

**Gwinnett County Opioid Abatement Advisory Committee
Wednesday, March 25, 2026 at 5:30pm**

Innovation Square, Conference Room 106
446 West Crogan Street, Lawrenceville, Georgia 30046

Present: Honorable Angela D. Duncan, Dr. James "J" Lofton Smith Jr., MD, Jennifer Hibbard, and Trakida Maldonado.

Absent: Tasha Edwards.

1. Call to Order **5:32pm**

2. Welcome/Announcements

3. Approval of Agenda

{Action: Approved; Motion: Hibbard; Second: Moldonado: Vote: 3-0; Duncan-Yes; Hibbard-Yes; Maldonado-Yes}

4. Approval of Minutes: August 7, 2025

{Action: Approved; Motion: Hibbard; Second: Moldonado: Vote: 3-0; Duncan-Yes; Hibbard-Yes; Maldonado-Yes}

5. Presentation: Assessment of Gwinnett County's Opioid Use Disorder Landscape

6. Comments from Audience

7. Adjournment: **7:10pm**

Presentation to the Gwinnett County Opioid Abatement Advisory Committee

Assessment of Gwinnett County's Opioid Use Disorder Landscape

March 25, 2026

Agenda

- 1 Objectives, methods, and findings – Page 3
- 2 OUD landscape and trend analysis – Page 4
- 3 Geospatial analysis – Page 10
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- 7 Findings and options for consideration – Page 26
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Objectives

- The opioid epidemic is a public health crisis across the United States. In 2024, nearly 90 Gwinnett residents lost their lives to a fatal opioid-related overdose.
- To best serve its population, Gwinnett County sought to assess its current OUD landscape to identify gaps, needs, and key priorities so that it may invest in the most needed and effective OUD mitigation and treatment strategies.

What we did: Methods

- **Trend analysis:** Analysis of historical OUD ER visit and death trends in Gwinnett County, drive time analysis uncovering areas of the County with limited access, workforce gap assessment estimating future gaps in key behavioral and general health occupations.
- **Stakeholder engagement:** Interviews and town halls with County officials, providers, and individuals with lived experiences revealed multiple gaps and needs along the OUD Continuum of Care.
- **Provider survey:** Survey of providers in Gwinnett County to gain insight on current staffing shortages, biggest challenges to providing services, and areas most in need.

What we found

- The OUD burden is severe, specifically affecting men, with rising risk among youth and older adults. Overdose deaths are increasingly driven by synthetic opioids and concentrated in specific geographies, as well as long-term stay hotels/motels, and areas near county borders.
- Access, capacity, and information gaps limit effective response, including shortages in the behavioral health workforce, capacity constraints of treatment facilities, limited availability of sub-county OUD data and information on SUD/OUD resources.

OUR landscape and trend analysis

From 2016 to 2024, total opioid ER visits in Gwinnett County increased by 17%, peaking in 2021 (40% increase compared to 2016)

Key findings

- In 2024, Gwinnett County recorded **397 opioid-related ER visits**, which represents a **rate of 39.5 per 100,000 residents**.
- Heroin-related ER visits declined sharply from 2021 to 2024, while fentanyl-related visits surged.
 - Fentanyl ER visits emerged in 2021 (36) and climbed to 173 in 2024 — a 381% increase.

From 2016 to 2023, total opioid deaths in Gwinnett County increased from 55 to 146 deaths, before declining to 87 in 2024

Key findings

- In 2024, the total **number of opioid deaths** in Gwinnett County was **87**, which represents a rate of 8.7 per 100,000 residents.
- The increase in opioid deaths is predominately driven by an **increase in deaths from synthetic drugs** (which includes fentanyl and does not include methadone).
- In 2024, the number of opioid-related deaths **dropped significantly in Gwinnett** (40% decrease). Nationally, there was an estimated 27% decline in overdose deaths from 2023 to 2024 (Centers for Disease Control).

From 2016 to 2024, rising opioid ER visits were led by men, widening the gender gap as women's rates declined

Key findings

- From 2016 to 2024, opioid-related ER visits in Gwinnett County **rose predominately among men**, increasing 37%, while visits among women declined by 9%.
- Statewide, **Georgia consistently shows higher opioid-related ER visit rates than Gwinnett** across both men and women during 2016 – 2024.
- Men and women have similar **opioid-related ER visit rates through 2019**, but the **gap widened from 2020 onward**, driven by a sharp increase in the ER visit rate among men.

The number of opioid-related deaths more than tripled among males in Gwinnett County between 2016 and 2023, before declining in 2024

Key findings

- From 2016 to 2023, there was a significant increase in opioid-related deaths for **men (233% increase)**.
 - However, in the most recent year, **male opioid deaths dropped significantly** – falling nearly by half, from 100 in 2023 to 52 in 2024.

Opioid-related ER visits surged among teens and multiracial residents

Key findings

- Opioid-related ER visits **more than tripled among ages 10 – 19** from 2016 to 2024, **while visits declined for ages 45 – 59 (-24%) and 60+ (-36%)**.
- **Multiracial residents experienced the largest surge** in opioid-related ER visits (+474%), followed by Black or African American residents (+115%) in Gwinnett.
- The number of White ER visits declined by nearly 50% from 2021 to 2024.

Opioid-related deaths increased for most age groups and racial groups in Gwinnett County from 2016 to 2024

Key findings

- **Opioid-related deaths increased for nearly all age groups** in Gwinnett County from 2016 to 2024.
- White residents accounted for the largest number of opioid-related deaths, peaking at 98 in 2021 and 2022 before declining to 62 in 2024. **Deaths among Black or African American residents rose from seven in 2016 to a peak of 44 in 2023**, then dropped to 22 in 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

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.

