

MULTI-STAKEHOLDER OPIOID & SUBSTANCE USE RESPONSE PLAN

GEORGIA, 2018 (Abbreviated Report)

Foreword and Acknowledgements

Opioid and prescription drug misuse and overdose is a pervasive epidemic that is impacting families and communities across Georgia. To address this public health emergency, a multi-disciplinary, collaborative response is underway.

Georgia's Multi-Stakeholder Opioid and Substance Use Response Plan is a statewide prevention strategy developed by the Georgia Department of Public Health (DPH) in partnership with the Office of the Georgia Attorney General, the Georgia Department of Behavioral Health and Developmental Disabilities, the Georgia Department of Community Health and stakeholders representing federal, state, and local agencies or organizations.

DPH would like to acknowledge all of those who have provided input and support during the development of this statewide plan. We appreciate your work and dedication, and we look forward to continued collaboration.

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Lastly, we would like to acknowledge the Tennessee Department of Health's Opioid Epidemic Response team for participating in Georgia's strategic planning meeting, sharing lessons learned during development of Tennessee's prevention plan, and ensuring that Georgia is moving in the right direction.

Georgia's Multi-Stakeholder Opioid and Substance Use Response Plan is comprehensive and multi-year in scope. This plan is just the starting point in Georgia's response to the opioid epidemic and is a continuously evolving document.

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INTRODUCTION TO THE OPIOID EPIDEMIC

A brief examination of state & national trends.

In 2017, there were 1,620 drug overdose deaths in Georgia, and 1,043 were attributed to opioids. Opioid overdose death rates increased from 4.3 to 10.1 per 100,000 people. In addition to an increase in the number of opioid-related deaths from 2016 to 2017, 928 deaths to 1,043 deaths respectively, Georgia also experienced a 17% increase in heroin-involved overdose deaths, and an approximately 53% increase in fentanyl-involved overdose deaths. From 2016 to 2017, hospitalizations for opioid and heroin-related overdoses decreased by 29.6% and 12.7% respectively. Opioid and heroin-related emergency department visits, however, increased by 9.6% and 33.2%.



PREVENTION EDUCATION WORK GROUP RECOMMENDATIONS

Co-Leads: John Bringuel & Travis Fretwell • **DPH Support:** Connie Smith-Lindsey

GOAL 1: Secure substance misuse prevention funding and other resources needed in Georgia from new, additional funding streams. **NOTE:** Ensure that state departments awarding federal or state substance abuse prevention funding are able to maintain autonomy regarding their own funding procedures, policies and funding decisions.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>1.1: By September 2018, establish a Prevention Funding and Resource Committee which will be responsible for identifying substance misuse prevention funds and other resources from new, additional funding streams.</p>	<p>July 2018 – September 2018</p>	<ol style="list-style-type: none"> 1. Establish criteria and/or a process for identifying organizations and/or individuals to serve on the committee. 2. Identify organizations and/or individuals to serve on the committee based on criteria. 3. Develop letters of agreement among entities on the committee. 	<p>Prevention Education Work Group</p>	<p>Department of Public Health (DPH) Department of Behavioral Health and Developmental Disabilities (DBHDD), Centers for Disease Control and Prevention (CDC), Statewide, Regional and Local Organizations</p>	<ul style="list-style-type: none"> • 7 or 9 individuals agree to serve on committee by September 2018 • Multiple agencies included in the committee • Diversity of expertise among members • 7 or 9 executed letters of agreement by the committee members by September 2018
<p>1.2: Starting September 2018, begin identifying new, additional substance misuse funding sources, especially opioid related funding (i.e., CDC, SAMHSA grants, CARA opioid prevention funding, legislative funding, as well as restoration of state prevention funding) to implement substance misuse prevention interventions for universal, selective and indicated populations.</p>	<p>September 2018 – Ongoing</p>	<ol style="list-style-type: none"> 1. Identify methods for seeking out new, additional funding for universal, selective and indicated substance abuse prevention & other resources (i.e. tax-based, etc.). 2. Identify the roles, tasks and timeframes of the committee members in finding new, additional funding methods. 3. Identify new, additional major public and private (including foundations) funders of substance misuse prevention. 	<p>Prevention Funding and Resource Committee</p>	<p>Prevention Education Work Group</p>	<ul style="list-style-type: none"> • Development of a directory of new, additional relevant funding sources developed starting September 2018

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
		<ol style="list-style-type: none"> 4. Develop and distribute a survey to partners to identify what new, additional funding and resources are available. 5. Compile a comprehensive list of potential new, additional funding & resources. 			
<p>1.3: Starting October 2018, begin developing a process for the proposal submissions by partnering applicants.</p>	<p>September 2018 – Ongoing</p>	<ol style="list-style-type: none"> 1. Identify appropriate Request for Proposals (RFPs). 2. Decide who should be the applicant and subcontractors for each RFP chosen by the committee to respond. 3. Applicants work on grant proposals. 4. Committee submits letters of support to the applicants. 	<p>Prevention Funding and Resource Committee</p>	<p>Prevention Funding and Resource Committee</p>	<ul style="list-style-type: none"> • Identify 10 matching RFP's annually (see 1.5 for submission)
<p>1.4: By March 2019, seek to obtain legislative funding including the restoration of state prevention funding lost in prior years.</p>	<p>July 2018 – March 2019</p>	<ol style="list-style-type: none"> 1. Identify the amount of funding lost in 2009. 2. Identify potential senators & representatives as champions to get funding included in the Governor's budget. 	<p>Prevention Funding and Resource Committee Partners from private sector</p>	<p>Senators and representatives (champions)</p>	<ul style="list-style-type: none"> • Funding is included in Governor's budget by March 2019
<p>1.5: Apply for and secure new, additional funding and other resources for universal, selected and indicated prevention.</p>	<p>Contingent upon data on new, additional available funding and resources</p>	<ol style="list-style-type: none"> 1. Identify the agency responsible for the management and tracking of the funding. 2. Determine which grant proposals to write based on urgent unmet needs (i.e. from needs assessment). 	<p>Prevention Funding and Resource Committee</p>	<p>Prevention Funding and Resource Committee, Grant Applicants</p>	<ul style="list-style-type: none"> • At least 4 funding and other resources secured annually

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
		<ol style="list-style-type: none"> 3. Applicants write grant proposals. 4. Applicants submit grant proposals and/or Request for Proposals (RFPs). 5. Committee tracks new, additional funding proposals being worked on, submitted and funded. 			
<p>1.6: Distribute funding and other resources once funding is secured.</p>	<p>Contingent upon the funding and resources secured</p>	<ol style="list-style-type: none"> 1. Secured funding awarded to applicant and subcontractors identified in Objective 3. 2. Track how the funding is spent by applicant. 	<p>Prevention Funding and Resource Committee</p>	<p>Funding and Resource Award Entity</p>	<ul style="list-style-type: none"> • During each year of funding, identify the activities established by the applicant using the awarded funds

