OD2A: Knox County

Community Needs Assessment

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Background

Knox County Health Department (KCHD) is a locally governed, metropolitan health department located in Knoxville, Tennessee, which operates under the jurisdiction of the Office of the Knox County Mayor. According to the most recent U.S. Census Bureau data, KCHD serves a population of approximately 494,574 people.[1] Within KCHD, the Epidemiology Division coordinates the county's overdose monitoring and response activities as well as facilitates the monthly overdose fatality review team. Additionally, the Harm Reduction program provides peer support and navigation services, community-based outreach and education, and collaborates with area partners to ensure access to high-quality holistic care and/or non-stigmatizing harm reduction resources for people who use drugs.

Collaboration between the KCHD Epidemiology Division and the Regional Forensic Center (RFC) has produced evidence to support a high non-fatal and fatal overdose burden within the county. In an effort to reduce the incidence of overdose within the county, KCHD obtained a cooperative agreement with the Centers for Disease Control and Prevention (CDC) under the Overdose Data to Action (OD2A) project. This agreement has enabled KCHD to create new and expand existing programming that links community members who are living with a substance use disorder (SUD) to recovery, treatment, and/or harm reduction services.

To efficiently and equitably link individuals to such care services, it is imperative that KCHD evaluates community member needs and the capacity of community-based resources. Previous works from the KCHD such as the unpublished Overdose Fatality Review report and the 2023 Knox County Health Report provide a baseline of information that highlights key issues regarding SUD within the county. However, a more focused assessment that specifically evaluates the strengths

[1]U.S. Census Bureau. (2022). QuickFacts: Knox County, Tennessee. U.S. Department of Commerce. Retrieved April 21, 2023, from https://www.census.gov/quickfacts/knoxcountytennessee

and weaknesses of SUD treatment and recovery capital within the county would provide KCHD project planners with information to make informed, data-driven decisions and guide programmatic activities. Therefore, KCHD has conducted a community needs assessment (CNA) to gather information from those with lived experience of SUD and key stakeholders in the treatment and recovery community.

Methods

The OD2A CNA survey was created by the KCHD Epidemiology Division with assistance and feedback from team members of the KCHD Harm Reduction program. The survey design and instruments were modeled after the 2023 Knox County Mental Health Report and adapted to assess SUD-specific treatment and recovery service strengths and weaknesses. Through this approach, two distinct surveys were created – each with a unique focus population.

Stakeholder Survey

First, a web-based, electronic survey was created for key stakeholders in the recovery and treatment community. Key stakeholders were defined as any individual person or organization that is directly involved in providing, referring, or coordinating treatment and recovery services for people living with SUD. A list of potential stakeholders was created in a collaborative effort between KCHD and community subject matter experts (SME) and was then refined based on a list of two selection criteria as seen below.

1. Does this potential stakeholder provide, refer, or coordinate treatment and/or recovery care services for people living with SUD?
2. Does this potential stakeholder work with residents of Knox County?

Stakeholders were recruited via email and recipients of the survey were encouraged to share the link with other organizations and peers who they believed could offer relevant insight into the local

SUD treatment/recovery ecosystem. No incentives were able to be provided for completion of this arm of the survey.

The creation of questions to be used in the stakeholder survey was a collaborative effort between KCHD Epidemiology and Harm Reduction. When developing questions to be included in the survey, several key considerations were evaluated:

1. What information are we looking to collect?
2. Will the question provide valuable information?
3. Can we reasonably expect the respondent to be able to answer this question?
4. In what format should this question be presented (i.e. multiple choice, ranked choice, short answer, etc.)?

In total, the final stakeholder survey included 22 questions with a distribution as seen below in Table 1. The survey was created on the Microsoft Forms application and all results were exported and analyzed in Microsoft Excel. Lastly, the survey was originally sent to potential participants on February 20, 2024, and a reminder to complete was sent on March 25, 2024. Overall, the survey was active between February 20th and April 5th.

Question Type	Count
Yes/No	2
Short Answer	3
Long Answer	4
Multiple Choice	7
Ranked Choice	3
Likert Scale	3

Table 1. Stakeholder Survey Question Composition.

Community Member Survey

The target population for the second arm of the CNA was individuals who either are currently using drugs or individuals who have used drugs in the past and are in long-term recovery. For this portion of the assessment, peer navigators who work in the KCHD Harm Reduction Division conducted in-person interviews with eligible community members.

Akin to the stakeholder survey, the questions used in the community member survey were created through a collaborative process between KCHD Epidemiology Division and KCHD Harm Reduction. A list of questions was created and presented to the KCHD peer navigators who were asked to provide feedback on question content and the language used. Once all feedback had been incorporated, a final semi-structured interview guide was created, and all peer navigators were trained in how to conduct a qualitative interview.

Recruitment for the community member interviews followed a multifaceted approach. First, KCHD peer navigators were encouraged to offer clients the option to engage in the interview process during other routine navigation activities. Second, two community partner organizations that serve

people with SUD invited KCHD peer navigators to attend community meetings and recruit potential interviewees. Lastly, recruitment flyers were posted in the KCHD Communicable Disease Clinic and clinic personnel were encouraged to offer eligible clients the option of completing the interview while they were on-site for their visit.

Peer navigation staff began collecting community member interviews on April 14th, 2024 and continued for the following two weeks. Each interview was recorded by peer navigation staff to ensure that responses were captured accurately. The recorded interviews were later transcribed by the KCHD Epidemiology Division using the transcription function within Microsoft Office 365. Epidemiological staff then listened back to each interview to check for any translational errors that may have occurred during the transcription process. Interviews were securely stored for the duration of this assessment and then deleted once transcription had been completed to guard the privacy of participating community members. Incentivization was provided to community members for completing the interview process in the form of a $25 Visa gift card.

