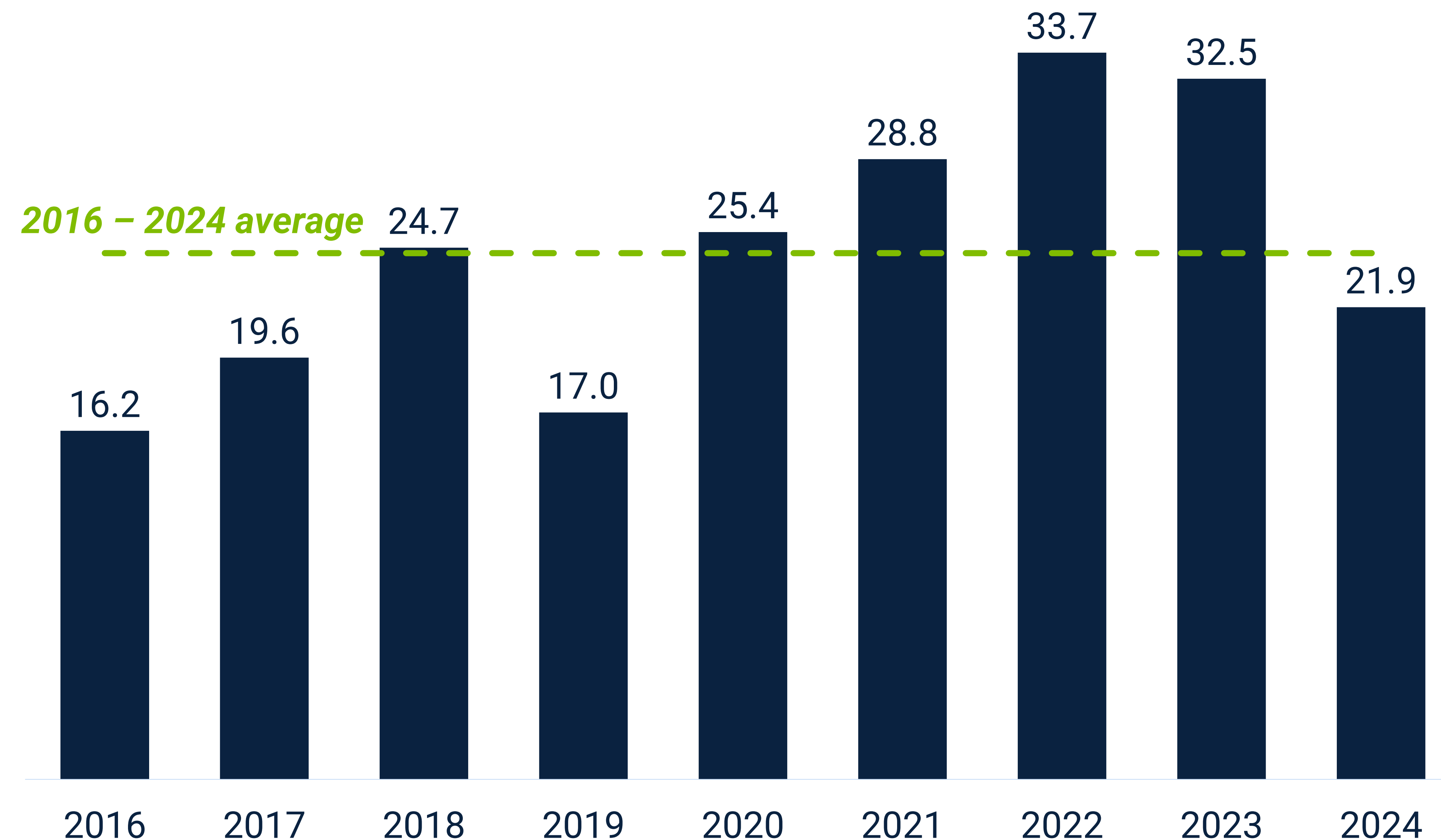
Key findings

- The Georgia Department of Behavioral Health and Developmental Disabilities system of services is organized into six regions. Gwinnett County is in Region 3, along with Fulton, Newton, Rockdale, DeKalb, and Clayton counties.
- Among peer counties, **Gwinnett ranks among one of the lowest in terms of the opioid-related ER visit rate** between 2022 and 2024, with an average ER visit rate of 42.9 per 100,000 residents.
- Gwinnett also **ranks towards the bottom of its peers in terms of the opioid-related death rate** between 2022 – 2024, with an average rate of 12.7 deaths per 100,000 people.
- Furthermore, Gwinnett **ranks below the state of Georgia's average rate** for both opioid-related ER visits and deaths from 2022 – 2024.

Source: Data from Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

The opioid-related death-to-ER visit ratio nearly doubled from 2019 to 2023 and decreased slightly below the average in 2024

Opioid-related deaths per 100 ER visits, 2016 – 2024



Key findings

- The number of **deaths per opioid-related ER visit peaked in 2022** at 33.7 deaths per 100 ER visits.
- The deaths-to-ER visit ratio **rose from 17.0 in 2019 to 32.5 in 2023**, indicating that opioid-related deaths increased faster than ER visits.
- In 2024, the **ratio declined to 21.9 deaths per ER visit**.
- While the chart compares the ratio of opioid overdose deaths to ER visits, **not all ER visits result in death, and not all deaths are included in ER visits totals**. There exists partial overlap between the two datasets, but not complete overlap which must be considered, as it reflects the complex relationship between ER visits and fatalities.
- Death location is recorded as the address where the death occurred; therefore deaths in Gwinnett County will **include individuals who travel from outside of Gwinnett** and are pronounced dead within Gwinnett County.
- The deaths-to-ER visit ratio can indicate increased overdose severity, showing that fatalities rose faster than ER visits from 2020 to 2023. This trend may be driven by several factors:
 - Longer travel times to treatment
 - Stigma associated with seeking treatment
 - Legal status concerns that deter individuals from accessing support
 - Age-related vulnerabilities
 - Type of substance involved—synthetic opioids are appearing in unexpected ways, increasing risk.
- See Section 4: Stakeholder Engagement and Identified Gaps for more information on these factors.

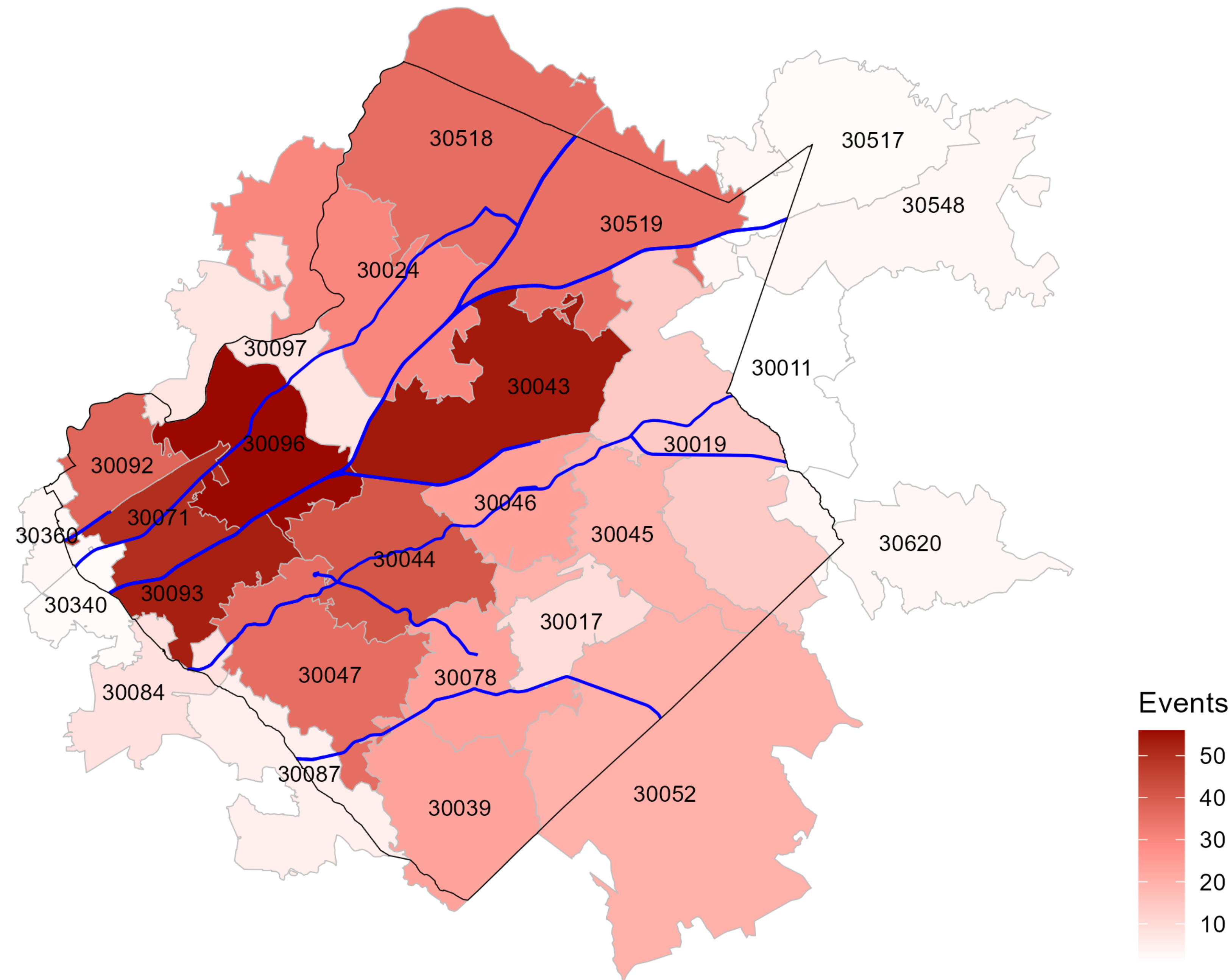
Note: Opioid-related deaths include deaths occurring both within and outside emergency room settings; ER visit data do not capture all fatal cases.

