

Georgia's Opioid Settlements

The United States is in the midst of a crisis on its streets and in its communities as overdoses, homelessness, and disorder reach record levels. Yet settlement proceeds secured by the State of Georgia present an unprecedented opportunity for generational investment in treatment capacity for chronic substance abuse (CSA) and severe mental illness (SMI).

Georgia is set to receive **more than \$1.3 million** (\$1,377,015,024.00) in opioid settlement funds—equal to nearly a third of the state's share of the monumental Tobacco Master Settlement Agreement.¹ With twenty-one separate settlements and payments spread out over decades, the funds are **at risk of being squandered** through ad-hoc allocations to **diffuse and disorganized efforts**.

The state must ensure that this opportunity for treatment investment does not go underutilized. **Georgia can make targeted investments in treatment capacity** that will **honor those who suffered** in the opioid crisis and **ensure accessible care** for decades to come.

Georgia reserves 75 percent (\$1,051,976,023.43) of opioid funds for the state's use with the remainder allocated to subdivisions.² 40 percent of the state's share must be allocated regionally. Control of the state's share is vested in the Georgia Opioid Crisis Abatement Trustee, which is the Commissioner of the Georgia Department of Behavioral Health and Developmental Disabilities.³ Current uses of funds are published in a dashboard, though it provides little useful information to determine the use of the grant or the impact of those uses.⁴ **The state should pass an allocation statute and vest disbursement authority of the state's share in the legislature.**

The state must rein in the potential misallocation of these funds and prioritize investments in comprehensive treatment networks. **Three priorities** (Certified Community Behavioral Health Clinics, secure psychiatric beds, and community SMI/CSA response) **will ensure these funds have the largest impact** on Georgia.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs, designed to ensure access to coordinated comprehensive behavioral health care, have stable funding and are supported by all recent presidential administrations. CCBHCs are a key response to the opioid crisis and can augment other services such as police crisis response teams, homelessness outreach and services, and outpatient psychiatric commitment services.

- **Solution: Fund the development and expansion of CCBHCs.**

- Expand the CCBHC footprint with an emphasis on a team-based approach to co-occurring disorders.
- Create a stepped approach to SMI/CSA treatment with services provided by the CCBHCs.
- Require CCBHCs to offer specific care pathways to meet the needs of individuals with co-occurring disorders.

State Psychiatric Hospitals

Inpatient beds in secure facilities are critical for serving the highest-acuity psychiatric patients. Georgia currently has only **3.6 state psychiatric beds** per 100,000 people available for civil (i.e., non-criminal) patients.^{5 6} Treatment Advocacy Center recommends a rate of 30-60 beds per 100,000. Even counting non-public secure psychiatric beds, Georgia still falls short of the minimum.⁷ Secure beds are a costly but necessary expenditure to protect patients with severe psychiatric disorders and the public at large.

- **Solution: Fund the expansion of civil psychiatric beds.**
 - Invest in expanding state hospital capacity.
 - Move forensic (criminal) commitments to a jail-based restoration facility.
 - Apply for one of several Section 1115(a) waivers to expand Medicaid reimbursement for institutions for mental diseases (IMDs).

Inpatient Stabilization Centers and Mobile Crisis Teams

Emergency departments (EDs) are supposed to be a last resort for times of true emergencies, but are increasingly used for all types of immediate-need medical care. This is especially true for low- to medium-acuity mental health crises. In order for CCBHCs and state psychiatric bed expansions to have the largest impact, there must be an immediate triage of low-acuity patients from higher-need patients, or else investments in these facilities will be drowned out, overburdened, and underutilized by those that need them most, just like emergency departments.

- **Solution: Fund community-based mental health response resources.**
 - Expand community-based recovery centers, including voluntary short-term respite housing, especially for young adults.
 - Leverage CCBHC resources to develop comprehensive mobile crisis response teams in conjunction with police crisis intervention teams (CIT).
 - Support integration of community resources with crisis networks such as the Lifeline to support those in need or provide guidance for concerned loved ones.

¹ KFF. “Actual Tobacco Settlement Payments Received by the States (in millions).” Accessed 8 September 2025. <https://www.kff.org/health-costs/state-indicator/tobacco-settlement-payments>.

² Georgia adopted several allocation agreements. See Cicero Institute, “Georgia Opioid Lawsuit Documents.” <https://drive.google.com/drive/folders/1udcjw4MUYa3OJ2d8Ktq5Y-qkmC6RMJDY?usp=sharing>.

³ Georgia Opioid Crisis Abatement Trust, “Governor Appointed Trustee.” <https://www.gaopioidtrust.org/about-us/governor-appointed-trustee/>.

⁴ Georgia Opioid Crisis Abatement Trust, “List of 2024 Grant Awards.” <https://www.gaopioidtrust.org/ListOfGrantees/>.

⁵ Treatment Advocacy Center, “Georgia Psychiatric Beds Report.” 2023. <https://www.tac.org/wp-content/uploads/2023/10/Georgiabedsinformation.pdf>.

⁶ United States Census Bureau, “2023 American Community Survey – Total Population.” [https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US\\$0400000](https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US$0400000).

⁷ Silver, Shanti, “Estimating Psychiatric Bed Need in the United States,” p. 2-4. Treatment Advocacy Center Office of Research and Public Affairs. January 2024. https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf.