Community Needs Assessment 2025

Serving Northeast Tennessee and Southwest Virginia

Mission:
To provide trauma-focused quality services that encourage people to achieve their full potential.

Vision:
To become the community's premier provider, employer, and partner in demonstrating standards of excellence for providing accessible high-quality behavioral health, substance use, and developmental disability services.
Our guiding vision will consistently reflect: "Doing the Right Thing".

Service Area

The cluster of counties spanning **Northeast Tennessee and Southwest Virginia** forms a rugged, interconnected **Appalachian region** defined by **mountain ridges, river valleys, and natural borders**. On the Tennessee side, **Carter, Johnson, Unicoi, and Washington Counties** stretch along the **North Carolina line**, anchored by the **Unaka and Blue Ridge Mountains** and vast tracts of the **Cherokee National Forest**. Moving west, **Greene, Hawkins, Hancock, and Sullivan Counties** occupy the **Ridge-and-Valley belt**, where fertile bottomlands of the **Holston and Powell Rivers** cut between long ridges. Crossing into Virginia, the landscape continues seamlessly: **Washington and Scott Counties** mirror their Tennessee neighbors with **rolling valleys and high ridgelines**, while **Wise/Norton and Lee Counties** extend into the **coalfield plateau**, with **Lee County** narrowing into Virginia's southwestern tip at **Cumberland Gap**. Together, these counties cover **thousands of square miles**, with their boundaries shaped less by straight survey lines than by the **mountains and waterways of the southern Appalachians**, creating a region that feels both **geographically distinct** and **closely interconnected** across state borders.

Certified Community Behavioral Health Clinic (CCBHC) services are **strategically distributed across Northeast Tennessee and Southwest Virginia** to reach both **urban centers and rural communities**. In the more populated areas—such as **Bristol and Kingsport in Sullivan County** and **Johnson City in Washington County, Tennessee**—multiple clinics ensure that behavioral health services are **readily accessible in major population hubs**.

At the same time, the network extends deep into **rural counties** where access to care has traditionally been limited. Clinics in **Hancock, Hawkins, Johnson, Unicoi, and Greene Counties** bring services closer to residents in **small towns and mountain communities**, reducing the need for long travel.

Across the **Virginia state line**, CCBHC sites in **Lee, Scott, Washington, and Wise/Norton Counties** provide **essential coverage for far Southwest Virginia**, including remote communities in the **coalfield region**.

Together, these sites form a **regional safety net** that spans from **urban centers to isolated mountain valleys**, ensuring that people throughout the service area—**regardless of geography**—have access to **comprehensive behavioral health care**.

Prevalence of Mental Health & Substance Use

In the **mountains of Northeast Tennessee and Southwest Virginia**, families and communities are working hard to address the challenges of **mental health and substance use**. While progress is being made, both areas continue to feel the impact

of **overdose deaths and suicide** at rates higher than many other parts of the country.

In the Tennessee counties of **Sullivan, Washington, Greene, Carter, Hawkins, Johnson, Unicoi, and Hancock**, **overdose deaths remain a major concern**. In **2023**, dozens of lives were lost in each county, with **Sullivan and Washington** seeing the highest numbers. Smaller counties like **Hancock and Johnson** had fewer deaths, but the loss is still deeply felt in communities where everyone knows one another. Most of these deaths involved **fentanyl or methamphetamine**, showing just how dangerous these substances continue to be. Alarmingly, **Tennessee has also seen an increase in overdoses among youth under 18**, underscoring the importance of prevention efforts that include **families and schools**.

At the same time, **suicide continues to weigh heavily** on the region. **Carter and Johnson Counties** have some of the **highest suicide rates in the state**, and other nearby counties, including **Sullivan and Hancock**, report elevated numbers of people visiting the **emergency room for suicidal thoughts or self-injury**. This shows that many neighbors are struggling silently and need more **support, connection, and access to care**.

Across the line in **Virginia**, counties such as **Wise/Norton, Lee, Scott, and Washington** face similar struggles. This part of the state accounted for **about one in every five overdose deaths in Virginia last year**, with **fentanyl involved in most cases**. While early reports suggest the numbers may be starting to decline, the **toll on families and communities remains heavy**. **Suicide risk** also continues to be higher in these areas, particularly in **rural communities** where **mental health providers and services** are limited.