GOAL 2: Using education and awareness best practices, educate patients, their families and the health care industry on substance misuse, prevention and the opioid epidemic.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>2.1: By September 2018, identify a Communication and Education Plan Committee to determine best practices for patients, providers and dispensers across Georgia.</p>	<p>July 2018 – September 2018</p>	<ol style="list-style-type: none"> 1. Establish criteria and/or a process for identifying organizations and/or individuals to serve on the committee. 2. Identify organizations and/or individuals to serve on the committee. 3. Identify best practices already being done, and assess the effectiveness of the best practices. 4. Develop and distribute surveys to patients, prescribers and dispensers to identify their educational needs and knowledge of opioids. 	<p>Prevention Education Work Group</p>	<p>Medical Association (MAG) of Georgia, Pharmacy Association, Southeast Addiction Technology Transfer Center (SATTC), Composite Medical Board, Board of Pharmacy, Board of Dentistry, Board of Nursing, Boards of Health, Other Provider Licensing Boards, Local Pharmacies, Medical Societies</p>	<ul style="list-style-type: none"> • 7 or 9 individuals agree to serve on committee by September 2018 • Multiple agencies included in the committee • At least 3 best practices identified by September 2018 • Surveys created and distributed to patients, their families, and the health care providers by September 2018
<p>2.2: By January 2019, implement best practices identified by the committee, to educate <u>patients and their families</u> about dangers of opioids.</p>	<p>September 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify the educational needs of patients about: <ol style="list-style-type: none"> a. <i>Self-advocacy</i> b. <i>Type of medication being prescribed</i> c. <i>Risk of opioids</i> d. <i>Safe storage and disposal</i> e. <i>Benefits of counseling when necessary to address substance misuse and dependence</i> f. <i>Benefits of alternatives to opioids when needed</i> g. <i>Naloxone</i> h. <i>9-1-1 Amnesty Law</i> 	<p>Communication and Education Plan Committee</p>	<p>Medical Association (MAG), Southeast Addiction Technology Transfer Center (SATTC), Davis Direction Foundation, Alliant Quality, Centers for Disease Control and Prevention (CDC), United Advanced Practice Registered Nurses of Georgia, Georgia Nurses Association, Georgia Association</p>	<ul style="list-style-type: none"> • At least 4 educational materials targeting patients and their families disseminated by January 2019

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
		<ol style="list-style-type: none"> 2. Identify and/or develop educational material for dissemination. 3. Identify methods for disseminating the educational information. 4. Disseminate material. 		<p>of Physician Assistants, Health Insurance Providers, Medical Societies, Provider Licensing Boards, Georgia Alliance for Health Literacy</p>	
<p>2.3: By January 2019, implement best practices identified by the committee to educate <u>healthcare providers</u> on safe opioid prescribing.</p>	<p>September 2018 – Ongoing</p>	<ol style="list-style-type: none"> 1. Identify existing and/or developmental opioid and substance misuse-related CMEs for providers (online & in-person): <ol style="list-style-type: none"> a. Physicians (MD, DO) b. Dentists (DMD, DDS) c. Podiatrists (DPM) d. Veterinarians (DVM, VMD) e. Nurses f. Mid-level Practitioners g. Prehospital Health Care Professionals (EMTs, Advanced EMTs, Paramedics) h. Those involved with hospice care, home health, nursing homes, etc. i. Drug Treatment Professionals 2. Disseminate information about the CMEs to the licensing boards. 3. Where possible, track the completion of the developed CMEs. 	<p>Communication and Education Plan Committee, Department of Public Health (DPH), Composite Medical Board</p>	<p>Medical Association of Georgia (MAG), Georgia Hospital Association (GHA), Board of Pharmacy, Centers for Disease Control and Prevention (CDC), Southeast Addiction Technology Transfer Center (SATTC), United Advanced Practice Registered Nurses of Georgia, Georgia Association of Physician Assistants, Board of Dentistry, Board of Nursing, Board of Veterinary Medicine, Other Provider Licensing Boards, University System of Georgia, University of Georgia College of Pharmacy, Medical Societies, Georgia Alliance for Health Literacy</p>	<ul style="list-style-type: none"> • At least 4 educational materials targeting healthcare providers disseminated by January 2019

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>2.4: By January 2019, implement best practices identified by the committee to educate <u>dispensers</u> on safe and proper opioid dispensing.</p>	<p>September 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Conduct a survey of dispensers to identify their educational needs and their knowledge on opioids. 2. Identify existing and/or develop mandatory opioid and substance misuse-related CMEs for dispenser (online & in-person). 3. Disseminate information about the CMEs to the licensing board. 4. Where possible, track the completion of the developed CMEs. 	<p>Communication and Education Plan Committee, Board of Pharmacy, Department of Public Health (DPH)</p>	<p>Pharmacy Association, University System of Georgia, University of Georgia College of Pharmacy, Georgia Alliance for Health Literacy</p>	<ul style="list-style-type: none"> • At least 4 educational materials targeting dispensers disseminated by January 2019
<p>2.5: By January 2019, implement best practices identified by the committee to educate <u>students in health professional programs and medical schools</u> about safe opioid prescriptions.</p>	<p>September 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify existing curriculum for professional students. 2. Develop the standardized and generalized curriculum. 3. Identify a sponsor (i.e. physician) to support a resolution for adopting the program. 4. Begin the Resolution process. 	<p>Communication and Education Plan Committee, Provider Licensing Boards, University System of Georgia</p>	<p>Composite Medical Board, Universities, Medical Schools, Medical Societies, Medical Association of Georgia (MAG), State Legislation, Georgia Alliance for Health Literacy</p>	<ul style="list-style-type: none"> • One curriculum for students in health professional programs and medical schools developed and/or identified by January 2019 • Resolution for adopting the curriculum documented, moved through committee and presented for final vote (i.e. by MAGs House of Delegates). Timeframe TBD

GOAL 3: Increase statewide public awareness on substance misuse, prevention and the opioid epidemic.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>3.1: By September 2018, write a draft of a 3-year Communication & Education Plan to address substance misuse, prevention and the opioid epidemic.</p>	<p>July 2018 – September 2018</p>	<ol style="list-style-type: none"> 1. Identify existing data sources that will support and guide the development of the Communication & Education Plan. 2. Utilizing Substance Abuse and Mental Health Services Administration’s (SAMHSA) Communications Process (https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/communications-resources.pdf), the Committee will create a Communication and Education Plan by September 30, 2018. 	<p>Communication and Education Plan Committee</p>	<p>Department of Behavioral Health and Developmental Disabilities (DBHDD; Stop OD Now), Centers for Disease Control and Prevention (CDC; Rx Campaign), Office of the Attorney General (Dose of Reality), Georgia Prevention Project, Data and Surveillance Work Group</p>	<ul style="list-style-type: none"> • Draft Communication & Education Plan developed and distributed to potential funders by September 2018 • Final Communication & Education Plan developed by January 2019
<p>3.2: Implement the Communication & Education Plan.</p>	<p>Contingent on funding and the development of the plan in 3.1</p>	<ol style="list-style-type: none"> 1. Where possible, use existing resources to provide awareness and competency-based education regarding: identifying root causes of substance misuse/dependence and associated solutions, bolstering protective factors, reducing risk factors, alternatives to continued use of opioids, and the changing of attitudes and beliefs about the use and role of opioids in our society. Target audiences include but are not limited to: 	<p>Communication and Education Plan Committee</p>	<p>Department of Education, Centers for Disease Control and Prevention (CDC), Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Community Health (DCH), Boards of Health, Department of Public</p>	<ul style="list-style-type: none"> • At least 4 communication and education strategies implemented annually

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
		<ul style="list-style-type: none"> a. School-aged Youth, Parents and Caregivers b. Young Adults c. Adults d. Women of Child-Bearing Age e. Seniors f. Veterans and Military Families g. Refugee Populations h. Other Impacted Populations <p>(NOTE: Data sources should be used to target groups into universal, selective and indicated groups.)</p> <p>2. As a part of all awareness and competency-based education activity, a pre- and post-survey will be administered, where possible, to gather data in support of evaluation efforts.</p>		<p>Health, Georgia Family Connection Partnership, Division of Aging Services, Local Organizations, Department of Veteran Affairs, Georgia Board of Education, Georgia Public Broadcasting; Faith-based Organizations; Department of Transportation; Chambers of Commerce, Business Leaders</p>	<ul style="list-style-type: none"> • At least 4 educational materials targeting dispensers disseminated by January 2019
<p>3.3: Evaluate the Communication and Education Plan (i.e. process, Years 1 through 3).</p>	<p>Contingent upon the implementation of the plan</p>	<ol style="list-style-type: none"> 1. Identify and contract with an evaluator. 2. Evaluator creates a metric to measure the effectiveness of the Year 1 through 3 Communication and Education Plan. 3. The Evaluator issues an End of Year Report with recommendations for next steps. 	<p>Communication and Education Plan Committee,</p>	<p>Composite Medical Board, Universities, Medical Schools, Medical Societies, Medical Association of Georgia (MAG), State Legislation, Georgia Alliance for Health Literacy</p>	<ul style="list-style-type: none"> • At least 1 evaluator identified by end of Year 3 Communication & Education plan • Evaluation completed by the end of Year 3