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

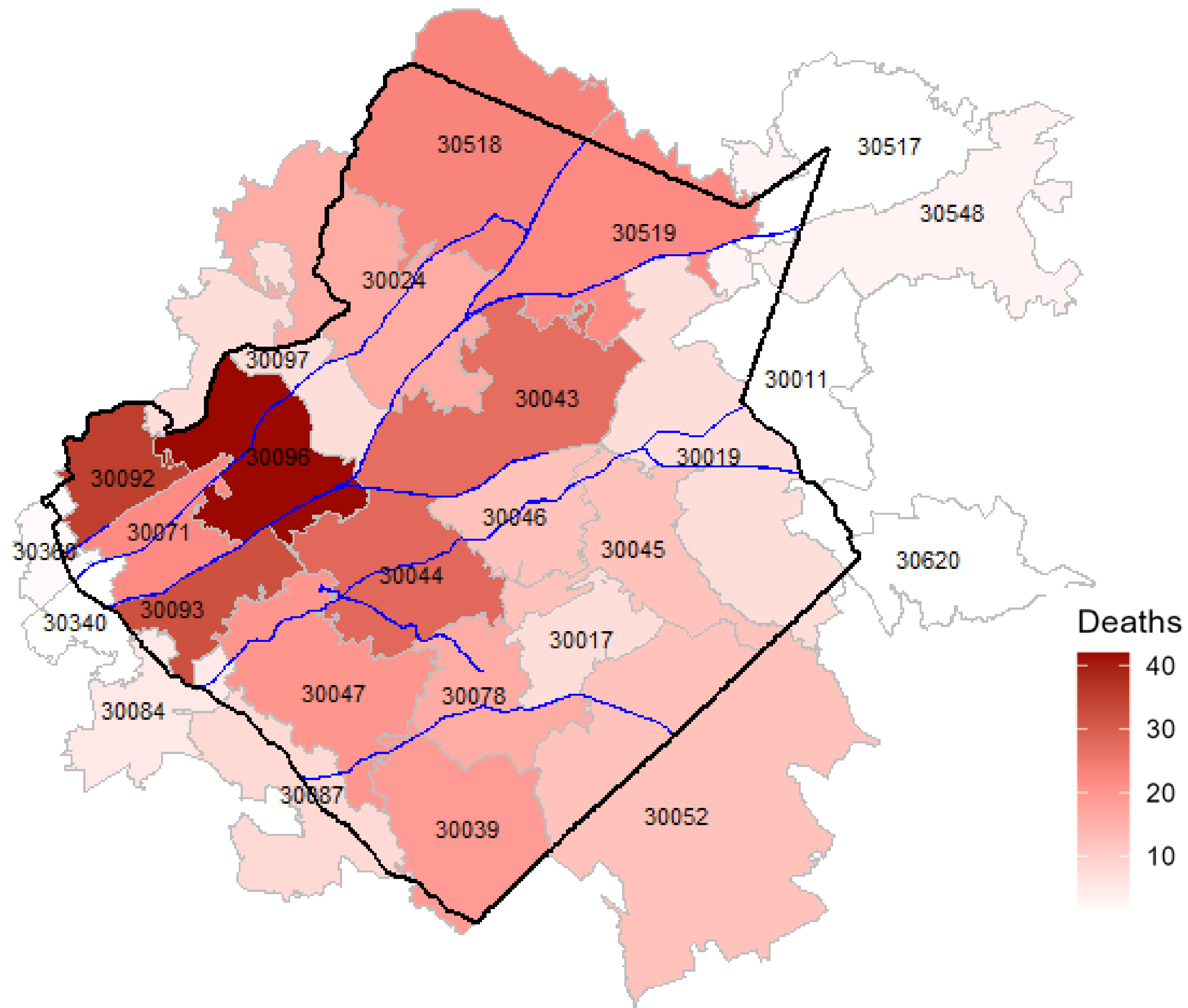
Key findings

- 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**.
- 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.

Geospatial analysis

The majority of opioid-related deaths from 2022 – 2024 are concentrated in the 30096, 30092, and 30093 ZIP codes

Total opioid-related deaths by ZIP code in Gwinnett County, 2022 – 2024



Key findings

- From 2022 to 2024, ZIP code **30096 (Duluth)** recorded the **highest number of opioid-related fatalities**, totaling 42 deaths.
- The higher number of opioid overdose deaths in the central-west portion of Gwinnett county; these areas contain a large concentration of Gwinnett’s extended-stay hotels and motels.

Data considerations

- 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. It also does not include Gwinnett residents who overdosed outside of the county-borders.

Note: Opioid-related death counts may differ from earlier slides due to differences in data sources.
Source: Data from the Gwinnett County Medical Examiner’s Office

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.