Results

Stakeholder Survey

Demographics

The survey was sent to 48 individuals and organizations that were identified as stakeholders and either provide treatment and/or recovery services directly to individuals with a SUD, or who frequently refer individuals to such services. Recipients of the survey were encouraged to share the link with other organizations and peers who they believed could offer relevant insight into the local SUD treatment/recovery ecosystem. In total, 21 individuals representing 18 unique organizations completed the survey, which represents a response rate of 43.8%. One organization was ineligible

as they do not serve residents of Knox County and their answers to the survey were excluded from the final product.

The majority of respondents represented a non-profit organization (75%) with homeless services (20%) and social services (20%) being the next most common sectors represented (Table 2). With regards to title, 40% declared that the title that best fits their role to be director. The remaining respondents indicated that they were a program manager, physician, case manager, peer navigator, or other professional (see Appendix A).

Which sectors do you represent?

Sector	Count
Public/Government Agency	1
Private Practitioner	1
Non-profit agency	15
Public Safety (criminal justice, law enforcement)	1
Hospital	2
Ambulatory Care	0
Local school district/Office of Education	0
Homeless Services	4
Social Services	4
Faith-based agency	3

Table 2. Survey Respondent Organization Type

Service Population

Survey respondents indicated that they regularly serve a wide range of individuals with different age groups, race backgrounds, societal groups, and areas within the county. All age groups (Children and Adolescents [Ages 0-17], Young Adults [18-24], Adults [25-54], Older Adults [55+]) are regularly served by at least one responding agency, ranging from 95% of organizations serving the Adults group and 10% serving the Children and Adolescents group. A list of societal groups was included in the survey and respondents were asked to identify which groups they regularly work with. In total, the groups with the highest representation from responding agencies were persons who are justice

involved and persons with chronic mental health conditions (95%), while persons with communication disabilities (25%) and persons whose primary language is not English (15%) had the lowest representation.

Which populations does your organization work with regularly.

Population	Count
Persons with mobility/physical disabilities	15
Persons with communication disabilities (hearing, speech, other)	5
Persons with mental disabilities (dementia, learning, developmental)	13
Persons with chronic mental health conditions	19
Persons with chronic health conditions	18
Persons experiencing homelessness	18
Persons who identify as LGBTQ+	15
Persons whose primary language is not English	3
Persons who are justice involved	19
Other	1

Table 3. Stakeholder Organization Client Subgroups.

Needs, Capacity, and Barriers

Respondents of the survey were asked for their input on the biggest needs in the SUD treatment and recovery community as well as their opinion of the overall capacity to provide SUD treatment and recovery services within both the community as a whole and within their individual organization. Each responder was able to select up to three issues that they believed were having the greatest impact on community members' ability to utilize SUD treatment and recovery services. In total, there were 57 selections made with homelessness (23%), stigma/shame (14%), and lack of residential treatment programs (14%) being the most identified issues.

Generally, there was a divide in perception between the community's overall capacity to provide services versus individual organizations. For example, 80% of respondents believed that overall capacity (sufficient beds, staffing) in the community to be fair or poor while 65% believed that their

organization's overall capacity to be excellent or good. Further, respondents were often unsure of other community organizations' overall capacity. Figure 1 and Figure 2 display the responses to community and organizational capacity.

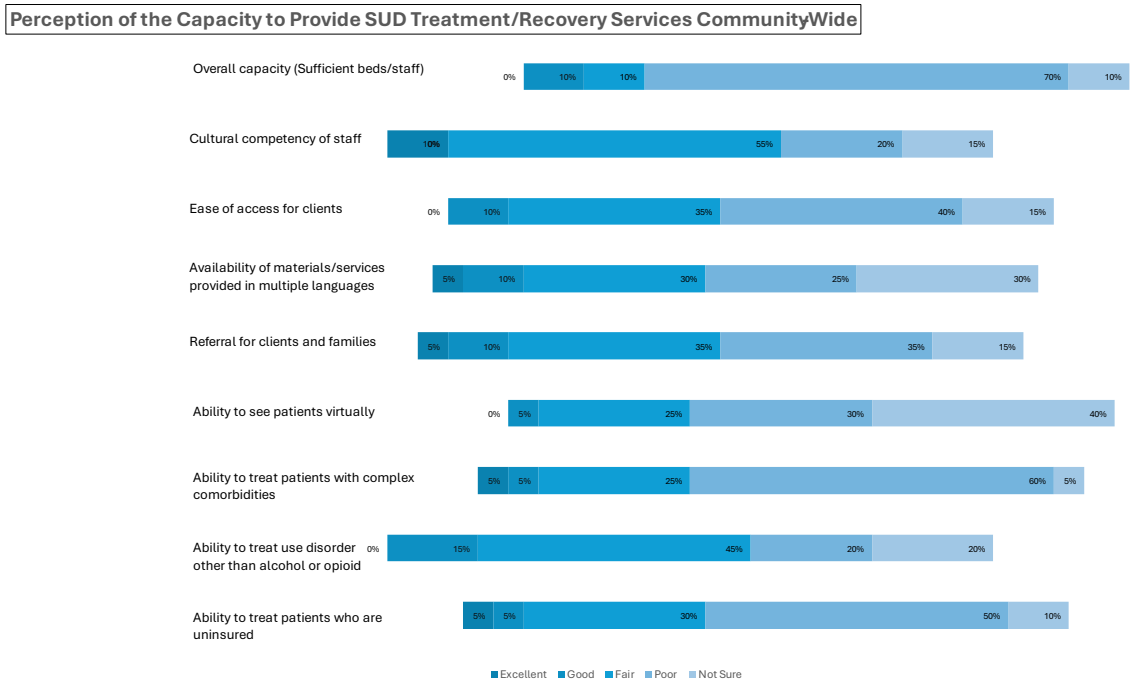


Figure 1. Capacity to Provide Service (Community)

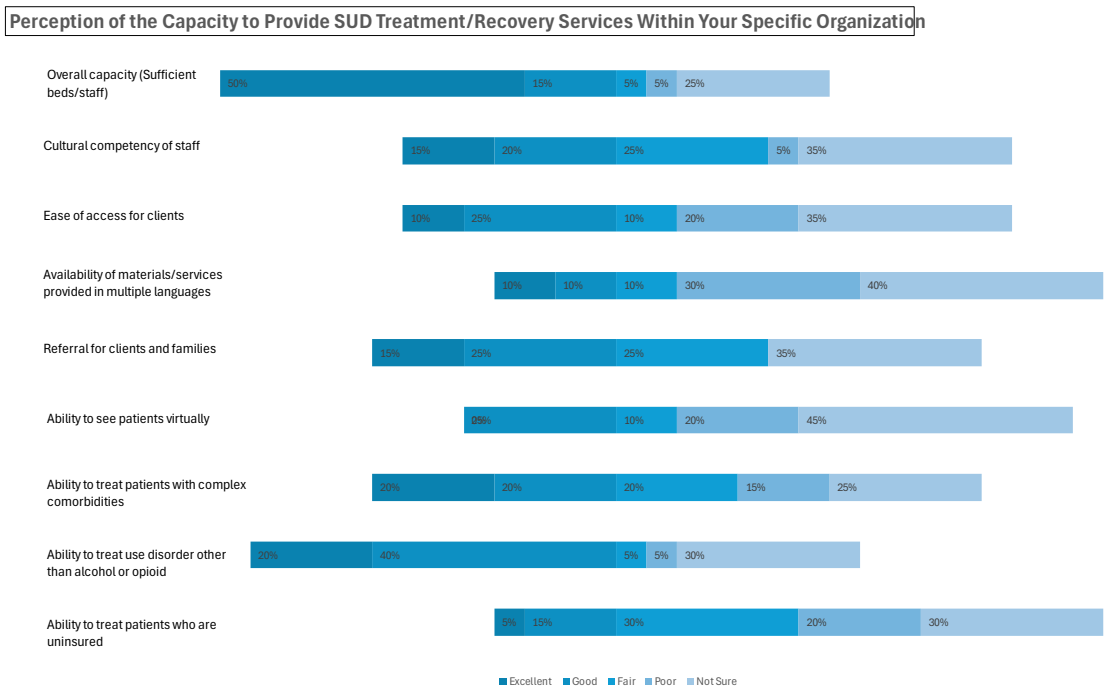


Figure 2. Capacity to Provide Service (Organization)

Regarding the barriers to accessing treatment and recovery services, those answering the survey were asked to rank the top three issues reported by their clients. According to respondents, the affordability of services, transportation, and the availability of services are the top 3 barriers specific to Knox County.

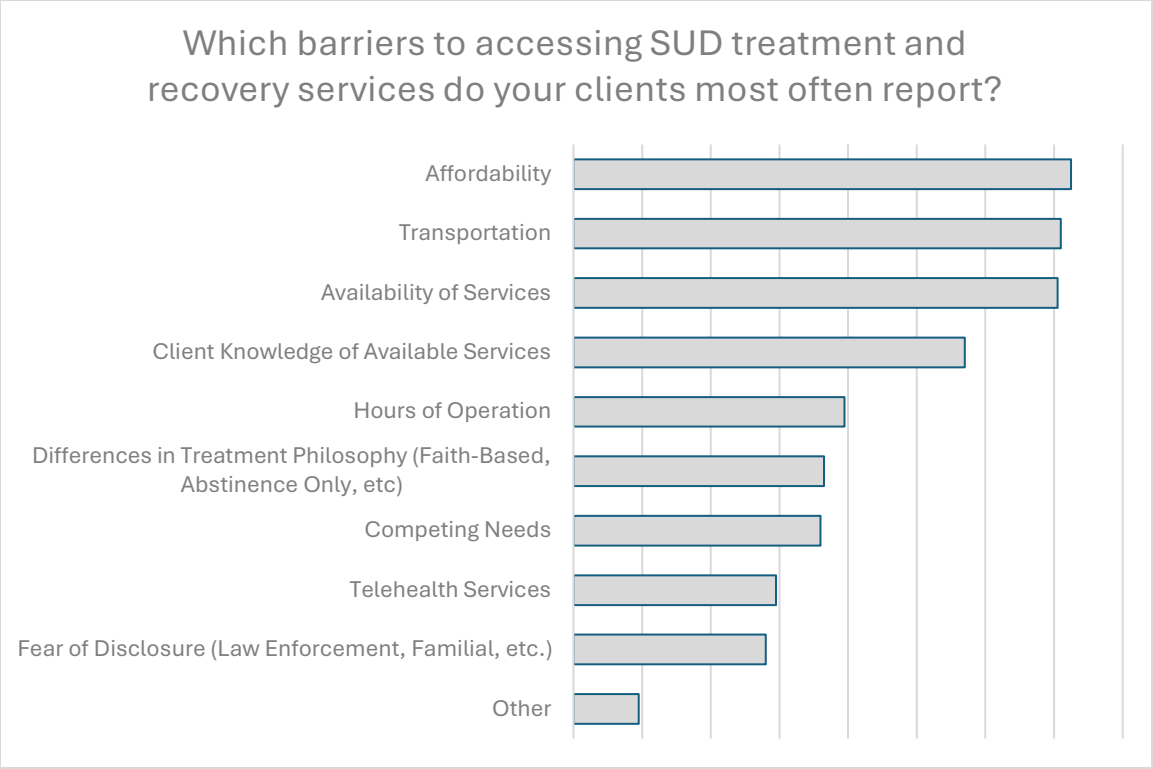


Figure 3. Client Reported Barriers

Additionally, those taking the survey were able to leave open-ended feedback regarding the issues and barriers their clients face when attempting to utilize treatment and recovery services in the county. In total, 11 respondents provided this additional feedback. Several themes were noted in the responses. In total, 8 of the 11 (73%) comments included a lack of options for those uninsured/underinsured:

"There are not nearly enough services available for those seeking treatment – especially those without insurance."