MATERNAL SUBSTANCE USE WORK GROUP RECOMMENDATIONS

Co-Leads: Diane Durrence & Grace Kang

GOAL 1: Develop a map of systems and collaborations to help with the delivery of access to data, resources and services targeting women of child-bearing age.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>1.1: By September 2018, establish a region-specific map identifying prevention, treatment and support services (i.e. mental health, housing, etc.) throughout Georgia targeting women of child-bearing age.</p>	<p>July 2018 – September 2018</p>	<ol style="list-style-type: none"> 1. Identify agencies and/or organizations that target and service women of child-bearing age and their children. 2. Develop and distribute a survey to identified agencies and/or organizations to identify services provided and accepted payment options. 3. Analyze survey results. 4. Develop and disseminate the map (i.e. via partner websites, mobile applications, etc.). 5. Consider the development and distribution of printed materials (i.e. cards) listing map resources. 	<p>Department of Behavioral Health and Developmental Disabilities (DBHDD)</p>	<p>Georgia Family Connection Partnership, Council on Substance Abuse, Department of Public Health (DPH), Care Management Organizations (CMOs)</p>	<ul style="list-style-type: none"> • List of community services developed by September 2018 • Map developed by September 2018

GOAL 2: Using best practices, educate women of child-bearing age, their partners, and their health care providers on substance misuse, prevention, interventions, treatment, the opioid epidemic, & Neonatal Abstinence Syndrome (NAS).

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>2.1: By September 2018, develop a Maternal Substance Use Education Committee that will be responsible for the development of an educational strategy focused on women of child-bearing age, their partners and their health care providers.</p>	<p>July 2018 – September 2018</p>	<ol style="list-style-type: none"> 1. Identify volunteers from the Maternal Substance Use Work Group to serve on the committee. 2. Identify partnering agencies and/or organizations with existing best practice educational modules. 3. Develop a targeted educational strategy. 	<p>Maternal Substance Use Work Group</p>	<p>Georgia Family Connection Partnership, Prevention Education Work Group’s Communication and Education Plan Committee</p>	<ul style="list-style-type: none"> • Committee established by September 2018 • Educational strategy developed by September 2018
<p>2.2: By January 2019, implement best practices to educate <u>nonpregnant women</u> of child-bearing age about the risk of Opioid and/or Substance Use Disorders (OUDs/SUDs).</p>	<p>September 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify and/or develop educational material, or curriculum, for dissemination. 2. Identify methods, partnering organizations and agencies for disseminating the educational information or curriculums. 3. Disseminate the educational information or curriculum. 	<p>Maternal Substance Use Education Committee, Department of Behavioral Health and Developmental Disabilities (DBHDD)</p>	<p>University System of Georgia, Girl or Youth Specific Organizations (i.e. Covenant House), Georgia Family Connection Partnership, Local Health Departments, Division of Family and Children’s Services (DFCS), Georgia Board of Education, Department of Public Health (DPH), Department of Juvenile Justice (DJJ), Women-Specific Advocacy Organizations</p>	<ul style="list-style-type: none"> • At least 4 educational materials targeting patients and their families disseminated by January 2019

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>2.3: By January 2019, implement best practices to educate pregnant women about Opioid and/or Substance Use Disorders (OUDs/SUDs) and Neonatal Abstinence Syndrome (NAS).</p>	<p>September 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify and/or develop educational material or curriculum for dissemination. 2. Identify methods, partnering agencies and/or organizations for disseminating the educational information or curriculum. 3. Disseminate the educational information or curriculum. 	<p>Maternal Substance Use Education Committee, Department of Behavioral Health & Developmental Disabilities (DBHDD)</p>	<p>Georgia Family Connection Partnership, Local Health Departments, Division of Family and Children's Services (DFCS), Department of Public Health (DPH), Department of Juvenile Justice (DJJ), Hospitals and Birthing Centers, Georgia Board of Education, Department of Justice, Women-Specific Advocacy Organizations</p>	<ul style="list-style-type: none"> • Curriculum for pregnant women developed and distributed by January 2019
<p>2.4: By January 2019, implement best practices to educate post-partum women about the risk of opioid and substance misuse and relapse, caring for a baby with Neonatal Abstinence Syndrome (NAS) and the availability of treatment and support services.</p>	<p>September 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify and/or develop educational material or curriculum for dissemination. 2. Identify methods, partnering agencies and/or organizations for disseminating the educational information or curriculum. 3. Disseminate the educational information or curriculum. 	<p>Maternal Substance Use Education Committee, Department of Behavioral Health and Developmental Disabilities (DBHDD)</p>	<p>Georgia Family Connection Partnership, Local Health Departments, Division of Family & Children's Services (DFCS), Department of Public Health (DPH), Department of Juvenile Justice (DJJ), Hospitals & Birthing Centers, Department of Justice, Women-Specific Advocacy Organizations</p>	<ul style="list-style-type: none"> • Curriculum for the partners of women of child-bearing age developed and distributed by January 2019

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>2.5: By January 2019, implement best practices to educate the <u>partners of women of child-bearing age</u> on family wellness and support.</p>	<p>September 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify and/or develop educational material or curriculum for dissemination. 2. Identify methods, partnering organizations and agencies for disseminating the educational information or curriculum. 3. Disseminate the educational information or curriculum. 	<p>Maternal Substance Use Education Committee, Department of Behavioral Health & Developmental Disabilities (DBHDD)</p>	<p>Georgia Family Connection Partnership, Local Health Departments, Division of Family and Children's Services (DFCS), Department of Public Health (DPH), Department of Juvenile Justice (DJJ), Department of Justice</p>	<ul style="list-style-type: none"> • Curriculum for the partners of women of child-bearing age developed and distributed by January 2019
<p>2.6: By January 2019, implement best practices to educate <u>healthcare (i.e. OBGYNs) and social service providers</u> about Opioid and/or Substance Use Disorders (OUDs/SUDs) and the development and implementation of Plans of Safe Care with pregnant women with Opioid and/or Substance Use Disorders (OUDs/SUDs).</p>	<p>September 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify and/or develop educational material or curriculum for dissemination. 2. Identify methods, partnering organizations and agencies for disseminating the educational information or curriculum. 3. Disseminate the educational information or curriculum. 	<p>Maternal Substance Use Education Committee, Department of Public Health (DPH) Regional Perinatal Coordinators</p>	<p>Georgia Family Connection Partnership, Local Health Departments, Division of Family and Children's Services (DFCS), Department of Behavioral Health and Developmental Disabilities (DBHDD), Georgia Hospital Association (GHA), Medical Association of Georgia (MAG), Provider Licensing Boards, Pharmacy Associations, Hospitals and Birthing Centers</p>	<ul style="list-style-type: none"> • Curriculum for healthcare and social service providers of women of child-bearing age developed and distributed by January 2019