Source: Data from Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS)

Geospatial analysis

Four Gwinnett County ZIP codes recorded 50+ fatal overdoses between 2022 and 2025

Total suspected fatal overdoses by ZIP code in Gwinnett County, 2022 – 2025



Data considerations

- ZIP code level data in ODMAP on suspected fatal overdoses within Gwinnett County is sourced from the Gwinnett County Medical Examiner's Office.
- Deaths are **recorded by incident location**, which is the location where the opioid overdose death occurred. Therefore, this data includes individuals who may have traveled from outside Gwinnett County and overdosed within its borders. Consequently, this data does not reflect the residency of these individuals, and this distinction should be considered when evaluating community-level risk.
- Several ZIP codes associated with Gwinnett span multiple neighboring counties, including Barrow, DeKalb, Forsyth, Fulton, Hall, Jackson, Rockdale, and Walton. For ZIP codes that cross Gwinnett County boundaries, the **analysis includes only deaths occurring within the Gwinnett County portion** of the ZIP code.
- As a result, deaths that occurred in the same ZIP code, but outside Gwinnett boundaries are not included, which leads to an **underestimation of the total number of opioid-related deaths** in these ZIP codes.

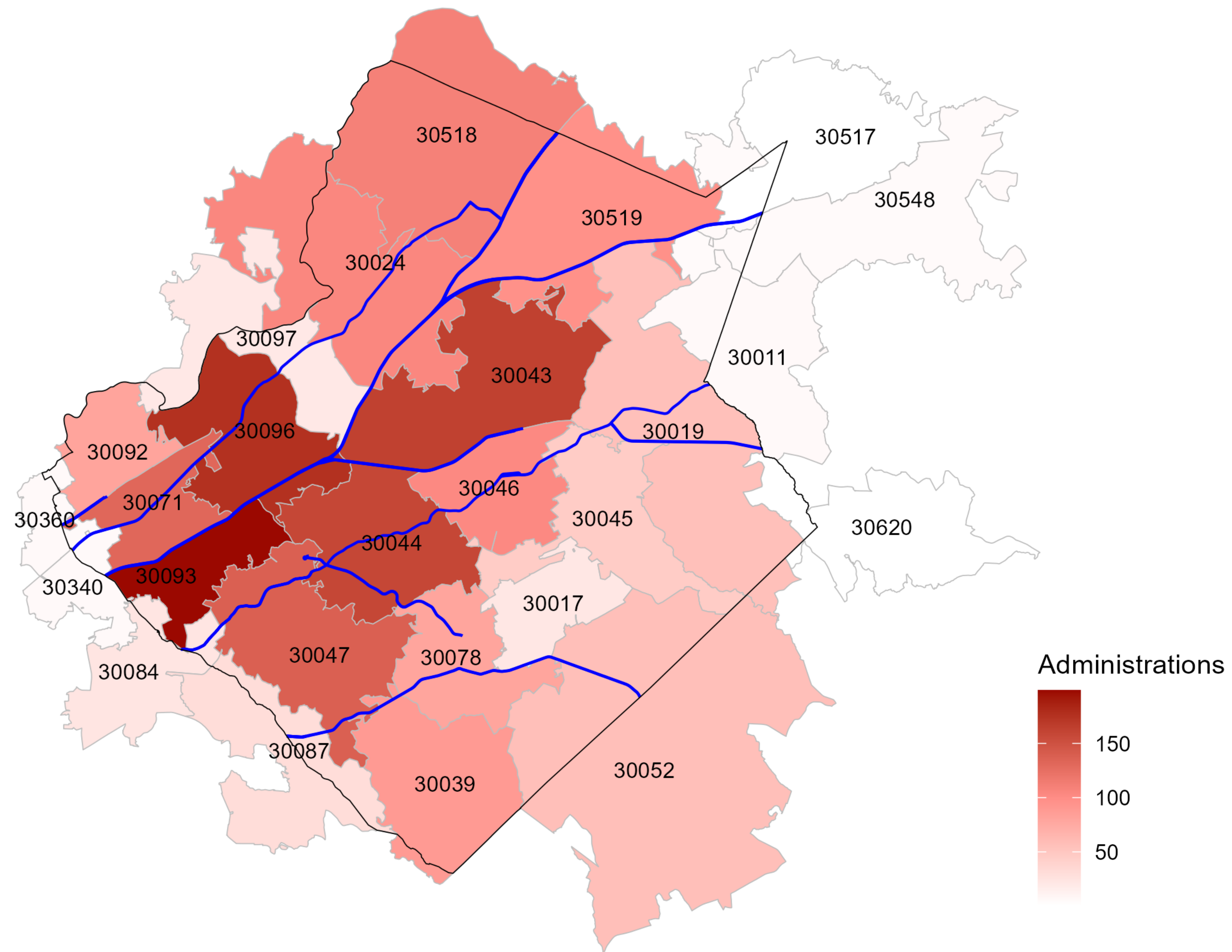
Key findings

- From 2022 to 2025, **four ZIP codes recorded over 50 events of suspected fatal overdoses**, totaling 213 events out of the 596 total reported events (36%).
 - These four ZIP codes are 30096 (56 events), 30043 (54 events), 30093 (53 events), and 30071 (50 events).
 - ZIP codes with the highest suspected fatal overdoses **overlap with areas that also report high volumes of total suspected overdoses and naloxone administrations**, indicating sustained overdose risk rather than isolated incidents.

Note: Opioid-related death counts may differ from earlier slides due to differences in data sources.
Source: ODMAP

The majority of naloxone administrations from 2022 – 2025 are concentrated in the 30093, 30096, 30043, and 30044 ZIP codes

Total naloxone administration incidents by ZIP code in Gwinnett County, 2022 – 2025



Key findings

- From 2022 to 2025, ZIP code **30093 (Norcross)** recorded the highest number of naloxone administrations, totaling 199 uses.
 - Three neighboring ZIP codes also reported significant numbers of naloxone administrations: **30096 (Duluth) with 176 instances, 30043 with 164 instances, and 30044 with 159 instances.**
- Naloxone administrations closely track the number of total suspected overdoses for across ZIP codes, consistent with naloxone use serving as an indicator of overdose events and emergency response activity.
- In July 2024, the state passed **Wesley's Law**, which authorized the possession of naloxone (overdose reversal medication) in all qualified government buildings, courthouses, and school property. Wesley's Law **requires that local school systems maintain a supply of naloxone.**
- Beginning in April 2025, community and harm-reduction organizations began offering **free naloxone kits to residents** through pharmacies, outreach programs, and public access points.

