



Opioid Affected Youth Initiative Strategic Plan for Georgia

Prepared for **Criminal Justice Coordinating Council**

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Executive Summary

The Georgia Criminal Justice Coordinating Council (CJCC) is pleased to present the strategic plan for Georgia’s Opioid Affected Youth Initiative (OAYI). In 2018, CJCC was one of six governmental organizations across the nation to be awarded the OAYI grant from the U.S. Department of Justice’s Office of Juvenile Justice and Delinquency Prevention (OJJDP). The Georgia OAYI Grant Program takes a three-step process to address the opioid epidemic affecting Georgia’s youth by: conducting a gap needs analysis, creating a data-driven strategic plan, and implementing the objectives set forth within. The Georgia OAYI is focused on connecting youth who are at risk of coming into contact with the juvenile justice system with prevention, treatment, and recovery services.

CJCC convened a statewide Georgia OAYI Steering Committee in order to address the growing epidemic affecting youth across the state. The Committee consists of 12 subject matter experts including, but not limited to, law enforcement, judges, education, public health, and non-profits. Meetings began in October 2019 on a bi-weekly basis, with additional meetings called as needed. Once implementation occurs, meetings will occur on a quarterly basis, with additional meetings as needed. The Committee’s purpose is to guide the initiative’s work by leveraging agency partnerships to promote evidence-based prevention, intervention, treatment, and recovery initiatives across Georgia for youth at risk of opioid misuse. The Committee is staffed by employees of CJCC with research partner support from the University of Georgia’s Carl Vinson Institute of Government. The CJCC Project Coordinator works hand in hand with the Institute of Government team, under the management of the CJCC Project Manager.

The Committee conducted an in-depth analysis of Georgia Department of Public Health (DPH), Georgia Department of Education (GaDOE), Georgia Department of Juvenile Justice (DJJ), and Georgia Bureau of Investigation (GBI) data, and a Strengths, Weaknesses, Opportunities, Threats, and Aspirations (SWOTA) analysis. These activities led the Committee’s strategic planning process by identifying where resources would be best utilized to serve the youth across the state.

The following Georgia OAYI Strategic Plan outlines the Committee’s goals, objectives, activities, and two-year action plan with the vision to provide a better understanding of where opioid-involved youth are most vulnerable so that state and local partners can improve their ability to respond, improve outcomes related to adverse opioid-involved events, increase collaboration among state and local partners to assist opioid-affected youth, and expand the understanding, availability, and use of naloxone in K-12 schools.



Background

The Georgia Criminal Justice Coordinating Council (CJCC), an executive branch agency, with the support of the Office of the Attorney General and the Georgia Department of Public Health (DPH), applied for and was awarded the FY2018 Opioid Affected Youth Initiative (OAYI) grant from the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP). The grant was awarded to conduct a gap/needs assessment of youth affected by the opioid epidemic, develop a strategic plan, and implement and fund recommendations set forth within. The goals of the grant are to:

- Establish a statewide panel of experts to identify greatest areas of concern to address the opioid epidemic and its impact on youth who come into contact with the juvenile justice system.
- Integrate and analyze data from stakeholder groups to understand the risk factors for opioid abuse and related crime for juvenile offenders. Develop a strategic plan to coordinate interventions and evaluate effectiveness.
- Implement and increase use of evidence-based programming and assessment tools for youth and families receiving evidence-based services.

Similar to national statistics, opioid-involved overdose deaths have rapidly increased in Georgia since 2010. The total number of opioid-related overdose deaths for individuals 10–24 years old in 2010 was 65. This increased to 99 deaths in 2017 and has seen a slight decrease in 2018.¹ Georgia's Office of the Attorney General reported that between June 2016 and May 2017, the total number of opioids prescribed to patients in Georgia was over 541 million, which is approximately 54 doses for every man, woman, and child in the state. As a result, Georgia has a growing epidemic of rising non-medical use of prescription opioids and the ease at which opioids can be obtained by youth.²

Between emergency department visits, inpatient hospitalizations, and deaths, opioids has affected more than 2,500 individuals below the age of 25 in Georgia since 2016. The ultimate concern is the long-term effects opioids will have on Georgia's youth. Youth who misuse opioids are more likely to have lower grades, be absent from school, drop out of school, associate with anti-social peer groups, participate in anti-social behavior, and participate in risky sexual behavior. Additionally, correlations have been drawn between youth with

¹ Georgia Department of Public Health, <https://dph.georgia.gov/document/document/opioid-overdose-surveillance-2018-preliminary-report/download>.

² Information on this statement can be retrieved from <https://www.southernpoliticalreport.com/2017/10/19/attorney-general-carr-tackles-the-opioid-crisis/>.



substance abuse issues (specifically heroin) and chronic truancy, serious nonviolent crimes, and violent crimes amongst youth.

Due to the prior and ongoing work by other state agencies to map the opioid epidemic, the Georgia OAYI has been able to create a response plan with objectives that will improve youth services. The Committee is staffed by employees of CJCC with research partner support from the University of Georgia's Carl Vinson Institute of Government. The CJCC Project Coordinator works hand in hand with the Institute of Government team, under the management of the CJCC Project Manager. The strategic planning process began with the research partner conducting a gap/needs analysis of DPH's opioid-involved morbidity and mortality data, responses to the Georgia Department of Education (GaDOE) Georgia Student Health Survey, and Federal Bureau of Investigation Crime Data Explorer/Georgia Bureau of Investigation Uniform Crime Report (UCR) data and then the Committee reviewing the analysis. In addition, members of the Committee worked through a Strengths, Weaknesses, Opportunities, Threats, and Aspirations (SWOTA) activity. The Committee then reviewed all current opioid-related state initiatives, including, but not limited to, the Attorney General's Statewide Opioid Task Force, DPH Working Groups attached to the Task Force, and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) opioid and substance abuse programs.

The *DPH Multi-Stakeholder Opioid and Substance Use Response Plan* is the approved statewide response framework to the opioid epidemic in Georgia and was utilized to ensure a cohesive juvenile statewide response. The Committee reviewed objectives from the Prevention and Education, Data and Surveillance, Treatment and Recovery, and Control and Enforcement Working Groups relevant to the initiative's mission.

The following document outlines the Committee's goals, objectives, activities, and two-year action plan.

Vision Statement

Reduce opioid misuse in youth and prevent future misuse.

Mission Statement

Leverage agency partnerships to promote evidence-based prevention, intervention, treatment, and recovery initiatives across Georgia related to youth at risk of opioid misuse.

Strategic Goals

CJCC outlined the following goals in the project narrative:



- A. Establish a statewide panel of experts to identify greatest areas of concern to address the opioid epidemic and its impact on youth who come into contact with the juvenile justice system.
- B. Integrate and analyze data from stakeholder groups to understand the risk factors for opioid abuse and related crime for juvenile offenders. Develop a strategic plan to coordinate interventions and evaluate effectiveness.
- C. Implement and increase use of evidence-based programming and assessment tools for youth and families receiving evidence-based services.

Based upon data collected in developing the strategic plan, the SWOTA activity, and the commitment to the narrative goals, the Committee decided on the following strategic goals:

- Provide a better understanding of where opioid-involved youth are most vulnerable in order to improve the ability of state and local partners to respond.
- Improve outcomes related to adverse opioid-involved events.
- Increase collaboration among state partners to assist opioid-affected youth.
- Expand the understanding, availability, and use of naloxone in K-12 schools and community-based resources targeted for youth.

In order to reach the listed goals, the Committee has identified the following objectives, activities, and output and outcome indicators. The Committee and CJCC will continue to partner with the Institute of Government in order to monitor and evaluate said activities.

Objectives, Activities, Output and Outcome Indicators

Objective 1: Encourage additional local reporting, particularly from School Resource Officers (SROs) and school district police/public safety departments, to the overdose map maintained by the High Intensity Drug Trafficking Area (HIDTA).³

Activities:

- Connect with HIDTA to find out which counties, law enforcement, and first responder entities in Georgia are currently reporting.

³ Due to COVID-19, HIDTA has temporarily paused its activities. Committee members are actively engaged with HIDTA and will continue to support this objective as normal business resumes.



- Gain a better understanding of how HIDTA communicates with local law enforcement/first responder agencies to encourage them to report.
- Reach out to other communication channels, such as the SRO training program at GPSTC and the Georgia Association of School Resource Officers.
- Coordinate with DPH's overdose mapping initiative in Georgia's public health districts.

Output Indicators:

- Number of counties and law enforcement/first responder agencies within those counties reporting to HIDTA's overdose map

Outcome Indicators:

- Increase in the number of counties, law enforcement, and first responder agencies within those counties reporting to HIDTA's overdose map

Tied to the Following Strategic Goal:

- Provide a better understanding of where opioid-involved youth are most vulnerable in order to improve the ability of state and local partners to respond.

Objective 2: Create an opioid misuse awareness, prevention, and education campaign using student-created content.⁴

Activities:

- Engage with a marketing firm to ensure proper messaging, audience identification, and execution.
- Develop a toolkit with such information as a tagline, data, facts about opioids, etc.
- Establish campaign criteria including, but not limited to:
 - Content guidelines
 - Types of medium (social media, print, video, etc.)

⁴ Due to COVID-19, the opioid campaign has been suspended until calendar year 2021. The Committee will revisit implementation of this objective in fall 2020.



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- Number of participants per region/district/state
- Number of participants by medium
- Content dissemination
- Reach out to relevant groups to solicit participation in and to publicize the campaign. Relevant groups could include, but are not be limited to:
 - Georgia Department of Education (GaDOE) Career, Technical and Agricultural Education (CTAE) Department
 - CTAE Resource Network (CTAERN)
 - Georgia School Counselor Association
 - Georgia Family Connection Partnership
 - Community Service Boards
 - Girl Scouts, 4H, etc.

Output Indicators: Examples of output indicators may include, but are not limited to, the:

- Number of schools who participate in the campaign
- Number of students who participate in the campaign
- Number of campaign submissions and number in each category
- Number of posts on social media, hashtags, reposts/retweets, shares, etc.
- Number of times videos are aired
- Number and location of print ads
- Estimated number of youth reached by the campaigns

Outcome Indicators:

- Examples of outcome indicators may include, but are not limited to, reductions in the number and/or rate of:
 - Arrests for possession and sale/manufacture of Opium or Cocaine or Their Derivatives and Synthetic Narcotics by county



- Opioid-involved emergency department visits
- Opioid-involved inpatient hospitalizations
- Opioid-involved overdoses
- Drug-related discipline incidents in K-12 schools
- Responses to Georgia Student Health Survey:
 - Reduction in the number of days students who say they have used a prescription drug/painkiller not prescribed to them in the past 30 days
 - Increase in the number of students who say they have never used a prescription drug that was not prescribed to them
 - Increase in the number of students who think there is great risk that people harm themselves when they use prescription drugs not prescribed to them

Tied to the Following Strategic Goals:

- Improve outcomes related to adverse opioid-involved events.
- Increase collaboration among state partners to assist opioid-affected youth.

Objective 3: Encourage the Department of Public Health (DPH) to report the following additional data elements:⁵

- Opioid Overdose Surveillance Reports: the same age brackets as the Online Analytical Statistical Information System (OASIS), race, ethnicity, and gender by county
- Prescription Drug Monitoring Program (PDMP): the same age brackets as OASIS and gender by county
- Add data from the Opioid Overdose Surveillance Reports to OASIS

⁵ Due to COVID-19, staff from the Surveillance and Drug Unit has been reassigned temporarily reassigned to assist with COVID-19 data collection and reporting. As a result, the timeline has been adjusted.



Activities:

- Contact the relevant DPH department heads to discuss the need for such data best practices.

Output Indicators:

- Inclusion of the age brackets, race, ethnicity, and gender data elements in the appropriate reports
- Inclusion of morbidity data in OASIS⁶

Outcome Indicators:

- Increased filtering capacity for tracking youth opioid- and heroin-involved morbidity data
- Increased filtering capacity for tracking data related to opioid prescriptions for youth

Tied to the Following Strategic Goals:

- Provide a better understanding of where opioid-involved youth are most vulnerable in order to improve the ability of state and local partners to respond.
- Increase collaboration among state partners to assist opioid-affected youth.

Objective 4: Encourage a statewide effort to track the availability and use/administration of naloxone in K-12 schools.

Activities:

- Work with state partners to determine a responsible agency to build and maintain a database.
- Work with the responsible agency to determine the appropriate data elements to track. Data elements could include, but not be limited to:
 - Number of kits/doses available at each school
 - Location of kit(s)

⁶ According to DPH, this effort is currently underway.



- Date of purchase
- Date for renewal of expired kit(s)
- Who is trained to administer
- Any (prior) administration of naloxone
- Point of contact at each school

Output Indicators:

- Identification of the responsible agency
- Creation of a database to track the data elements
- Collection rate of identified data elements from all K-12 schools (percentage of data elements collected and percentage of school collected from)
- Number of K-12 schools that report to the database
- Production of report(s) on availability and use

Outcome Indicators:

- Increased understanding of a school’s ability to respond adequately to an opioid-involved overdose
- Ability to produce reports on the availability and use of naloxone within K-12 schools

Tied to the Following Strategic Goals:

- Improve outcomes related to adverse opioid-involved events.
- Expand the understanding, availability, and use of naloxone in K-12 schools and community-based resources targeted for youth.



Objective 5: Increase the number of naloxone kits in K-12 schools.⁷

Activities:

- Identify the national standard for the number of naloxone kits that a school should have on hand.
- Reach out to K-12 schools whose naloxone kits are expired/about to expire and those that do not have a kit to encourage them to acquire one or more kits.

Output Indicators:

- Number of K-12 schools with at least one naloxone kit
- Number of K-12 schools meeting the national standard for the number of kits

Outcome Indicators:

- Increase in the number of naloxone kits in K-12 schools
- Prevention of opioid-involved overdoses at school and school-related events
- Increase in the number of schools with an adequate number of naloxone kits

Tied to the Following Strategic Goals:

- Improve outcomes related to adverse opioid-involved events.
- Expand the understanding, availability, and use of naloxone in K-12 schools and community-based resources targeted for youth.

Objective 6: Provide the ability for additional school personnel to be trained to respond to an opioid-involved overdose.

Activities:

- Coordinate with state partners to determine which schools need personnel to be trained.
- Coordinate with state partners to determine the appropriate personnel to be trained, such as SROs, counselors, nurses, or others.

⁷ Due to COVID-19, the timeline has been adjusted.



- Provide funding for additional training.
- Work with state partners to modify existing P.O.S.T.-certified curriculum for responding to an opioid-involved overdose in youth.

Output Indicators:

- Number of schools with personnel trained to respond to an opioid-involved overdose
- Number of personnel at each school trained to respond to an opioid-involved overdose
- Number of hours of training provided

Outcome Indicators:

- Increase in the number of school personnel trained to respond to an opioid-involved overdose at school and school-related events
- Prevention of opioid-involved overdoses at school and school-related events

Tied to the Following Strategic Goals:

- Improve outcomes related to adverse opioid-involved events.
- Increase collaboration among state partners to assist opioid-affected youth.
- Expand the understanding, availability, and use of naloxone in K-12 schools and community-based resources targeted for youth.