-Respondent 6

"We work with mostly uninsured people with complex problems. It is exceedingly difficult to find appropriate treatment in a timely manner"

-Respondent 4

Moreover, a lack of available evidence-based treatment options (19%) was also noted:

“Most local treatment providers do not follow evidence-based medicine.”

-Respondent 9

“We don't have evidence-based [treatment]. 12 step is not evidence-based [treatment] (not saying we don't have a need, just saying it's not the ONLY need we have).”

-Respondent 7

Recommendations

Finally, recommendations on how to improve the capacity to provide and increase access to SUD treatment and recovery services were collected. Similarly, there were several key themes noted amongst the submitted recommendations. In all, 17 of the 20 (85%) respondents provided their suggestions. Of these, 35% of recommendations included the need for expanding support for people experiencing homelessness.

“More partnerships on site at our facility. Breakthroughs in licensing for long term injections, expanded services for the homeless.”

-Respondent 16

“...We also need a lot more housing so that when people complete treatment, they don't return to homelessness.”

-Respondent 4

Other themes noted in the recommendations included the need for better wrap-around or follow-up services (18%) and low barrier access to harm reduction services (24%). Specific recommendations for how to facilitate low barrier access to harm reduction services included mobile/walkup clinics, locally run medication for opioid use disorder (MOUD) clinics, and reduced stigma for harm reduction in the community.

“Better access to harm reduction services and more accessible detox and residential services.”

-Respondent 4

“Increased access to low barrier housing and to low barrier harm reduction services, including access to supplies and MOUD.”

-Respondent 9

Community Member Survey

Community member interviews began on April 14th, 2024. The open-ended format of the questions being asked encouraged respondents to elaborate fully on their reasoning for each answer given. Peer navigation staff were able to conduct interviews with 19 individuals. Out of the 19 interviewees, 10 (53%) were designated as the "in recovery" group and 9 (47%) were designated as being "not currently in recovery". It was discovered during analysis of these initial 19 interviews that an overrepresentation of unstably housed individuals was present in the "not currently in recovery" group. This led the KCHD Epidemiology Division to begin recruitment for people who use drugs (PWUD) and have stable housing by providing the KCHD Communicable Disease clinic with flyers to obtain interviews from eligible patients. After two consecutive weeks passed with no eligible community members willing to complete an interview, it was decided on May 31st, 2024, that the interview portion of the assessment be closed.

Demographics of Participants

In Recovery - The demographic makeup of the "in recovery" group (n=10) consisted of 6 males and 4 females. The race distribution of this group was 90% White and 10% Multiracial. The primary age categories represented by this group were 50-69 (50%), 30-49 (30%), and 18-29 (20%). Of these individuals, 20% were categorized as being Stably Housed, 40% as residing in a Halfway House, and 40% as being Unstably Housed according to US Department of Housing and Urban Development (HUD) definitions.[2]

Not Currently In Recovery – The demographic composition of the "not currently in recovery" group (n=9) consisted of 6 males and 3 females. The race distribution of this group was 78% White and

[2] Homeless Management Information System. (2014) *HMIS Related HUD Definitions*. Orange County HMIS.

22% Black. The primary age categories represented by this group were 30-49 (56%), 18-29 (22%), and 50-69 (22%). Of these individuals, 100% responded as being Unstably Housed.

Findings and Discussion

When asked about how they were initially connected to recovery services, respondents answered that the primary corridors were through detention facilities (37%), a friend or family member (26%), or a recovery staff member (21%). The top harm reduction services used by respondents were naloxone (68%), syringe exchange services (21%), and testing (11%). Additionally, 8 of the 19 respondents had never utilized harm reduction services, with 63% of these being part of the "not currently in recovery" group.

Experiences Seeking Harm Reduction Services

Lack of resource awareness amongst community members was a common reason for not accessing harm reduction services (32%). In addition, lack of transportation was another common barrier cited by respondents, with many suggesting expanded transportation services and/or mobile clinics (26%) as a potential improvement to the area's harm reduction and recovery landscape. When asked what harm reduction services they would like to see more of locally, respondents recommended more SSPs/naloxone distribution sites (26%), more shelters/programs that provide day services (21%), mobile clinics (16%), and safe use facilities (11%). Some other recommendations of note were availability of xylazine test strips and individual sharps containers for portability.

"I think if [harm reduction] was available right there in our face, more people might be willing just to walk in off the street and go. And I think that if some of us started, others might follow."

- Not In Recovery, Respondent 2

"I know that financially, a lot of… I mean, people can go to rehab if they wanna go. There's grants and so on. And actually people that will pay for it if they go. But they don't know that… Advertising. I noticed that advertising on that stuff has went down. A lot of people don't know the benefits they can get."

- Not In Recovery, Respondent 8

"We don't have a vehicle. Yes, there's the bus, but some people don't have the money to take the bus. Something closer. Like into town or, you know, something where people can get to harm reduction."

- Not In Recovery, Respondent 7

"The main problem these folks, most of the homeless over here have... is transportation. I would like to see them be able to get a bus pass, maybe to go get the stuff that they need. That type of stuff, and I know it's available, but some of them don't have the means to buy a ticket, so yeah."

- In Recovery, Respondent 10

"I think like a free clinic type spot where they can get antibiotics and stuff would be really helpful. Other people who won't go to the hospital... something like that where people could actually get antibiotics. Not narcotics, just antibiotics. Because it's rough life out here. People get sick and they die because they can get help like that, you know?"

- Not In Recovery, Respondent 8

Have you ever tried to utilize harm reduction services in your area?

	In Recovery	Not In Recovery	Total
Naloxone	9	4	13
Testing	1	1	2
Needle Exchange	2	2	4
Not Used	3	5	8

Table 4. Harm Reduction Utilization

Are there other harm reduction services that you'd like to see more of in this area?