GOAL 3: Expand access to treatment and recovery support services targeting women of child-bearing age.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>3.1: By January 2019, promote the use of screenings by healthcare and social service providers among women of child-bearing age.</p>	<p>July 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify the types of screenings used to identify the level of treatment. 2. Engage in discussions about promoting the use of screenings (i.e. Screening, Brief Intervention and Referral to Treatment or SBIRT). 3. Plan to continue discussions on screening measures in 2019. 	<p>Maternal Substance Use Work Group, Healthcare Providers</p>	<p>Local Opioid Treatment Programs (OTPs), Substance Abuse and Mental Health Services Administration (SAMHSA)</p>	<ul style="list-style-type: none"> • Types of screenings used by providers to determine level of treatment identified by January 2019
<p>3.2: By November 2018, increase access to Opioid Treatment Programs (OTPs) in identified opioid hotspots.</p>	<p>July 2018 – November 2018</p>	<ol style="list-style-type: none"> 1. Identify opioid hotspots in Georgia & Opioid Treatment Programs (OTPs) located in those areas. 2. Identify the level of treatment provided by Opioid Treatment Programs (OTPs) in hotspots. 3. Compile a listing on Opioid Treatment Programs (OTPs) in respective areas and distribute. 	<p>Maternal Substance Use Work Group, Department of Behavioral Health and Developmental Disabilities (DBHDD), Local Opioid Treatment Programs (OTPs)</p>	<p>Centers for Disease Control & Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Public Health (DPH), Data and Surveillance Work Group, Post-Partum Support International, Georgia Family Connection Partnership, Health & Wellness Community Organizations, Local Health Departments</p>	<ul style="list-style-type: none"> • At least 5 opioid hotspots identified by November 2018 • All OTPs within the hotspots identified by November 2018

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>3.3: By November 2018, identify Certified Addiction Recovery Empowerment Specialist (CARES) peers to participate in the Maternal Substance Use Work Group.</p>	<p>July 2018 – November 2019</p>	<ol style="list-style-type: none"> 1. Identify peers with maternal substance use-related experiences to join the Work Group. 2. Engage in discussions on how and where peers can be utilized within the Work Group scope. 	<p>Maternal Substance Use Work Group</p>	<p>Department of Behavioral Health and Developmental Disabilities (DBHDD), Council on Substance Abuse, Respect Institute, Division of Family and Children’s Services (DFCS), Georgia Mental Health Consumer Network, Hospitals and Birthing Centers</p>	<ul style="list-style-type: none"> • At least 4 Peers identified and participating in the Work Group by November 2019
<p>3.4: By January 2019, explore telehealth for the delivery of educational resources and treatment services.</p>	<p>July 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify Opioid Treatment Programs (OTPs), if any, with telehealth capabilities. 2. Engage in discussions with Opioid Treatment Programs (OTPs) about the delivery of telehealth services. 3. Plan to continue telehealth discussions in 2019. 	<p>Maternal Substance Use Work Group, Care Management Organizations (CMOs), Local Opioid Treatment Programs (OTPs)</p>	<p>Department of Behavioral Health and Developmental Disabilities (DBHDD), Department of Public Health (DPH)</p>	<ul style="list-style-type: none"> • All OTPs with telehealth capabilities identified by January 2019

DATA AND SURVEILLANCE WORK GROUP RECOMMENDATIONS

Co-Leads: James Langford & Timothy Heckman • **DPH Support:** Laura Edison

GOAL 1: Develop a data and surveillance oversight committee.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>1.1: By January 2019, assign a short-term committee to complete the data and surveillance portion of the statewide response plan and begin plan implementation.</p>	<p>July 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Establish criteria and/or a process for identifying organizations and/or individuals to serve on the committee. 2. Identify organizations and/or individuals to serve on the committee. 3. Develop letters of agreement among entities in the committee. 	<p>Data and Surveillance Work Group</p>	<p>Department of Public Health (DPH), Department of Behavioral Health & Developmental Disabilities (DBHDD), Accenture, Centers for Disease Control and Prevention (CDC), Substance Abuse Research Alliance (SARA), Health and Human Services (HHS), Health Resources & Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), University Partners, Other State Agencies</p>	<ul style="list-style-type: none"> • 15 to 25 members identified to be on the committee by January 2019 • Multiple agencies included in the committee • Diversity of expertise among members
<p>1.2: By January 2019, develop a long-term Data and Surveillance Coordinating Committee to oversee the continued development and implementation of the data and surveillance portion of the statewide plan.</p>	<p>July 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. The short-term committee will evolve into a long-term Data and Surveillance Coordinating Committee. 2. As strategic planning efforts continue, include additional agencies and/or organizations in the committee. 	<p>Data and Surveillance Work Group</p>	<p>(Same partners as 1.1)</p>	<ul style="list-style-type: none"> • Additional agencies included in the committee annually • Obtain letters from 15 to 25 individuals and organizations verifying interest to serve on the committee by January 2019

GOAL 2: Identify, understand, and define relevant data.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
2.1: By June 2019, develop a data inventory platform to inform the opioid surveillance task force & external partners.	January 2019 – June 2019	<ol style="list-style-type: none"> 1. Develop data inventory elements. 2. Develop a technical infrastructure to house the data inventory and allow public access to information about the data sources. 3. Develop a data inventory completion plan to determine how to distribute the survey to reach agencies or contacts where data are housed; determine who needs to complete the inventory survey (i.e. various partners with data). 	Data and Surveillance Coordinating Committee, Department of Public Health (DPH) Epidemiology and State Electronic Notifiable Disease Surveillance System (SendSS) Team	Department of Public Health (DPH), Data and Surveillance Work Group, Accenture, Centers for Disease Control and Prevention (CDC), Substance Abuse Research Alliance (SARA), Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Outside Technical Partners	<ul style="list-style-type: none"> • Data and Surveillance Coordinating Committee to determine the number of data inventory elements by January 2019
2.2: By January 2019, distribute data inventory survey.	July 2018 – January 2019	<ol style="list-style-type: none"> 1. Develop and distribute a data inventory survey to partners with data sources. 2. Develop methods for ongoing maintenance of the data inventory. 	Data and Surveillance Coordinating Committee	Department of Public Health (DPH), Data and Surveillance Work Group, Any Partners with Data Sources	<ul style="list-style-type: none"> • Data inventory survey developed and distributed to various partners with data sources by January 2019
2.3: By June 2019, analyze and publish the data inventory	January 2019 – June 2019	<ol style="list-style-type: none"> 1. Publish data inventory on DPH website. 2. Determine ways to improve data quality, access and security. 3. Determine legislative recommendations to improve data. 	Data and Surveillance Coordinating Committee	Department of Public Health (DPH), Substance Abuse Research Alliance (SARA), University Partners	<ul style="list-style-type: none"> • Data inventory survey analyzed and results published by June 2019

GOAL 3: Assess data needs.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>3.1: By June 2019, develop, distribute and analyze a statewide “needs assessment” to determine the data needs of partners working to address various aspects of the opioid epidemic. Data needs may include understanding and characterizing aspects of the epidemic, as well as the evaluation of programs, interventions or policies.</p>	<p>July 2018 – June 2019</p>	<ol style="list-style-type: none"> 1. Develop a needs assessment for the data needs of statewide partners with data sources. The assessment should include questions that assess what data partners are collecting, how partners are using the data and how partners would like to use the data. 2. Determine which partners need to complete the assessment. 3. Distribute the assessment. 4. Analyze the assessment and determine how the results will be used. 	<p>Data and Surveillance Coordinating Committee, Department of Public Health (DPH), University of Georgia (UGA)</p>	<p>University of Georgia College of Public Health, University of Georgia Public and International Relations</p>	<ul style="list-style-type: none"> • Needs assessment developed, distributed to partners, and analyzed by June 2019 to determine partner data needs
<p>3.2: By January 2019, analyze other state data strategies.</p>	<p>July 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Identify and examine other state data strategies. 	<p>University of Georgia (UGA)</p>	<p>Georgia State University (GSU); Georgia Southern University; Augusta University (Medical College of Georgia), University Partners</p>	<ul style="list-style-type: none"> • At least 2 data strategies of other states analyzed by January 2019