Objective 7: Better connect youth coming out of or involved with the Department of Juvenile Justice (DJJ) with treatment and recovery support services.

Activities:

- Fund evidence-based programming, such as Youth Opioid Peer Mentors.
 - Treatment capacity is always a concern when implementing services across the state. In order address this issue, programs will be allowed to include training expenses as part of any sustainability plan.



- Work with DJJ, the Department of Behavioral Health and Development Disabilities (DBHDD), and other state and local partners to identify the connections currently available, how those connections are made, and how to improve them.
- Connect youth and their families to needed services.

Output Indicators: Examples of output indicators may include, but are not limited to, the:

- Number of programs funded
- Number of staff trained
- Number of youth served, including successful and unsuccessful completion rates
- Number of hours of services provided to participants

Outcome Indicators: Examples of outcome indicators may include, but are not limited to, the:

- Increased number of youth and families connected to treatment and recovery services
- Reduced number of youth adjudicated for opioid-involved crimes
- Reduced recidivism⁸ for possession or sale/manufacture of Opium or Cocaine or Their Derivatives or Synthetic Opioids
- Increased number of providers in DJJ’s Community Resources Database and the Prevent Child Abuse Georgia Family Resources Map

Tied to the Following Strategic Goals:

- Improve outcomes related to adverse opioid-involved events.
- Increase collaboration among state partners to assist opioid-affected youth.

⁸ Juvenile recidivism is defined in O.C.G.A. 49-4A-1 as “a conviction or adjudication of delinquency for an offense or crime committed within three years of being placed on probation or being discharged or released from a juvenile detention facility.”



Objective 8: Encourage the creation of a data dashboard to monitor opioid misuse indicators among youth, ages 10-24.

Activities:

- Work with state partners to determine a responsible agency to build and maintain the data dashboard.
- Identify the data elements to be tracked, including, but not limited to, the:
 - Number and/or rate of opioid- and heroin-involved emergency department visits by county
 - Number and/or rate of opioid- and heroin-involved hospitalizations by county
 - Number and/or rate of opioid- and heroin-involved overdoses by county
 - Number and/or rate of arrests for possession and sale/manufacture of Opium or Cocaine or Their Derivatives and Synthetic Narcotics by county
 - Number of opioid prescriptions by county
 - Treatment data
 - Number and/or rate of drug-related discipline incidents by school
 - Number of naloxone kits in each school
- Discuss with state partners integrating into the dashboard the database for tracking naloxone in schools.
- Identify the most appropriate reports and their frequency.

Output Indicators: Examples of output indicators may include, but are not limited to, the:

- Number of MOUs signed
- Number of unique users
- Number of visits to the dashboard
- Number of visits per user
- Number of page visits



- Average length of visit
- User location

Outcome Indicators: Examples of outcome indicators may include, but are not limited to, the:

- Increased ability to track the opioid epidemic among Georgia’s youth, ages 10-24
- Ability to track where to most appropriately deploy state and local resources to combat the epidemic
- Ability to better target the use of state and local resources
- Identification of the appropriate state and local resources to deploy

Tied to the Following Strategic Goals:

- Provide a better understanding of where opioid-involved youth are most vulnerable in order to improve the ability of state and local partners to respond.
- Improve outcomes related to adverse opioid-involved events.
- Increase collaboration among state partners to assist opioid-affected youth.
- Expand the understanding, availability, and use of naloxone in K-12 schools and community-based resources targeted for youth.

Objective 9: Continue regular meetings of CJCC’s OAYI Steering Committee and coordinate with the Georgia Juvenile Justice State Advisory Group, the Georgia Statewide Opioid Task Force, and the working groups under the Task Force.

Activities:

- Hold bi-weekly meetings until implementation when meetings will then be held quarterly.
- Continue recruitment efforts until August 3, 2020.
- Review and approve competitive grant applications based on the federal approval of the strategic plan goals.
- Serve as subject matter experts.



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Output Indicators:

- Number of meeting held
- Number of attendees at each meeting

Outcome Indicators:

- Number of objectives achieved
- Appropriate representation of all stakeholders involved in opioid response activities in Georgia

Tied to the Following Strategic Goals:

- Provide a better understanding of where opioid-involved youth are most vulnerable in order to improve the ability of state and local partners to respond.
- Improve outcomes related to adverse opioid-involved events.
- Increase collaboration among state partners to assist opioid-affected youth.
- Expand the understanding, availability, and use of naloxone in K-12 schools and community-based resources targeted for youth.



Two-Year Action Plan

This two-year action plan is modeled on Georgia’s *Multi-Stakeholder Opioid and Substance Use Response Plan* (2018 Abbreviated Report), available at <https://dph.georgia.gov/georgias-opioid-response>.

The action plan provided below is subject to change based upon consultation with experts and other factors. As of March 16, 2020, the state of Georgia has taken steps to address the spread of COVID-19. These steps have impacted the original implementation dates of the listed objectives, activities, and output and income indicators. Please see Georgia’s COVID-19 Contingency Plan for more details.

In order to conduct the activities listed below, the Committee will release a competitive request for proposal (RFP) for local and state partners to apply for. The Committee expects to award at least 5 awards. Funds will be released based on the approval of the Strategic Plan. Tentatively, CJCC expects to release the RFP on June 3, 2020, close applications on July 20, 2020, and make awards by August 3, 2020.

OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
Encourage additional local reporting, particularly from School Resource Officers (SROs) and school district police/public safety departments, to the	July 15, 2020 – July 31, 2021	<ul style="list-style-type: none"> Connect with HIDTA to find out which counties, law enforcement, and first responder entities in Georgia are currently reporting. 	CJCC OAYI Steering Committee	Baltimore-Washington and Atlanta-Carolinas HIDTA, DPH (Public Health Analysts), GaDOE, Georgia Public	<ul style="list-style-type: none"> Increase in the number of counties, law enforcement, and first responder agencies within those counties reporting to HIDTA’s overdose map 	<p>Ongoing efforts to identify overdose hot spots.</p> <p>Sustainability to be built in to ensure training is available beyond the lifetime of the</p>



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
overdose map maintained by HIDTA.		<ul style="list-style-type: none"> ■ Gain a better understanding of how HIDTA communicates with local law enforcement/first responder agencies to encourage them to report. ■ Reach out to other communication channels, such as the SRO training program at GPSTC and the Georgia Association of School Resource Officers. ■ Coordinate with DPH's overdose mapping initiative in Georgia's public health districts. 		Safety Training Centers (GPSTC), Georgia Sheriff's Association, Georgia Association of Chiefs of Police		grant, as requested by local law enforcement authorities.



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
<p>Create an opioid misuse awareness, prevention, and education campaign using student-created content.</p>	<p>January 1, 2021 – July 31, 2021</p>	<ul style="list-style-type: none"> ■ Engage with a marketing firm to ensure proper messaging, audience identification, and execution. ■ Develop a toolkit with such information as a tagline, data, facts about opioids, etc. ■ Establish campaign criteria. ■ Reach out to relevant groups to solicit participation in and to publicize the campaign. 	<p>CJCC OAYI Steering Committee</p>	<p>GaDOE, DPH, DBHDD, Georgia Council on Substance Abuse, Georgia Statewide Afterschool Network, CTAERN, Georgia Public Broadcasting (GPB), Public Broadcasting (PBA)</p>	<ul style="list-style-type: none"> ■ Examples of measures of success may include, but are not limited to, reductions in the number and/or rate of: <ul style="list-style-type: none"> ○ Arrests for possession and sale/manufacture of Opium or Cocaine or Their Derivatives and Synthetic Narcotics ○ Opioid-involved emergency department visits ○ Opioid-involved inpatient hospitalizations ○ Opioid-involved overdoses ○ Drug-related discipline incidents in K-12 schools 	<p>Target release of campaign for National Substance Abuse Awareness month (October), National Prevention Week (May), and national awareness campaigns other already established, such as National Drug Take Back Day.</p>



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
					<ul style="list-style-type: none"> ■ Responses to specific Georgia Student Health Survey questions 	
<p>Encourage DPH to report the following additional data elements:</p> <ul style="list-style-type: none"> ■ Opioid Overdose Surveillance Reports: the same age brackets as OASIS, race, ethnicity, and gender by county ■ PDMP: the same age brackets as OASIS and gender by county ■ Add data from the Opioid 	<p>July 15, 2020 – July 31, 2021</p>	<ul style="list-style-type: none"> ■ Contact the relevant DPH department heads to discuss the need for such data best practices. 	<p>DPH</p>	<p>PDMP Administrator</p>	<ul style="list-style-type: none"> ■ Increased filtering capacity for tracking youth opioid- and heroin-involved morbidity data ■ Increased filtering capacity for tracking data related to opioid prescriptions for youth 	<p>PDMP and Opioid Overdose Surveillance Report data: monthly and yearly reports include further data breakouts; updated on OASIS as frequently as data that is currently available</p>



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
Overdose Surveillance Reports to OASIS.						
Encourage a statewide effort to track the availability and use/administration of naloxone in K-12 schools.	August 3, 2020 – July 31, 2021	<ul style="list-style-type: none"> ■ Work with state partners to determine a responsible agency to build and maintain a database. ■ Work with the responsible agency to determine the appropriate data elements to track. 	CJCC OAYI Steering Committee	GaDOE, DPH, Georgia Association of School Nurses, Georgia School Counselor Association, GPSTC, Georgia Association of School Resource Officers, Georgia Emergency Management Agency (GEMA), DBHDD, Governor’s Office of Student	<ul style="list-style-type: none"> ■ Increased understanding of a school’s ability to respond adequately to an opioid-involved overdose ■ Ability to produce reports on the availability and use of naloxone within K-12 schools 	Database to be built with the ability to be sustained past the lifetime of the grant



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
				Achievement (GOSA), Office of Planning and Budget (OPB), Georgia Technology Authority (GTA)		
Increase the number of naloxone kits in K-12 schools.	August 3, 2020 – July 31, 2021	<ul style="list-style-type: none"> ■ Reach out to K-12 schools whose naloxone kits are expired/about to expire and those that do not have a kit to encourage them to acquire one or more kits. ■ Identify the national standard for the number of naloxone kits that a school should have on hand. 	CJCC OAYI Steering Committee	DPH, GaDOE, DBHDD, naloxone manufacturers	<ul style="list-style-type: none"> ■ Increase in the number of naloxone kits in K-12 schools ■ Prevention of opioid-involved overdoses at school and school-related events ■ Increase in the number of schools with an adequate number of naloxone kits 	To begin upon completion of the tracking database.



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
Provide the ability for additional school personnel to be trained to respond to an opioid-involved overdose.	August 3, 2020 – July 31, 2021	<ul style="list-style-type: none"> ■ Coordinate with state partners to determine which schools need personnel to be trained. ■ Coordinate with state partners to determine the appropriate personnel to be trained, such as SROs, counselors, and/or nurses. ■ Provide funding for additional training. 	CJCC OAYI Steering Committee	GaDOE, DPH, Georgia Association of School Nurses, Georgia School Counselor Association, GPSTC, Georgia Association of School Resource Officers, GEMA, DBHDD, GOSA, Red Cross, DJJ	<ul style="list-style-type: none"> ■ Increase in the number of school personnel trained to respond to an opioid-involved overdose at school and school-related events ■ Prevention of opioid-involved overdoses at school and school-related events 	Schedule monthly trainings around the state
Better connect at risk youth and youth coming out of DJJ with treatment and recovery support services.	August 3, 2020 – July 31, 2021	<ul style="list-style-type: none"> ■ Fund evidence based services. ■ Work with DJJ, DBHDD, and other state and local partners to identify the connections currently available, 	CJCC OAYI Steering Committee	DJJ, DBHDD, Georgia Association of Community Service Boards, GaDOE, local service providers,	<ul style="list-style-type: none"> ■ Examples of measures of success may include, but are not limited to, the: <ul style="list-style-type: none"> ○ Increased number of youth and families connected to treatment and recovery services 	Ongoing partnerships to be established to promote continued connections beyond the lifetime of the



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
		<p>how those connections are made, and how to improve them.</p> <ul style="list-style-type: none"> ■ Connect youth and their families to needed services. 		<p>Georgia Council on Substance Abuse, National Alliance on Mental Illness (NAMI)</p>	<ul style="list-style-type: none"> ○ Reduced number of youth adjudicated for opioid-involved crimes ○ Reduced recidivism for opioid-involved crimes ■ Increased number of providers in DJJ's Community Resources Database and the Prevent Child Abuse Georgia Family Resources Map 	<p>grant to connect returning youth to treatment and recovery services</p>
<p>Encourage the creation of a data dashboard to monitor opioid misuse indicators among youth, ages 10-24.</p>	<p>August 3, 2020 – July 31, 2021</p>	<ul style="list-style-type: none"> ■ Work with state partners to determine a responsible agency to build and maintain the data dashboard. ■ Identify the data elements to be tracked. ■ Discuss with state partners integrating into the dashboard 	<p>CJCC, DPH, OPB</p>	<p>DPH, DBHDD, OPB, Georgia Attorney General's Office, GTA</p>	<ul style="list-style-type: none"> ■ Examples of measures of success may include, but are not limited to, the: <ul style="list-style-type: none"> ○ Increased ability to track the opioid epidemic among Georgia's youth, ages 10-24 ○ Ability to track where to most appropriately deploy state and local 	<p>Ongoing effort to monitor adverse opioid-involved events throughout Georgia</p>



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
		<p>the database for tracking naloxone in schools.</p> <ul style="list-style-type: none"> ■ Identify the most appropriate reports and their frequency. 			<p>resources to combat the epidemic</p> <ul style="list-style-type: none"> ○ Ability to better target the use of state and local resources ○ Identification of the appropriate state and local resources to deploy. 	
<p>Continue regular meetings of CJCC's Opioid Affected Youth Initiative Steering Committee and coordinate with the Georgia Juvenile Justice State Advisory Group, the Georgia Statewide Opioid Task Force, and the working groups under the Task Force.</p>	<p>Ongoing</p> <p>Members will be recruited until August 3, 2020..</p>	<ul style="list-style-type: none"> ■ Meeting on a bi-weekly basis until implementation which will then be quarterly ■ Review and approve competitive grant applications based on the federal approval of the strategic plan goals 	<p>CJCC OAYI Steering Committee</p>	<p>Current members and other stakeholders, including Division of Families and Children's Services, Prosecuting Attorney's Council of Georgia, Georgia Public Defender Council,</p>	<ul style="list-style-type: none"> ■ Number of objectives achieved ■ Number of meetings held 	<p>Bi-weekly, quarterly</p>



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OBJECTIVE	TIME FRAME	ACTION STEPS	LEAD ENTITY RESPONSIBLE	PARTNERS TO ENGAGE	MEASURES OF SUCCESS	FREQUENCY AND INTENSITY
				individual(s) and/or family members with lived experience, and others		



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Appendix A. Data

Data related to the health consequences of opioid misuse – morbidity, mortality, and prescriptions – are relatively easy to obtain from the Georgia Department of Public Health. The Georgia Department of Education (GaDOE) Student Health Survey provides data on attitudes and usage. The U.S. Substance Abuse and Mental Health Administration, or SAMHSA, provides data on the treatment of opioid misuse.