Note: Opioid-related death counts may differ from earlier slides due to differences in data sources.
Source: ODMAP

Research suggests that substance use risks are associated with social, medical, housing, and economic vulnerability

Key findings

Index	Research
Socially vulnerable	<ul style="list-style-type: none">• Researchers found that those who were unemployed had higher chances of opioid misuse, relative to those who were employed with regular working hours, even after accounting for demographic factors along with household income, education level, insurance status, and physical and mental health status.• A 2022 study found that factors including violent crime, access to internet, and social vulnerability have a statistically significant impact on drug overdose deaths.
Medically underserved	<ul style="list-style-type: none">• A 2018 survey found that community health centers, which are located in medically underserved rural and urban areas, reported increases in individuals with opioid use disorder and other substance misuse.
Housing unstable	<ul style="list-style-type: none">• Research from Chung et. al. found that frequent opioid use was associated with a lower likelihood of obtaining housing assistance, compared with less frequent use. The findings suggest that higher levels of drug use are linked with housing instability and gaps in support for people who experience both.• Another study found higher rates of fatalities and fatal hazards for opioid overdose among individuals located in census tracts with higher housing type and transportation-related vulnerability.
Economically vulnerable	<ul style="list-style-type: none">• One study, which measured the counts of prescription opioid overdose and heroin overdose hospital discharges across ZIP codes in 17 states, found that prescription overdoses were higher in economically disadvantaged ZIP codes regardless of urbanicity. For heroin overdoses, economic disadvantage played a larger role in urban areas relative to rural areas.

The Health Disparity Index helps to identify which Gwinnett County ZIP codes are most vulnerable

Health Disparity Index

The HDI analysis examines four domains where populations may face disparities: social status, housing stability, access to medical services, and economic status. Each index – **social vulnerability, housing instability, medical underservice, and economic vulnerability** – is calculated using a set of indicators.

Socially vulnerable

- Unemployment rate (%)
- Disabled population (%)
- Population without a car (%)
- Social Vulnerability Index

Medically underserved

- Non-white population (%)
- No health insurance (%)
- Population with Medicaid (%)
- Health Professional Shortage Area Score Index

Housing unstable

- Median income
- Renter population (%)
- Housing built before 1959 (%)
- Unemployment rate (%)

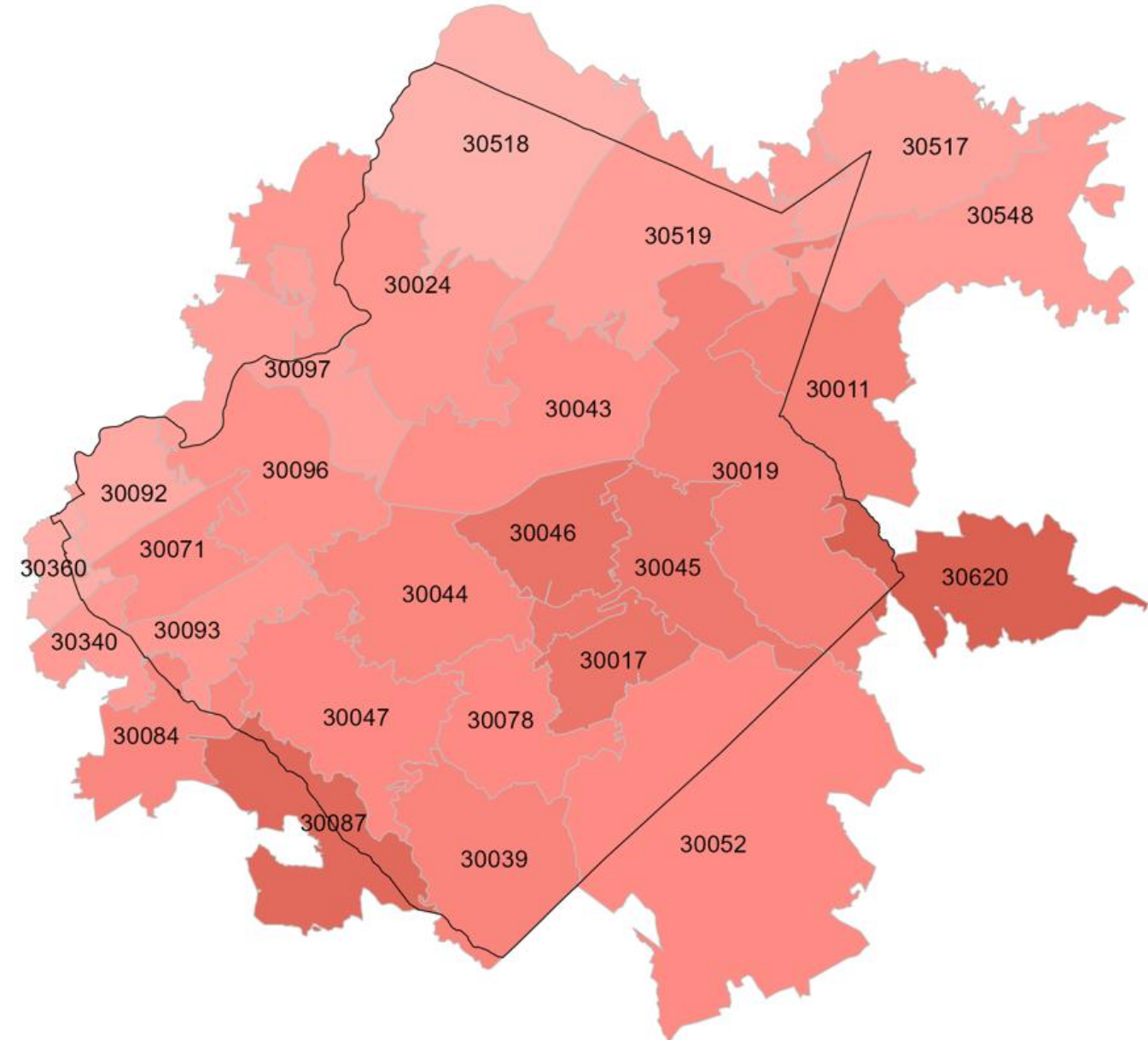
Economically vulnerable

- Share receiving Supplemental Nutrition Assistance Program (%)
- Share of population without college degree (%)
- Poverty share (%)
- Unemployment rate (%)