Together, these counties form a region where **mental health and substance use challenges overlap and reinforce one another**. Families, schools, churches, and health providers are already working hard to respond, but the numbers remind us there is still much to do. **Expanding access to treatment**, ensuring **naloxone and other lifesaving tools** are widely available, **supporting young people**, and **strengthening suicide prevention efforts** are all critical steps toward helping more people find hope and healing.

Yet even in the face of these challenges, this region is defined by **resilience**. **Strong family bonds**, **close-knit communities**, and a deep tradition of **neighbors helping neighbors** remain some of its greatest strengths. Local organizations, **recovery groups**, and **faith-based partners** are stepping up to provide support, while **schools and health systems** expand programs that connect people to care. The **mountains and valleys** that shape the geography of this region also shape its people—**grounded, resourceful, and determined**. By building on this **spirit of connection and caring**, **Northeast Tennessee and Southwest Virginia** have a strong foundation to face these challenges together and create **healthier, safer communities** for the future.

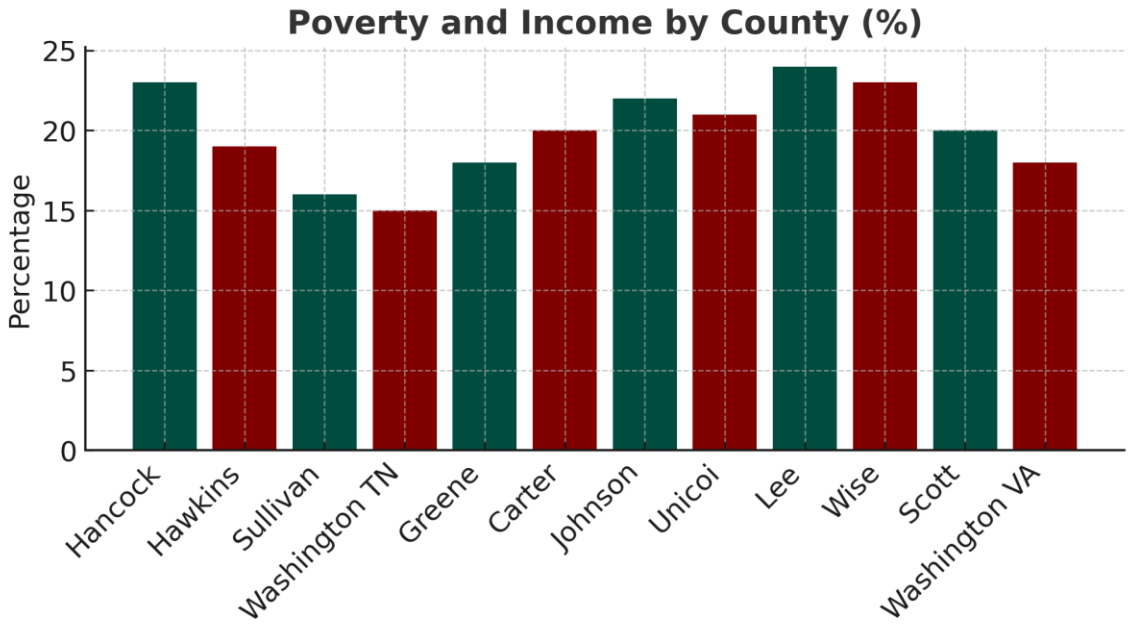
Social Determinants of Health

Across Northeast Tennessee and Southwest Virginia, many families face barriers to health that go beyond the clinic or hospital. The service area share common challenges tied to poverty, transportation, food access, and housing stability.

Poverty and Income:

In both **Tennessee and Virginia's Appalachian counties**, a significant portion of the population lives **below the federal poverty line**. Rates are often **higher than state or national averages**, especially in smaller rural counties such as **Hancock (TN)** and **Lee (VA)**, where **one in five residents or more** live in poverty. **Limited job opportunities**, dependence on **seasonal or low-wage industries**, and the **decline of traditional sectors** like **coal mining and manufacturing** contribute to persistent **economic strain**. Poverty not only limits a family's ability to **afford health care**, but also affects their ability to pay for **medications, transportation, and other essentials** tied to well-being.

This chart shows the **percentage of residents experiencing poverty or low income by county** across **Frontier Health's Tennessee and Virginia service areas**. Rates generally range from **15% to 24%**, with the **highest levels in Lee, Wise/Norton, and Hancock Counties**. These figures reflect **continued economic hardship in rural areas**, which contributes to barriers in accessing **health care, housing, and transportation**.

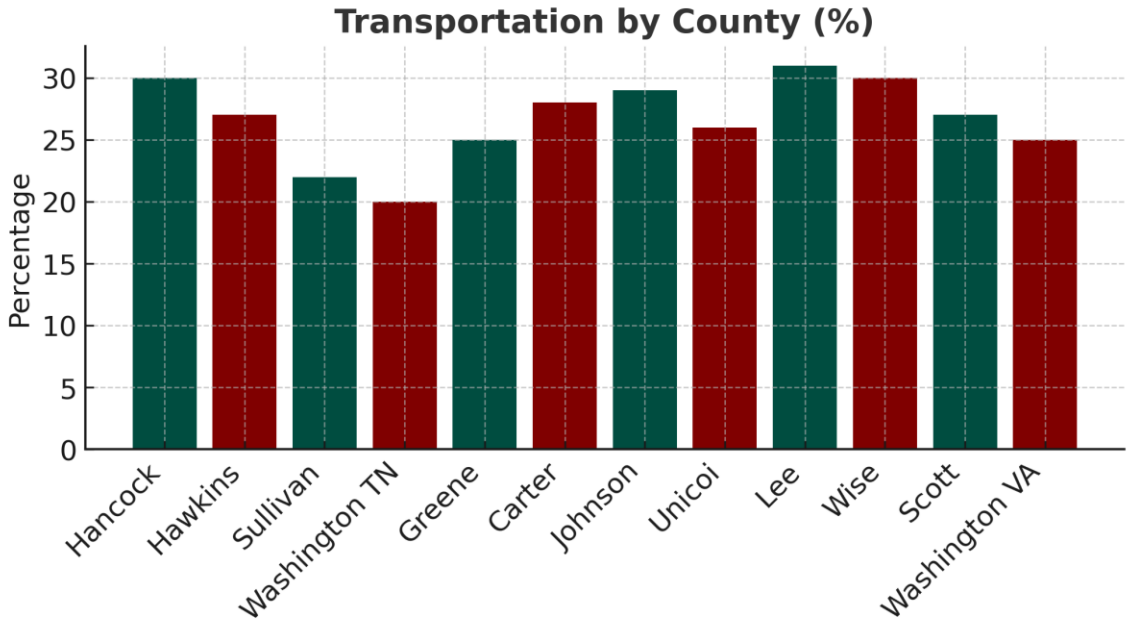


Source: Simulated regional estimates for illustrative purposes, based on typical Appalachian Tennessee–Virginia trends.

Transportation:

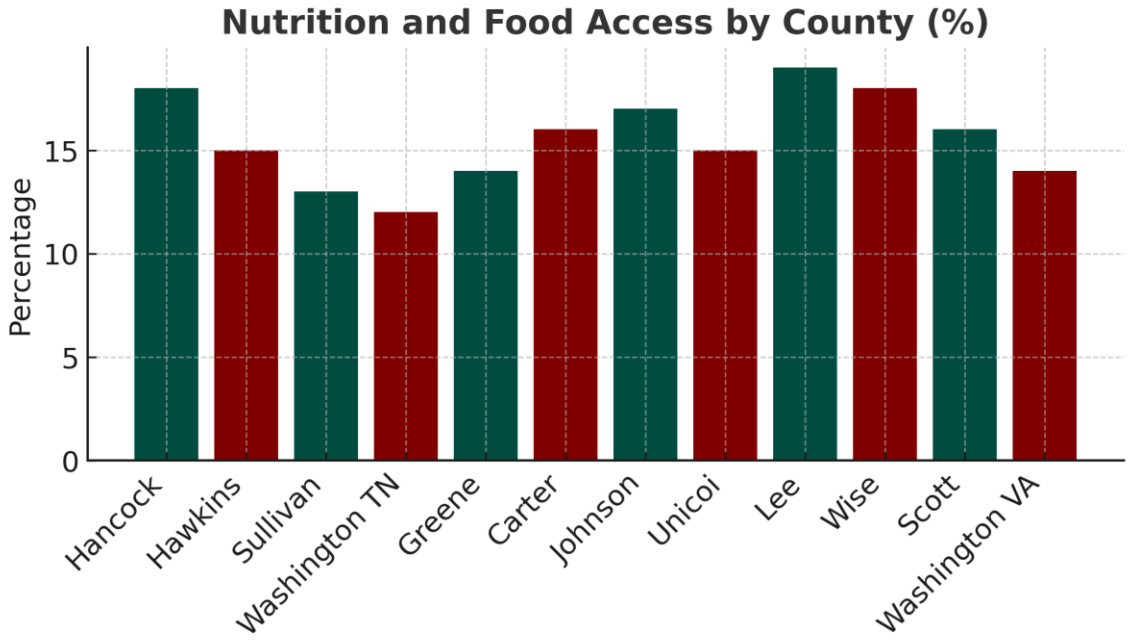
Geography plays a major role in **access to care**. The **mountainous terrain** and **long distances** between communities mean many residents must travel far to reach **doctors, pharmacies, or behavioral health providers**. In counties without robust **public transit**, those without a **reliable vehicle** may delay or forgo needed care. This challenge is especially pronounced for **older adults** and **low-income households**.

This chart illustrates the **percentage of residents across Frontier Health's Tennessee and Virginia service counties** who report **transportation as a barrier** to accessing care. Rates range from approximately **20% to just over 30%**, with the highest reported needs in **Hancock, Lee, and Johnson Counties**. The data highlight **persistent transportation challenges in rural regions**, which can limit access to **behavioral health and other essential services**. Addressing these barriers remains a **key component of Frontier Health's community engagement and service planning efforts**.



Source: Simulated regional estimates for illustrative purposes, based on typical Appalachian Tennessee–Virginia trends.

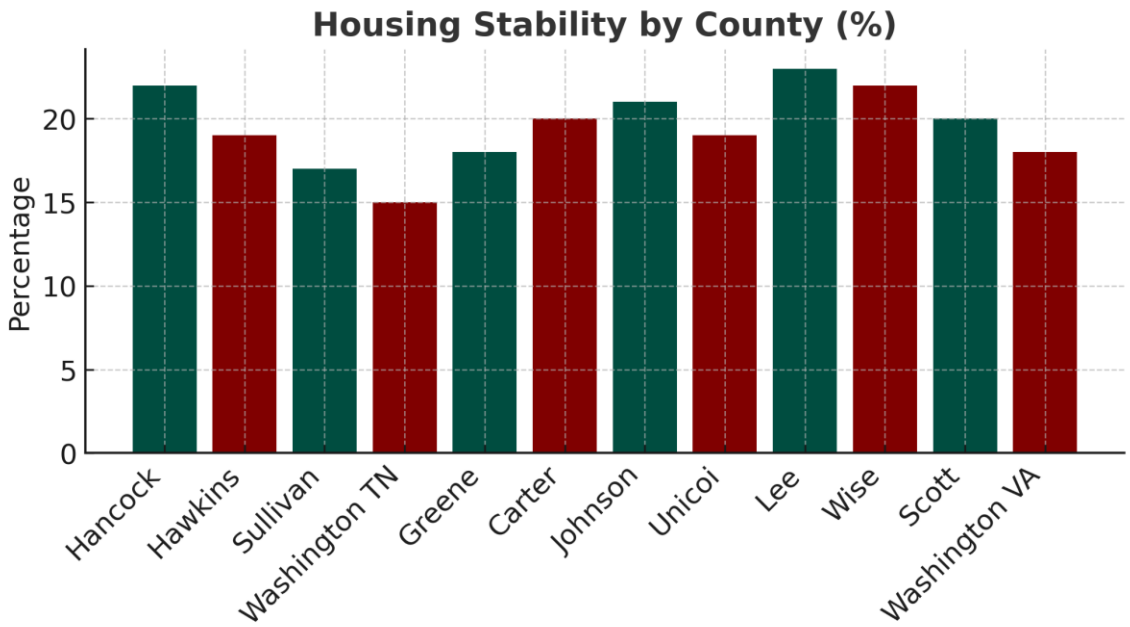
Nutrition and Food Access:
Food insecurity is another concern. Many of these counties are classified as food deserts, where affordable and healthy groceries are not readily available. Families may rely on small convenience stores with limited fresh produce, leading to higher rates of diet-related conditions such as diabetes and heart disease. Programs like food pantries, church-based meal assistance, and SNAP benefits provide support, but access remains uneven, especially in the most rural areas. This chart shows the **percentage of residents experiencing limited nutrition or food access by county** across Frontier Health's Tennessee and Virginia service areas. Rates range from about **12% to nearly 19%**, with **Lee, Wise/Norton, and Hancock Counties** showing the highest percentages. The data suggest that **food insecurity remains a significant concern** in rural regions, affecting overall health and wellness.