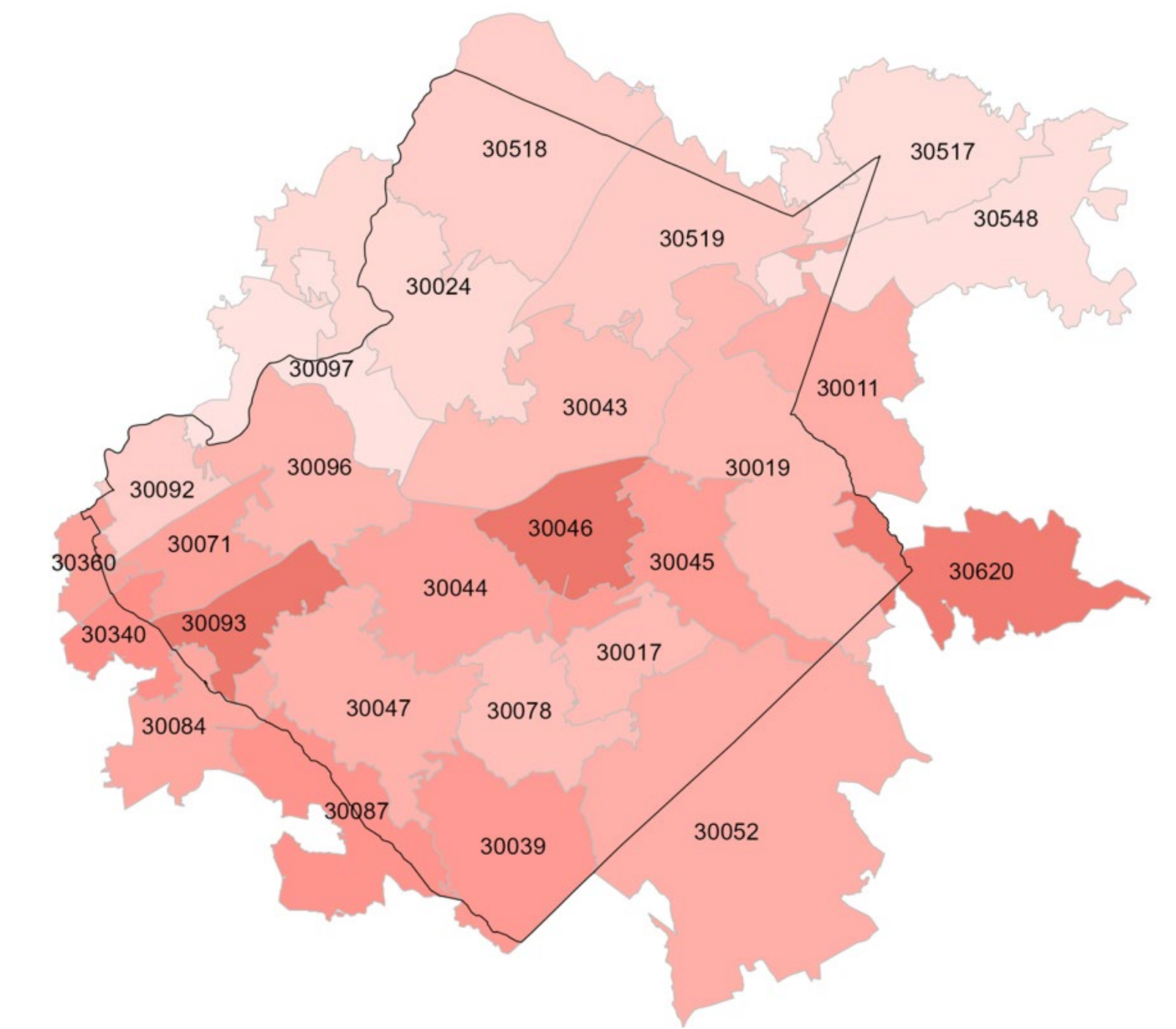
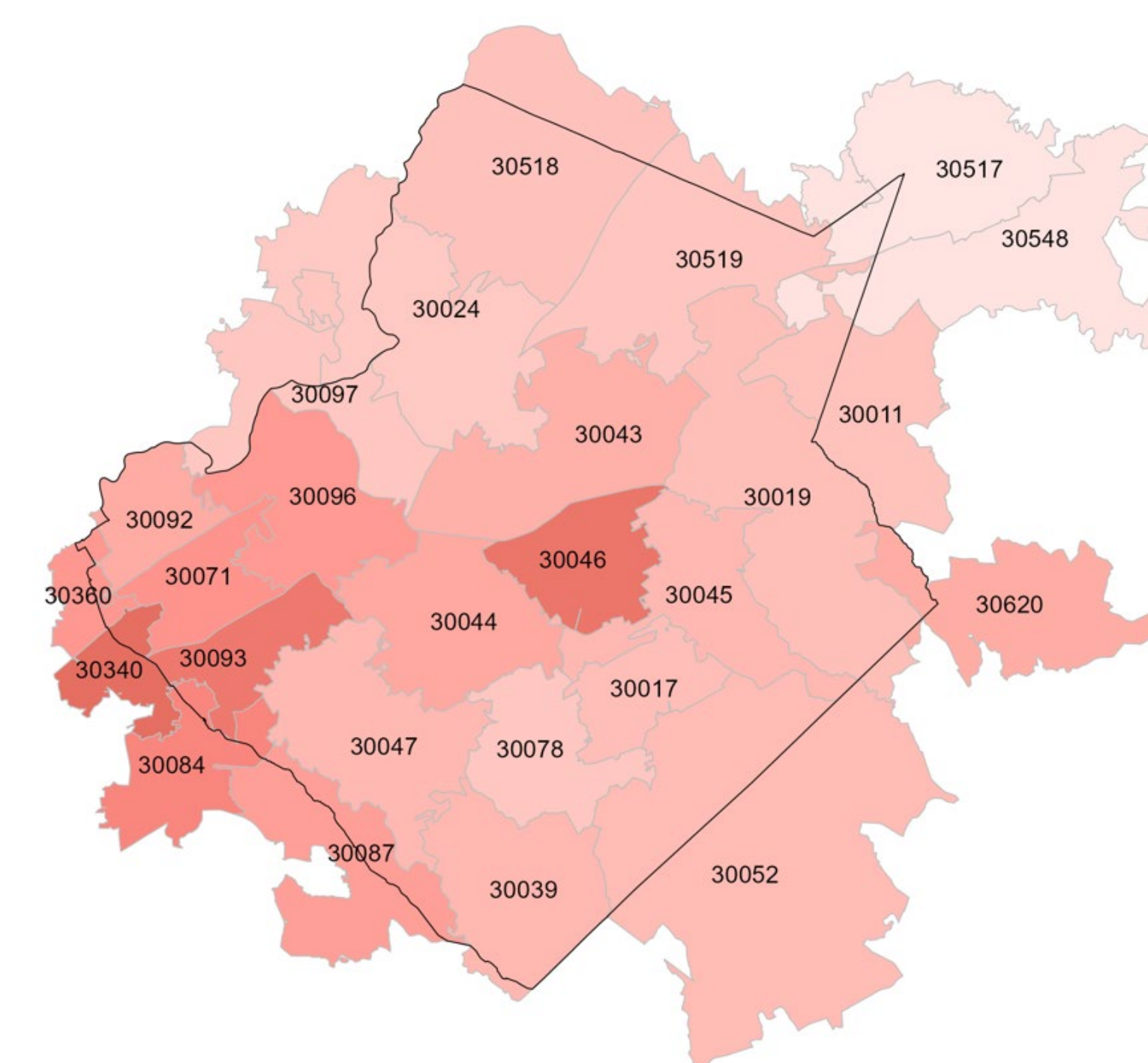
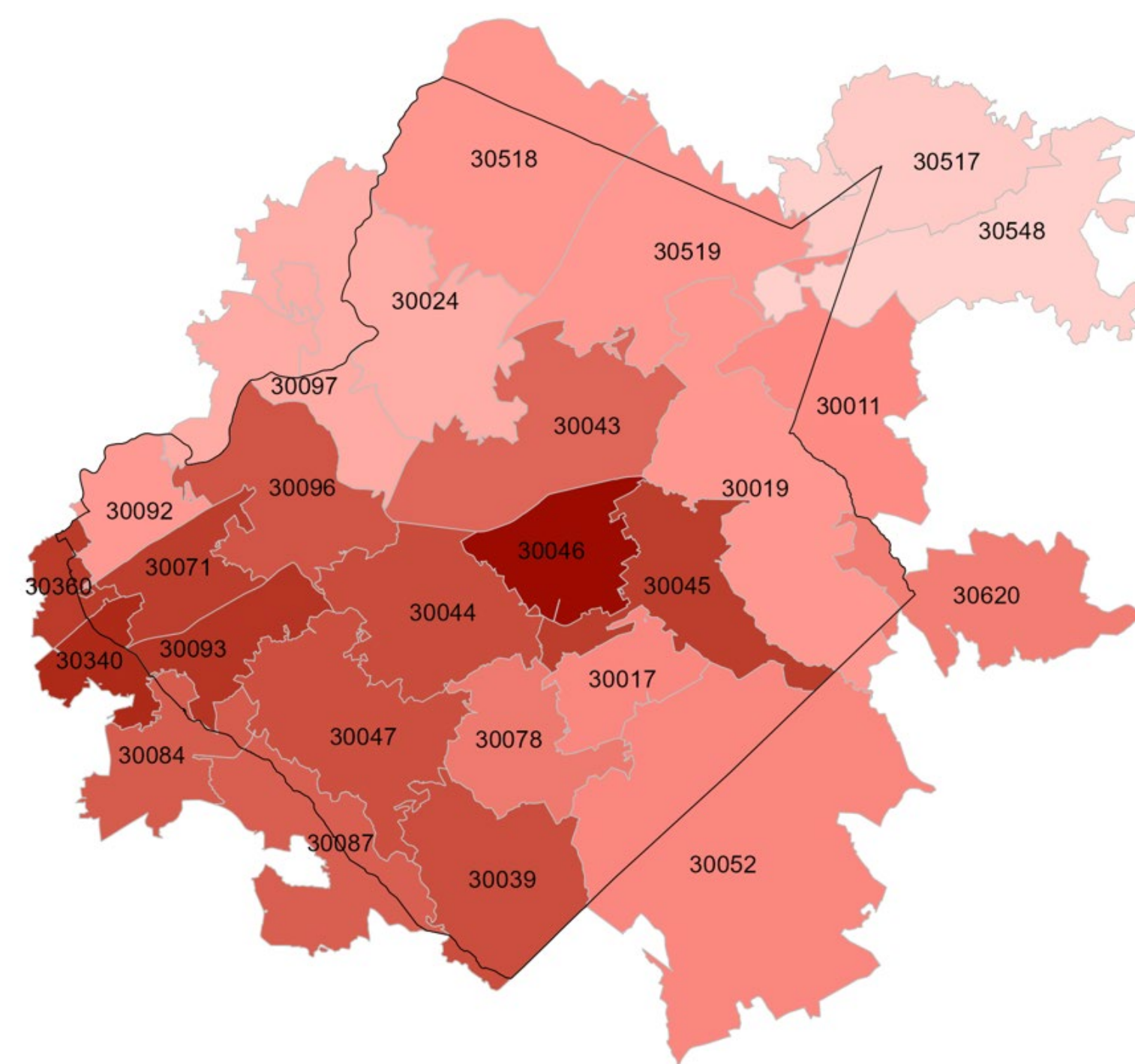
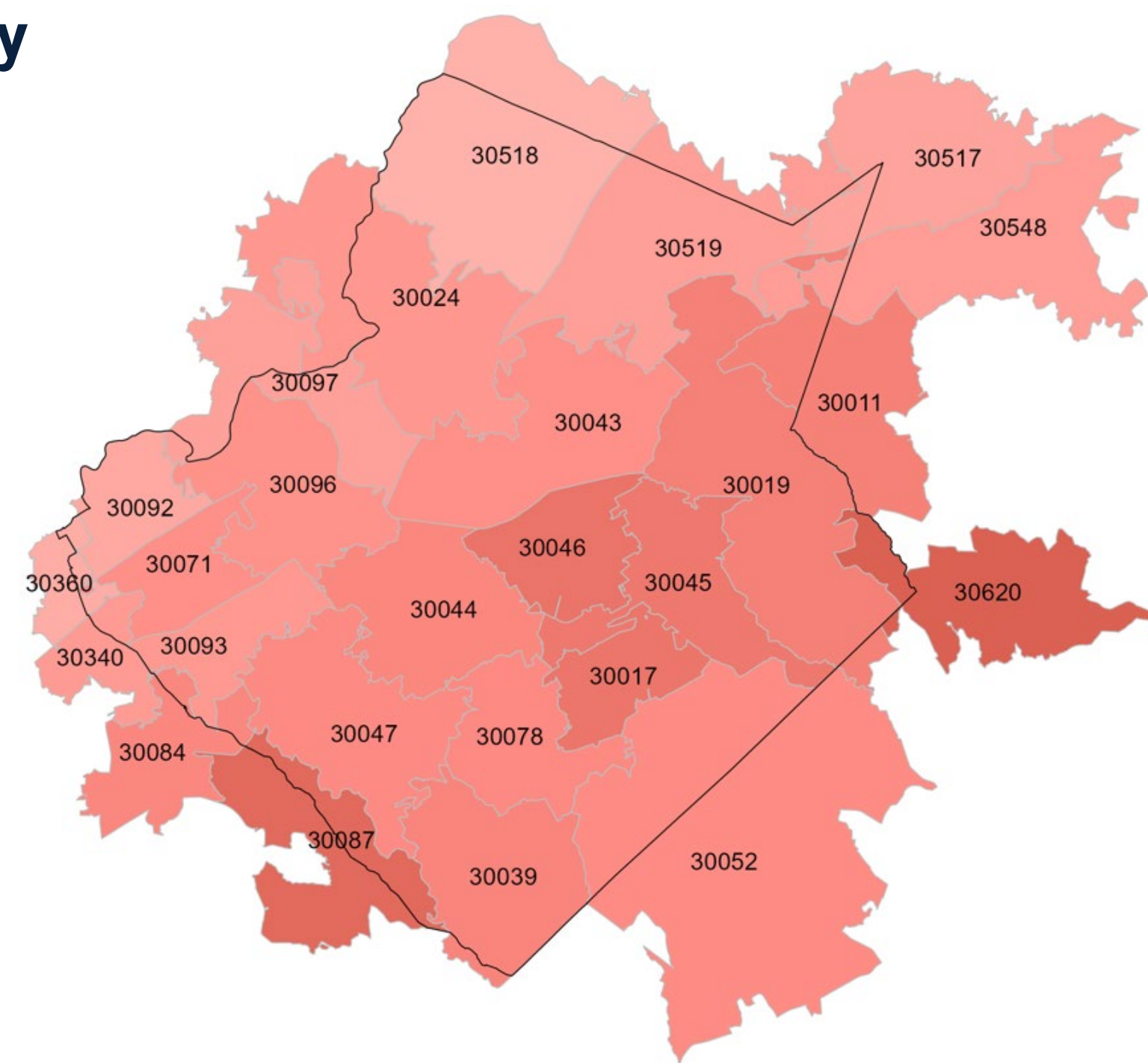
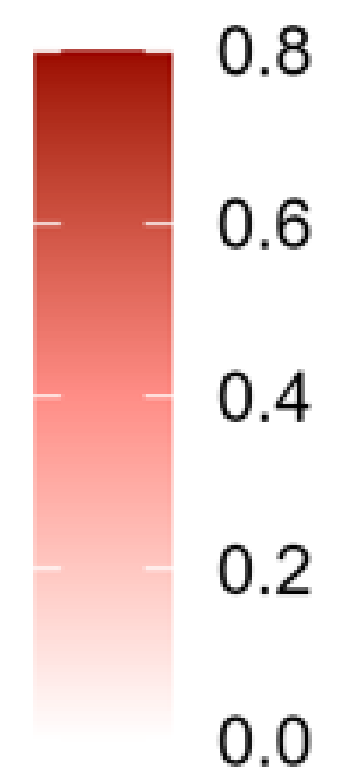
Socially vulnerable