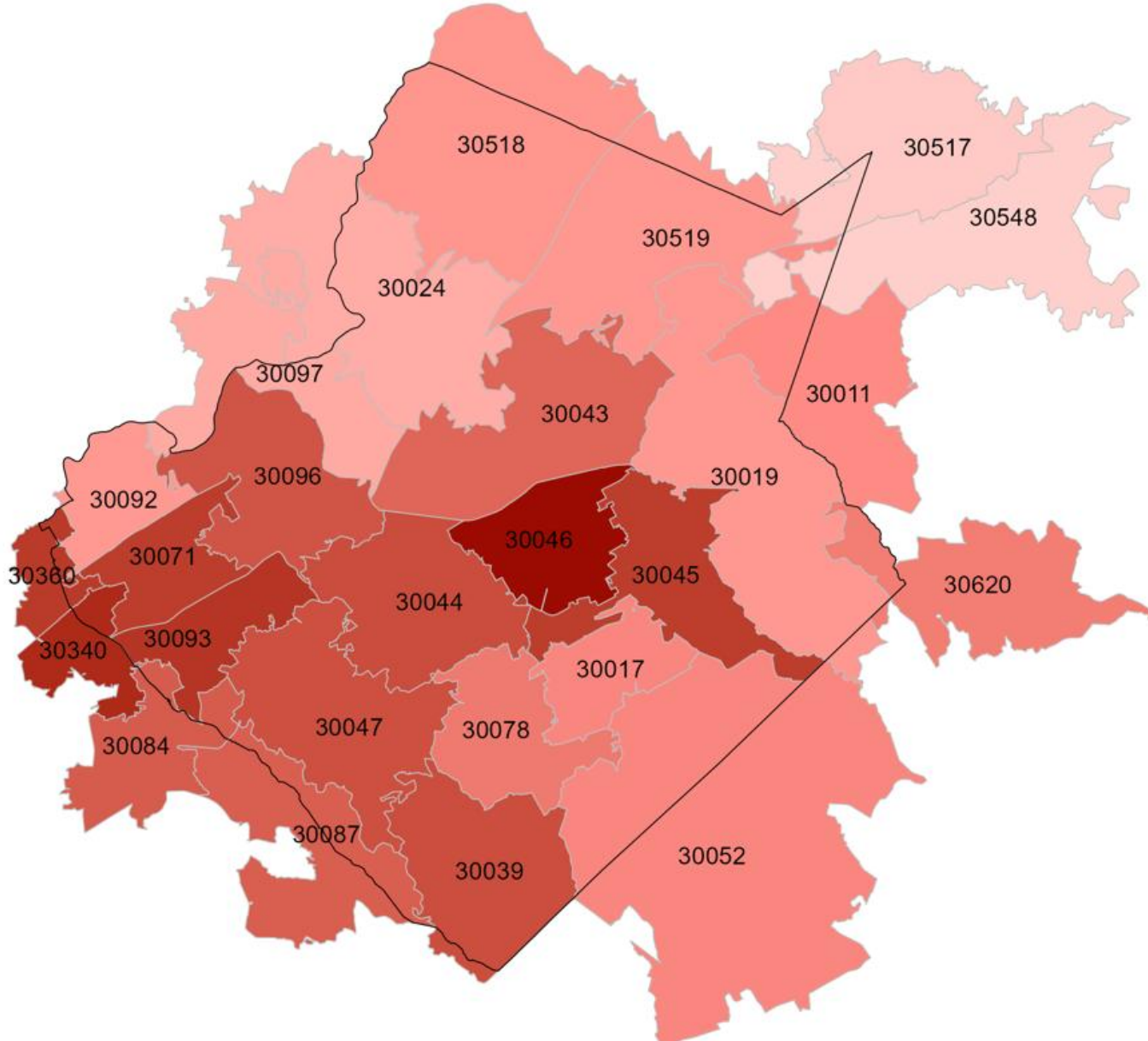
Each indicator is **converted into a percentile** rank compared to other ZIP codes in the state of Georgia to come up with indices. For example, a ZIP code with an **80th percentile score on a particular indicator is coded as 0.8, which means it performs worse than 80% of its peers within the state.**

A higher index indicates greater vulnerability—meaning higher social vulnerability, greater housing instability, a larger share of the population medically underserved, and increased economic vulnerability compared to peers