	In Recovery	Not In Recovery	Total
SSPs / Naloxone Distribution	3	2	5
Shelters / Day Services	3	1	4
Mobile Clinics	1	2	3
Safe Use Facilities	1	1	2
Other / Unanswered	2	3	5

Table 5. Harm Reduction Desires

Experiences Seeking Treatment and Recovery Services

All 19 respondents answered affirmatively when asked if they had ever sought recovery and/or treatment services. Some of the positive experiences that respondents had when they engaged with these services were fellowship, family reunification, and stable housing. The main barrier to seeking treatment reported by respondents was lack of desire to make a lifestyle change (42%). Other barriers reported most consistently were availability of beds/facilities (26%), and affordability (16%). Many respondents stated that incorporating a housing first model (16%) would improve success rates of recovery and/or treatment programs in the area.

Respondents had many positive things to say about their interactions with street outreach & peer navigation staff in the area. When asked what recovery and/or treatment services they would like to see offered locally, respondents suggested a larger street outreach/case management/harm reduction presence (37%), more local rehabilitation or treatment facilities (32%), and additional meeting places for Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings (11%). Many respondents recommended an emphasis on providing co-occurring treatment programs (16%) and family-centered treatment programs (21%), such as couples treatment for married persons and sober living programs for pregnant people and mothers with young children.

"Just the outreach... the street outreach needs to be more, more so because, uh, a lot of the people that really need the help are on the street, you know, I mean, they're not coming into like [Organization 1] or [Organization 2] or places like that. They're staying out in tents and stuff like that. And most of the time, they stay away from people because they're so drawn within themselves. Because the drug realm is the only kind of people that they want to talk to, you know?"
- In Recovery, Respondent 1

"A treatment center in this area, it would definitely help people that's from this area and can't make the commute or don't have the funds to get there because not everybody has insurance to be able to afford to get there."
-In Recovery, Respondent 3

"I would go back to the whole grant beds and the fact that like it should be more openly available to... There are literally people dying to get into beds that can't. Just simply because of financial

status. And that's unfair because obviously they're drug addicts, their financial status is probably not great."
–In Recovery, Respondent 10

"There could be more meeting houses.. more places people could go. Because a lot of people are shunned and they don't have places to go when they're angry like this. And they... they get treated so bad sometimes that they're not gonna go back, you know? They do run and hide. And, you know, that is what it is. They have no where to go, you know? It's different."
-Not In Recovery, Respondent 8

"Yeah, it is hard. I know people that are on the streets but still will walk into an NA meeting because 1) it's safe, 2) it's an hour that they're not doing dope or drinking alcohol, and 3) you know, something might click in their brain and they know that if they go to that meeting and they talk to somebody, something might click in their brain. Something to help them. Or they might find out new information that's something to help them. So, I think if more NA meetings were more available throughout, you know, Magnolia or Broadway or whatever the case may be, that it might help a lot."
-Not In Recovery, Respondent 7

What was challenging about accessing recovery and/or treatment services? (Barriers)

	In Recovery	Not In Recovery	Total
Lifestyle changes	6	2	8
Affordability	1	2	3
Availability	3	2	5
Other / Unanswered	0	3	3

Table 6. Challenges to Accessing Services

What recovery and/or treatment services would you like to see in this area?

	In Recovery	Not In Recovery	Total
More Street Outreach/Case Management/Harm Reduction Services	5	2	7
More NA/AA Meetings	1	1	2
More Local Rehabilitation/Treatment Facilities	3	3	6
Other / Unanswered	1	3	4

Table 7. Treatment and Recovery Service Desires

Discussion

By surveying two distinct groups, this CNA has provided KCHD with a range of information and recommendations for improving the community's ability to provide treatment and recovery services for those living with SUD. While each arm of the survey provided unique perspectives, overall, there were numerous similarities noted between the two.

Of note, one of the more prominent similarities between the two surveys was that there is a clear shared desire for an increase in services and outreach tailored towards individuals who are experiencing homelessness. This finding corresponds with previous results from the unpublished KCHD Overdose Fatality Review Report and other published research articles that have demonstrated a high number of fatal and non-fatal overdoses within occur amongst individuals experiencing homelessness.[3] The responses from this CNA show that stakeholders and other members of the community believe that the resources necessary for unstably housed PWUD to equitably access and maintain contact with SUD treatment and recovery services long-term are deficient within Knox County. Barriers such as not having a stable home to return to following a stay in an outpatient treatment facility, lack of awareness of available programs, and inability to travel or find transportation to treatment facilities are a few examples of the difficulties individuals experiencing homelessness in Knox County face when accessing treatment and/or recovery services. Increased outreach services amongst this population could help to reduce some of these and other barriers they face on a routine basis.

Another common theme between the two survey groups was the desire for more accessible harm reduction and MOUD services. Again, transportation is a significant barrier to accessing harm reduction services and resources within the county, as many of these offerings are only attainable

[3] Doran KM, Rahai N, McCormack RP, et al. Substance use and homelessness among emergency department patients. Drug Alcohol Depend. 2018;188:328-333. doi:10.1016/j.drugalcdep.2018.04.021

at fixed site locations and times. Specifically mentioned within this assessment was the need for increased mobile and walk-up harm reductions sites and services. KCHD recently acquired and is initiating within the community a new mobile clinic that will offer harm reduction services such as Human Immunodeficiency Virus (HIV) testing and peer navigation. While this is one step towards increasing accessibility to harm reduction services, more initiatives to reduce barriers will be needed to properly address the issue at hand.