Medically underserved

Housing unstable

Economically vulnerable

Health Disparity Index



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

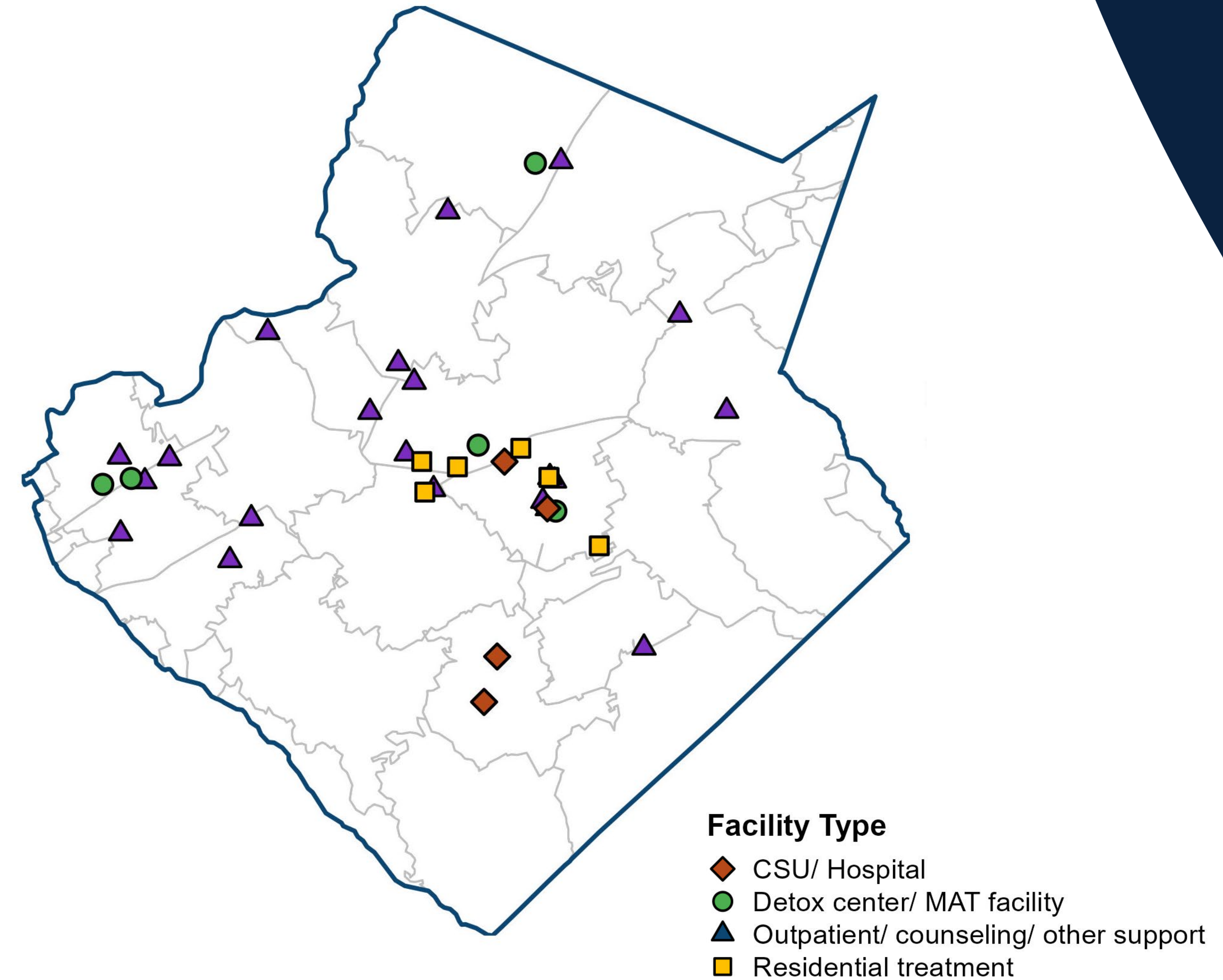
Provider accessibility and spatial coverage

Gwinnett County has various facility types that support OUD services

Facilities

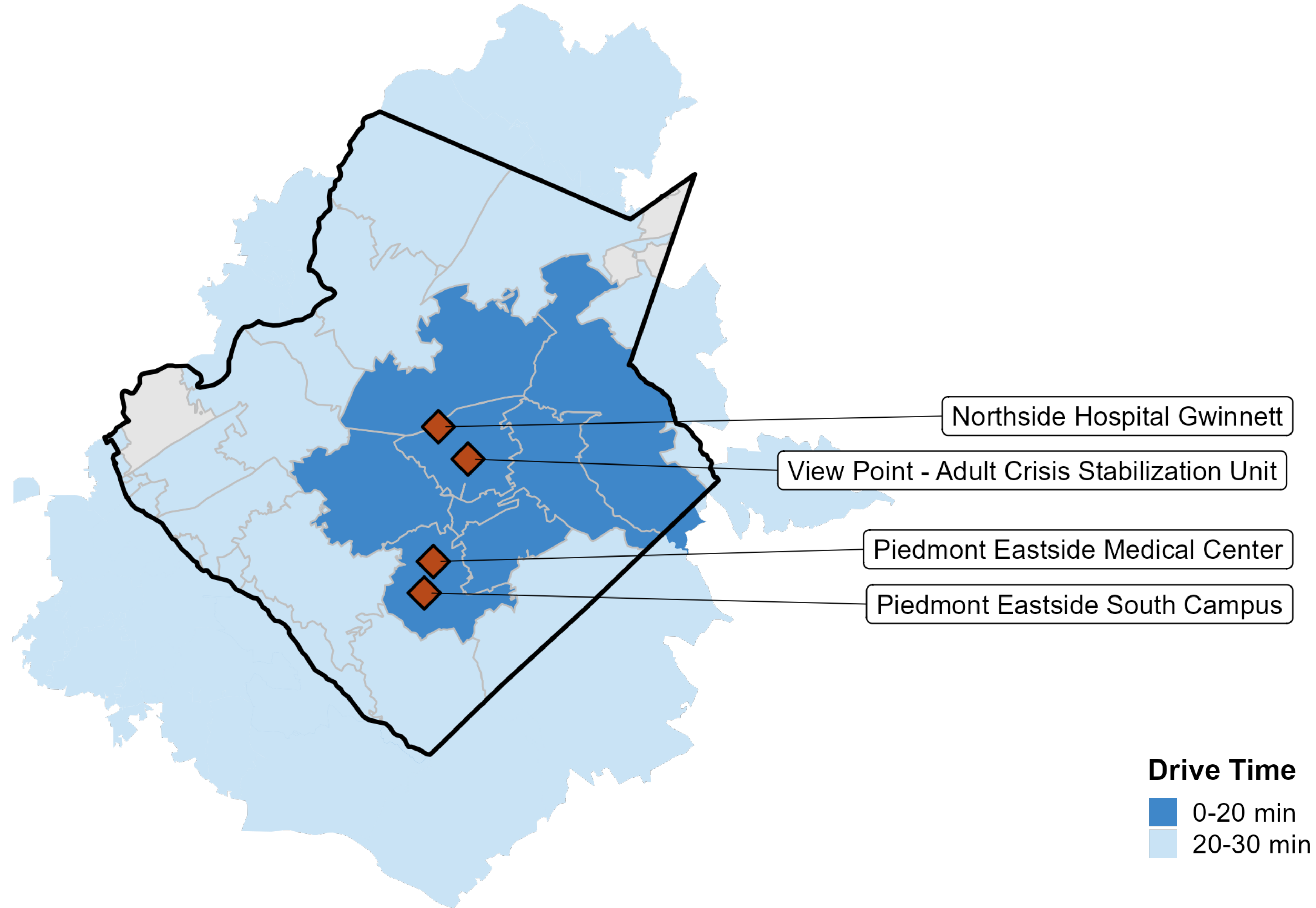
Facility type	Description	Number of facilities in Gwinnett Co.
CSU/Hospital	Provides medical stabilization and short-term crisis care for individuals experiencing behavioral health crises, including substance related (opioid) emergencies	4
Detox center/MAT facility	Offers medically supervised withdrawal management and access to medications for OUD to alleviate withdrawal symptoms	5
Outpatient/counseling/other support	Delivers ongoing treatment through counseling, therapy, and medication management	22
Residential treatment	Provides more structured care in a live-in setting	7