However, data related to the consequences – such as arrests and school discipline – are not specific enough to break out opioids from other drugs. For example, the Federal Bureau of Investigation’s Crime Data Explorer includes opioids with cocaine, but does break out synthetic narcotics. GaDOE’s data includes discipline data related to drugs, without breaking down the type of drugs.

This data generally describes the following categories of opioids:

- prescription opioid pain relievers (i.e., hydrocodone, oxycodone, and morphine);
- opioids used to treat addiction (i.e., methadone);
- and heroin, opium, and synthetic opioids (i.e., tramadol and fentanyl that may be prescribed or illicitly manufactured).

The following is an overview of the data that describes the issues that Georgia faces related to opioid misuse and its consequences for youth, ages 10 to 24.

ARRESTS: POSSESSION

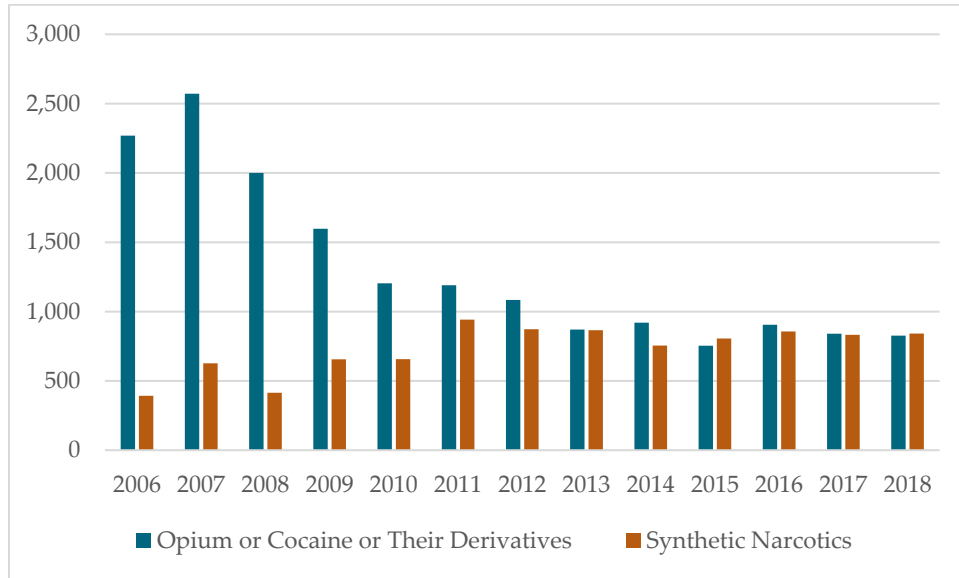
Arrests related to opioids are found in two categories: (1) Opium or Cocaine or Their Derivatives and (2) Synthetic Narcotics.⁹ In Georgia, arrests of those ages 10 to 24 for possession of Opium or Cocaine or Their Derivatives made up 23.2% of all arrests for those substances between 2006 and 2018, and 26.8% of all arrests for Synthetic Narcotics. Notably, arrests of those ages 10 to 24 for possession of Opium or Cocaine or Their Derivatives has gone down from a high of 2,572 in 2007 to a low of 754 in 2015, a nearly 71% decrease. Since then, arrests have fluctuated between a high of 905 and a low of 827.

⁹ FBI Crime Data Explorer, <https://crime-data-explorer.fr.cloud.gov/explorer/state/georgia/arrest>.



On the other hand, arrests for possession of Synthetic Narcotics grew from a low of 393 in 2006, to a high of 942 in 2011, an increase of 140%. Arrests dropped to 755 in 2014, but then rose to 839 in 2018.

Figure 1. Number of Arrests for Possession of Opium or Cocaine or Their Derivatives and Synthetic Narcotics, Ages 10–24, 2006–2018



Of those ages 10 to 24 arrested for possession of Opium or Cocaine or Their Derivatives and Synthetic Narcotics, those between the ages of 20 and 24 have made up 60-75% of all arrests.

Figure 2. Number of Arrests for Possession of Opium or Cocaine or Their Derivatives by Age Group, 2006–2018

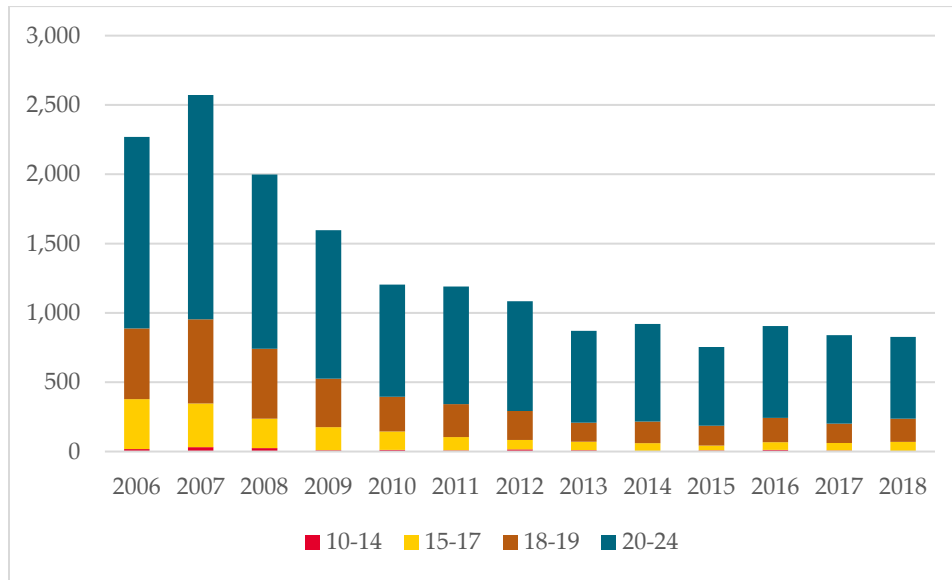
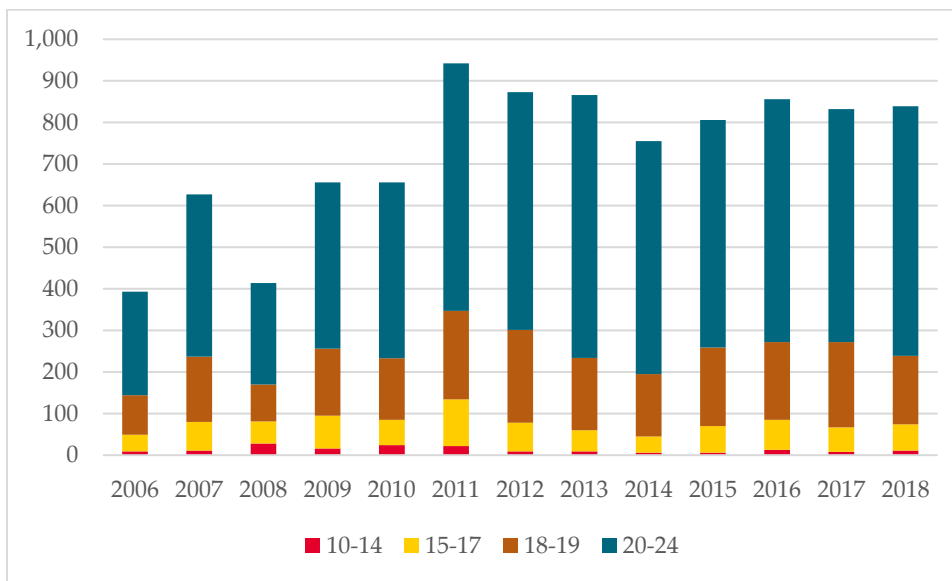


Figure 3. Number of Arrests for Possession of Synthetic Narcotics by Age Group, 2006–2018

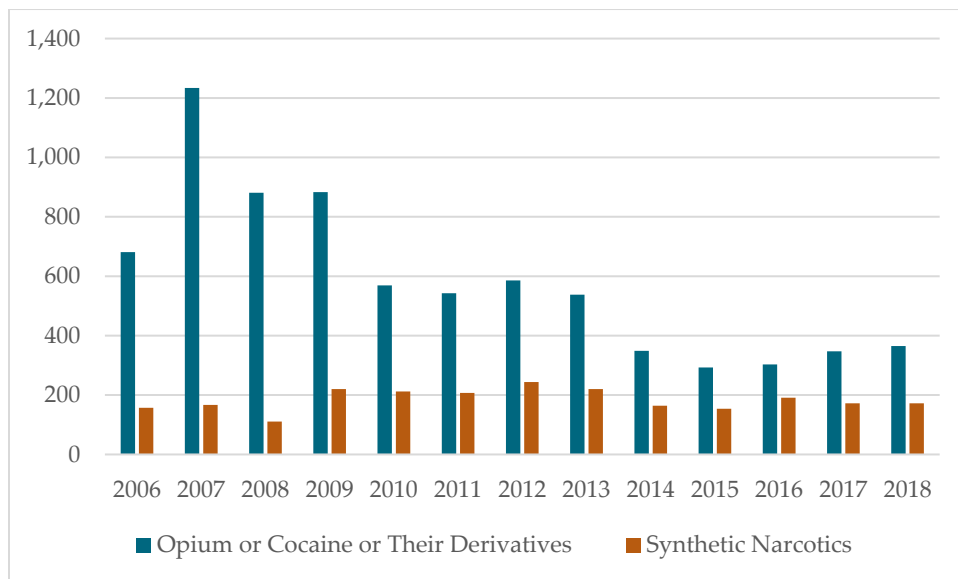


ARRESTS: SALE/MANUFACTURE

Similar to possession, those ages 10 to 24 arrested for the sale/manufacture of Opium or Cocaine or Their Derivatives made up 28.5% of all arrests between 2006 and 2018, and 25.7% of arrests for sale/manufacture of Synthetic Narcotics. Arrests of those ages 10 to 24 for possession of Opium or Cocaine or Their Derivatives has gone down from a high of 1,232 in 2007 to a low of 293 in 2015, a 76% decrease. Since then, arrests steadily increased to 365 in 2018.

On the other hand, arrests of those ages 10 to 24 for sale/manufacture of Synthetic Narcotics more than doubled from a low of 111 in 2008 to 244 in 2012, but have mostly been on a downward trend since, decreasing to 154 in 2015 and 172 in 2017 and 2018.

Figure 4. Number of Arrests for Sale/Manufacture of Opium or Cocaine or Their Derivatives and Synthetic Narcotics, Ages 10–24, 2006–2018



Those ages 20-24 make up 60-75% of all arrests of those ages 10-24 for sale/possession of Opium or Cocaine or Their Derivatives and Synthetic Narcotics.

Figure 5. Number of Arrests for Sale/Manufacture of Opium or Cocaine or Their Derivatives by Age Group, 2006–2018

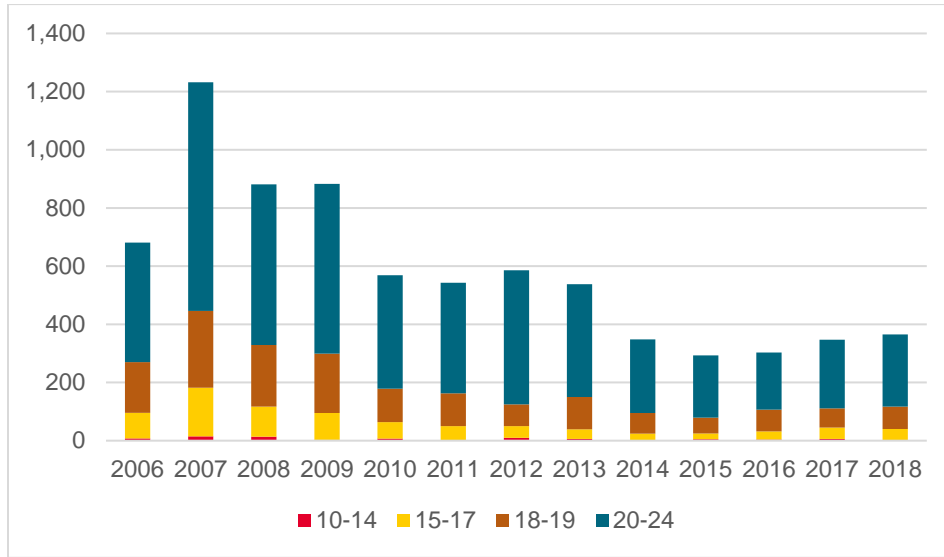
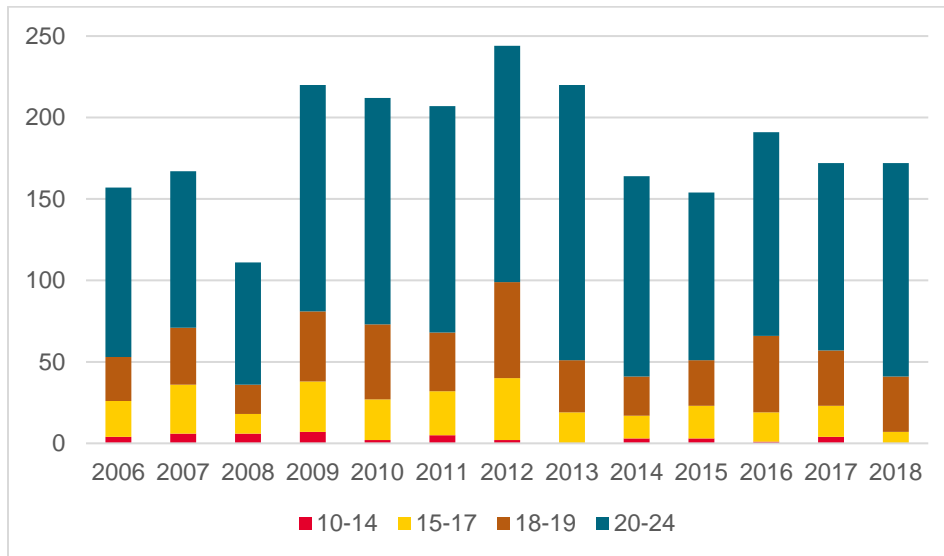


Figure 6. Number of Arrests for Sale/Manufacture of Synthetic Narcotics by Age Group, 2006–2018



YOUTH IN THE JUVENILE JUSTICE SYSTEM

The following table provides data on the number of youth serving time in Department of Juvenile Justice secure facilities diagnosed each year with an opioid use disorder.

Calendar Year	Number of Distinct Youth
2016 (September–December)	25
2017 (all months)	67
2018 (all months)	67
2019 (all months)	70
2020 (January–February)	21

MORBIDITY: EMERGENCY DEPARTMENT VISITS AND INPATIENT HOSPITALIZATIONS

The following section contains data published by the Department of Public Health (DPH)¹⁰ on morbidity: non-fatal emergency department (ED) visits and inpatient hospitalizations due to opioid- or heroin-involved overdoses from 2016 to 2018. Both the number of ED visits and hospitalizations declined from 2016 to 2018: 24.7% for ED visits and 31.6% for hospitalizations. Similar to arrests, 20-24 year olds were an average of 75% of all ED visits between 2016 and 2018 for those ages 10-24, and 74% of inpatient hospitalizations.

¹⁰ Data obtained via request to the DPH Public Health Information Portal, <https://dph.georgia.gov/phip-data-request>. A portion of the data is available in the Opioid Overdose Surveillance Reports published by the DPH Drug Surveillance Unit, <https://dph.georgia.gov/epidemiology/drug-surveillance-unit>.



