

Note: Do we have who we need to have present in this meeting to develop a strategic plan for the priority area? Who will be responsible for keeping the work moving forward following this meeting?

Priority Area 1: Crisis stabilization, detox and withdrawal management, and residential substance use treatment				
Objective		Action Step	Who	When (Completed)
1.	Data collection	<ul style="list-style-type: none"> • Collect data to demonstrate need/demand for crisis services, detox and withdrawal management services, and residential substance use treatment <ul style="list-style-type: none"> ○ Form committee to collect data (leaders from: BDHDD, Cobb Collaborative, GA Dept Public Health) <ul style="list-style-type: none"> ▪ Who is in detox? ▪ Wait time and referral information • Find out if The Dept of Public Health will be sending out another round of the Data Needs of Partners survey, and disseminate to the larger group 	Recovery Leadership Council Public Health Cobb Opioid Taskforce	October 15 th 2020
2.	Increase crisis stabilization center capacity		Cobb Co. CSB Behavioral Health Crisis Center	Ongoing
3.	Improve access to detox and withdrawal management services	<ul style="list-style-type: none"> • Develop strategy to increase availability of detox beds and decrease wait times <ul style="list-style-type: none"> ○ COVID related challenges (i.e. quarantine beds) are major factor currently • Increase availability of detox and withdrawal management services for individuals who use methamphetamine, others? <ul style="list-style-type: none"> ○ Low barrier facility option (can't use in facility but can come in if under the influence) 	Cobb Co. CSB Behavioral Health Crisis Center, St. Jude's, Highland Rivers, Extension Recovery Center	Ongoing
4	Establish discharge plan and follow-up coordination	<ul style="list-style-type: none"> • Peer and case management • Build continuity of care (LE, peer services, housing) 		

5	Expand infrastructure for MAT services in detox and shelter systems	<ul style="list-style-type: none"> Shelters to explore policies that limit MAT-involved individuals' access to their facility – expand infrastructure for MAT services (MUST Ministries, the Zone, LiveSafe, Turner Hill, the Extension, etc.). Send this information to Lori Identify who is delivering suboxone and buprenorphine Cross-system coordination for applying for grants, gathering data, organizing who is responsible for what Explore bringing concierge Drs into facilities for MAT induction 	<p>Cobb CSB, Davis Direction Foundation</p> <p>Opioid Taskforce</p>	Ongoing
6.	Explore expanding MAT services in detention center	<ul style="list-style-type: none"> Discuss possibility of implementing MAT with Wellpath <ul style="list-style-type: none"> Data2000 waived MDs, nursing staff 	Sheriff's Dept. Staff District Attorney	
7.	Explore differential detox			
8.	Schedule follow-up meeting to continue to review/develop strategic plan and discuss progress	<ul style="list-style-type: none"> Is there an existing group that already meeting regularly? Is there anyone who is not already involved that needs to be invited? 		

Priority Area 2: Early diversion				
Objective	Action Step	Who	When (Completed)	
1.	Establish formal law enforcement assisted diversion process	<ul style="list-style-type: none"> CIT training for 100% of law enforcement officers (at 90 % currently) Conversation around what diversion would look like 	<p>Law enforcement, District Attorney</p> <p>District Attorney, Marietta PD, Solicitor General's Office</p>	

		<ul style="list-style-type: none"> Identify peer services Find out after hours diversion options <ul style="list-style-type: none"> Connect DBHDD community liaison to Latoya? 	<p>Cobb CSB</p> <p>Applied Research Services, INC</p>	
2.	Increasing coordination and communication between law enforcement agencies around opioid work	<ul style="list-style-type: none"> Conduct survey with law enforcement agencies within the county around opioid-specific officers/work convene meeting to encourage collaboration and information sharing- what training is needed? what services are they accessing? What are best practices? 		Ongoing
3.	Use of formal risk assessment tool. Universal/formal screening process for mental and substance use disorders for pretrial diversion and accountability court referrals	<ul style="list-style-type: none"> Determine what tools are currently being used 	District Attorney's Office Family Drug Treatment Court	
4.	Communication between pretrial services and the jail regarding results of medical, mental health, and substance use screening.			
5.	Community education regarding pretrial diversion.			
6.	Pretrial diversion application process timeline. Expanded acceptance criteria/ less requirements.			
7.	Develop committee to identify opportunities for diversion			
8.	Establishment of specialized unit(s) within pretrial services			
9.	Data Collection	<ul style="list-style-type: none"> Collect data <ul style="list-style-type: none"> Central GCAL- electronic referral board <ul style="list-style-type: none"> Number of individuals in jail detoxing 	Sheriff's Dept.	

		<ul style="list-style-type: none"> ▪ What substance individual is under the influence of <ul style="list-style-type: none"> • Give data to detox data group 		
10.	Schedule follow-up meeting to continue to review/develop strategic plan and discuss progress	<ul style="list-style-type: none"> • Is there an existing group that already meeting regularly? • Is there anyone who is not already involved that needs to be invited? 		Ongoing