Facility map



Gwinnett County has only one CSU and three 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

- **17 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.
- Even when drive time window expands to 30 minutes, **four ZIP codes remain without access** to CSU or hospital facilities.

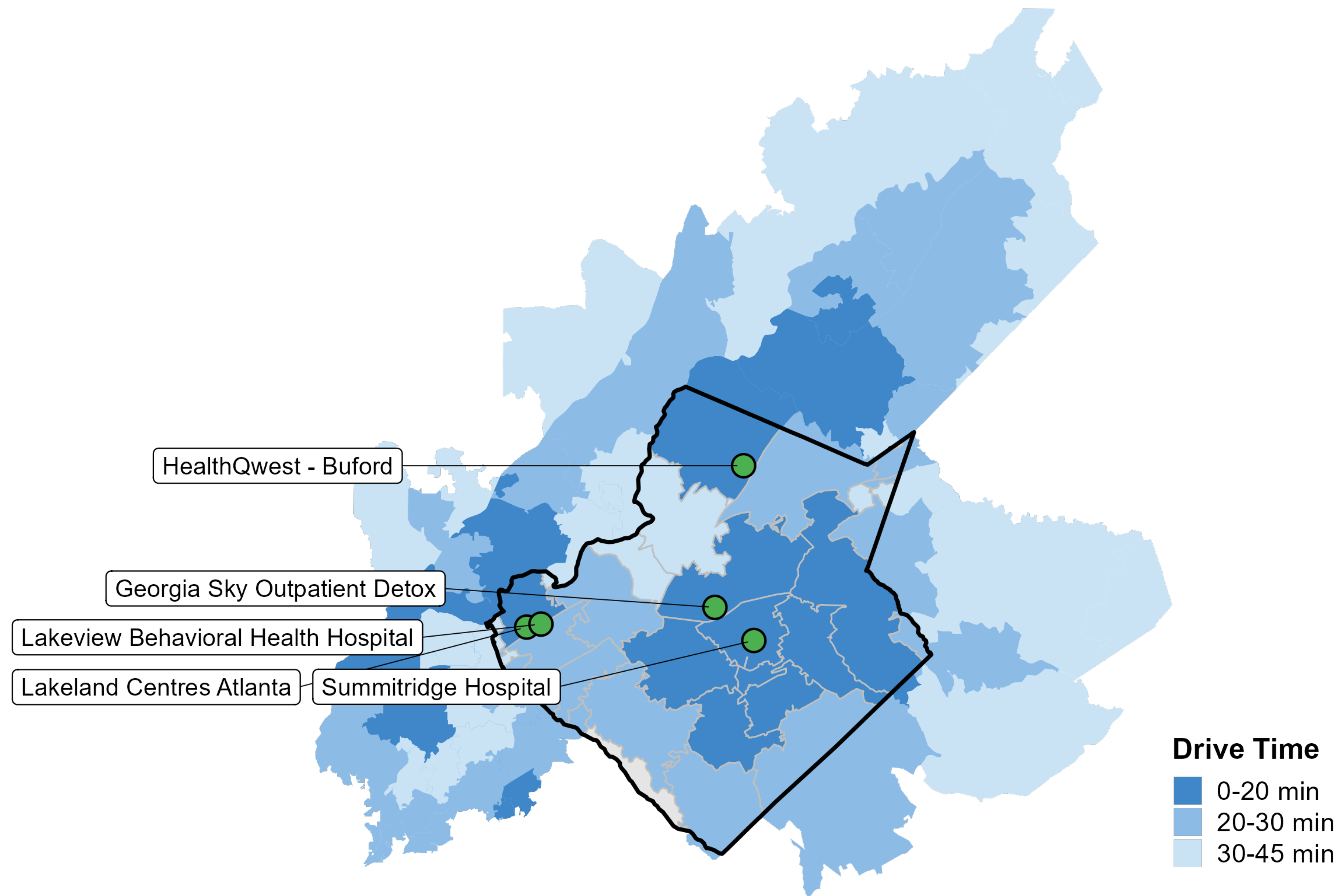
Complementary findings from stakeholder engagement

- **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.

Source: American Community Survey 2023 5-year estimates

While broad geographic coverage of detox centers and MAT facilities suggests access is available, other factors limit accessibility

Drive time coverage of detox center/ MAT facilities in Gwinnett Co.