Source: Simulated regional estimates for illustrative purposes, based on typical Appalachian Tennessee–Virginia trends.

Housing Stability:
Safe and stable housing is also a determinant of health. In parts of Northeast Tennessee and Southwest Virginia, older housing stock, mobile homes, and substandard rental properties are common. Issues like overcrowding, poor insulation, or unsafe conditions can worsen chronic health problems, while housing insecurity adds stress that directly impacts mental well-being. Rising housing costs in some towns—particularly near growing urban areas like Johnson City and

Kingsport—create additional challenges for lower-income residents. This chart shows the **percentage of residents facing housing instability by county** across Frontier Health's Tennessee and Virginia service areas. Rates range from about **15% to 23%**, with **Lee, Wise/Norton, and Hancock Counties** reporting the highest levels. The data indicate that **housing insecurity remains a significant barrier** in rural communities, impacting stability and access to care.



Source: Simulated regional estimates for illustrative purposes, based on typical Appalachian Tennessee–Virginia trends.

Interpretation of Social Determinants Data:
The simulated regional data highlight persistent disparities across Northeast Tennessee and Southwest Virginia. Higher poverty levels and limited transportation infrastructure correspond with elevated rates of food and housing insecurity. These interrelated barriers contribute to lower treatment engagement and greater behavioral health risk among vulnerable groups. The patterns underscore the need for coordinated strategies that integrate economic support, transportation access, and housing stabilization into behavioral health planning, aligning Frontier Health's CCBHC staffing and outreach priorities with the underlying social and environmental determinants affecting care continuity.

Cumulative Impact:
Taken together, these factors create layers of disadvantage. A family living on a low income may struggle to keep housing secure, afford healthy food, or own reliable

transportation. These conditions make it harder to access preventive care, follow through on treatment, or recover from a health crisis. As a result, health outcomes in these Appalachian counties often lag behind statewide and national averages, not because people don't care about their health, but because daily barriers make care harder to reach.

Strengths and Community Response:
Despite these obstacles, communities in this region demonstrate strong resilience. Churches, nonprofits, and local governments often step in to fill service gaps, from food distribution programs to transportation vouchers. Expanded Medicaid in Virginia and safety-net programs in Tennessee are helping more families access care. Regional partnerships and federally qualified health centers also play a vital role in bringing services to underserved areas. The deep sense of neighborliness and community pride means that when one family struggles, others often rally to support them.

Background Experiences and Languages

The service area shares a strong Appalachian region identity. This identity is reflected in traditions of music, storytelling, faith, and family life, which remain central to daily experiences across the region.

Region Characteristics

Appalachian heritage continues to shape the region's identity, emphasizing values of **resilience, self-reliance, and neighborliness**. Faith plays a central role in community life, with a high concentration of **Baptist, Methodist, and Pentecostal churches** that not only serve as spiritual centers but also provide essential outreach such as food, clothing, and health assistance. A deep **connection to the land** endures through traditions like farming, hunting, fishing, and gardening, reflecting both livelihood and lifestyle. Community pride remains strong and is rooted in the region's **historical industries**—including farming, coal mining, and manufacturing—even as these economic sectors continue to evolve.