GOAL 4: Determine and operationalize a data and surveillance infrastructure.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>4.1: By June 2019, determine what partners will access and analyze various data sources, respond to data requests, publish data reports, determine how data reports will be shared to inform partners (including how data should be presented to be meaningful for various audiences), and respond to changing trends.</p>	<p>January 2019 – June 2019</p>	<p>1. Develop a data and surveillance infrastructure strategy for analyzing data sources, responding to partner data requests, and producing data reports. The strategy should include the names of partners and specific tasks they are assigned to.</p>	<p>Data and Surveillance Coordinating Committee</p>	<p>Department of Public Health (DPH), Data and Surveillance Work Group</p>	<ul style="list-style-type: none"> • Infrastructure strategy developed by June 2019 • At least 25% of partners assigned tasks in the strategy (i.e., who will create reports, analyze data sources, etc.) by June 2019 • Data reports produced monthly and/or quarterly • Distribute data reports to at least 10 academic and community partners by June 2019
<p>4.2: By January 2020, implement objective 4.1.</p>	<p>June 2019 – January 2020</p>	<p>1. Implement the infrastructure strategy.</p>	<p>Data and Surveillance Coordinating Committee</p>	<p>Data and Surveillance Work Group, Any Partners with Data Sources</p>	<ul style="list-style-type: none"> • Data and surveillance infrastructure implemented by January 2020
<p>4.3: By January 2019, begin developing a unified platform for presenting data from multiple partners.</p>	<p>June 2019 – January 2020</p>	<p>1. Engage in discussions on how the platform will work and what it will look like. 2. Determine how the Work Group and Committee will proceed with the development of a platform.</p>	<p>Data and Surveillance Coordinating Committee</p>	<p>Information Technology (IT) Consultants as needed</p>	<ul style="list-style-type: none"> • Develop the platform by January 2020

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) WORK GROUP RECOMMENDATIONS

Co-Leads: Sheila Pierce & Bethany Sherrer

GOAL 1: Implement PDMP interoperability between states of interest.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
1.1: By March 2018, pass legislation allowing for interoperability.	November 2017 – March 2018	<ol style="list-style-type: none"> 1. Write the legislative bill. 2. Legislative bill introduced by the Governor. 3. Legislative bill proceeds through the legislative process. 	Department of Public Health (DPH) including the Georgia PDMP Administrator	Medical Association of Georgia (MAG), Georgia Hospital Association (GHA), Appriss Health, Provider Licensing Boards, Prescriber/Dispenser Professional Associations, Governor's Office	<ul style="list-style-type: none"> • Legislation signed by the Governor in May 2018
1.2: By March 2018, fund the PDMP within the Department of Public Health.	January 2018 – March 2018	<ol style="list-style-type: none"> 1. Request funding for PDMP operations and staff. 2. Attend budget hearings. 	Department of Public Health (DPH) including the Georgia PDMP Administrator	Appriss Health, Governor's Office, Office of Planning and Budget (OPB), House/Senate Appropriation Committees	<ul style="list-style-type: none"> • Legislation signed by the Governor in May 2018
1.3: By October 2018, establish data sharing agreements.	January 2018 – October 2018	<ol style="list-style-type: none"> 1. Develop PMP-I data sharing sheets. 2. Circulate the data sharing sheet to states of interest. 3. Collect the data sharing sheets of states of interests. 4. Engage in data sharing discussions with states of interest. 	Department of Public Health (DPH) including the Georgia PDMP Administrator	Other states PDMP Administrators (i.e., Tennessee, Mississippi, etc.), Appriss Health	<ul style="list-style-type: none"> • Legislation signed by the Governor in May 2018
1.4: Starting June 2018, disseminate information to prescribers regarding interoperability with other states.	June 2018 – Ongoing (as interoperability agreements with other states are established)	<ol style="list-style-type: none"> 1. Notify prescribers & dispensers of changes related to PDMP interoperability. 2. Notify prescribers and dispensers of interoperability with each additional state. 	Department of Public Health (DPH) including the Georgia PDMP Administrator	Provider Licensing Boards, Prescriber/Dispenser Professional Associations	<ul style="list-style-type: none"> • Starting in June 2018 and on an ongoing basis, interoperability notifications sent to prescribers via the PDMP

GOAL 2: Connect death data with the PDMP to ensure deceased patients' prescriptions are not filled.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>2.1: By October 2018, examine and/or develop best practices for connecting death data with the PDMP.</p>	<p>July 2018 – October 2018</p>	<p>1. Examine data sources to identify how the PDMP and Vital Record's death data GENESIS system can exchange data files.</p>	<p>Department of Public Health (DPH) including the Georgia PDMP Administrator and Vital Records</p>	<p>Appriss Health, Georgia Drugs and Narcotics Agency (GDNA), Department of Community Health (DCH), Board of Pharmacy, Department of Behavioral Health and Developmental Disabilities (DBHDD), Law Enforcement Entities, Health Insurance Providers</p>	<ul style="list-style-type: none"> • At least 1 best practice for connecting death data identified by October 2018
<p>2.2: By July 2019, determine if the best practice(s) for connecting death data to the PDMP can be utilized.</p>	<p>October 2018 – July 2019</p>	<p>1. Using the best practices identified, engage in discussions around whether the PDMP will proceed with connecting the death data.</p>	<p>Department of Public Health (DPH) including the Georgia PDMP Administrator and Vital Records</p>	<p>Appriss Health</p>	<ul style="list-style-type: none"> • By July 2019, the State of Georgia will decide whether or not to connect the death data with the PDMP

GOAL 3: Establish capacity and regulatory pathways for clinical work flow integration with the PDMP.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>3.1: By January 2019, identify integration-ready electronic health record (EHR) platforms and prescribers.</p>	<p>July 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Develop and distribute a survey to electronic health record (EHR) platform vendors and prescribers to identify interest in integration. 2. Identify integration-ready platforms and prescribers. 3. Communicate the option and benefit of integration to prescribers via information packet. 	<p>Department of Public Health (DPH) including the Georgia PDMP Administrator</p>	<p>Prescriber Professional Associations, Appriss Health, Electronic Health Record (EHR) Vendors</p>	<ul style="list-style-type: none"> • Survey developed, distributed to prescribers and vendors, and analyzed by August 2018 • Integration-ready platforms and prescribers identified by January 2019
<p>3.2: By October 2018, identify integration protocols.</p>	<p>July 2018 – October 2018</p>	<ol style="list-style-type: none"> 1. With Appriss Health and other appropriate vendors, engage in discussions about integration protocols. 	<p>Department of Public Health (DPH) including the Georgia PDMP Administrator</p>	<p>Appriss Health, Prescriber Professional Association</p>	<ul style="list-style-type: none"> • Integration protocol identified by October 2018
<p>3.3: By July 2019, secure funding for integration (government grant or healthcare).</p>	<p>July 2018 – July 2019</p>	<ol style="list-style-type: none"> 1. Request legislative funding for integration. 2. Research grants for integration. 3. Attend budget hearings. 	<p>Department of Public Health (DPH) including the Georgia PDMP Administrator</p>	<p>Appriss Health, Governor's Office, Office of Planning and Budget (OPB), House/Senate Appropriation Committees</p>	<ul style="list-style-type: none"> • Integration protocol identified by October 2018