Figure 7. Number of Emergency Department Visits Due to Opioid- and Heroin-Involved Overdoses, Ages 10–24, 2016–2018

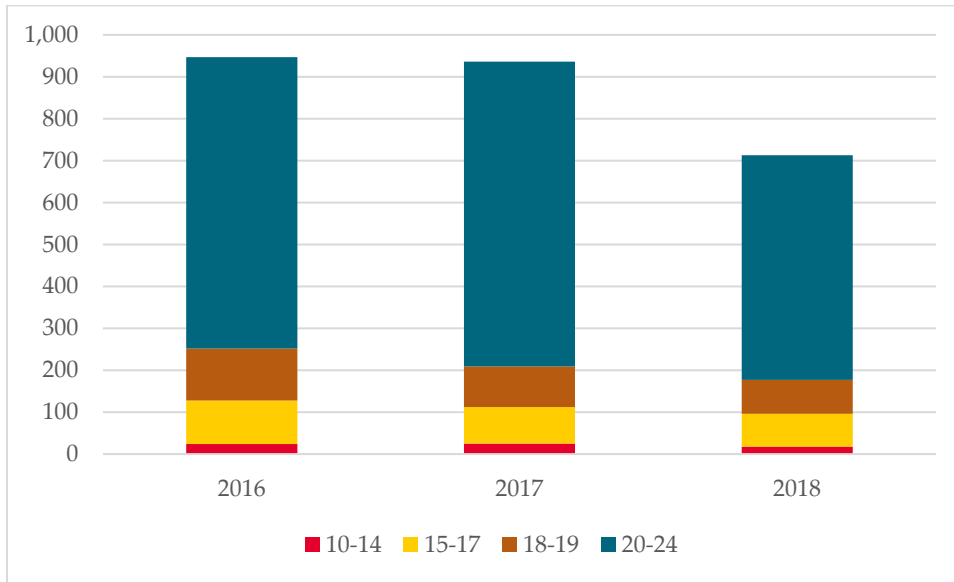
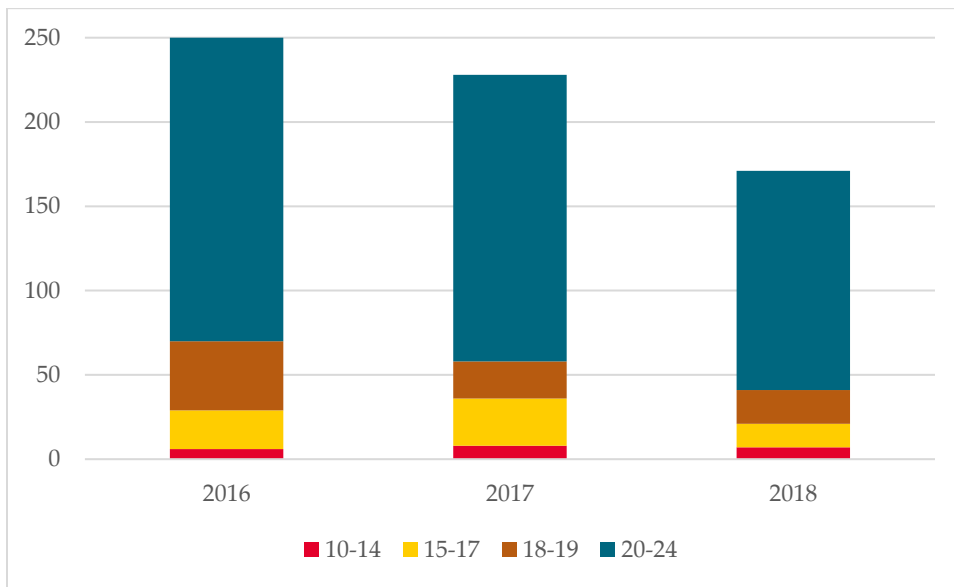
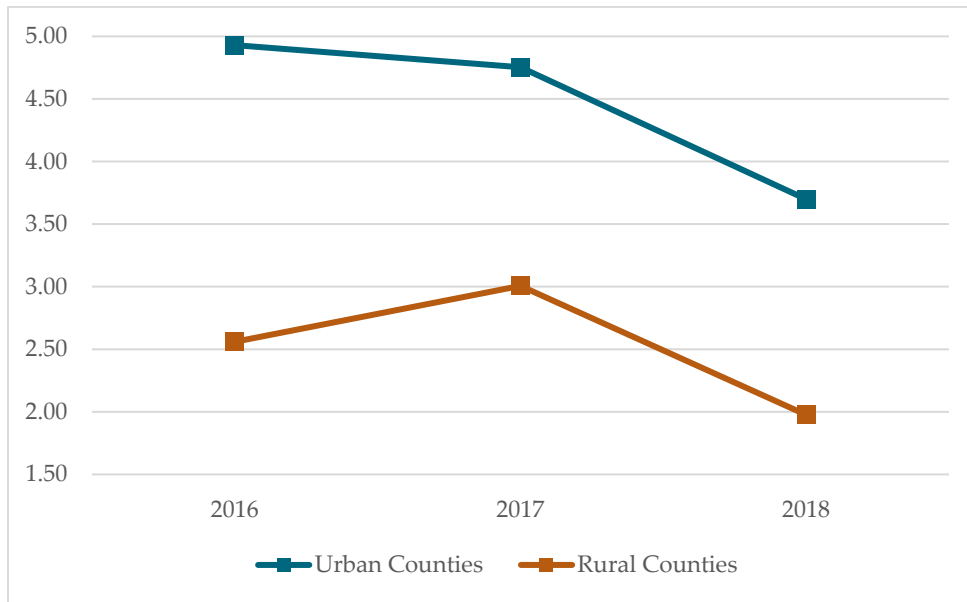


Figure 8. Number of Inpatient Hospitalizations Due to Opioid- and Heroin-Involved Overdoses, Ages 10–24, 2016–2018



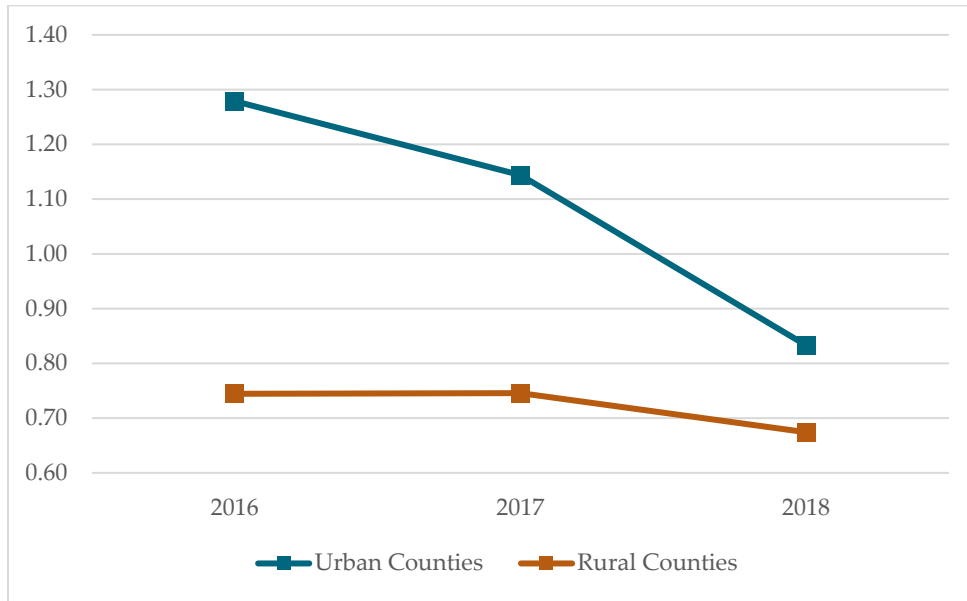
The rates of ED visits and hospitalizations per 10,000 population are higher in urban counties than rural¹¹ counties: between 1.5 and 2 times higher. Rates of ED visits and hospitalizations in all four categories declined from 2016 to 2018, but the rate of ED visits in urban areas rose 17.5% from 2016 to 2017 before falling more than 34% from 2017 to 2018.

Figure 9. Rates (per 10,000 population) of Emergency Department Visits Due to Opioid- and Heroin-Involved Overdoses in Urban and Rural Counties, Ages 10–24, 2016–2018



¹¹ O.C.G.A. §31-8-9 defines a rural county as having a population of less than 50,000 according to the 2010 census, or any future census.

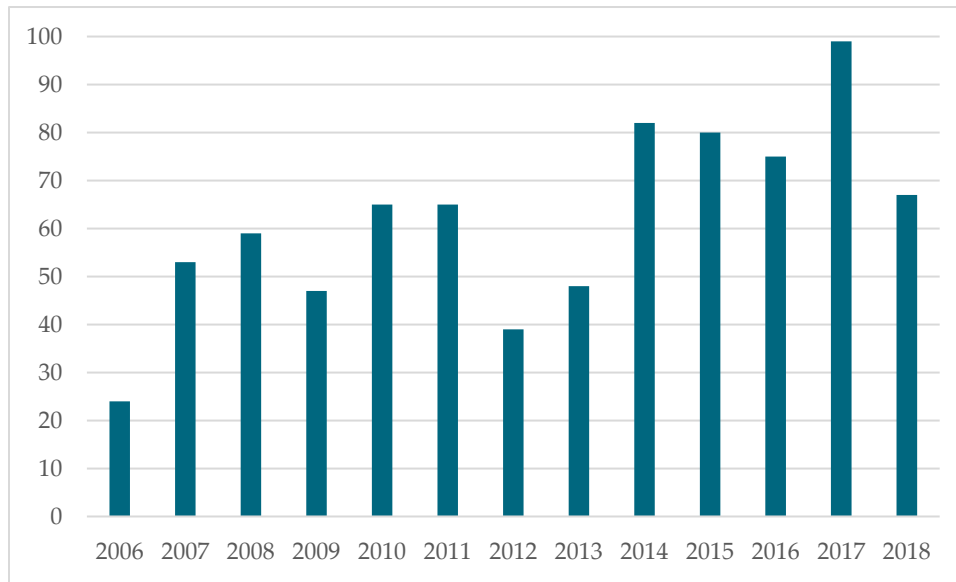
Figure 10. Rates (per 10,000 population) of Inpatient Hospitalizations Due to Opioid- and Heroin-Involved Overdoses in Urban and Rural Counties, Ages 10–24, 2016–2018



MORTALITY: OPIOID OVERDOSES

Opioid overdoses¹² of those aged 10 to 24 have ranged from a low of 24 in 2006 to a high of 99 in 2017 (there were 67 in 2018). As a percentage of all deaths in that age range, opioid overdoses have caused between 1.9% (2006) and 7.9% (2017) of all deaths.

Figure 11. Number of Opioid Overdose Deaths, Ages 10–24, 2006–2018



Similar to the arrest data, those between the ages of 20 and 24 make up an average of 79.4% of the deaths of those ages 10 to 24, ranging from a low of 66.1% in 2008 to a high of 92.7% in 2014. Those ages 18-19 made up the next largest segment of overdoses: 14.7%, with a low of 10.3% in 2012 and a high of 27.7% in 2011.

¹² DPH Online Analytical Statistical Information System, <https://oasis.state.ga.us/>.



Figure 12. Number of Opioid Overdose Deaths by Age Group, 2006–2018

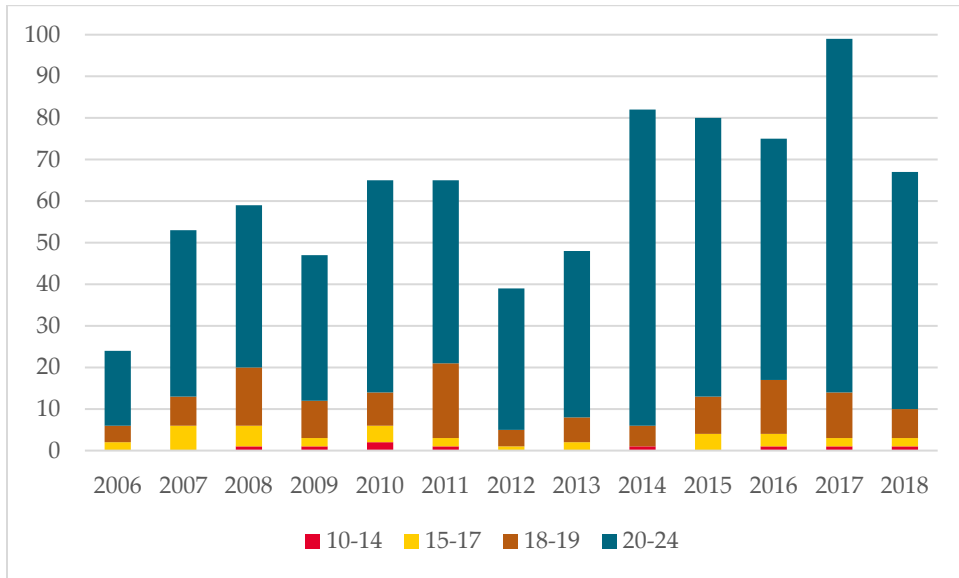
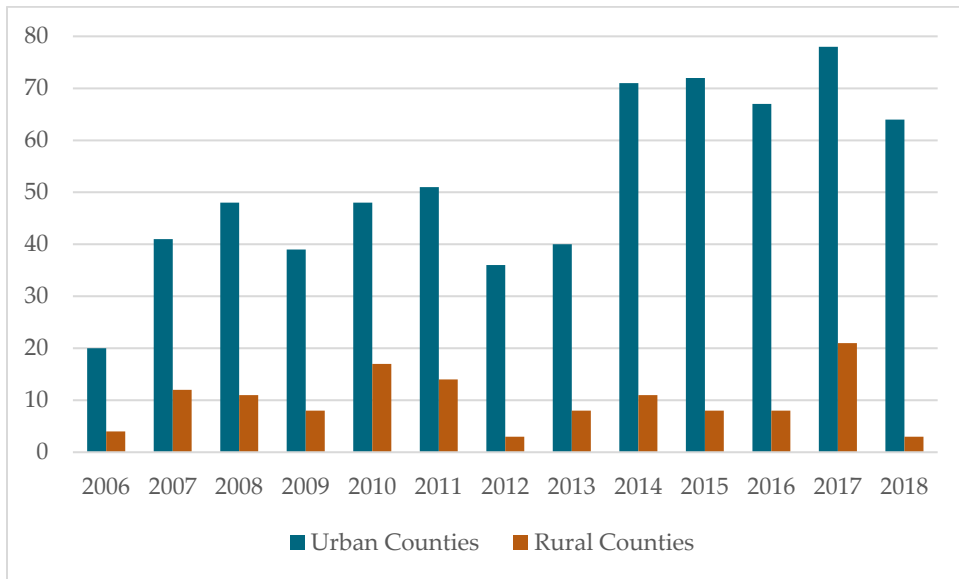
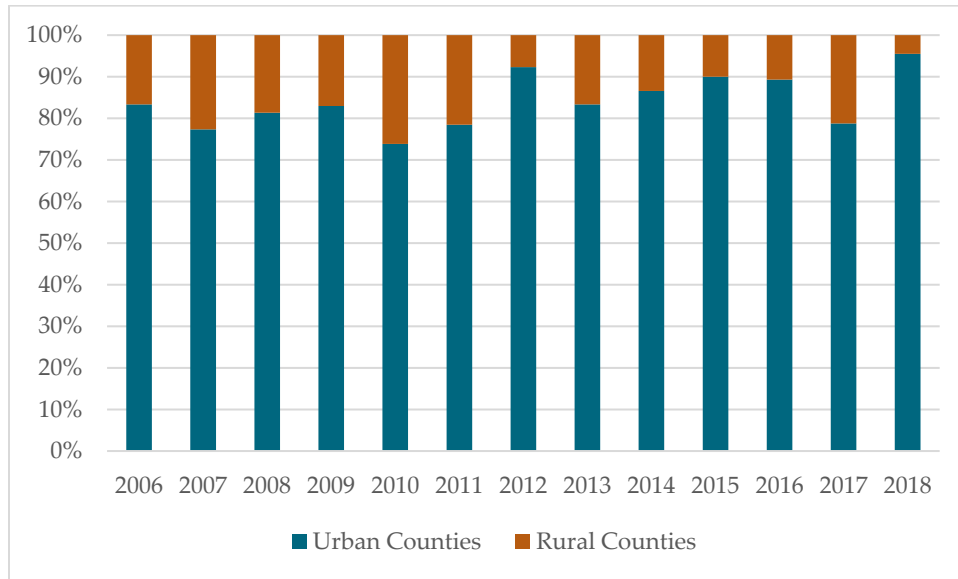