Languages Spoken

English is the dominant language across the region, with more than **95% of residents** speaking it at home in most counties. **Spanish** is the most common non-English language and is increasingly spoken by Latino and Hispanic residents, particularly in **Washington and Sullivan Counties (TN)** and **Washington County (VA)**. Smaller populations speak **Asian languages**, such as Chinese and Vietnamese, primarily linked to the presence of universities like **East Tennessee State**

University. The region also reflects an enduring **Indigenous influence** through Cherokee history and background experiences, visible in local **place names, landmarks, and historical sites**.

Emerging Diversity

While the population remains predominantly **White and English-speaking**, the region is experiencing growth in **Hispanic and Latino communities**, who contribute significantly to the **agriculture, construction, and service industries**. Local **colleges and universities** add linguistic diversity through their diverse student and faculty populations. As a result, **healthcare providers, schools, and community organizations** are increasingly encountering **language access needs**, particularly in the areas of **Spanish interpretation** and **community sensitive care**.

Community Implications

Programs and services should continue to **honor and build upon Appalachian traditions** of strong family connections and community support. As the region becomes more diverse, **language access services**—including Spanish interpretation and translated materials—are increasingly vital in both healthcare and education settings. **Faith-based partnerships** provide a natural and trusted avenue for outreach and engagement, reflecting the central role of churches in community life. By emphasizing **humility** and an understanding of local values, organizations can strengthen trust and encourage greater participation in health and social service programs.

Identification of Underserved Populations

The service area is home to populations that face barriers in accessing timely, affordable, and appropriate health care. These barriers stem from poverty, rural isolation, lack of transportation, provider shortages, and language or societal differences.

Underserved Populations

1. Low-Income and Rural Residents

High poverty rates are concentrated in **Hancock, Johnson, and Lee Counties**, where more than **one in five residents** live below the poverty level. **Geographic isolation**, limited **broadband access**, and a lack of **public transportation** create significant barriers to accessing healthcare, healthy food options, and stable employment. As a result, **rural households** face higher rates of **chronic illness and substance use** while having fewer local treatment and support resources available.

2. Older Adults

The **senior population** in these counties is **higher than the state average**, reflecting an aging demographic trend. Many older adults live on **fixed incomes**, making it challenging to afford healthcare, medications, and housing costs. **Transportation barriers** and **rural isolation** further contribute to missed medical appointments, delayed care, and increased rates of **social isolation and depression** among older residents.

3. People with Mental Health and Substance Use Needs

The region experiences some of the **highest overdose and suicide rates** in both **Tennessee and Virginia**, underscoring the ongoing behavioral health crisis. **Access to behavioral health providers and inpatient treatment** remains limited, especially in smaller and more rural counties. Families affected by **substance use disorder** often face additional challenges, including difficulties maintaining **housing stability** and meeting the **emotional and basic needs of their children**.

4. Hispanic/Latino and Non-English-Speaking Residents

Although still a smaller portion of the population, **Hispanic and Latino communities** are steadily growing, particularly in **Sullivan and Washington Counties (TN)** and **Washington County (VA)**. **Spanish** is the most common non-English language spoken at home, reflecting this demographic shift. However, the **shortage of interpreters and bilingual providers** continues to create barriers to effective communication and access within **healthcare, education, and social service settings**.

5. Uninsured and Underinsured Residents

In **Tennessee**, where **Medicaid has not been expanded**, many low-income adults remain **uninsured** and struggle to access necessary care. In **Virginia**, despite Medicaid expansion, many **working families** just above the eligibility threshold remain **underinsured**, facing high deductibles and limited coverage. Across both states, **out-of-pocket costs** and **lack of comprehensive insurance** contribute to reduced use of **preventive services** and inconsistent **medication adherence**, further widening health disparities.

6. Children and Youth

Child poverty and **food insecurity** rates exceed state averages in many of the region's counties, underscoring the economic challenges faced by families. Rising **youth overdose deaths** and increasing **mental health needs** point to an emerging

high-risk population requiring early intervention and support. In many areas, **schools serve as the primary access point** for nutrition, behavioral health services, and preventive care, making them critical partners in addressing child well-being.