Furthermore, affordability of treatment and recovery services was an additional shared theme between the two survey populations. Cost is often cited as a prohibitive barrier for PWUD to access treatment and recovery services, particularly if they are also uninsured. While there are programs within the county that offer limited, free, or reduced cost services, these services are only numerous enough to cover a small proportion of the individuals in need. While it is possible that opioid settlement funds can create a more affordable and accessible treatment and recovery community, there are other avenues that could be utilized to address this issue. For example, increased peer navigation and coordinated care planning could help individuals access treatment and recovery services that are most effective for them and their current situation.

Limitations

While this CNA provided KCHD with an array of actionable data, there were some limitations that affected the overall product. Firstly, the short timeframe available to complete the assessment limited the ability to collect and analyze additional data. Ideally, a longer assessment timeframe could have allowed for a broader planning phase and data collection window. Although KCHD was able to get an effective sampling size for the community member survey, it was discovered in the early analysis phase that people who were unstably housed were overrepresented in the survey population. Moreover, there was a lower response rate for the stakeholder survey than that which

was expected. In the future, if a similar CNA were to be conducted, more focus would be placed on creating and troubleshooting more effective recruitment methods for different populations.

Conclusion

The findings of this CNA will help KCHD create new and modify existing programming to equitably address SUD and overdose within the county throughout the remainder of the OD2A cooperative agreement cycle. While many of the themes observed within this assessment, such as a need for increased homeless outreach services and more accessible harm reduction resources, are currently being addressed by OD2A activities, these findings will be essential in adapting to the more specific needs within the county. Further work will be necessary to evaluate how effective the current programming is in addressing the needs of the community and whether the specific barriers discovered within this CNA are reduced.

Appendix A: Stakeholder Survey Tables and Figures

Which age groups do you work with most of the time?

Age Group	Count
Children and Adolescents (Ages 0-17)	2
Young Adults (Ages 18-24)	14
Adults (Ages 25-54)	19
Older Adults (Ages 55+)	17

From the list below, please indicate which demographics you regularly work with.

Race	Count
White/Caucasian	20
Hispanic/Latino	11
Black/African American	19
Asian American/Pacific Islander	4
Native American/Alaska Native	5
Other	1

From the list below, please indicate which populations you work with regularly.

Population	Count
Persons with mobility/physical disabilities	15
Persons with communication disabilities (hearing, speech, other)	5
Persons with mental disabilities (dementia, learning, developmental)	13
Persons with chronic mental health conditions	19
Persons with chronic health conditions	18
Persons experiencing homelessness	18
Persons who identify as LGBTQ+	15
Persons whose primary language is not English	3
Persons who are justice involved	19
Other	1

Which sectors do you represent?

Sector	Count
Public/Government Agency	1
Private Practitioner	1
Non-profit agency	15
Public Safety (criminal justice, law enforcement)	1
Hospital	2
Ambulatory Care	0
Local school district/Office of Education	0
Homeless Services	4
Social Services	4
Faith-based agency	3

Are you a mental health provider?

	Count
Yes	5
No	15

What title best describes your role?

Title	Count
Director	8
Program Manager/Clinical Supervisor	2
Physician	1
Psychologist	0
Nurse	0
Nurse Practitioner	0
Social Worker	0
Case Manager	3
Counselor	0
Educator	0
Navigator	1
Other	5

Which area of Knox County is your agency located?

Area	Count
North	5
South	1
Central (Inner-City)	10
East	3
West	2
Other	2

Overall, what are the most urgent issues impacting substance abuse treatment and recovery programs within the communities that you serve?

Population	Count
Lack of culturally appropriate services	1
Lack of services in client's preferred language	0
Lack of treatment/recovery program staffing	5
Homelessness	13
Stigma/Shame	8
Treatment of patients with complex/polysubstance use	3
Lack of detoxification programs	3
Lack of residential treatment programs	8
Lack of outpatient treatment programs	3
Lack of recovery support	4
Lack of convenient/accessible transportation to program	5
Other	4

Which two subpopulations are currently in greatest need of substance abuse treatment and recovery services?

Population	Count
White	4
Hispanic/Latino	0
Black/African American	5
Asian American/Pacific Islander	0
Native American/Alaska Native	0
Persons with mobility/physical disabilities	0
Persons with communication disabilities (hearing, speech, other)	1
Persons with mental disabilities (dementia, learning, developmental)	6
Persons with chronic health conditions	3
Persons experiencing homelessness	13
Persons who identify as LGBTQ+	3
Persons whose primary language is not English	0
Persons who are justice involved	5
Other	0

Thinking about the agency you work for, is your agency's capacity sufficient to meet the demands of clients you serve?

	Count
N/A	1
No	8
Yes, some of the time	6
Yes, most of the time	5

People seeking substance abuse treatment and prevention services can get the help they need in my geographic service area.

	Count
Strongly Agree	2
Agree	2
Neutral	4
Disagree	8
Strongly Disagree	4

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate overall capacity (Sufficient beds/staff).

	Count
Excellent	1
Good	1
Fair	6
Poor	10
Not Sure	2

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate overall cultural competency of staff.

	Count
Excellent	0
Good	3
Fair	9
Poor	4
Not Sure	4

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate overall ease of access for clients.

	Count
Excellent	1
Good	1
Fair	5
Poor	12
Not Sure	1

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate overall materials or services provided in multiple languages

	Count
Excellent	0
Good	1
Fair	5
Poor	6
Not Sure	8

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate overall referrals for clients and families.

	Count
Excellent	1
Good	2
Fair	7
Poor	7
Not Sure	3

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate overall ability to see patients virtually.

	Count
Excellent	1
Good	2
Fair	6
Poor	5
Not Sure	6

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate overall ability to treat patients with complex comorbidities.

	Count
Excellent	0
Good	2
Fair	7
Poor	8
Not Sure	3

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate the ability to treat patients with a use disorder other than alcohol or opioids.

	Count
Excellent	2
Good	0
Fair	11
Poor	4
Not Sure	3

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate the ability to treat patients who are uninsured.