GOAL 4: Develop PDMP reports for distribution to the public and stakeholders.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>4.1: Produce annual PDMP reports that examine prescribing practices and trends.</p>	<p>Annually</p>	<ol style="list-style-type: none"> 1. Review other state PDMP reports. 2. Develop Georgia's first PDMP report by August 2018. 	<p>Department of Public Health (DPH) including the Georgia PDMP Administrator</p>	<p>Prescriber/Dispenser Professional Associations, Provider Licensing Boards, State and Local Organizations, Senior State Leadership</p>	<ul style="list-style-type: none"> • PDMP reports produced and distributed to the public and stakeholders annually in September
<p>4.2: By July 2019, determine if the best practice(s) for connecting the death data to the PDMP will be utilized.</p>	<p>August 2018 – December 2018</p>	<ol style="list-style-type: none"> 1. Collect stakeholder feedback on the report template. 2. Develop a final template for annual Georgia PDMP reports. 	<p>Department of Public Health (DPH) including the Georgia PDMP Administrator</p>	<p>Prescriber/Dispenser Professional Associations, Provider Licensing Boards, State and Local Organizations, Senior State Leadership</p>	<ul style="list-style-type: none"> • Stakeholder feedback on the annual PDMP report obtained in December 2018

TREATMENT AND RECOVERY WORK GROUP RECOMMENDATIONS

Co-Leads: Cassandra Price & Alaina Steck • **DPH Support:** Meshell McCloud

GOAL 1: Increase access to treatment and recovery support services.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>1.1: By June 2018, consolidate available data to increase the ability of individuals and providers to identify gaps, target resources, and identify treatment and recovery services (including resources for HIV, HCV, etc.).</p>	<p>March 2018 – June 2018</p>	<ol style="list-style-type: none"> 1. Provide feedback to the Office of the Attorney General regarding its “Dose of Reality” website. 	<p>Department of Behavioral Health & Developmental Disabilities (DBHDD), Communication Department/Work Group</p>	<p>Treatment and Recovery Work Group</p>	<ul style="list-style-type: none"> • Feedback on the “Dose of Reality” website provided to the Attorney General’s Office in April 2018
<p>1.2: By January 2019, develop a long-term Data and Surveillance Coordinating Committee to oversee the continued development and implementation of the data and surveillance portion of the statewide plan.</p>	<p>July 2018 – June 2019</p>	<ol style="list-style-type: none"> 1. Leverage Year 2 State Targeted Response (STR) funds to expand Medication-assisted Treatment (MAT) and recovery services (i.e., peers) for individuals with Opioid and/or Substance Use Disorders (OUDs/SUDs). 2. Disseminate information relative to the American Academy of Addiction Psychiatry’s (AAAP) Providers Clinical Support System (PCSS) training, DATA 2000 waivers training, & peer mentorship program. Also include information on other MAT trainings to encourage provider involvement. 3. Department of Behavioral Health and Developmental Disabilities (DBHDD) to use newly-appropriated state allocation of \$4 million to fund the expansion of services. 	<p>Department of Behavioral Health & Developmental Disabilities (DBHDD), Council on Substance Abuse, American Academy of Addiction Psychiatry (AAAP), Medical Association of Georgia (MAG), Wellstar Health System, Department of Public Health (DPH), Georgia Hospital Association (GHA), Grady Health System, Kennesaw State University</p>	<p>American Academy of Addiction Psychiatry (AAAP), Universities and Medical Schools, Hazelden Betty Ford Foundation (HBFF), Georgia Addiction Recovery Residences (GARR)</p>	<ul style="list-style-type: none"> • 3 new MAT programs established by June 2019 • 15 new MAT Peers trained by June 2019 • Develop and distribute information sheets on the PCSS training, DATA waivers training, other MAT trainings, & mentorship program to providers starting July 2018 • 16 new Addiction Treatment recovery programs established using the newly-appropriated funds starting July 2018

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
		<ol style="list-style-type: none"> 4. Evaluate existing infrastructure for hub-and-spoke treatment models by compiling resources available by Federally Qualified Health Centers (FQHCs), Narcotic Treatment Programs (NTPs), Office-based Opioid Agonist Treatment (OBOT) providers, and regional coordinating hospitals. 5. Integrate data waiver trainings into graduate medical education (i.e., residencies and fellowships). 6. Partner with Hazelden Betty Ford Foundation (HBFF) on waiver trainings and other initiatives. 7. Engage clinical social workers to increase education on OUDs/SUDs and internship placement. 8. Engage the Sober Living and Recovery Housing communities to educate others about the role of MAT in recovery. 			

GOAL 2: Reduce stigma and discrimination related to Opioid and/or Substance Use Disorders (OUDs/SUDs) and their treatments.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>2.1: By April 2019, create a common treatment and recovery language.</p>	<p>May 2018 – April 2019</p>	<ol style="list-style-type: none"> 1. DBHDD to continue to update policies as each comes up for review. 2. Establish media campaigns to change the way the media talks about Opioid and/or Substance Use Disorders (OUDs/SUDs). 	<p>Department of Behavioral Health & Developmental Disabilities (DBHDD)</p>	<p>Strategic Plan Work Groups, State and Local Agencies and/or Organizations</p>	<ul style="list-style-type: none"> • New policy completed, disseminated to partners, and posted to DBHDDs website in April 2018 • At least 2 media campaigns developed and distributed by April 2019 • At least 5 community treatment/recovery events hosted by April 2019
<p>2.2: By July 2019, determine if the best practice(s) for connecting the death data to the PDMP can be utilized.</p>	<p>August 2018 – December 2018</p>	<ol style="list-style-type: none"> 1. Place peers in the Neonatal Intensive Care Unit (NICU) to work with nurses and mothers who have babies with Neonatal Abstinence Syndrome (NAS). 	<p>Department of Behavioral Health & Developmental Disabilities (DBHDD), Council on Substance Abuse</p>	<p>Maternal Substance Use Work Group</p>	<ul style="list-style-type: none"> • Peer NICU program implemented starting July 2018

GOAL 3: Provide community and provider education about Opioid and/or Substance Use Disorder (OUD/SUD) diagnosis, treatment, and recovery.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
3.1: By December 2018, share resources and conduct research (cross-pollination) to create a clear picture of resources already existing.	July 2018 – December 2018	1. Update the opioid systems map and extend to external partners.	Department of Behavioral Health & Developmental Disabilities (DBHDD)	Council on Substance Abuse	<ul style="list-style-type: none"> List of community resources developed and distributed to partners by December 2018
3.2: By December 2018, improve the ability the of Medication-assisted Treatment (MAT) providers to treat pregnant women.	July 2018 – December 2018	1. Access the Substance Abuse and Mental Health Services Administration's (SAMHSA) Technical Assistance program to provide STR grantees with information regarding the treatment of pregnant women.	Department of Behavioral Health & Developmental Disabilities (DBHDD)	Department of Public Health (DPH), Medical Association of Georgia (MAG), Substance Abuse and Mental Health Services Administration (SAMHSA)	<ul style="list-style-type: none"> Increase the number of providers given educational material (on how to provide MAT to pregnant women) by 100% by December 2018

GOAL 4: Identify harm reduction efforts.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
4.1: By June 2019, improve overdose education and naloxone distribution.	July 2018 – June 2019	<ol style="list-style-type: none"> Continue STR grant efforts with naloxone distribution. Better understand holistic harm reduction approaches and their use. 	Department of Behavioral Health and Developmental Disabilities (DBHDD)	Georgians, State and Local Agencies and/or Organizations, Harm Reduction Organizations	<ul style="list-style-type: none"> Conduct 200 naloxone trainings by June 2019 Distribute 6,900 naloxone kits by June 2019 Identify the number of DBHDD-funded naloxone kits used by June 2019 At least 2 holistic harm reduction approaches identified June 2019