Key findings from drive time analysis

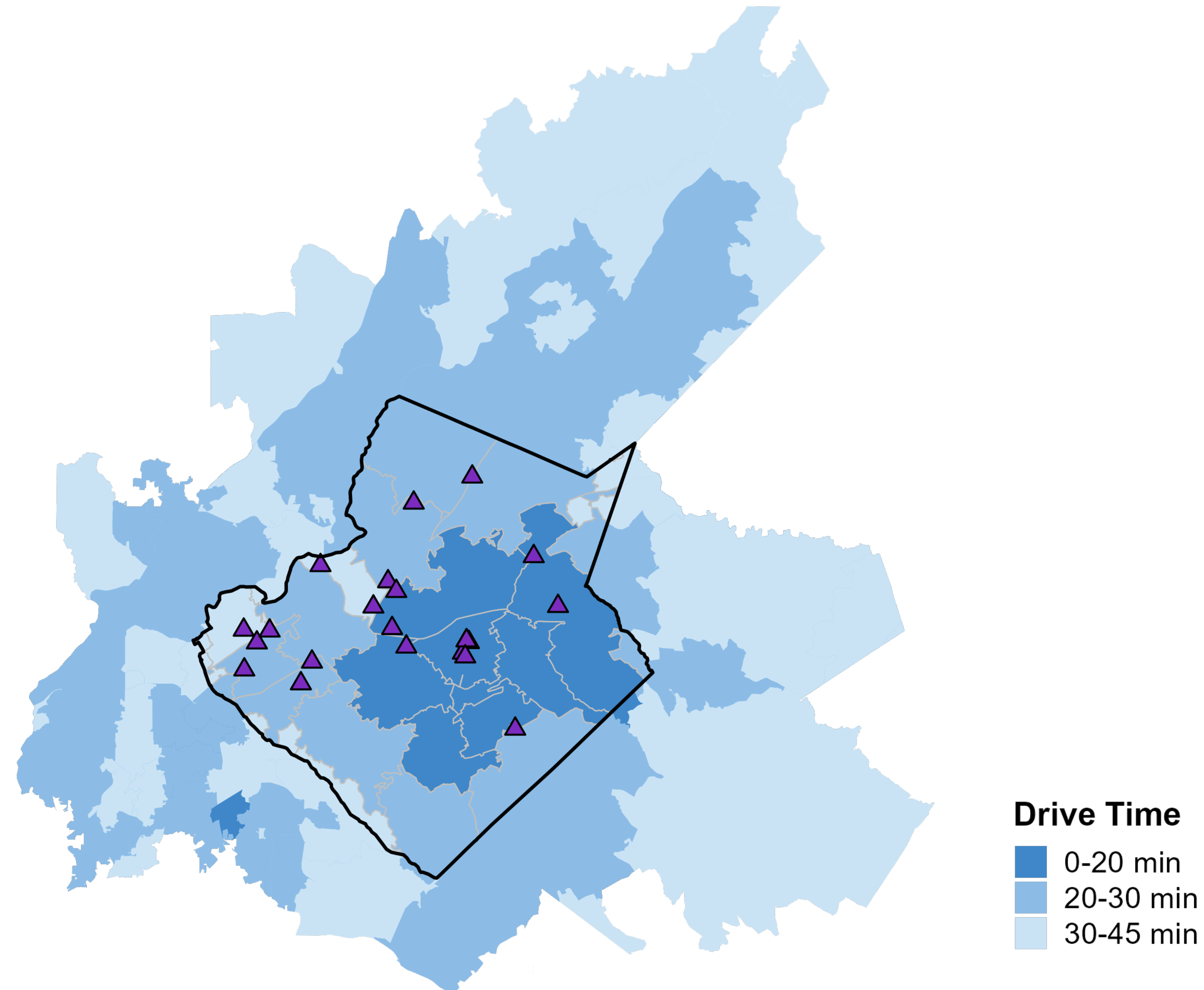
- Within 30 minutes, all but one ZIP code (30087) have access to at least one detox or MAT facility; 22 have access to two or more. ZIP code 30087 has no access even within 45 minutes.

Complementary findings from stakeholder engagement

- Stakeholders cited **long waitlists and inconsistent availability** for detox services, indicating that high facility counts do not ensure timely admission.
 - Individuals often must **travel outside their ZIP code or county** for detox or MAT due to capacity constraints, even where drive-time access appears adequate.
- Despite apparent geographic access, **short detox stays** (often ~7 days) and **delayed transitions** to ongoing treatment create continuity-of-care gaps that undermine recovery.

Outpatient services are widely available but face capacity and access barriers

Drive time coverage of outpatient/counseling/other support facilities in Gwinnett Co.



Key findings from drive time analysis

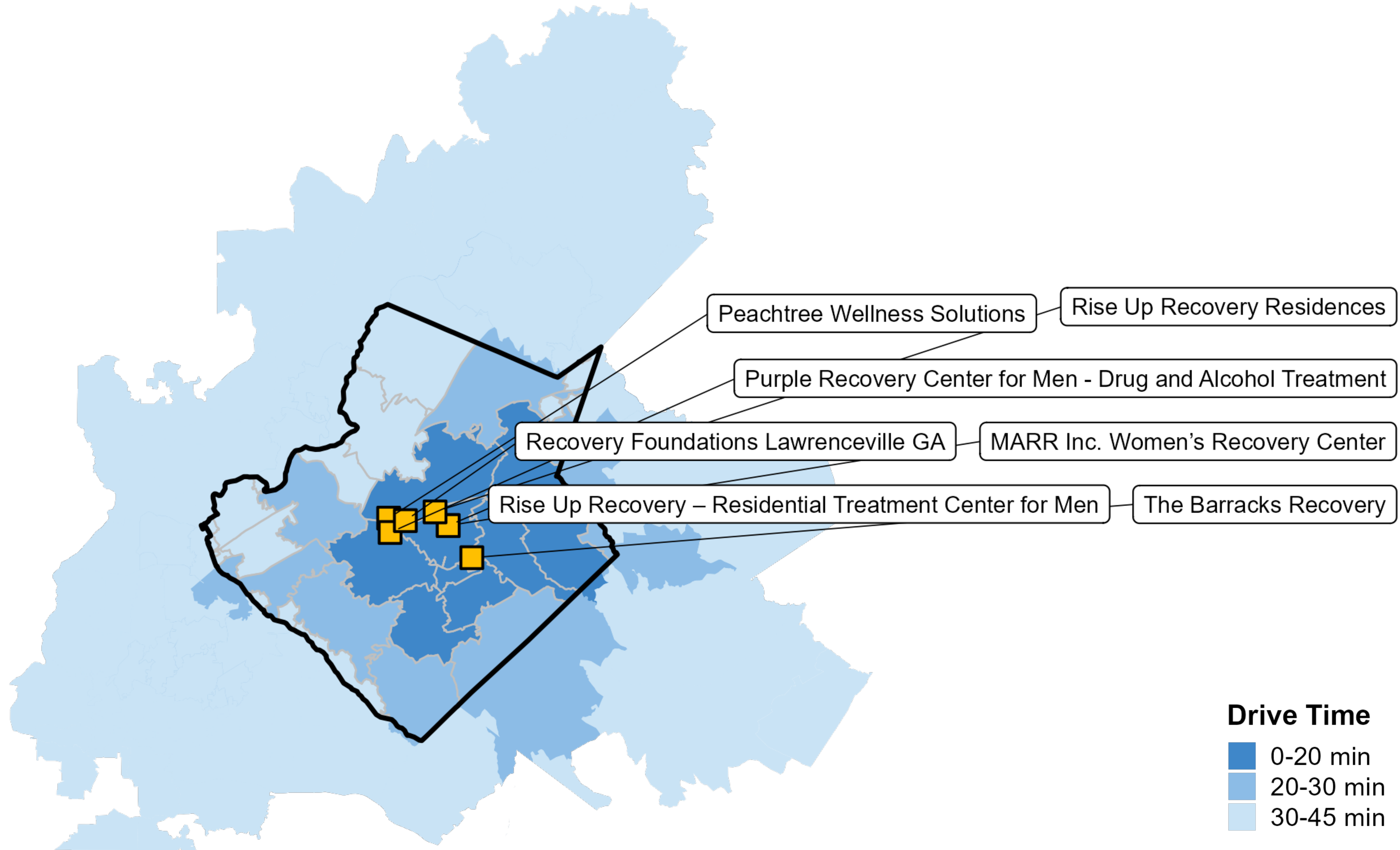
- **All ZIP codes in Gwinnett have access to at least two facilities** within a 30-minute drive.
- While outpatient services are widely available, they continue to face capacity and engagement challenges, as highlighted in the stakeholder findings below.