	Count
Excellent	0
Good	2
Fair	2
Poor	14
Not Sure	2

Thinking about all available substance abuse treatment and recovery services in Knox County, please rate overall capacity (Sufficient beds/staff)

	Count
Excellent	1
Good	1
Fair	6
Poor	10
Not Sure	2

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate overall capacity (Sufficient beds/staff)

	Count
Excellent	1
Good	3
Fair	6
Poor	4
Not Sure	6

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate overall cultural competency of staff.

	Count
Excellent	4
Good	8
Fair	1
Poor	1
Not Sure	6

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate ease of access for clients.

	Count
Excellent	4
Good	4
Fair	4
Poor	3
Not Sure	5

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate materials or services provided in multiple languages.

	Count
Excellent	0
Good	5
Fair	2
Poor	4
Not Sure	9

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate overall referrals for clients and families

	Count
Excellent	3
Good	5
Fair	5
Poor	0
Not Sure	7

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate the ability to see patients virtually.

	Count
Excellent	2
Good	2
Fair	2
Poor	6
Not Sure	8

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate overall ability to treat patients with high comorbidity.

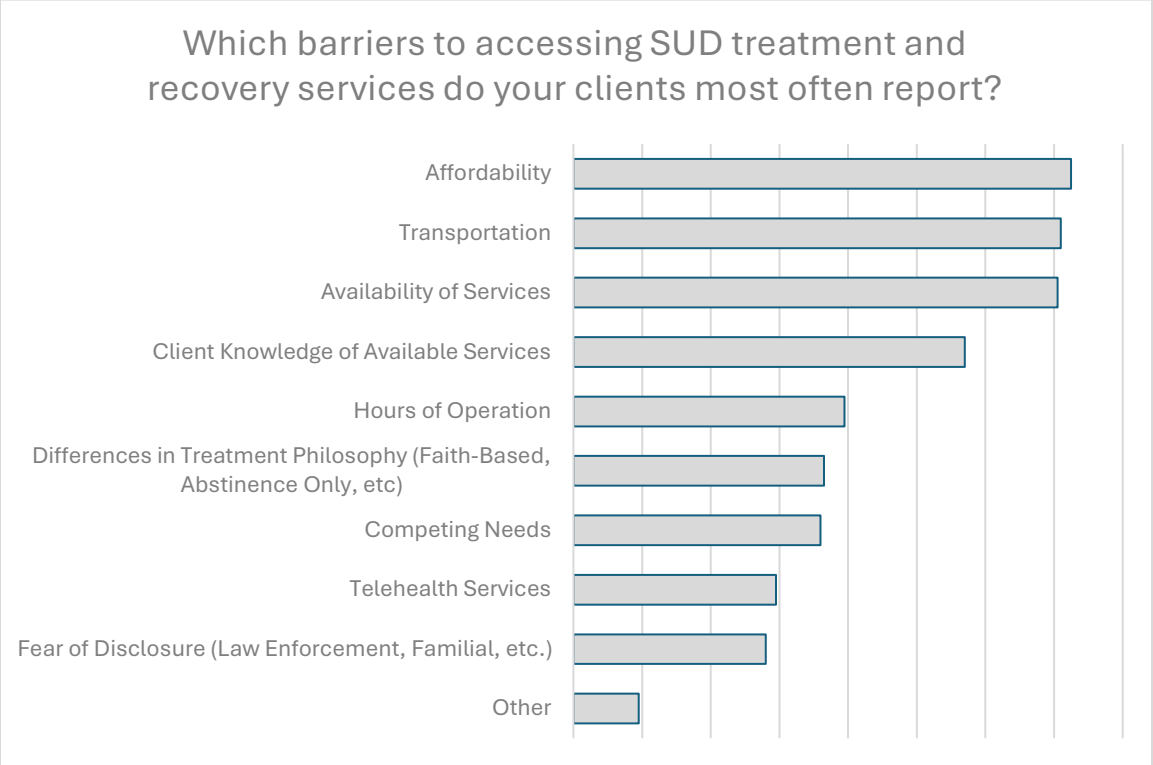
	Count
Excellent	2
Good	5
Fair	2
Poor	4
Not Sure	7

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate overall ability to treat patients with a use disorder other than alcohol or opioids

	Count
Excellent	3
Good	4
Fair	5
Poor	1
Not Sure	7

Thinking about all available substance abuse treatment and recovery services in <u>your specific organization</u>, please rate overall ability to treat patients who are uninsured.

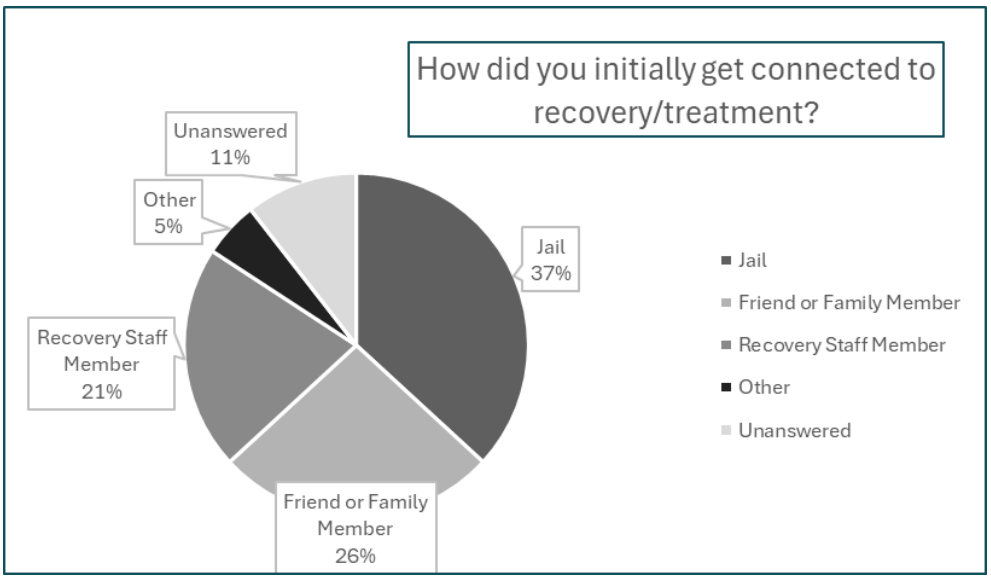
	Count
Excellent	10
Good	3
Fair	1
Poor	1
Not Sure	5