CONTROL AND ENFORCEMENT WORK GROUP RECOMMENDATIONS

Co-Leads: Katie Byrd & Mitchell Posey • **DPH Support:** Rick Keheley

GOAL 1: Improve communication between physicians, pharmacists, and law enforcement.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>1.1: By December 2019, implement quarterly multi-agency collaboration.</p>	<p>July 2018 – December 2019</p>	<ol style="list-style-type: none"> 1. Network during meetings. 2. Exchange thoughts and/or ideas outside of meetings. 3. Invite new strategic members. 3. Encourage existing members to attend. 	<p>Control and Enforcement Working Group, Strategic Plan Working Groups</p>	<p>Heroin Working Group, Statewide Opioid Task Force</p>	<ul style="list-style-type: none"> • Strict meeting attendance reports implemented by December 2019 • Increase meeting attendance by 25% by December 2019
<p>1.2: By January 2019, review current legislation on multi-agency information sharing & provide recommendations for any future legislative fixes to eliminate barriers and improve multi-agency information sharing.</p>	<p>July 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Obtain a better understanding of the barriers to information sharing and what legislation is needed. 2. Obtain a better understanding of exception of law enforcement and/or public health, and who can access what information. 3. Identify what information doctors can share and potential liability. 	<p>Department of Public Health (DPH), Atlanta Carolinas High Intensity Drug Traffic Area (HIDTA), Georgia Bureau of Investigation (GBI), Office of the Attorney General, Georgia Public Safety Training Center (GPSTC)</p>	<p>Sheriffs Association, Association of Chiefs of Police, Prosecuting Attorney’s Council (PAC), Composite Medical Board, Board of Pharmacy, Medical Association of Georgia (MAG), PDMP Working Group, U.S. Attorney’s Office, Provider Professional Associations, Board of Nursing, Other Law Enforcement Entities</p>	<ul style="list-style-type: none"> • At least 1 virtual training on HIPAA developed by December 2018 and made available to physicians, pharmacists and law enforcement • A GPSTC administered Law Enforcement Update course developed by December 2018
<p>1.3: By December 2018, create synergy by aligning local health and law enforcement districts to coordinate efforts.</p>	<p>July 2018 – December 2018</p>	<ol style="list-style-type: none"> 1. Develop communication protocol on local level when overdose incidents or spikes occur to be better able to respond. 	<p>Department of Public Health (DPH), Atlanta-Carolinas High Intensity Drug Traffic Area (HIDTA)</p>	<p>Control and Enforcement Work Group</p>	<ul style="list-style-type: none"> • Communication protocol finalized by December 2018
<p>1.4: By January 2019, improve overdose tracking and information sharing to inform drug trends & prompt investigation efforts.</p>	<p>July 2018 – January 2019</p>	<ol style="list-style-type: none"> 1. Promote statewide participation with ODMAP. 2. Increase frequency of sharing access to data for agencies involved in responding to overdoses using ODMAP. 	<p>(Same as 1:3.)</p>	<p>Coperinicus MD, Composite Medical Board, Board of Pharmacy, Emergency Management Systems & Departments,</p>	<ul style="list-style-type: none"> • Statewide participation in ODMAP by January 2019

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
				<p>HIPPA Experts, Local Law Enforcement, ODMAP Regional Coordinator</p>	<ul style="list-style-type: none"> • Monthly surveillance reports on hospital admissions; top 10 counties and OD admissions made available to law enforcement starting January 2019

GOAL 2: Reduce the supply of opioids on the street.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
2.1: By January 2019, review sentencing enhancements for the distribution of illicit and licit opioids.	July 2018 – January 2019	<ol style="list-style-type: none"> 1. Define stakeholders. 2. Identify and review sentencing enhancements for distribution of illicit and licit opioids. 	Legislators, Prosecuting Attorney's Council (PAC), Law Enforcement Experts, U.S. Attorney's Office, Criminal Justice Reform Council	Other states with statutes (i.e. Pennsylvania and Ohio)	<ul style="list-style-type: none"> • State statutes strengthened starting January 2019
2.2: By December 2019, strengthen information sharing.	July 2018 – December 2019	<ol style="list-style-type: none"> 1. Provide information to Department of Homeland Security, U.S. Customs and Border Protection (CPB), and Georgia Information Sharing and Analysis Center (GISAC) on trends in the state. 2. Share information from law enforcement in Georgia to federal agencies to better investigate the distribution of illicit and licit opioids. 3. Increase awareness & notification of federal agencies when seizures and arrests are made by the state. 	Georgia Information Sharing and Analysis Center (GISAC)	Control and Enforcement Workgroup	<ul style="list-style-type: none"> • Statewide understanding of GISACs protocol by December 2019
2.3: By January 2019, develop investigative strategies to reduce supplies of illicit opioids.	July 2018 – January 2019	<ol style="list-style-type: none"> 1. Train law enforcement to recognize opioid overdoses and teach on safe handling of substances, such as fentanyl and fentanyl analogues. 	Office of the Attorney General, Georgia Bureau of Investigation (GBI), Prosecuting Attorney's Office,	Sheriffs Association, Association of Chiefs of Police, Georgia State Patrol (GSP)	<ul style="list-style-type: none"> • Investigative strategies developed and distributed to law enforcement by January 2019

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
		<ol style="list-style-type: none"> 2. Interrupt transportation of opioids (i.e. fentanyl) when being driven into the state at the state border (originating in China, through Mexico, then into US). 3. Fund, equip and prepare the Drug Enforcement Agency (DEA) to respond to clandestine fentanyl labs. 	U.S. Attorney's Office, Georgia Public Safety Training Center (GPSTC), Atlanta-Carolinas High Intensity Drug Traffic Area (HIDTA), Drug Enforcement Administration (DEA), Georgia Drugs and Narcotics Agency (GDNA)		

GOAL 3: Increase training and education for law enforcement and first responders.

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>3.1: By December 2019, standardize safety and handling training and education around overdose detection and illicit hazardous environments.</p>	<p>July 2018 – December 2019</p>	<ol style="list-style-type: none"> 1. Develop state guidelines or best practices for the safe handling of dangerous substances like fentanyl, carfentanyl, and other fentanyl analogues. 2. Develop guidelines for Hepatitis A, B, C and HIV. 	<p>Georgia Bureau of Investigation (GBI), Drug Enforcement Administration (DEA), Georgia Public Safety Training Center (GPSTC), Georgia Peace Officer Standards and Training Council (POST)</p>	<p>Georgia Municipal Association (GMA), Association of County Commissioners of Georgia (ACCG), Medical Association of Georgia (MAG), Association of Chiefs of Police, Sheriffs Association, Georgia Association of Criminal Defense Lawyers (GACDL)</p>	<ul style="list-style-type: none"> • Standardized training and guidelines developed and distributed to law enforcement and first responders by December 2019 • No officer-involved overdoses as a result of a substance investigation
<p>3.2: By December 2019, increase naloxone training for first responders as well as training on the 9-1-1 Amnesty Law (Good Samaritan Law).</p>	<p>July 2018 – December 2019</p>	<ol style="list-style-type: none"> 1. Conduct a needs assessment to identify training needs. 2. Develop partnerships with organizations that already provide trainings. 3. Use findings from the needs assessment to connect organizations to locals needing training. 4. Train law enforcement on recognizing opioid overdoses, use of naloxone, and on safe handling of substances and situations. 	<p>Adapt Pharma, Georgia Public Safety Training Center (GPSTC), Association of Chiefs of Police, Sheriffs Association</p>	<p>Pharmaceutical Companies, Georgia Municipal Association (GMA), Association of County Commissioners of Georgia (ACCG), Fire Chiefs, Coroner's Association, Medical Examiner's Association, Emergency Management Systems</p>	<ul style="list-style-type: none"> • Needs assessment developed and distributed to law enforcement and first responders by December 2019 • Partnerships with organizations to provide trainings established by December 2019 • Trainings on naloxone and the 9-1-1 Amnesty Law developed and distributed • Trainings on naloxone to law enforcement and first responders by December 2019