Figure 13. Number of Opioid Overdose Deaths in Urban and Rural Counties, Ages 10–24, 2006–2018



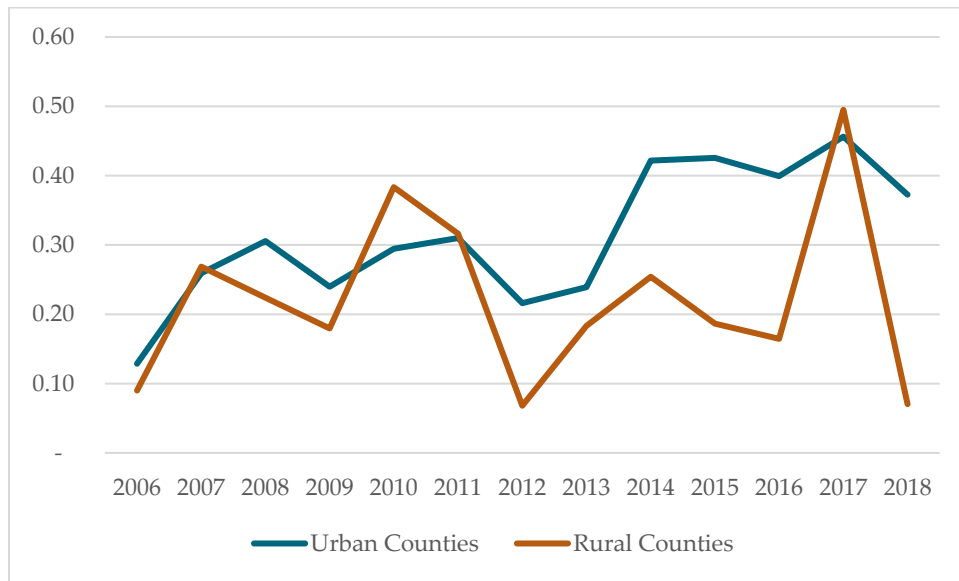
While 80% of Georgia’s population of 10-24 year olds live in urban counties, the percentage of deaths from opioid overdoses in urban counties has ranged from a low of 73.8% (2010) to a high of 95.5% (2018), or an average of 84.1% between 2006 and 2018.

Figure 14. Percentage of Opioid Overdose Deaths in Urban and Rural Counties, Ages 10–24, 2006–2018



The rate of opioid overdose deaths per 10,000 population among youth ages 10-24 is generally higher in urban counties than rural. In 2010 and 2017, the rate in rural counties was higher and in 2007 and 2011 it was virtually identical. The average rate from 2006 to 2018 was 0.31 for urban counties and 0.22 for rural counties.

Figure 15. Opioid Overdose Mortality Rates in Urban and Rural Counties, Ages 10–24, 2006–2018 (per 10,000 population)



ADVERSE OPIOID EVENTS

In examining which counties had a morbidity (ED visits and inpatient hospitalization due to opioid- and heroin-involved overdoses) or mortality (opioid overdose death) event involving youth ages 10-24 from 2016 to 2018, 30 counties had no events, 21 counties had either one or two events, and 7 counties had three. The counties are as follows:

Number of Adverse Events	Counties
0	Ben Hill, Brantley, Calhoun, Candler, Clinch, Dooly, Early, Echols, Glascock, Grady, Hancock, Heard, Irwin, Jefferson, Johnson, Lanier, Marion, McIntosh, Montgomery, Pike, Pulaski, Quitman, Seminole, Stewart, Terrell, Twiggs, Webster, Wheeler, Wilkes, and Wilkinson
1	Atkinson, Bacon, Berrien, Chattahoochee, Dade, Emanuel, Long, Macon, Miller, Morgan, Oglethorpe, Randolph, Schley, Talbot, Taliaferro, Tattnall, Towns, Treutlen, Warren, Washington, and Wilcox
2	Baker, Bleckley, Brooks, Camden, Chattooga, Clay, Cook, Crisp, Evans, Franklin, Greene, Hart, Lamar, Lincoln, McDuffie, Meriwether, Mitchell, Murray, Pierce, Telfair, and Thomas
3	Baldwin, Coffee, Jasper, Jenkins, Screven, Sumter, and Taylor
4	Appling, Charlton, Haralson, Jeff Davis, Liberty, Putnam, Stephens, Toombs, and Union
5	Decatur, Peach, Upson, and Wayne
6-10	Banks, Barrow, Bryan, Burke, Colquitt, Crawford, Dodge, Elbert, Glynn, Gordon, Madison, Monroe, Oconee, Polk, Rabun, Spalding, Troup, Turner, Ware, and Worth
11-20	Bulloch, Butts, Catoosa, Dawson, Dougherty, Effingham, Fannin, Habersham, Harris, Jackson, Jones, Laurens, Lee, Pickens, Rockdale, Tift, Walker, White, and Whitfield
21-50	Bibb, Carroll, Clarke, Clayton, Fayette, Floyd, Gilmer, Houston, Lowndes, Lumpkin, Muscogee, Newton, and Walton
51-99	Bartow, Chatham, Columbia, Douglas, Hall, Henry, and Richmond
100 or more	Cherokee, Cobb, Coweta, DeKalb, Forsyth, Fulton, Gwinnett, and Paulding



PRESCRIPTION DRUG MONITORING PROGRAM

The Prescription Drug Monitoring Program (PDMP)¹³ monitors prescribing and dispensing of controlled substances. The annual PDMP reports describe prescribing patterns. While the number of opioid prescriptions for youth ages 5-14 decreased 34.5% from 2016 to 2018 and the number of patients in that age group prescribed opioids decreased 32.7%, the average number of prescriptions per patient increased.

Similar to those ages 5-14, the number of opioid prescriptions to those ages 15 to 24 decreased 27.2% and the number of patients prescribed in that age group also decreased 21.3%. However, the average days per opioid prescription also declined, in contrast to those ages 5-14.

Table 1. Opioid Prescriptions to Youth, Ages 5-24

	2016	2017	2018
Ages 5-14			
Number of Opioid Prescriptions	62,021	52,784	40,639
Percentage of All Opioid Prescriptions	0.7%	0.7%	0.5%
Number of Opioid Patients	47,402	39,695	31,897
Percentage of All Opioid Patients	2.0%	1.8%	1.6%
Average Days Per Opioid Prescription	8.5	8.8	7.5
Average Number of Opioid Prescriptions per Patient	1.3	1.3	1.6
Opioid Prescription Rate per 1,000 Population	43.8	37.3	28.7
Ages 15-24			
Number of Opioid Prescriptions	349,463	298,367	254,316
Percentage of All Opioid Prescriptions	4.1%	3.8%	3.4%
Number of Opioid Patients	223,652	197,436	176,056
Percentage of All Opioid Patients	9.6%	9.1%	8.7%
Average Days Per Opioid Prescription	6.6	6.4	5.9
Average Number of Opioid Prescriptions per Patient	1.6	1.5	1.4
Opioid Prescription Rate per 1,000 Population	242.5	206.9	176.0

¹³ PDMP monthly and yearly reports published by DPH Drug Surveillance Unit, <https://dph.georgia.gov/epidemiology/drug-surveillance-unit>.



Figure 16. Number of Opioid Prescriptions to Youth by Age Group

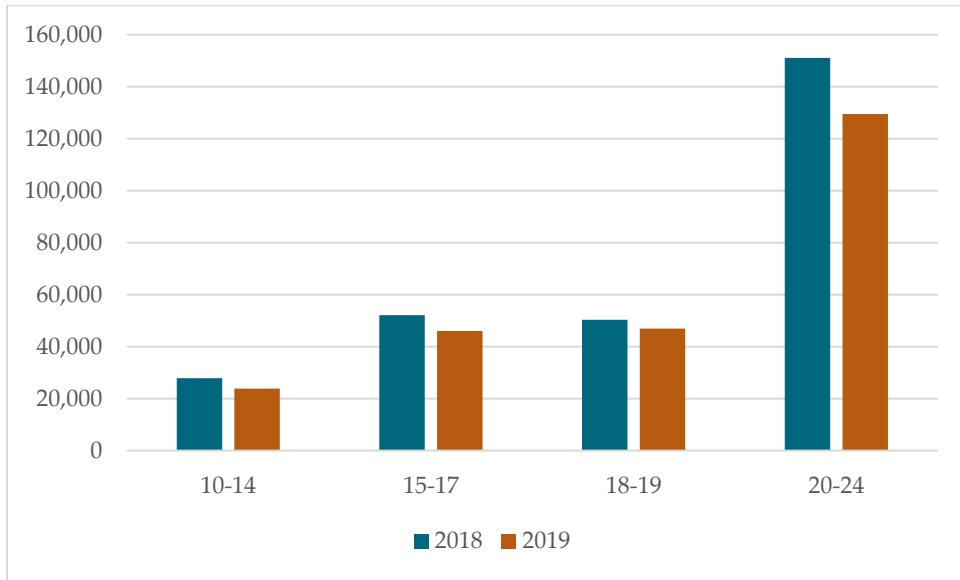
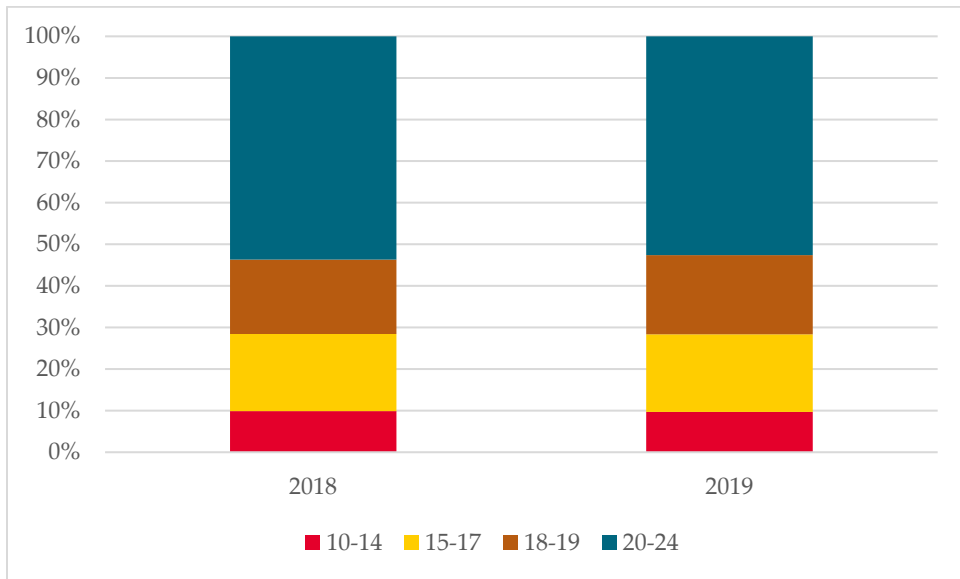
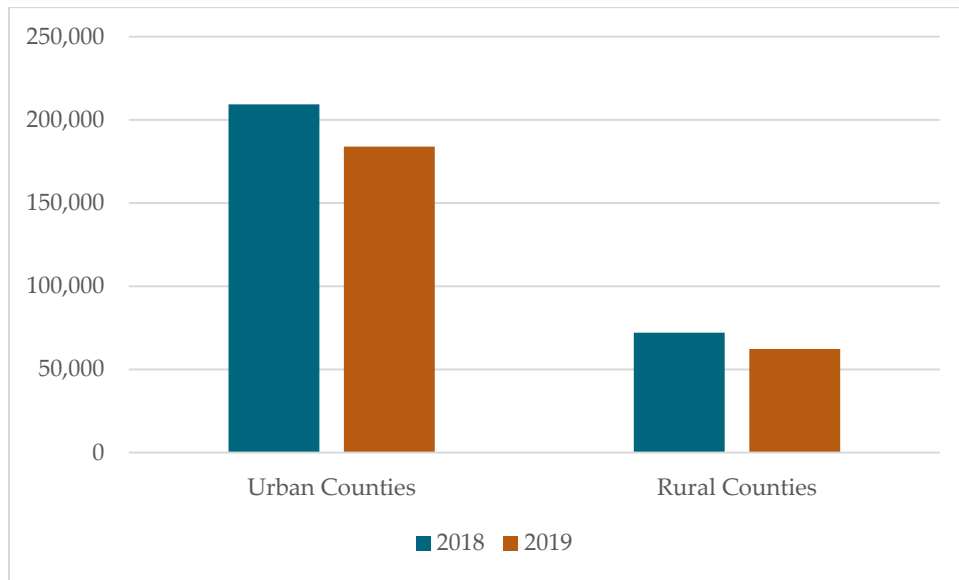


Figure 17. Percentage of Opioid Prescriptions to Youth by Age Group



The number of opioid prescriptions to those ages 10-24 declined 12.1% from 2018 to 2019 in urban counties, but dropped further, 13.6%, in rural counties.