Appendix B: Community Member Survey Tables and Figures

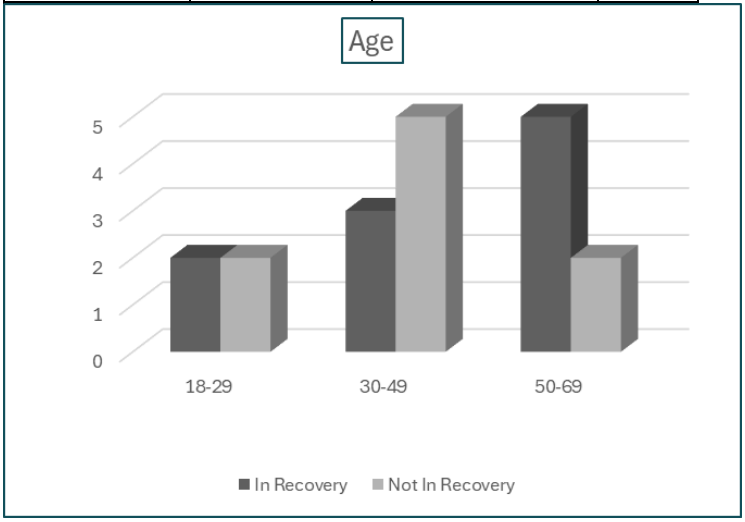
How did you initially get connected to recovery and/or treatment services?

	In Recovery	Not In Recovery	Total
Jail	3	4	7
Friend or Family Member	3	2	5
Recovery Staff Member	4	0	4
Other	0	1	1
Unanswered	0	2	2
		Total	19



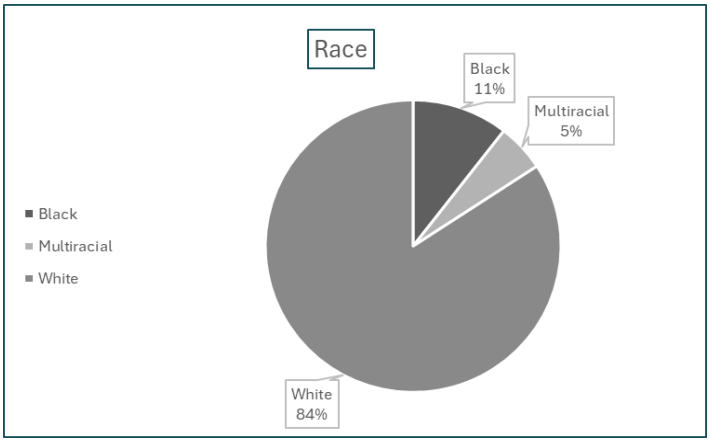
Age Demographics:

	In Recovery	Not In Recovery	Total
18-29	2	2	4
30-49	3	5	8
50-69	5	2	7
		Total	19



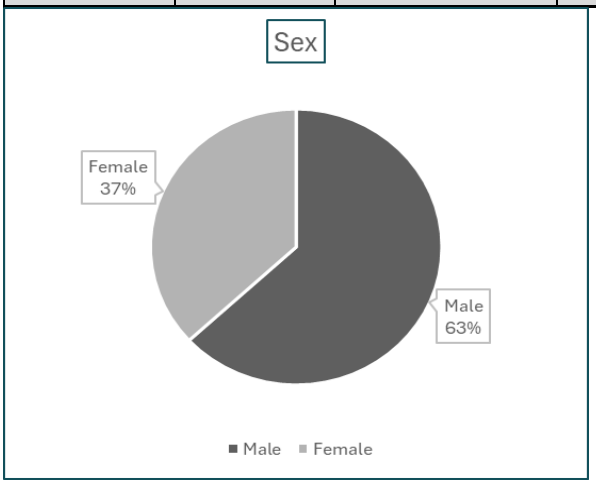
Race Demographics:

	In Recovery	Not In Recovery	Total
Black	0	2	2
Multiracial	1	0	1
White	9	7	16
		Total	19



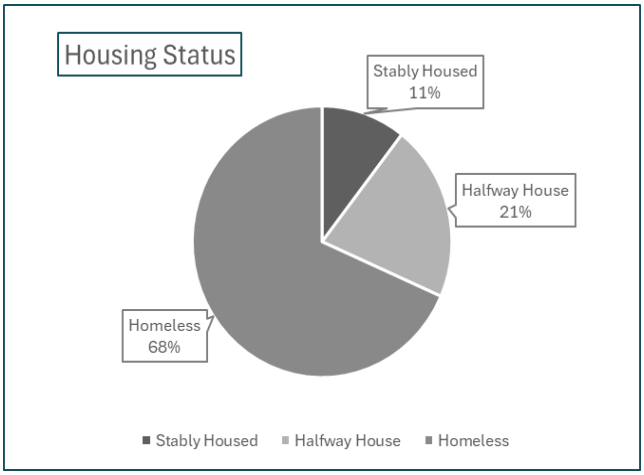
Sex Demographics:

	In Recovery	Not In Recovery	Total
Male	6	6	12
Female	4	3	7
		Total	19



Housing Status:

	In Recovery	Not In Recovery	Total
Stably Housed	2	0	2
Halfway House	4	0	4
Homeless	4	9	13
		Total	19


Housing Status
Stably Housed 11%
Halfway House 21%
Homeless 68%
Stably Housed
Halfway House
Homeless