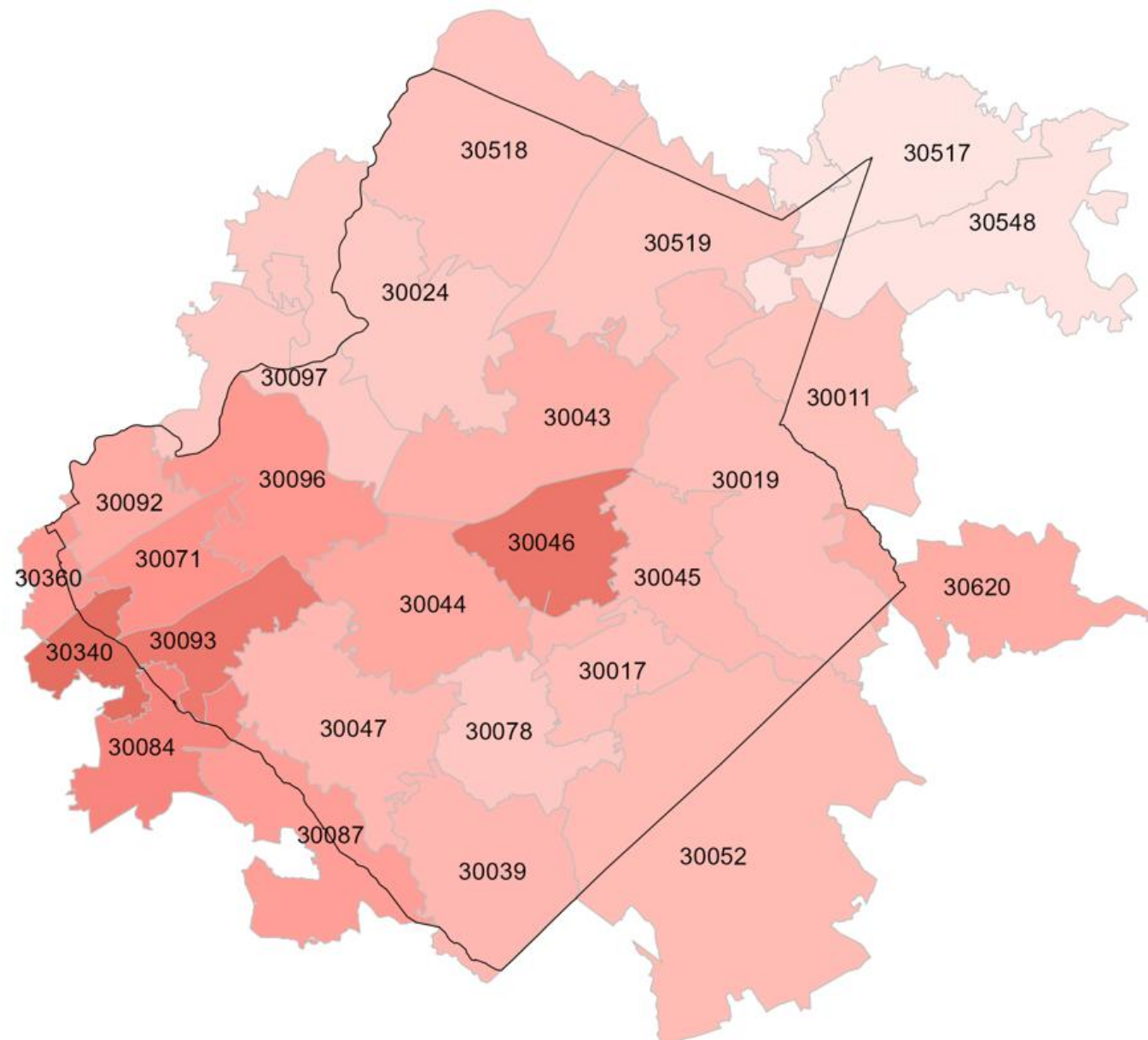
Socially vulnerable



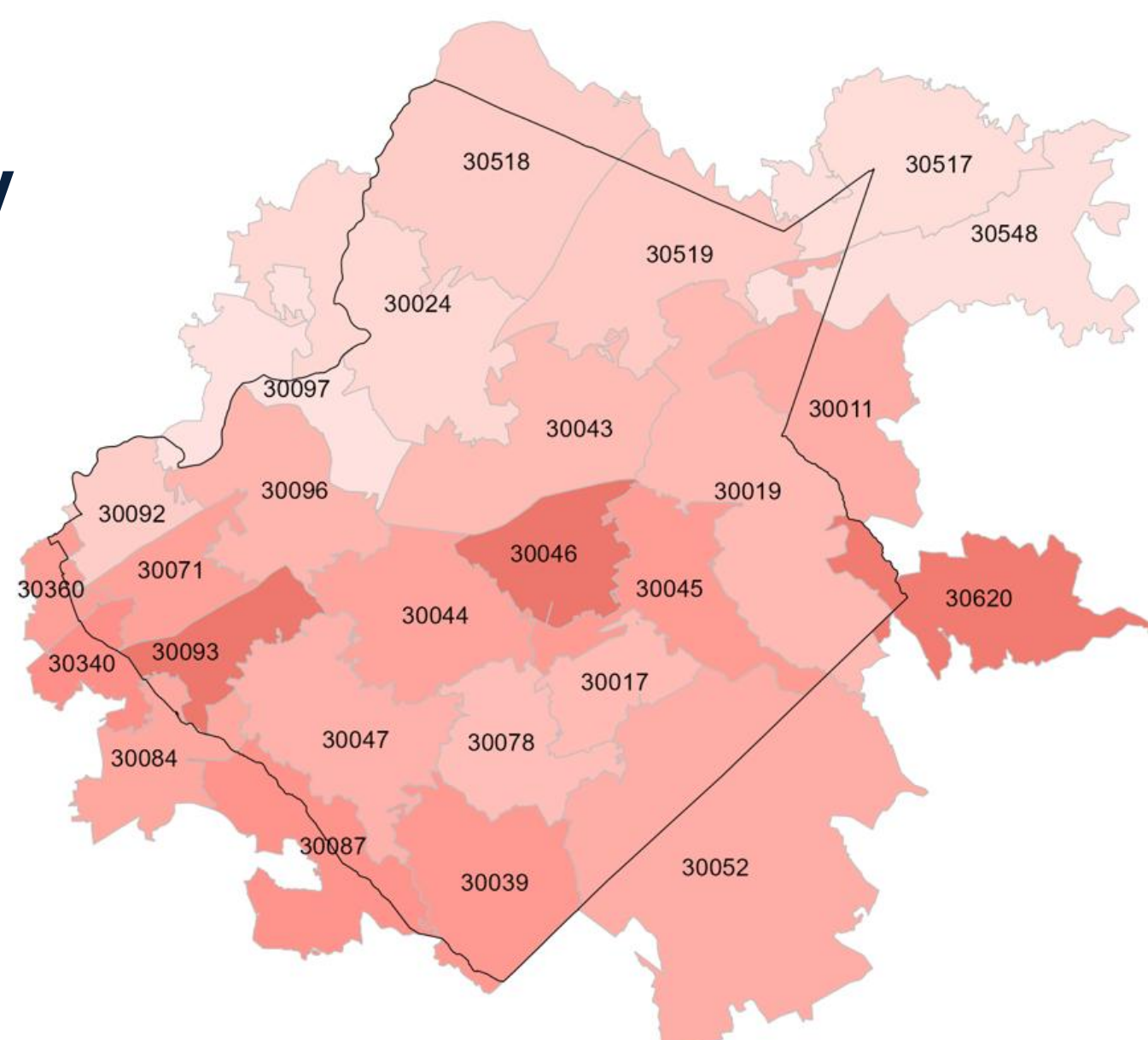
Medically underserved



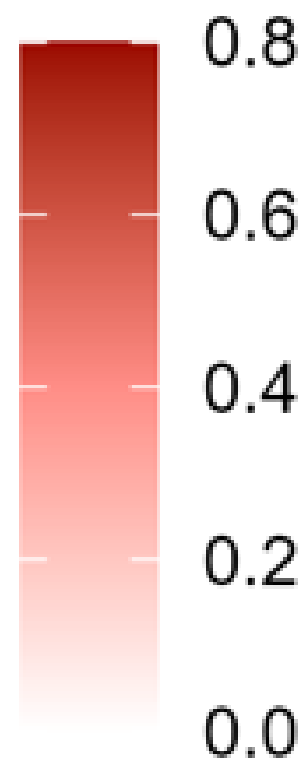
Housing unstable



Economically vulnerable



Health Disparity Index

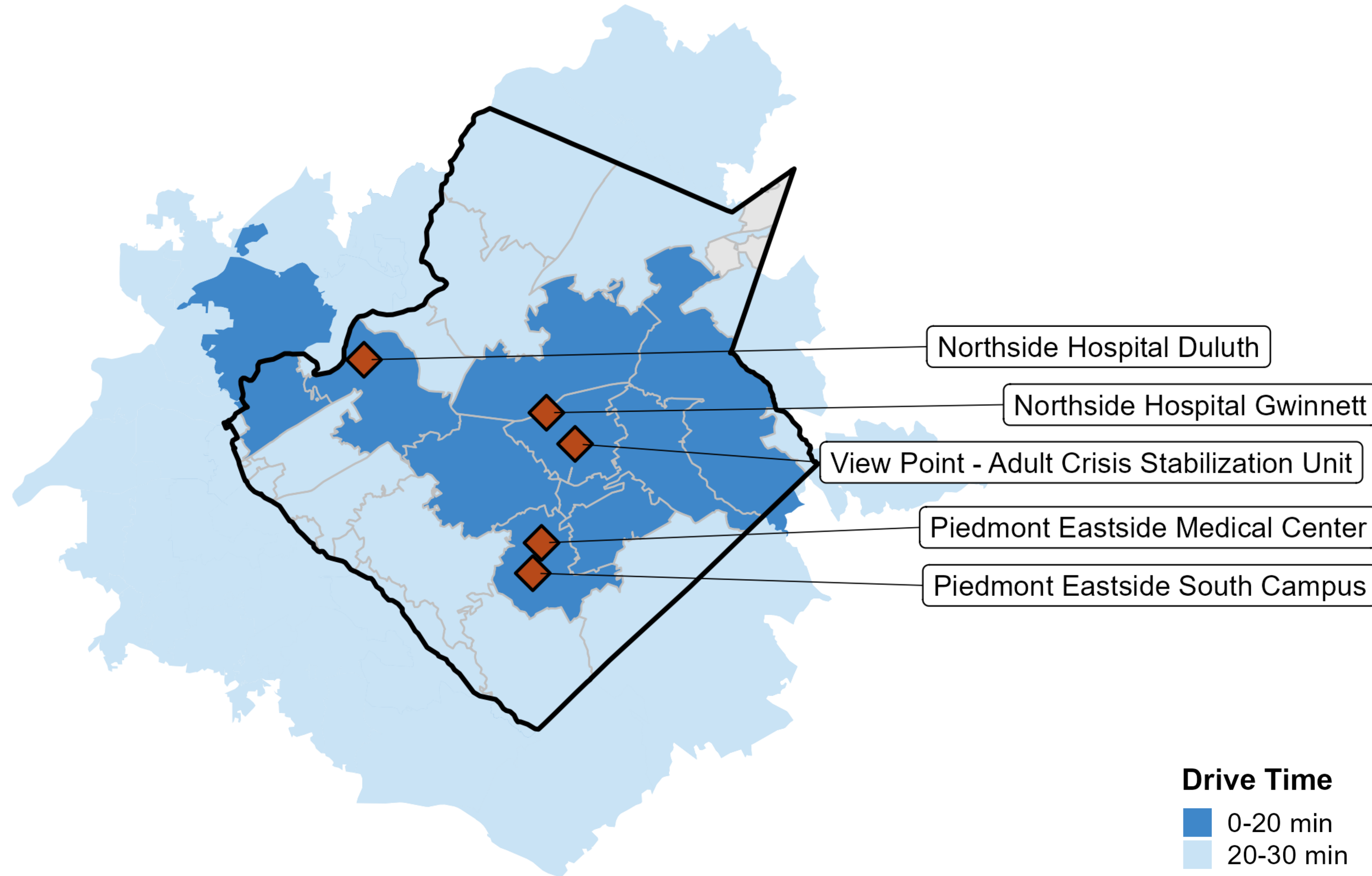


Source: Analysis of US Census Bureau's American Community Survey data

Provider accessibility and spatial coverage

Gwinnett County has only one CSU and four hospitals providing emergency services with limited bed capacity, leaving significant gaps for a large share of ZIP codes

Drive time coverage of CSU/ hospital facilities in Gwinnett Co.