Figure 18. Number of Opioid Prescriptions in Urban and Rural Counties, Ages 10–24, 2018–2019



TREATMENT

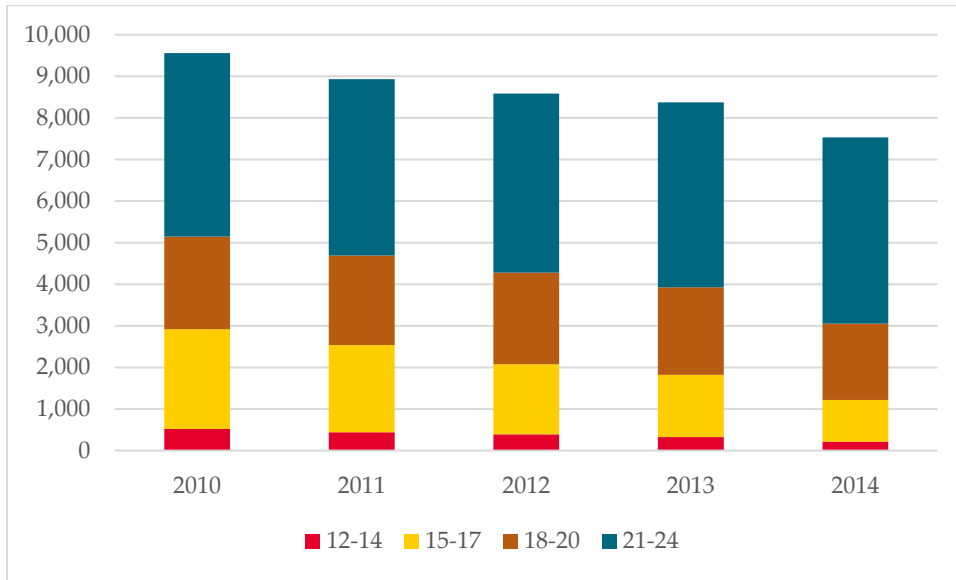
“The Treatment Episode Data Set – Admissions (TEDS-A) is a national data system of annual admissions to substance abuse treatment facilities. State laws require substance abuse treatment programs to report their [publicly]-funded admissions to the state. Some states collect only their [publicly]-funded admissions while other states are able to collect their privately-funded admissions from facilities that receive public funding. ... TEDS does not include all admissions to substance abuse treatment. It does, however, include that portion that would constitute the public burden for substance abuse treatment. ... TEDS-A records represent admissions rather than individuals, as a person may be admitted to treatment more than once.”¹⁴

TEDS-A provides data on those ages 12 and over. Of all the patients in treatment in Georgia from 2010 to 2014, 19.5% (42,976) of admissions were between the ages of 12 and 24, and less than 10% (4,092) of those admissions were for treatment of opioid/heroin misuse. Between 2010 and 2014, admissions of those ages 12-24 declined 21.2%, from 9,558 in 2010 to 7,530 in 2018.

¹⁴ U.S. Substance Abuse and Mental Health Data Archive’s Treatment Episode Data Set – Admissions, <https://www.datafiles.samhsa.gov/study-series/treatment-episode-data-set-admissions-teds-nid13518>. Data from 2010 to 2014 was analyzed but are available back to 1992. Georgia did not report usable data from 2015 to 2017.

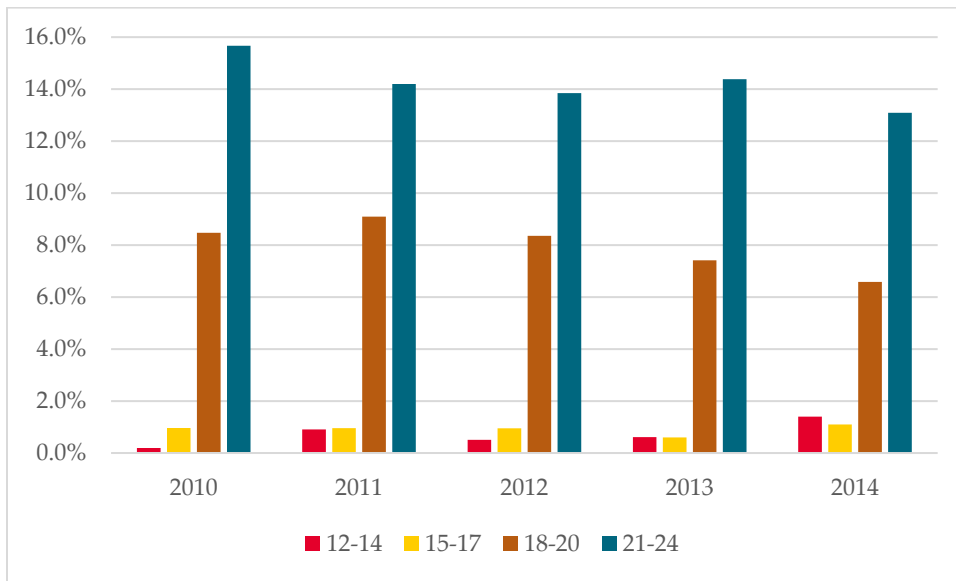


Figure 16. Number of Admissions for Treatment of Opioid/Heroin Misuse by Age Group, 2010-2014



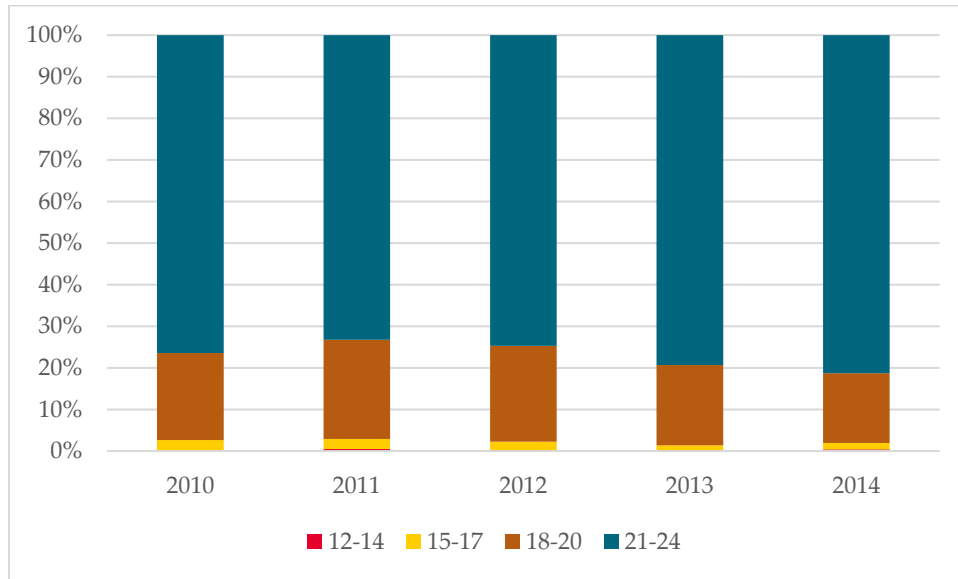
The percentage of admissions for treatment of opioid/heroin misuse of those ages 15-17 dropped 52.2% between 2010 and 2014, the number of admissions of those ages 18-20 dropped 36.0%, and the number of admission of those ages 21-24 dropped 15.2%.

Figure 17. Percentage of Admissions for Each Age Group for Opioid/Heroin Misuse, 2010–2014



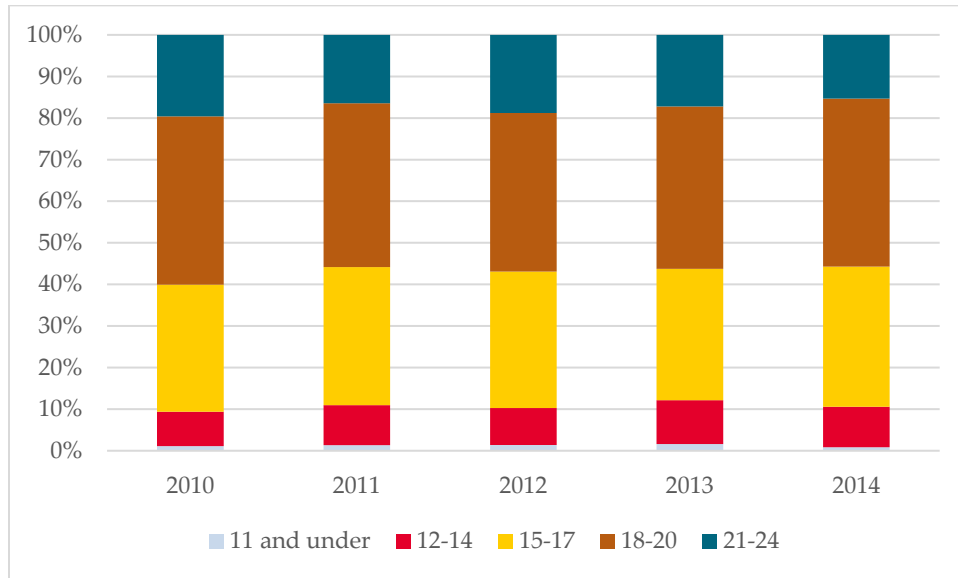
As with much of the other data, from 2010 to 2014 an average of 77% of admissions for opioid/heroin misuse were between the ages of 21 and 24. Admissions of those ages 12-14 made up less than one-half of one percent.

Figure 18. Percentage of Each Age Group Admitted for Treatment of Opioid/Heroin Misuse, 2010–2014



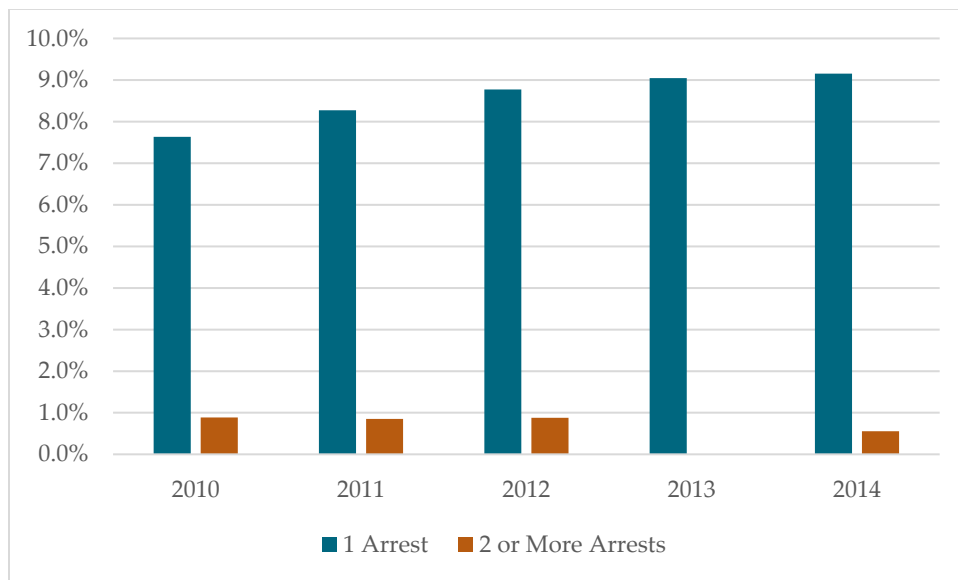
Nearly three quarters of admissions of those ages 12 to 24 for treatment for opioid/heroin misuse first tried opioids when they were between the ages of 15 and 20; approximately 10% first tried opioids between ages 12 and 14.

Figure 19. Age of First Use of Opioid/Heroin of Admissions for Opioid/Heroin Misuse, Ages 12–24, 2010–2014



Of those ages 12 to 24 in treatment for opioid/heroin misuse, 90% had never been arrested. However, the percentage of those arrested at least once has been increasing since 2010.

Figure 20. Number of Arrests within 30 Prior Days of Entering Treatment for Admissions for Opioid/Heroin Misuse, Ages 12–24, 2010–2014



GEORGIA STUDENT HEALTH SURVEY

The Georgia Department of Education (GaDOE)¹⁵ has administered the Georgia Student Health survey annually since 2008. In 2008, students in grades 6, 8, 10, and 12 were surveyed. Students in grades 9 and 11 were added in 2011, and students in grade 7 were added in 2012. In 2008, nearly 232,000 students took the survey; in 2019, nearly 690,000 students took the survey. The questions and responses remained the same between 2008 and 2014; questions and/or response choices changed in 2015 and 2019.

Question About the Number of Days a Student Has Used

- 2008-2014: During the past 30 days, how many days did you use prescription drugs not prescribed to you?
 - Between 95% and 96% of students responded that they had not used prescription drugs not prescribed to them within the past 30 days.
 - Between 60% and 65% of those students who did use reported that they had used between one and nine days.
 - Of those students who did use, the percentage who reported having used 20 days or more rose from 21% in 2008 to 27% in 2014.
- 2015-2019: During the past 30 days, on how many days did you use a prescription drug painkiller (such as Hydrocodone/Hydros, Oxycodone/Oxy, Gabapentin/Gabbies or Tramadol/Trammies) that was not prescribed to you?
 - Between 97% and 98% of students responded that they had not used a prescription drug painkiller not prescribed to them within the past 30 days.
 - From 2015 to 2017, between 81% and 87% of students who did use reported that they had used between one and 10 days. However, in 2018, that number dropped to 62%, and then dropped again to 57% in 2019. It is unclear what the reason for this drop is.
 - Of those students who did use, the percentage who reported having used 20 days or more dropped from 11% in 2015 to 5.8% in 2017 but then nearly

¹⁵ GaDOE Student Health Survey, <https://www.gadoe.org/schoolsafetyclimate/GSHS-II/Pages/Georgia-Student-Health-Survey-II.aspx>.



quadrupled in 2018 to 22.6% and then rose again to 32.4% in 2019. It is unclear what the reason for this increase is.

Question About the Age Students Started Using

- 2008-2014: I started using prescription drugs not prescribed to me when I was...
- 2015-2019: How old were you when you used prescription drugs without a doctor's prescription?
 - Between 2008 and 2014, more than 94% of students reported never having used a prescription drug not prescribed to them. However, that percentage then dropped to between 90% and 92% from 2015 to 2019.
 - The two most common age ranges that students reported having tried prescription drugs without a prescription for the first time were between the ages of 9 and 12 (24% to 32% of students who reported using) and the ages of 13 and 15 (27% to 43% of students who reported using).

Question about Peer Pressure

- 2015 to 2018: How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?

As noted below, students in middle school (sixth through eighth grades), no matter the year surveyed, have similar thoughts on whether or not using a prescription drug not prescribed to them is very wrong or not at all wrong. However, as each grade cohort moves through middle school and then into high school, they begin to think that such behavior is more acceptable. This also holds true for each grade during the same year. It seems to be in high school that students begin to change their thoughts: this can be seen in the percentage of ninth graders who think it is not at all wrong to use a prescription drug not prescribed to them: decreasing from 12.6% in 2015 to 10.7% in 2018.

On the other hand, the percentage who think the behavior is very wrong seems to vary more across years even among the same grade. However, similar to those who think the behavior is not at all wrong, as each cohort moves from middle to high school, they begin to think the behavior is increasingly acceptable.