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
					<ul style="list-style-type: none"> • Every first responding entity equipped and knowledgeable about naloxone by December 2019
<p>3.3: By December 2019, develop ongoing training on new trends.</p>	<p>July 2018 – December 2019</p>	<ol style="list-style-type: none"> 1. Identify trends as they arise. 2. Develop trainings. 3. Improve communication about the trainings and trends for law enforcement agencies. 	<p>Georgia Public Safety Training Center (GPSTC), Georgia Peace Officer Standards and Training Council (POST)</p>	<p>Association of County Commissioners of Georgia (ACCG), Georgia Municipal Association (GMA)</p>	<ul style="list-style-type: none"> • Trainings on new trends developed and distributed to law enforcement and first responders by December 2019
<p>3.4: By December 2019, coordinate with the Prevention and Education Work Group, and Treatment and Recovery Groups on their initiatives.</p>	<p>July 2018 – December 2019</p>	<ol style="list-style-type: none"> 1. Develop treatment and recovery cheat sheet for first responders, law enforcement officials, and prosecutors. 2. Support Prevention Education initiatives involving law enforcement entities. 	<p>Control and Enforcement Work Group</p>	<p>Prevention Education Work Group, Treatment and Recovery Work Group</p>	<ul style="list-style-type: none"> • Cheat sheets established and distributed to law enforcement and first responders by December 2019 • All first responding entities equipped with knowledge about licensed, local treatment options for overdose victims by December 2019 • Increase K-12 educational awareness by December 2019 • All first responding entities should be aware of treatment facilities in their community by December 2019

OBJECTIVE	TIMEFRAME	ACTION STEPS	POTENTIAL RESPONSIBLE AGENCIES	PARTNERS TO ENGAGE	MEASURES OF SUCCESS
<p>3.5: By December 2019, coordinate with the Prosecuting Attorney's Council (PAC) and the U.S. Attorney's Office on their initiatives.</p>	<p>July 2018 – December 2019</p>	<ol style="list-style-type: none"> 1. Develop investigation checklists and PowerPoints for overdose incidents and distribute. 	<p>Control and Enforcement Work Group</p>	<p>Prosecuting Attorney's Council (PAC), U.S. Attorney's Office</p>	<ul style="list-style-type: none"> • An updated investigative checklist and PowerPoint established and distributed to law enforcement and first responders by December 2019




































SUMMARY OF STATE AND NATIONAL REPORTS AND DATA

To identify and assess Georgia's opioid strategic planning efforts, a comparison is made with the National Governor's Association (NGA), Association of State & Territorial Health Officials (ASTHO), Substance Abuse Research Alliance (SARA) and Georgia Prescription Drug Abuse Prevention Initiative (GPDAPI); entities with proposed strategies for addressing the growing national public health emergency.

TABLE 1: Comparison of the recommendations made by the Georgia Plan, ASTHO, NGA, SARA and GPDAPI.

RECOMMENDATIONS	GEORGIA PLAN	ASTHO	NGA	SARA	GPDAPI
Secure substance misuse prevention funding and other resources needed in Georgia from new additional funding streams.					
Using education and awareness best practices, educate patients, their families & the health care industry on substance misuse, prevention & the opioid epidemic.					
Increase statewide public awareness of substance misuse, prevention and the opioid epidemic.					
Develop a map of systems and collaborations to help with the delivery of and access to data, resources and services targeting women of child-bearing age.					
Using best practices, educate women of childbearing age, their partners and their health care providers on substance misuse, prevention, interventions, treatment, the opioid epidemic and Neonatal Abstinence Syndrome (NAS).					
Expand access to treatment and recovery support services targeting women of child-bearing age.					
Develop a data and surveillance oversight committee.					
Identify, understand & define relevant data.					
Assess data needs.					
Determine and operationalize a data & surveillance infrastructure.					
Implement PDMP interoperability between states of interest.					

TABLE 1: CONTINUED

RECOMMENDATIONS	GEORGIA PLAN	ASTHO	NGA	SARA	GPDAPI
Connect death data with the PDMP to ensure that the prescriptions of deceased patients are not filled.					
Establish capacity & regulatory pathways for clinical work flow integration with the PDMP.					
Develop PDMP reports for distribution to the public & stakeholders.					
Increase access to treatment & recovery support services.					
Reduce stigma and discrimination related to Opioid and/or Substance Use Disorders (OUDs/SUDs) & their treatment.					
Provide community and provider education about Opioid and/or Substance Use Disorder (OUD/SUD) diagnosis, treatment & recovery.					
Identify harm reduction efforts.					
Improve communication between physicians, pharmacists & law enforcement efforts.					
Reduce the supply of opioids on the street.					
Increase training and education for law enforcement officers & first responders.					

CONTINUED ACTION

Georgia's Multi-Stakeholder Opioid and Substance Use Response Plan will evolve as needs and resources change. The recommendations in this plan represent seven months of work by more than 200 stakeholders, representing over 110 agencies or organizations in the state. We will continue to work collaboratively to address the opioid epidemic in Georgia, with the goal of reducing illegal drug use, prescription drug misuse, overprescribing, overdose and deaths. Our strategic planning efforts continue with the following next steps.

IMPLEMENTATION

Georgia's Multi-Stakeholder Opioid and Substance Use Response Plan will be implemented and sustained with the support of public/private partnerships.

RESPONSE PLAN UPDATES

As data, needs and resources change, and as other opioid-related topics are prioritized, plan revisions will be made accordingly. By October 2018, a Blue-Ribbon Commission will be appointed to oversee the implementation process.

BLUE RIBBON COMMISSION

A Blue-Ribbon Commission will be appointed to oversee the implementation process of Georgia's Multi-Stakeholder Opioid and Substance Use Response Plan. Consisting of no more than 11 members, the Commission will include representatives from other state and/or local agencies and organizations. Members of the Commission shall serve for a three-year term and convene at least once a year. *The purpose of the Commission is to:* (1) Review the statewide response plan, (2) Meet with the co-leads of the Work Groups to discuss any progress made in plan implementation, (3) Report on implemented action steps to senior leadership, (4) Provide recommendations for future activities and/or work groups, and (5) Make plan revisions and updates.

SOCIO-ECONOMIC IMPACT

When considering the effects of the opioid epidemic, it is important to analyze its socio-economic impact. The White House estimates that the 2015 economic cost of the opioid crisis was \$504 billion ("The Underestimated," 2017). When analyzing the socio-economic impact, direct and indirect costs must be considered. Direct costs include medical costs associated with emergency department visits, inpatient hospital stays, treatment and recovery services, ambulatory care and emergency services (Inocencio et al., 2013). Other medical costs can accrue as the result of medical complications associated with drug use such as HIV/AIDS, hepatitis, mental health disease and neonatal care (Hansen et al., 2011). Indirect costs include those associated with the loss of productivity and involvement in the criminal justice system. Due to the high economic cost of the opioid crisis, it is important to further study the socio-economic impact of Georgia's opioid epidemic.

OTHER AREAS

Georgia stakeholders have identified additional opioid-related topics to be considered in later drafts of the statewide plan. While the work groups have not prioritized these topics, they have been identified and their importance noted. *Additional topics include:* (1) Pain Management, (2) Prescription Limits (3) Prescription Medications of Hospice Patients, (4) Holistic Harm Reduction Efforts, (5) Telehealth, (6) Workforce, (7) Homeland Security, (8) Diversion Program (i.e. Drug/Accountability Courts), and (9) Post-Incarceration Treatment and Recovery Services.

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