Key findings from drive time analysis

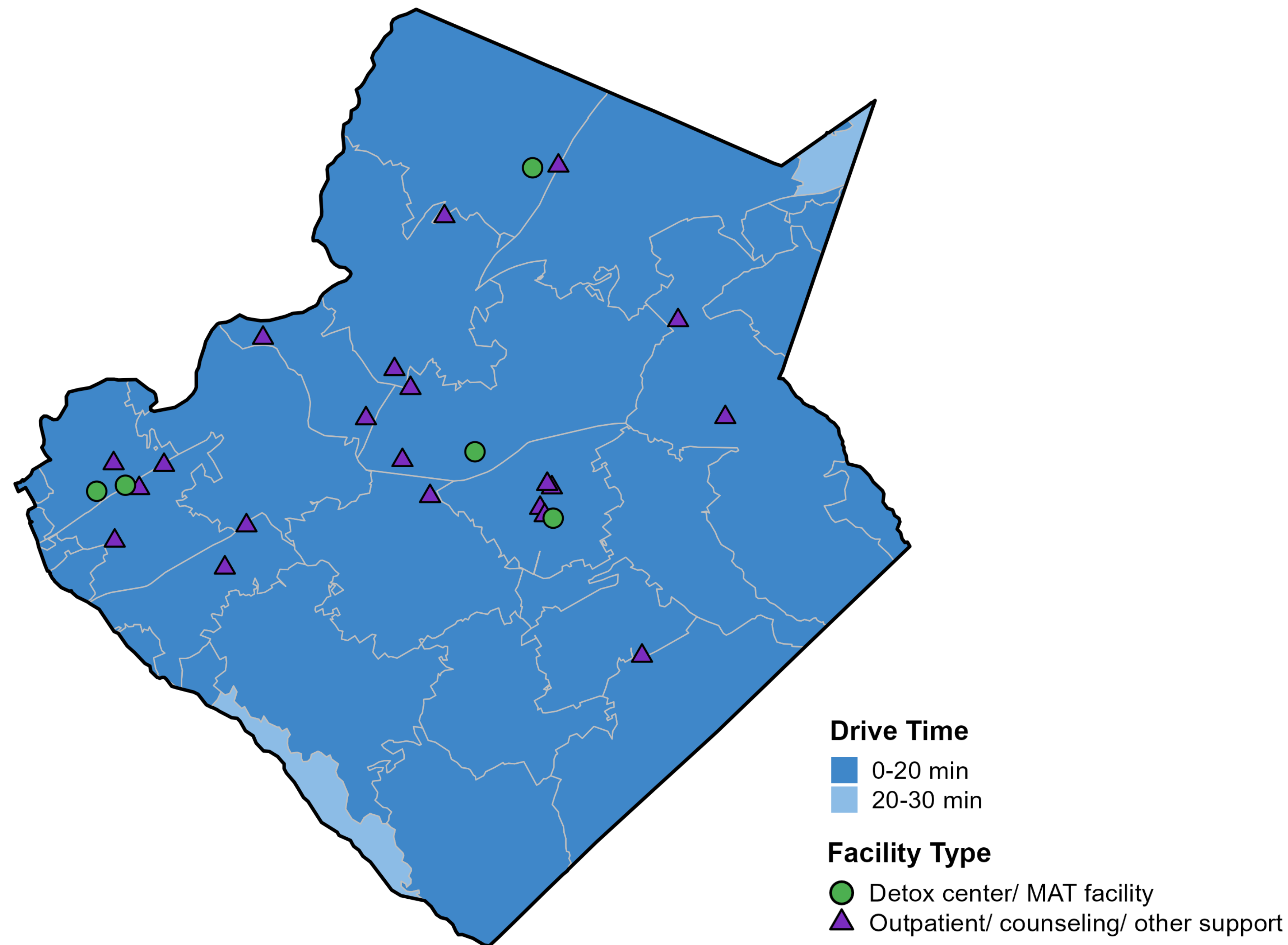
- **15 out of the 26 Gwinnett ZIP codes lack access** to CSU or hospital facilities **within a 20-minute drive**, representing a considerable gap in geographic coverage.
 - These ZIP codes include: 30011, 30024, 30052, 30071, 30084, 30087, 30093, 30097, 30340, 30360, 30517, 30518, 30519, 30548, 30620
- Even when drive time window expands to 30 minutes, **three ZIP codes remain without access** to CSU or hospital facilities.
 - This includes ZIP codes 30517, 30518, and 30548.

Complementary findings from stakeholder engagement

- **Bed availability, intake criteria, and staffing constraints** reduce access, particularly during peak demand and after-hours.
- **Mobile crisis response delays** and limited CSU bed turnover weaken the effectiveness of crisis care despite geographic proximity.

Non-crisis outpatient services are widely available in Gwinnett, but face capacity and access barriers

Drive time coverage of non-crisis outpatient services in Gwinnett Co.



Key findings from drive time analysis

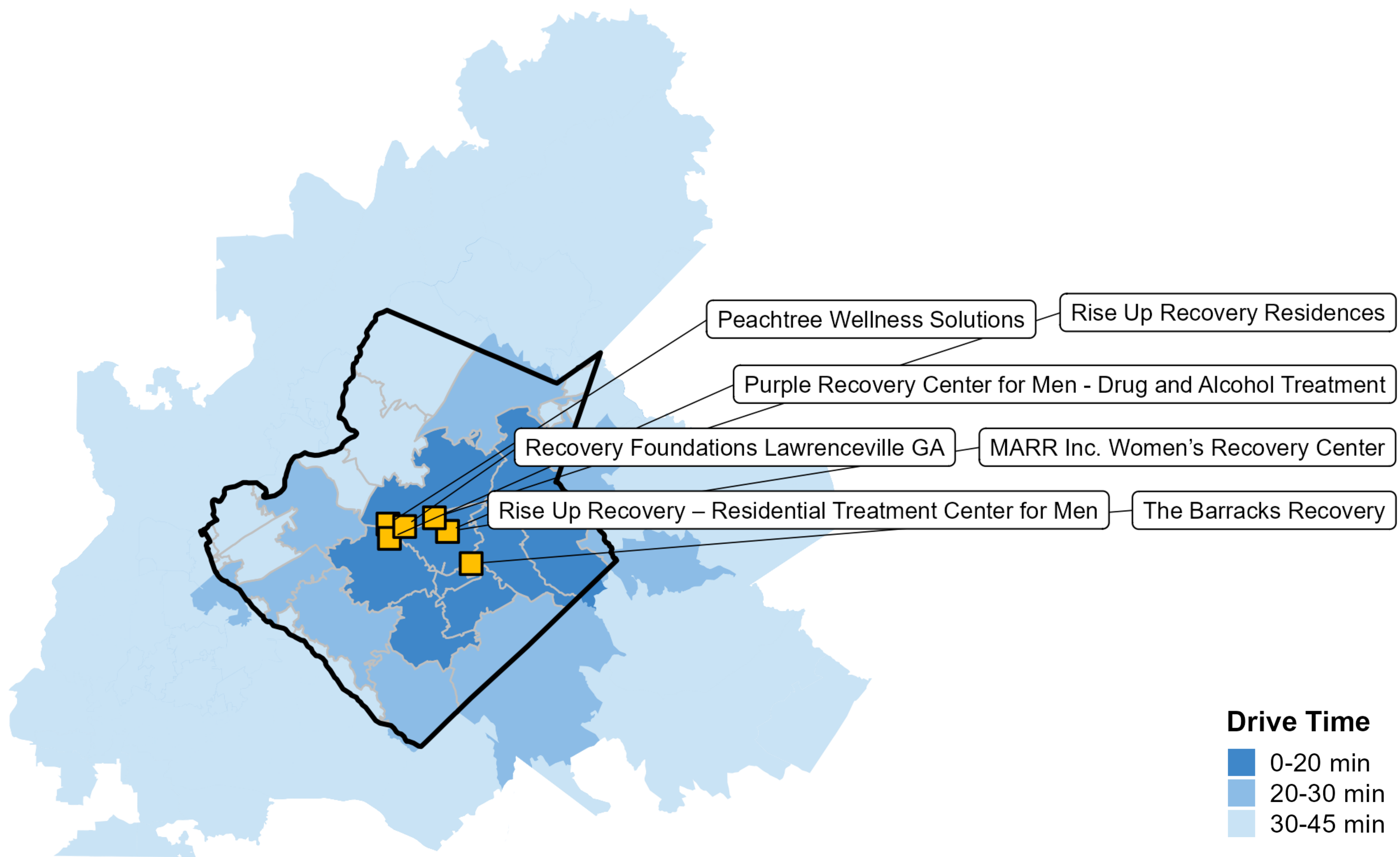
- All ZIP codes in Gwinnett have access to a non-crisis outpatient facility within a 30-minute drive.
- Non-crisis outpatient facilities include detox and MAT centers, counseling, and other types of outpatient support.
- Only ZIP codes 30087 and 30517 cannot reach a non-crisis outpatient facility within a 20-minute drive.

Complementary findings from stakeholder engagement

- Even though all ZIP codes have access to multiple outpatient facilities within 30 minutes, stakeholders **reported long wait times and difficulty securing timely appointments**.
- Many residents **lack awareness of where and how to access outpatient treatment**, reflecting system navigation challenges rather than geographic scarcity.
- Stakeholders cited **long waitlists and inconsistent availability** for detox services, indicating that high facility counts do not ensure timely admission.
- Uninsured individuals, those needing bilingual providers, and clients with complex needs face higher out-of-pocket costs and limited care coordination, increasing the risk of disengagement.

Despite the broad geographic coverage of residential treatment facilities across Gwinnett County, residents continue to face challenges related to capacity, affordability, and quality

Drive time coverage of residential treatment facilities in Gwinnett Co.