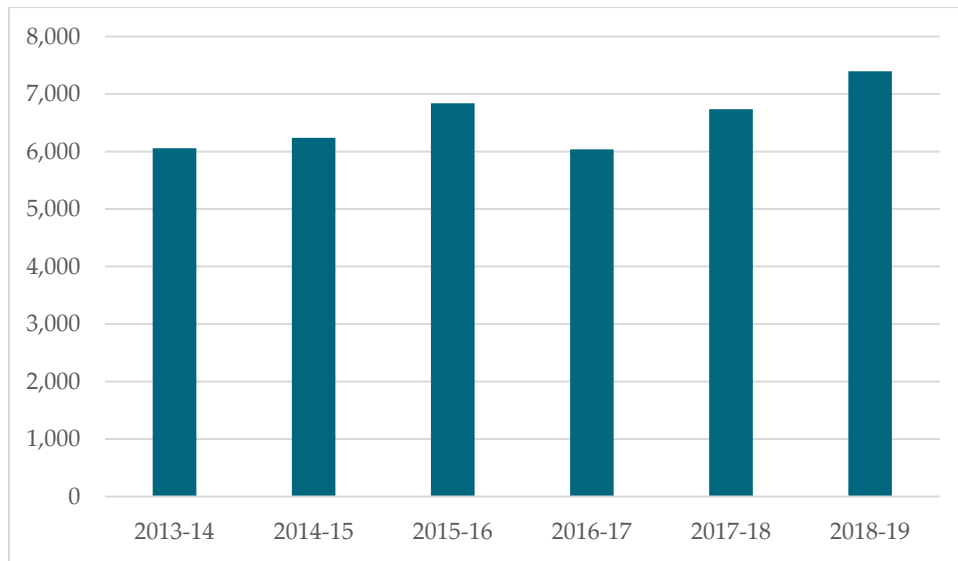
	2015	2016	2017	2018
Not At All Wrong				
6 th grade	6.6%	6.7%	6.8%	6.7%
7 th grade	7.6%	7.8%	7.7%	7.5%
8 th grade	9.6%	9.1%	9.1%	8.9%
9 th grade	12.6%	12.0%	11.0%	10.7%
10 th grade	14.0%	13.3%	12.6%	11.4%
11 th grade	15.1%	14.2%	13.1%	12.0%
12 th grade	16.3%	15.3%	14.3%	13.2%
Very Wrong				
6 th grade	79.7%	80.4%	79.4%	76.4%
7 th grade	76.8%	77.1%	76.3%	72.9%
8 th grade	71.1%	73.2%	71.8%	68.5%
9 th grade	65.3%	67.3%	68.0%	67.9%
10 th grade	61.6%	64.4%	64.9%	63.8%
11 th grade	58.4%	61.6%	63.6%	62.6%
12 th grade	56.4%	58.6%	61.1%	60.9%



SCHOOL DISCIPLINE

GaDOE reports school discipline incidents¹⁶ for Drugs, Not Alcohol; however, the types of drugs are not reported. The number of school discipline incidents involving drugs has increased 22.1% from 2013-14 to 2018-19. It is unclear how many of these incidents involve opioids or heroin.

Figure 21. Number of School Discipline Incidents for Drugs (not including alcohol), 2014–2019



¹⁶ GaDOE School Discipline Data, <https://www.gadoe.org/schoolsafetyclimate/Pages/Student-Discipline.aspx>.

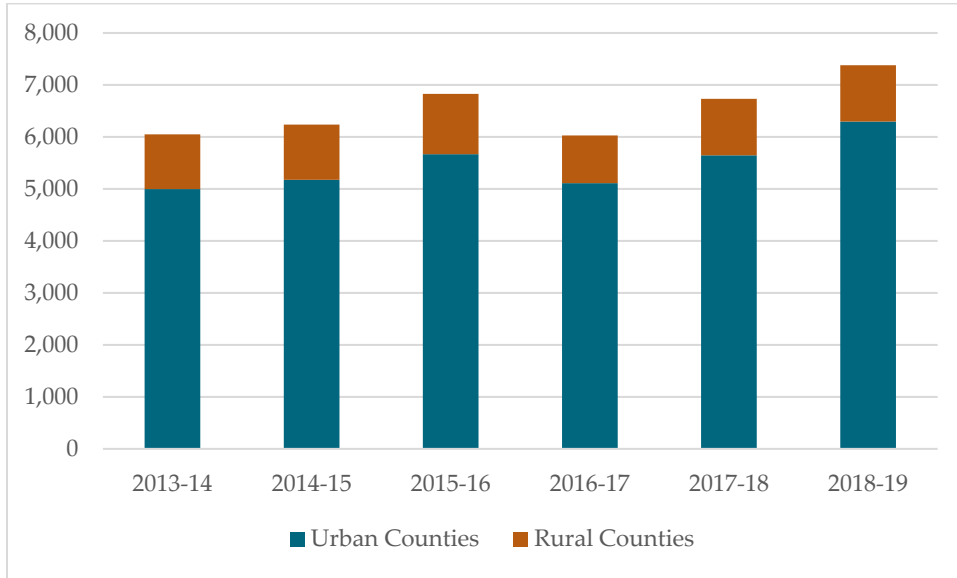


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Opioid Affected Youth Initiative
2020 Strategic Plan

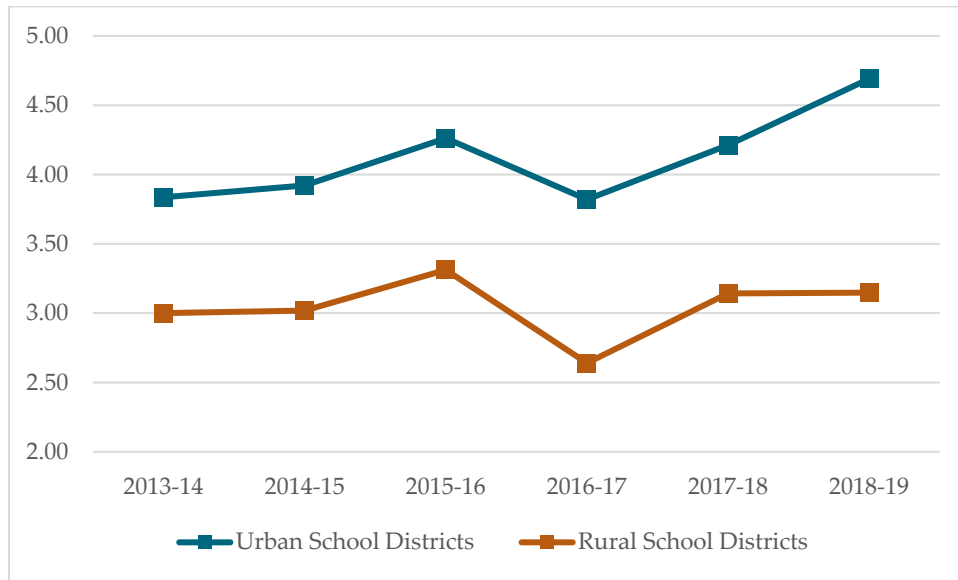
Drug-related school discipline incidents rose 26% in urban school districts between 2014 and 2019, while incidents in rural school districts have remained relatively flat.

Figure 22. Number of Drug-related School Discipline Incidents in Urban and Rural School Districts, 2014–2019



As with morbidity and mortality rates, rates of drug-related discipline incidents per 1,000 students are higher in urban school districts than rural school districts. However, both have followed a similar pattern: rising from 2013-14 to 2015-16, falling in 2016-17, and then rising again through 2018-19. Notably, the rate in urban school districts rose at a faster rate from 2017-18 to 2018-19.

Figure 23. Rates of Drug-related School Discipline Incidents in Urban and Rural School Districts, 2014–2019



TREATMENT DESERTS

The following table contains information on some of the resources available in each county to assist juveniles and their families in preventing and combating opioid misuse.

	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine	Licensed Social Worker ¹⁸	Psychologist ¹⁹	
Appling	-	-	-	-	-	-	-	X	X	X	-	-	X	X	4
Atkinson	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Bacon	X	-	-	-	-	-	-	X	X	X	-	-	-	-	1
Baker	-	-	-	-	-	-	-	-	X	-	-	X	X	-	2
Baldwin	X	-	-	X	-	X	-	X	X	X	X	X	X	X	3
Banks	X	-	-	-	-	-	-	X	X	-	-	-	-	-	7
Barrow	X	-	-	-	-	-	-	X	X	X	-	X	X	-	8
Bartow	X	-	-	X	-	X	-	X	X	X	X	X	X	X	79
Ben Hill	X	-	-	-	-	-	-	X	X	X	-	X	X	-	0
Berrien	-	-	-	-	-	-	-	X	-	-	-	-	X	-	1
Bibb	X	-	-	X	-	-	-	X	X	X	X	X	X	X	31

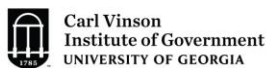
¹⁷ Georgia Physician Workforce Report: Based on 2017-2018 Licensure Renewal Data and New Licensees, Primary Care and Core Specialties, <https://healthcareworkforce.georgia.gov/main-publications-reports/data-publications/physician-workforce-primary-carecore-specialty-reports>.

¹⁸ Centers for Disease Control and Prevention. Children’s Mental Health: Behavioral health services provided by county, <https://www.cdc.gov/childrensmentalhealth/stateprofiles-providers/georgia/index.html#table>.

¹⁹ Ibid.



	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine	Licensed Social Worker ¹⁸	Psychologist ¹⁹	
Bleckley	-	-	-	X	-	-	-	X	X	X	-	X	-	-	2
Brantley	X	-	-	-	-	-	-	X	-	-	-	-	-	-	0
Brooks	X	-	-	X	-	-	-	X	-	-	-	-	X	-	2
Bryan	X	-	-	-	-	-	-	X	X	-	X	-	X	X	9
Bulloch	-	-	-	-	X	X	X	X	X	X	X	X	X	X	12
Burke	X	-	-	-	-	-	-	X	X	-	X	X	X	-	6
Butts	X	-	-	X	-	X	-	X	X	X	X	X	X	-	11
Calhoun	X	-	-	-	-	-	-	X	-	-	X	X	X	-	0
Camden	X	-	-	-	-	-	-	X	X	X	X	X	X	X	2
Candler	-	-	-	-	-	-	-	X	X	-	-	X	X	X	0
Carroll	X	-	-	-	X	-	-	X	X	X	X	X	X	X	28
Catoosa	X	-	-	X	-	-	-	X	X	X	X	X	X	X	17
Charlton	X	-	-	-	-	-	-	X	X	-	-	-	-	-	4
Chatham	X	-	-	-	X	-	X	X	X	X	X	X	X	X	90
Chattahoochee	-	-	-	X	-	-	-	X	X	X	-	X	-	-	1
Chattooga	-	-	-	-	-	-	-	X	X	-	-	X	X	-	2
Cherokee	-	-	-	-	-	-	-	X	X	X	X	X	X	X	177
Clarke	-	-	-	X	-	X	-	X	X	X	X	X	X	X	34
Clay	X	-	-	-	-	-	-	-	X	X	X	-	-	-	2
Clayton	X	X	-	X	-	-	-	X	X	X	X	X	X	X	40



	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Licensed Social Worker ¹⁸	Psychologist ¹⁹	Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine					
Clinch	x	-	-	-	-	-	-	x	x	-	-	x	-	-	0		
Cobb	x	-	-	x	x	-	x	x	x	x	x	x	x	x	430		
Coffee	x	-	-	-	-	-	-	x	x	x	x	x	x	x	3		
Colquitt	x	-	-	x	-	-	-	x	x	x	x	x	x	-	7		
Columbia	x	-	-	x	-	-	-	x	x	x	x	x	x	x	89		
Cook	x	-	-	-	-	-	-	x	-	-	x	-	x	x	2		
Coweta	x	-	-	-	-	-	-	x	x	x	x	x	x	x	104		
Crawford	x	-	-	x	-	-	-	x	x	-	-	-	-	-	7		
Crisp	-	x	-	-	-	-	-	x	x	x	-	x	x	x	2		
Dade	-	-	-	x	-	-	-	x	x	x	-	x	-	-	1		
Dawson	x	-	-	x	-	-	-	x	x	x	-	x	x	x	14		
Decatur	-	-	-	x	-	-	-	x	x	x	-	x	x	x	5		
DeKalb	x	x	-	x	-	x	-	x	x	x	x	x	x	x	164		
Dodge	x	-	-	x	-	-	-	x	x	-	x	x	x	x	8		
Dooly	-	-	-	x	-	-	-	-	x	x	-	-	-	-	0		
Dougherty	x	x	-	x	-	x	-	x	x	x	x	x	x	x	18		
Douglas	-	-	-	x	x	x	-	x	x	x	x	x	x	x	71		
Early	x	-	-	x	-	-	-	x	-	x	x	-	x	-	0		
Echols	-	-	-	x	-	-	-	-	-	-	-	-	-	-	0		
Effingham	x	-	-	-	-	-	-	x	x	x	-	x	x	x	13		



	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine	Licensed Social Worker ¹⁸	Psychologist ¹⁹	
Elbert	x	-	-	-	-	-	-	x	x	-	-	x	-	x	6
Emanuel	x	-	-	x	-	-	-	x	x	x	-	x	x	-	1
Evans	x	-	-	x	-	-	-	x	x	x	-	x	-	-	2
Fannin	x	-	-	-	-	-	-	x	x	x	-	x	x	-	11
Fayette	x	-	-	-	-	-	-	x	x	x	x	x	x	x	23
Floyd	x	-	-	x	x	-	x	x	x	x	x	x	x	x	38
Forsyth	x	-	-	x	-	-	-	x	x	x	x	x	x	x	126
Franklin	x	-	-	x	-	-	-	x	x	x	-	x	x	x	2
Fulton	x	x	-	x	x	x	x	x	x	x	x	x	x	x	392
Gilmer	x	-	-	-	-	-	-	x	x	-	-	-	x	x	30
Glascocock	x	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Glynn	x	-	-	x	-	-	-	x	x	x	x	x	x	x	9
Gordon	-	-	-	x	-	-	-	x	x	x	x	x	x	x	10
Grady	x	-	-	-	-	-	-	x	x	-	-	-	x	-	0
Greene	x	-	-	-	-	-	-	x	x	x	-	x	x	-	2
Gwinnett	x	-	-	x	x	x	x	x	x	x	x	x	x	x	348
Habersham	-	-	-	x	-	-	-	x	x	x	x	x	x	x	15
Hall	x	-	-	x	x	-	x	x	x	x	x	x	x	x	92
Hancock	-	-	-	x	-	-	-	-	x	-	-	-	x	-	0
Haralson	x	-	-	-	-	-	-	x	x	x	x	x	x	x	4



	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Licensed Social Worker ¹⁸	Psychologist ¹⁹	Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine					
Harris	-	-	-	-	-	-	-	X	-	-	-	X	-	X	X	18	
Hart	X	-	-	X	-	-	-	X	X	-	-	X	-	-	X	2	
Heard	-	-	-	-	-	-	-	X	-	-	-	X	-	-	-	0	
Henry	X	-	-	-	-	-	-	X	X	X	-	-	X	X	X	67	
Houston	X	-	-	X	-	-	-	X	X	X	X	X	X	X	X	47	
Irwin	-	-	-	-	-	-	-	X	X	X	-	-	X	-	-	0	
Jackson	X	-	-	X	-	-	-	X	X	X	X	X	X	X	X	19	
Jasper	X	-	-	-	-	-	-	X	X	-	-	-	-	X	X	3	
Jeff Davis	-	-	-	-	-	-	-	X	X	X	-	-	-	-	-	4	
Jefferson	X	-	-	X	-	-	-	X	X	X	-	-	X	X	-	0	
Jenkins	-	-	-	X	-	-	-	-	X	-	-	-	-	-	-	3	
Johnson	-	-	-	X	-	-	-	X	-	-	-	X	X	X	-	0	
Jones	X	-	-	X	-	-	-	X	-	X	-	-	-	X	-	15	
Lamar	-	-	-	X	-	-	-	X	-	X	-	-	-	X	X	2	
Lanie	X	-	-	-	-	-	-	X	X	-	-	-	-	X	-	0	
Laurens	X	-	-	X	-	X	-	X	X	X	X	X	X	X	X	13	
Lee	X	-	-	X	-	-	-	X	X	X	-	-	-	X	X	14	
Liberty	X	-	-	-	-	-	-	X	X	X	X	X	X	X	X	4	
Lincoln	X	-	-	X	-	-	-	X	-	-	-	X	-	-	-	2	
Long	X	-	-	-	-	-	-	X	-	-	-	-	-	X	-	1	



