



MEMORANDUM

TO: Opioid Settlement Stakeholders

FROM: Kevin Tanner, Commissioner

DATE: February 6, 2024

RE: Local Government Disbursement of Opioid Settlement Funds

As we continue to work on processes and procedures surrounding the Opioid Settlement Funds (“Funds”), I have received inquiries from local governments as to how Funds may be spent.

As the Commissioner of Georgia’s Behavioral Health Authority, I have asked my team to produce an analysis on our Opioid Use Continuum of Care to identify gaps that could use additional investment for the benefit of residents of our state. My team has created a comprehensive Opioid Use Continuum of Care Model (“Continuum of Care”) which is a working document that will be updated as changes to the system of care occur. This document, along with other information, can be found on our website at dbhdd.georgia.gov.

The Continuum of Care consists of seven components which are briefly described below but explained in detail in the document.

1. **Primary Prevention Services:** uses evidence-based prevention strategies to prevent substance use disorders, including opioid use disorders, from ever occurring.
2. **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 opioids, without necessarily reducing drug consumption (e.g., syringe exchange programs and access to Naloxone).
3. **Stand-alone/ Residential Detoxification (Detox):** provides 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 by appropriately trained medical and nursing staff in a permanent facility with inpatient beds.
4. **Addictive Diseases Residential Service:** 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 opioid use disorder.
5. **Medication Assisted Treatment (MAT)/Substance Abuse Intensive Outpatient Programs Outpatient Program (SAIOP):** MAT uses medication to support their recovery

from opioid use disorder and SAIOP is a level of care also provided in these settings on an as needed basis and a setting to integrate MAT.

6. **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. Linkage to and use of MAT when appropriate should be considered as part of the program.
7. **Addiction Recovery Support Centers (ARSCs):** 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 (health and wellness) from substance use disorders.

Please also note this document is being provided to offer a comprehensive review of the Opioid Use Continuum of Care in the State and support more informed spending of funds to abate the Opioid crisis in Georgia. Neither this memorandum nor the referenced document obligate or constrain local governments in how Funds are disbursed. Local governments should consult with their own attorneys or other counsel to ensure compliance with obligations under the law.

DBHDD will continue to provide network analysis and resources, as available, to support local governments in this important work. Thank you for your commitment to address the Opioid Crisis in Georgia.