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.
- 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 to residential treatment facilities.
- However, residents still 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

The relevant occupations in Gwinnett County with the largest estimated workforce gaps between 2025 – 2034 include:

Code	Occupation description	Total Demand	Total Supply	Total Gap
21-1018	Substance Abuse and Mental Health Clinicians	393	4	-388
29-1171	Nurse Practitioners	589	292	-298
19-3034	School Psychologists	155	37	-118
29-1071	Physician Assistants	177	72	-105
21-1019	Counselors, All Other	60	0	-60

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.

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

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 were conducted with a total of 51 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	Behavioral Health Provider
Guide Inc.	
Gwinnett County Co-Responder Unit	
View Point Health	
Georgia Parent Support Network	
Northside Health	






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.

	Primary Prevention	Limited public understanding of opioid use disorder and limited awareness of available treatment and recovery options within Gwinnett County; primary prevention services minimize risk factors and decrease the likeliness of substance use or misuse, and include community education, early intervention, outreach and screening.
	Harm Reduction	There is insufficient availability of and understanding of how to use harm reduction resources such as naloxone and fentanyl test strips, harm reduction lessens the potential risk of SUD/OUD and improves the health and functioning of individuals with SUD/OUD needs, and include targeted training, naloxone and fentanyl test strip distribution.
	Detoxification Services	Access to detox beds is limited, especially for uninsured individuals, adolescents and pregnant women. This service blends medication assisted treatment with therapy and skills building. Detox bed length of stay for some cases was described as too short, long travel distances were noted.
	Residential Treatment	Long waitlists and high costs of care for residential treatment were significant access barriers. The need for varied levels of supervised-living settings or facility-based settings, that incorporates treatment services was noted along with a need for more oversight and better quality services.
	Outpatient Treatment	High costs of care for un-insured and under-insured individuals, long waitlists, and lack of bi-lingual resources are barriers to accessing MAT and MOUD treatment services. A lack of peer services and care coordination was noted.
	Transitional Housing	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 and a need for more recovery housing that combines access to behavioral health, physical health, peer support and vocational training services and supports.
	Recovery Support Services	There is insufficient availability of peer-driven recovery support services in Gwinnett. Meaningful activities and social engagement are essential to recovery. There is an identified need more peer led/peer run recovery services and supports recovery clubhouse, addiction recovery support centers.
	Crisis Services	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. Crisis care may include de-escalation, observation, stabilization and or treatment. Delays in response time for mobile crisis response teams and bed capacity shortages were identified.

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 and town halls. In-depth discussions of each gap can be found on the following slides.

 Justice	There is insufficient capacity for diversion programs, such as Drug Court and Mental Health Accountability 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 advanced drug testing equipment.
 Transportation	Transportation to and from treatment and recovery services is a significant barrier for individuals who do not have access to a personal vehicle. There is a need for expansion of non-emergency transportation services and funding for rideshare.
 Employment	Individuals in recovery for OUD, especially those with criminal records, often have difficulty finding employment,. There is a need for increased supported employment and vocational training, and for providers to enhance their services and supports to comprehensively assess for vocational needs and incorporate skills building that supports job search and development of job sustaining behaviors.
 General Healthcare	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, and siloed, non-integrated treatment. There is an identified need for integrated BH and Primary care and reduction of siloed treatment.
 Community and Family Support	Families and community members have insufficient awareness of available services and supports. The need was identified for need for PSA's providing broad service access information. The need was identified for pro-social places for interpersonal interaction and social support as a preventive measure.

Findings and options for consideration

Findings and considerations



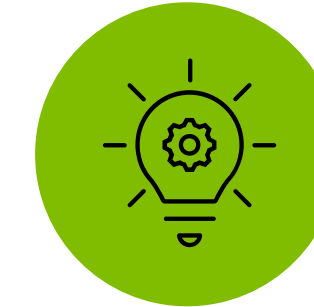
Findings

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)



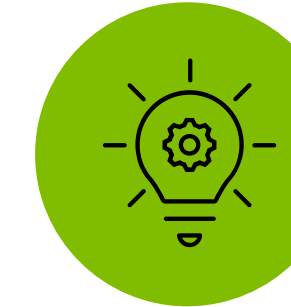
Findings

Fatal overdose-related data is collected at the ZIP code level, but non-fatal overdose data is not readily available at the sub-county level.

Currently, the Gwinnett County Medical Examiner collects detailed data on drug and opioid-related deaths in Gwinnett at the ZIP code level. GNR Public Health, law enforcement, and other stakeholders collaborate to input data in the OD Map tool to track and identify fatal overdose clusters within Gwinnett. However, other OUD-related data at the sub-county level is not readily available.

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.



Options for Consideration

Expand data collection to neighborhood/ZIP code level, including ER visits, 911 calls, and naloxone incidents to better identify localized patterns.

The Opioid Abatement Advisory Committee should identify an entity to expand sub-county data collection to include emergency department visits, 911 call data related to OUD, and naloxone administration incidents. Collecting this data at the neighborhood/ZIP code level will improve Gwinnett's ability to identify localized patterns of OUD.

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.

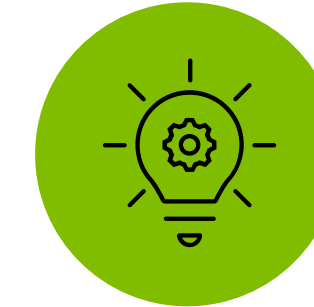
Findings and considerations (continued)



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.



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.

Findings and considerations (continued)



Findings

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

Conduct a comprehensive capacity assessment of detox centers, MAT facilities, residential treatment, and outpatient treatment. Include metrics on wait times, workforce gaps, and access for uninsured individuals.

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.

Thank You!

Q&A