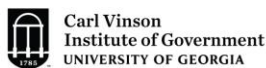
	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine	Licensed Social Worker ¹⁸	Psychologist ¹⁹	
Lowndes	x	-	-	x	-	-	-	x	x	x	x	x	x	x	29
Lumpkin	-	-	-	-	-	-	-	x	x	x	x	-	x	x	23
Macon	-	-	-	x	-	-	-	x	x	-	x	x	x	-	1
Madison	x	-	-	x	-	-	-	x	x	x	-	-	x	x	8
Marion	-	-	-	-	-	-	-	x	x	-	-	-	-	-	0
McDuffie	x	-	-	x	-	-	-	x	x	x	x	x	-	x	2
McIntosh	x	-	-	-	-	-	-	-	x	-	-	x	-	-	0
Meriwether	x	-	-	x	-	-	-	x	x	-	-	x	-	x	2
Miller	-	-	-	-	-	-	-	x	x	-	-	-	-	-	1
Mitchell	x	-	-	x	-	-	-	x	x	x	x	-	x	-	2
Monroe	x	-	-	-	-	-	-	x	x	x	x	x	x	-	8
Montgomery	-	-	-	-	-	-	-	x	-	-	-	-	-	-	0
Morgan	x	-	-	-	-	-	-	x	x	-	-	-	x	x	1
Murray	x	-	-	x	-	-	-	x	x	x	-	x	-	-	2
Muscogee	x	-	x	-	x	x	x	x	x	x	x	x	x	x	44
Newton	x	-	x	x	-	x	-	x	x	x	x	x	x	x	29
Oconee	x	-	-	-	-	-	-	x	x	x	x	x	x	x	6
Oglethorpe	-	-	-	x	-	-	-	x	-	-	-	-	-	-	1
Paulding	x	-	-	-	-	-	-	x	x	x	x	x	x	x	175
Peach	-	-	-	x	-	-	-	x	x	x	-	x	x	-	5



	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Licensed Social Worker ¹⁸	Psychologist ¹⁹	Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine					
Pickens	-	-	-	x	-	-	-	x	x	x	x	x	x	x	x	15	
Pierce	x	-	-	-	-	-	-	x	-	-	-	-	-	x	x	2	
Pike	-	-	-	-	-	-	-	x	x	x	x	-	-	-	-	0	
Polk	-	-	-	-	-	-	-	x	x	x	x	x	x	x	x	9	
Pulaski	x	-	-	x	-	-	-	x	x	-	x	x	-	-	-	0	
Putnam	-	-	-	x	-	-	-	x	x	x	x	x	x	x	x	4	
Quitman	x	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Rabun	x	-	-	-	-	x	-	x	x	x	-	x	x	x	x	7	
Randolph	x	-	-	-	-	-	-	x	-	-	-	-	-	x	-	1	
Richmond	x	-	-	x	-	-	-	x	x	x	x	x	x	x	x	86	
Rockdale	x	-	x	x	-	-	-	x	x	x	x	x	x	x	x	13	
Schley	-	-	-	x	-	-	-	-	-	-	-	-	-	-	-	1	
Screven	x	-	-	x	-	-	-	x	x	-	x	x	-	-	x	3	
Seminole	-	-	-	x	-	-	-	x	x	x	x	x	-	-	-	0	
Spalding	x	-	x	-	-	-	-	x	x	x	x	x	x	x	x	9	
Stephens	-	-	-	-	-	-	-	x	x	x	x	x	x	x	x	4	
Stewart	x	-	-	-	-	-	-	x	x	-	-	-	-	-	-	0	
Sumter	-	-	-	x	-	x	-	x	x	x	x	x	x	x	x	3	
Talbot	-	-	-	-	-	-	-	-	x	-	-	-	-	-	-	1	
Taliaferro	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	



	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine	Licensed Social Worker ¹⁸	Psychologist ¹⁹	
Tattnall	x	-	-	x	-	-	-	x	x	-	x	x	-	x	1
Taylor	-	-	-	-	-	-	-	x	-	-	-	-	x	-	3
Telfair	-	-	-	x	-	-	-	-	x	x	x	-	-	-	2
Terrell	x	-	-	x	-	-	-	x	-	-	-	-	x	-	0
Thomas	x	-	-	x	-	x	-	x	x	x	x	x	x	x	2
Tift	x	-	-	-	-	-	-	x	x	x	x	x	x	x	13
Toombs	x	-	-	-	-	-	-	x	x	x	x	x	-	-	4
Towns	x	-	-	x	-	-	-	x	x	-	x	x	x	-	1
Treutlen	x	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Troup	x	-	-	-	-	-	-	x	x	x	x	x	x	x	10
Turner	x	-	-	-	-	-	-	x	-	x	-	-	-	-	9
Twiggs	x	-	-	-	-	-	-	-	-	-	-	x	-	-	0
Union	-	-	-	x	-	-	-	x	x	x	x	x	x	x	4
Upson	x	-	-	x	-	-	-	x	x	x	x	x	-	x	5
Walker	x	-	-	x	-	-	-	x	x	x	x	x	x	x	18
Walton	x	-	-	-	-	-	-	x	x	x	x	x	x	x	21
Ware	x	-	-	x	-	-	-	x	x	x	x	x	x	x	10
Warren	x	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Washington	x	-	-	x	-	-	-	x	x	x	-	x	x	-	1
Wayne	x	-	-	-	-	-	-	x	x	x	-	x	x	x	5



	PBIS	SBHCs w/Behavioral Health Services	Project AWARE	Project APEX	DBHDD Clubhouses			Type of Physician ¹⁷							Licensed Social Worker ¹⁸	Psychologist ¹⁹	Number of Adverse Events
					Prevention Clubhouse	Resiliency Support Clubhouse	Recovery Support Clubhouse	Family Medicine	Internal Medicine	Pediatric	Psychiatric	Emergency Medicine					
Webster	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	
Wheeler	-	-	-	x	-	-	-	x	-	-	-	-	-	-	-	0	
White	x	-	-	-	-	-	-	x	x	-	x	x	x	x	x	11	
Whitfield	x	-	-	-	-	-	-	x	x	x	x	x	x	x	x	20	
Wilcox	-	-	-	x	-	-	-	x	-	x	-	-	-	-	-	1	
Wilkes	x	-	-	x	-	-	-	x	x	-	x	-	-	-	-	0	
Wilkinson	-	-	-	x	-	-	-	x	x	-	-	-	-	x	-	0	
Worth	x	-	-	x	-	-	-	x	x	x	-	x	-	-	-	6	

Notes:

- = County does not have the service

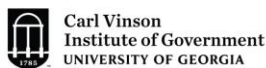
x = County has the service

PBIS — “Positive Behavior Intervention Supports in schools: Facilitates positive school climate and timely identification of behavioral health needs for students.”²⁰

SBHCs w/Behavioral Health Services — “School-Based Health Centers: Improve children’s access to health services. 10 SBHCs provide mental and behavioral health services through on-site services in partnership with community providers.”²¹

²⁰ Voices for Georgia’s Children. *Georgia’s Crisis in Child and Adolescent Behavioral Health*, <https://georgiavoices.org/wp-content/uploads/2020/02/22.-Snapshot-of-Child-and-Adolescent-Behavioral-Services-in-Georgia-2020.pdf?9d7bd4&9d7bd4>.

²¹ Ibid.



Project AWARE — “Built capacity of state and local educational agencies to increase awareness of mental and substance abuse issues through student screenings and school staff trainings. Grant funding ended September 2019, but to sustain project goals, several school districts have been trained in, and are implementing frameworks, tools and strategies (e.g., Youth Mental Health First Aid, Sources of Strength, Suicide Prevention) to improve mental health outcomes among Georgia’s youth.”²²

DBHDD Prevention Clubhouses are designed for “youth who are at high risk for alcohol and drug abuse, involved in ongoing detention and/or alternative school, parent(s) have current or past addiction, sibling(s) currently receiving treatment for substance abuse disorder or experiencing education or social issues.”²³

DBHDD Resiliency Support Clubhouses are “designed to provide a comprehensive and unique set of services for children and families coping with the isolation, stigma, and other challenges of mental health disorders. The clubhouse programs provide supportive services that include educational supports, employment services, peer support, family engagement, social activities, and other initiatives geared to engage youth and assist them in managing behaviors and symptoms.”²⁴

DBHDD Recovery Support Clubhouses are “designed to provide support to youth as they strive to improve their life and wellness while decreasing or abstaining from alcohol and/or substance use. ... The youth participate in life skills groups, social outings, educational supports, career development/exploration, and other activities that teach them how to maintain a healthy and sober lifestyle. Youth are connected to resources that will empower them to make informed decisions about their recovery. The outcome objectives of the program are to: decrease substance use, decrease DJJ involvement, decrease behavioral problems, increase positive social function, increase school attendance and performance, and improve family involvement and relationships.”²⁵

Number of Adverse Events — The number of emergency department visits, inpatient hospitalizations, and/or deaths from 2016 to 2018 resulting from opioid- or heroin-involved overdoses.

²² Ibid.

²³ DBHDD, <https://dbhdd.georgia.gov/prevention-clubhouses>.

²⁴ DBHDD, Office of CYF Services, <https://dbhdd.georgia.gov/office-cyf-services>.

²⁵ DBHDD, <https://dbhdd.georgia.gov/be-supported/help-substance-abuse/adolescent-services>.



Appendix B. SWOTA Analysis

A SWOTA — strengths, weaknesses, opportunities, threats, and aspirations — activity was conducted at the December 10, 2019 Steering Committee meeting.

STRENGTHS

- Leadership
- There is a lot of publicly available data
- Diversity of the Steering Committee membership: representatives from education, mental health, judges, and law enforcement
- Department of Juvenile Justice institutional knowledge of juvenile justice system
- Commitment to data-informed, evidence-based policies
- Evidence-based practices/data-driven decision making
- Criminal justice reform
- The ability of the Attorney General’s Statewide Opioid Task Force to bring people together (many of the Steering Committee members come from that Task Force)
- Diversity of the Attorney General’s Statewide Opioid Task Force
- Department of Public Health (DPH) already had a response plan and working groups in place
- Cobb County has an active District Attorney and initiatives/knowledge (Marietta Police Chief Flynn is a Steering Committee member)
- Issue awareness
- There are many homegrown promising practices/policies that the Steering Committee can leverage, and get buy-in
- In Georgia, you do not have to convince people of the importance of the project
- Inter-agency work (Department of Education [GaDOE], DPH, etc.) is already underway



- Strength of multi-discipline training at the Georgia Public Safety Training Center (GPSTC) and other training facilities
 - Training specific to School Resource Officers (SROs)
 - All officers in the state can use GPSTC and essentially for free
 - GPSTC is centrally located in the state
 - One of the best facilities of its kind in the nation

WEAKNESSES

- Data fragmentation, data not being collected
- Siloes among state government agencies – great projects that need to be brought together and given juvenile focus
- Treatment deserts
- Lack of opioid-specific data in sub-categories by county (i.e., age, gender, race/ethnicity)
- Local control
- Red tape
- Finding the data and getting it in the form needed
 - Maybe the data is collected, but there are key elements missing
 - Or you have to go through multiple hoops to get it
 - Prescription Drug Monitoring Program (PDMP) restrictions
 - How long you can keep the data
 - Privacy restrictions, HIPAA, etc.
- Criminalization of sociological concerns: Prevention measures could have prevented some juveniles from coming into contact with the juvenile justice system (treatment deserts lead to other problems)



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- At age 17 an individual is not considered an adult in Georgia’s treatment system, but is treated as an adult by the criminal justice system
 - In Georgia, an individual can be tried as an adult at age 17 (state law), but they are separated from other adults in jail/prison (federal law)
 - There have been discussion about changing the state law to raise the age
- Focus on opioids: There is a decrease in the use of opioids, but increase in stimulants, fentanyl overdoses. People are taking other drugs that are tainted with opioids, causing overdoses.

OPPORTUNITIES

- Encourage the Attorney General to look into adding subsection to O.C.G.A. 16-13-30 so drug possession and selling charges can be tracked by drug (not just overall substance charge)
- Data to track youth opioid problem is available but is in many different places
- We need to be tracking and seeing where there are hot spots, increases: An agency data collector related specifically to youths and opioids to provide alerts
- Add opioid morbidity data in DPH’s Online Analytical Statistical Information System (OASIS)²⁶
- Partner with DPH through their OD2A (Overdose to Action) grant from the CDC to fund additional informatics, online dashboards, and new capabilities to track the opioid epidemic in Georgia
- Create common age brackets for juveniles across all publicly available data in Georgia
- Develop relevant educational opportunities to hit the gaps: message = kids get access from parents’ medicine cabinet
 - Different parts of the state need different messages to engage
 - Messaging targeted to adults instead of to kids

²⁶ According to DPH, this effort is currently underway.



- Continue the Steering Committee and add new members
- Build and strengthen partnerships among agencies – could be useful in other areas – partnerships that can last a long time
- Distribute, broaden, and share good work already being done (i.e., Chief Flynn’s work, etc.)
 - Share this work with other states
 - Present at GPSTC and eventually get it into the curriculum
 - We could start with online training
 - We could do a panel/info tables
 - We need to double-check the officers don’t already have something in their curriculum (it’s probably not juvenile specific if they do)
 - The Steering Committee could create training for school nurses, etc.
 - Prescription data is getting better

THREATS

- Supply of opioids from China
- Other public needs that take up resources that could be used on this issue
- Challenge of changing public and legislative attitudes towards criminalization of certain offenses
- Availability of opioids: It’s a legal substance that has a good use, which makes it harder to prevent illegal use
- Changing red tape
- Public complacency: People get bored, especially when the trend starts looking better
- Subjectivity: we may see it in the broader data, but locals may not — especially with school districts (“not in my neighborhood”)



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- Lack of naloxone data tracking: opportunity to track use to get an idea of how often it is used (by first responders, etc.)
- No funding or perception of no funding

ASPIRATIONS

- Reduce opioid-involved morbidity and mortality among youth
- Reduce the number of opioid prescriptions, especially for youth
- Reduce the length of opioid prescriptions, especially for youth
- Reduce the number of opioid pills prescribed, especially for youth
- Increase the availability and acceptance of naloxone for youth, especially in schools and among the kids themselves
- Increased support staff in schools to help kids with psychological and health issues related opioid misuse
 - The state does not provide direct funding for school social workers
 - School counselors are funded at 450:1, no clinical licensure necessary
 - School nurses are not funded to be LPNs or RNs
- Decrease the number of Division of Family and Children Services (DFCS) cases of children separated from parents due to opioid misuse
- Reduce the stigma of opioid misuse among youth: Do not use the word “abuse” or “addict;” instead use “disorder” or “misuse”



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