Key findings

- At 30 minutes, 20 out of the 26 ZIP codes have high access (4 – 6 facilities) to residential treatment facilities.
- ZIP 30087 has no access within 30 minutes but can reach one facility within 45 minutes.
- Despite the broad geographic coverage of residential treatment facilities across Gwinnett County, residents continue to face challenges related to capacity, affordability, and quality. See the details below.

Complementary findings from stakeholder engagement

- Stakeholders reported a strong **need for more affordable, high-quality residential treatment** to support individuals after detoxification, crisis stabilization, or for long-term post-acute care.
- Some residential providers **operate with inadequate oversight, offering low-quality treatment while charging high rates**, which limits the effectiveness and accessibility of available services.

Source: American Community Survey 2023 5-year estimates

Workforce gap assessment

Workforce gap

Gwinnett County, 10-year cumulative workforce gap (2025 – 2034)

Code	Occupation description	Total Demand	Total Supply	Total Gap
Behavioral-health related occupations				
21-1015	Rehabilitation Counselors	15	5	-10
21-1018	Substance Abuse and Mental Health Clinicians	393	4	-388
21-1019	Counselors, All Other	60	0	-60
21-1021	Child, Family, and School Social Workers	167	161	-6
21-1023	Mental Health and Substance Abuse Social Workers	37	37	0
21-1029	Social Workers, All Other	36	36	0
29-1223	Psychiatrists	4	4	0
29-2053	Psychiatric Technicians	99	47	-52
19-3033	Clinical and Counseling Psychologists	29	29	0
19-3034	School Psychologists	155	37	-118
Subtotal: Behavioral- health related occupations		995	361	-634
General health occupations				
29-1071	Physician Assistants	177	72	-105
29-1141	Registered Nurses	2,082	2,082	0
29-1171	Nurse Practitioners	589	292	-298
29-1215	Family Medicine Physicians	59	54	-5
29-1229	Physicians, All Other	159	103	-56
29-1221	Pediatricians, General	23	18	-5
Subtotal: General health occupations		3,090	2,621	-469
Total		4,085	2,982	-1,103

- Within behavioral health positions, **Substance Abuse and Mental Health Clinicians** are expected to have the highest gap – nearly 400 total over the next 10 years.
- There will also be gaps in rehabilitation counselors, other counselors, child, family, and school social workers, psychiatric technicians, and school psychologists.

• **Note:** In a survey of Gwinnett County providers, respondents noted that **licensed clinical social workers and licensed professional counselors are cited most often as being understaffed**. For more details, see Section 4 of the report.

- Among general healthcare positions, the highest demand is for **registered nurses and nurse practitioners**. Nurse practitioners have the largest projected shortage of nearly 300 over the next 10 years.
- All relevant general healthcare positions except registered nurses will experience shortages in Gwinnett over the next 10 years.

• **Note:** In the survey, **staff burnout/fatigue and shortage of qualified professionals were two of the top barriers** to providing services.

- The survey also identified **limited continuing education opportunities** as being another barrier to providing services. See Section 4 of the report.

Note: The most recent data is from 2024, and the 2025 – 2034 figures are based on forecasts. Total demand represents cumulative net new demand over the 10-year period, in addition to existing jobs in Gwinnett County. Total supply includes the assumption of 90% retention. This analysis assumes that labor supply does not exceed local demand, as individuals are assumed to search for employment outside of Gwinnett County when local positions are limited. The data included in the workforce gap analysis is not independently validated by the assessment team and uses standard workforce gap analysis methodology. For more details, refer to the Limitations and Caveats section and Appendix in this report.

Source: JobsEQ and National Center for Education Statistics (NCES) data.

3. Qualitative analysis

Stakeholder engagement and identified gaps









Stakeholder Engagement

The following table provides an overview of the organizations engaged in stakeholder interviews. Additionally, two town halls and one focus group were conducted with a total of 59 attendees, including providers, advocacy organizations, individuals with lived experience and their family members/friends, and government agencies.

Organization	Stakeholder Type
Gwinnett Accountability Court	Law Enforcement/Justice System
Gwinnett Forensic Examiners Office	
Gwinnett Police Department	
Gwinnett County Sheriff's Office	
Gwinnett Coalition	Advocacy Organization
NAMI of Gwinnett	
Georgia Department of Behavioral Health and Developmental Disabilities	Government Agency
Gwinnett County School Counseling Department	
GNR Public Health	
Nspire Outreach	Mental Health, Substance use Disorder, Addiction Recovery treatment provider
Guide Inc.	
Gwinnett County Co-Responder Unit	
View Point Health	
Georgia Parent Support Network	
Northside Health	
Navigate Recovery	
Good Landing Recovery	
Recover Connections ARSC/Recovery Foundations	






Identified Gaps – Continuum of Care (Based on Stakeholder Feedback)

The following table provides a summary of the gaps in the Gwinnett County OUD continuum of care as identified through stakeholder interviews and town halls. In-depth discussions of each gap can be found in the following slides.

 Prevention	<p>There is limited public understanding of opioid use disorder and limited awareness of available treatment and recovery options within Gwinnett County.</p>
 Harm Reduction	<p>There is insufficient availability of and understanding of how to use harm reduction resources such as naloxone and fentanyl test strips.</p>
 Detoxification Services	<p>Access to detox beds is constrained, especially for uninsured individuals and specific populations such as children and pregnant women. Detox bed length of stay for some cases was described as too short.</p>
 Residential Treatment	<p>Long waitlists and high costs of care for residential treatment pose a significant barrier to access for residents. Participants discussed the presence of residential treatment providers operating without sufficient oversight and providing low quality services.</p>
 Outpatient Treatment	<p>High costs of care for un-insured and under-insured individuals, waitlists, and lack of bi-lingual resources are barriers to accessing MAT and MOUD treatment services.</p>
 Transitional Housing	<p>There is very limited transitional housing available in Gwinnett, especially for individuals with long-term support needs. High cost and low quality were additionally identified as frequent issues with recovery housing.</p>
 Recovery Support Services	<p>There is insufficient availability of peer-driven recovery support services in Gwinnett, as well as a lack of transitional recovery support services.</p>
 Crisis Services	<p>There is a lack of capacity in crisis stabilization units to meet the needs of both adolescents and adults experiencing an opioid-related/BH crisis. There is a significant delay in response time for mobile crisis response teams to reach individuals across Gwinnett communities.</p>

Identified Gaps – External Supporting Factors (Based on Stakeholder Feedback)

The following table provides an overview of the gaps in OUD external supporting factors as identified through stakeholder interviews, town halls, and a focus group. In-depth discussions of each gap can be found on the following slides.

 Justice	<p>There is insufficient capacity for diversion programs, such as Drug Court, to meet the need. Connections to recovery services such as transitional housing was identified as a key limiting factor. Law enforcement identified a need for additional resources to operate, including testing equipment.</p>
 Transportation	<p>Transportation to and from treatment and recovery services is a significant barrier for individuals who do not have access to a personal vehicle.</p>
 Employment	<p>Individuals in recovery for OUD, especially those with criminal records, often have difficulty finding employment, indicating a gap in the availability of employment services in Gwinnett County.</p>
 General Healthcare	<p>Some providers have gaps in their awareness of safe prescribing methods for opioids or in their understanding of how to effectively prescribe medications for the treatment of OUD such as buprenorphine and naltrexone.</p>
 Community and Family Support	<p>Families and community members have insufficient awareness of available services available, posing a barrier to their ability to provide support. Participants discussed the need for healthy and safe places for teenagers and young adults to spend time as a preventive measure. Stakeholders further expressed a need for care coordination.</p>

Provider survey

Key takeaways

- **Provider positions:** Licensed clinical social workers and LPCs are the positions most cited as being present at a provider agency are also understaffed
- **Services offered:** Harm reduction education and mental health screenings are the most common services offered for substance use disorders
- **Telehealth services:** Of those offering telehealth services, cognitive-behavioral therapy is the most cited service offered
- **Most common challenges:** Insufficient funding and staff burnout are the most common challenges respondents face. Duluth and Lawrenceville tend to be from where respondents see most of their substance use cases.
- **Insurance:** Self-pay is the most common type of insurance accepted among respondents, and more than one-third of respondents say individuals, on average, can get an appointment the same day as their referral

4. Findings and options for consideration

Findings and considerations



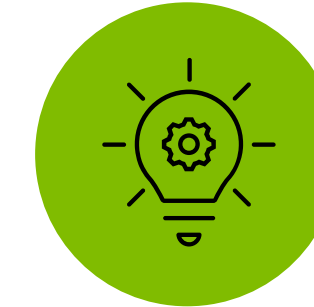
Findings

High OUD impact among men (67% of total opioid-related ER visits, 68% of opioid-related deaths) and rising cases among youth and older adults.

In 2023, men represented 67% of OUD-related ER visits and 68% of OUD deaths in Gwinnett County. Additionally, the number of opioid-related ER visits more than tripled among the youngest populations (ages 10-19). While the number of ER visits among populations ages 60 + declined from 2016 to 2024, the number of deaths rose from one in 2016 to 14 in 2022.

OUD deaths are concentrated in Duluth, Norcross, and Peachtree Corners as well as long-term stay hotels/motels.

OUD deaths are primarily concentrated in the Duluth area, which is a hub for many hotels, motels, entertainment, retail, and easy highway access. This area is also associated with being more medically underserved based on the Health Disparity rankings. The survey of providers identified the Duluth and Lawrenceville areas as having the greatest number of OUD and SUD cases while stakeholders identified Norcross and Peachtree Corners as areas with higher overdose concentrations.



Options for Consideration

Target high-risk populations with awareness, education, and training. Partner with employers for OUD education and schools for naloxone programs.

Gwinnett can target these specific populations through increasing awareness, education, and trainings. Gwinnett County agencies can partner with employers to integrate OUD education into employer training in male-dominated fields and fields that may be more injury-prone (manufacturing, construction, etc.). In schools, Gwinnett can continue and expand upon initiatives to provide naloxone, as well as offer training and education on OUD. Gwinnett can target older populations by training medical providers on safer prescribing practices and expanding education for geriatric medical providers and nursing homes.

Require/incentivize hotels/motels to have naloxone and fentanyl test strips. Provide overdose response training and crisis resource information as well as SUD/OUD educational materials.

Gwinnett can require or incentivize hotels and motels to have naloxone and fentanyl test strips at front desks and provide training for staff on overdose recognition and naloxone usage. Additionally, Gwinnett should provide resources (including handouts and pamphlets) which provides information related to OUD/SUD crisis response and services.

Findings and considerations (continued)



Findings

Behavioral health workforce gap: there is a shortage of Substance Abuse/Mental Health Clinicians and mid-level practitioners.

Over the next ten years, the largest workforce gap among behavioral health positions in Gwinnett County is estimated to be among Substance Abuse and Mental Health Clinicians. There is also estimated to be a large shortage among Physician Assistants and Nurse Practitioners in Gwinnett. The provider survey, town hall, and interviews identified staff burnout, limited qualified professionals, and a lack of continuing education as barriers to OUD-related services.

Overdose deaths from synthetic opioids increased significantly in Gwinnett County, from 17 deaths in 2016 to 78 in 2024.

Synthetic opioids are generally potent, fast-acting, and often mixed unknowingly with other substances.



Options for Consideration

Partner with universities and community colleges to create SUD-focused training programs and tuition repayment initiatives for providers. Encourage underrepresented populations of students to enter behavioral health careers.

Gwinnett can partner with local universities and community colleges to create and expand upon SUD-focused programs and curriculums. Additionally, Gwinnett can develop a behavioral health fellowship program or tuition repayment programs that support the expansion of the behavioral health workforce. These programs can target students from underrepresented backgrounds to gain training, internships, and work experience in behavioral health-related fields.

Expand access to fentanyl test strips and naloxone, targeting high-risk areas (hotels/motels, bars, nightlife).

Provide fentanyl kits in potentially high-use community locations. Equip EMS and first responders with materials and training related to overdose response.

Findings and considerations (continued)



Findings

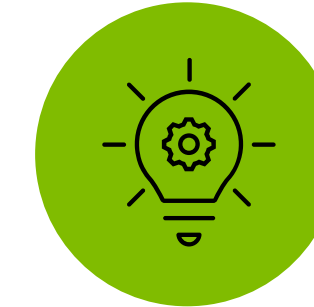
Many opioid-related deaths occur near county borders; individuals often cross county lines for services.

Gwinnett borders many other counties and many of the opioid-related deaths are located in ZIP codes along the border. Additionally, stakeholders noted that individuals frequently cross county lines to use or access opioids.

Treatment facilities exist within 30–45 minutes but face capacity constraints limiting access.

Most Gwinnett County ZIP codes are located within a 30 – 45-minute drive from the nearest detox center/MAT facility, residential treatment center, and outpatient treatment and counseling services. While the travel time is a nominal drive-time, 33% of Gwinnett households have one or fewer vehicles, suggesting reliance on public transportation that is inconsistently available across Gwinnett.

Moreover, stakeholders identified that these facilities have capacity constraints which impede individuals' access to necessary care.



Options for Consideration

Develop a collaborative approach with neighboring counties to address OUD services, treatment, education, and awareness.

Capitalize on existing task forces (Gwinnett County Mental Health Task Force and Drug Task Force etc.) to support more effective collaboration among service providers, community organizations and Gwinnett County agencies. BH provider and county agency collaboration will support resource maximization, reduce duplication of effort and close gaps in service delivery.

Conduct a comprehensive capacity and utilization assessment of detox centers, MAT facilities, residential treatment, outpatient treatment and crisis beds. Evaluate metrics on wait times, workforce gaps, and access for uninsured individuals to determine number of beds needed.

Access to a facility may be present but limited-service capacity impacts availability of a bed or an appointment. Gwinnett should conduct a comprehensive assessment of the current capacity of local facilities, encompassing recovery housing, detox services, outpatient care, and counseling. This evaluation should include metrics such as average wait times, the number of operational beds, and potential access barriers, including information gaps and the availability of services for uninsured individuals.

Gwinnett should also consider ways of supporting BH provider collaboration that can imbed transportation as part of service delivery.

Findings and considerations (continued)



Findings

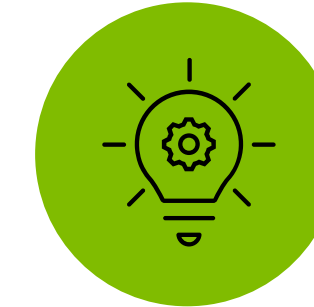
Information on resources for SUD/ODU services are not readily available or regularly updated; stakeholders lack awareness of where to find help.

A comprehensive list of resources in Gwinnett County for OUD/SUD services is not readily available and regularly updated. In interviews, stakeholders identified that many do not know where to go to find resources and support services, and many were not aware of Gwinnett County resources such as One Stop for Help.

These resources should reflect the culturally diverse landscape of Gwinnett County.

Individuals transitioning between levels of care are at increased risk.

As individuals struggling with SUD/ODU are stepping up to a more intense level of care or discharging from crisis or inpatient settings, the risk of them not becoming engaged is high. Individuals may miss an appointment, not follow-up on a referral, become overwhelmed or discouraged. This can result in relapse.



Options for Consideration

Establish an entity to monitor, update, and disseminate resource and referral information through multilingual, user-friendly formats and multiple channels (websites, dashboards, social media, public service campaigns).

The Opioid Abatement Advisory Committee should identify an entity to continually collect, monitor, update, and disseminate information on available resources in Gwinnett. This information should be multilingual, updated regularly, easy to understand, and provides clarity of the services being provided. Dissemination of the information should be multi-model, including pamphlets, through websites and dashboards, social media, and through word of mouth.

Additionally, Gwinnett should launch a broad public service awareness campaign to increase overall awareness on the availability and access to services and support through social media, billboards, televised PSAs, and handouts in schools, workplaces, elderly care, police departments, medical providers, jails, and public transit.

Printed resource material, public service announcements, advertisements should be developed in multiple languages and feature racially and ethnically diverse characters.

Implement a certified peer navigator program.

Working in inpatient, outpatient, crisis and residential settings, certified peers use their lived experience in recovery to bridge the gap between services and individuals. Peer navigators provide critical care coordination, helping guide and support others in navigating an often complex behavioral health system of providers, eligibility, coordinating transportation and other services/supports.