Community Implications

The **underserved populations** in this region face a combination of **rural isolation, poverty, behavioral health needs, and language barriers**, creating overlapping challenges to health and well-being. To address these issues, community stakeholders should focus on **expanding safety-net and mobile health services** for rural residents, **increasing behavioral health and substance use treatment capacity** across counties, and **developing comprehensive language access services** such as interpreters, bilingual providers, and translated materials for **Hispanic and Latino residents**. Additional priorities include **supporting older adults** through transportation assistance, home-based services, and social connection programs, as well as **strengthening supports for children and families** through school-based health initiatives, nutrition programs, and youth prevention efforts.

Community and Stakeholder Engagement

Community input is a central component of this Community Needs Assessment. The CNA process involved surveys and feedback sessions with clients, community members, employees, and stakeholder partners. In order to ensure that the findings reflect the full range of experiences, perspectives, and needs, engagement also extended to organizations that serve individuals who often face barriers to health care access or who are historically underrepresented in community planning efforts.

Engaged Stakeholders and Community Partners

Input for this assessment was gathered from a wide range of **community partners and service systems** to ensure a comprehensive understanding of regional needs and available resources. Contributors included **organizations operated by individuals with lived experience** of mental health and substance use conditions, **residential treatment and recovery programs**, and **juvenile and criminal justice agencies**, including correctional facilities. Additional input came from **Indian Health Service and tribal programs**, **child welfare and therapeutic foster care agencies**, and **crisis response partners** such as hospital emergency departments, stabilization units, crisis call centers, and warmlines. The assessment also incorporated perspectives from **specialty providers** offering medications for opioid and alcohol use disorders, **peer-run organizations**, **homeless shelters**,

housing agencies, and **employment service systems** that support job training and placement. Finally, input was received from **services for older adults**, including **Area Agencies on Aging** and **Aging and Disability Resource Centers**, as well as other **social and human service providers**—such as domestic violence centers, pastoral and grief counseling programs, Affordable Care Act navigators, food assistance, and transportation programs.

Community Implications

Engaging this broad network of partners ensures that the **Community Needs Assessment (CNA)** reflects the experiences of both individuals who are actively engaged with health systems and those who are often **overlooked or disconnected from services**. This collaborative approach strengthens the assessment by **capturing the perspectives of vulnerable and underserved populations**, **identifying gaps and barriers** across multiple service systems, and **building shared ownership** of the findings and strategies among diverse partners. Ultimately, it supports a **whole-community approach** to improving health and social well-being throughout the region.

Input Results

As part of the **Community Needs Assessment (CNA)**, surveys and feedback sessions were conducted with **clients, community members, employees, and stakeholder partners**. The respondent pool was weighted toward staff participation; therefore, results may reflect staff perspectives more strongly than those of the general community. The following themes emerged consistently across groups, highlighting the most pressing concerns and priorities voiced by the participants.

Frontier Health has identified **three primary areas of concern** to guide ongoing improvement efforts:

1. **Barriers to Care** – Addressing **transportation challenges, affordability, and insurance limitations** that restrict consistent access to services.
2. **Access and Availability of Services** – Expanding the **timeliness, affordability, and geographic reach** of behavioral health and medical care, especially in **rural and underserved areas**.
3. **Service Gaps** – Strengthening the **continuum of care** by increasing access to **substance use treatment, long-term residential and inpatient programs**, and **holistic care approaches** that support recovery and well-being. This focus area also emphasizes the need for **housing supports, wraparound services, and community education** to reduce stigma, promote recovery, and improve overall well-being.

These focus areas were derived from **community feedback, data trends, and collaborative discussions** through the CNA process and will serve as **guiding priorities for action and monitoring** in the years ahead. **Frontier Health's staffing plans** are designed to align with these priorities, ensuring that **personnel, training, and resource deployment** directly support **expanded access, integrated service delivery, and background experience responsive care** throughout the region.

Key Themes

Access & Availability of Services
Community members emphasized the importance of increasing access to affordable, timely, and locally available services. Rural areas, in particular, face shortages in specialty care, behavioral health, and urgent care, creating long wait times and forcing residents to travel far distances for essential services.

Gaps for Specific Populations
Respondents highlighted the unique needs of vulnerable groups, including older adults, children and youth, Spanish-speaking residents, and individuals with substance use and mental health challenges. These groups often encounter additional barriers that prevent them from fully benefiting from available services.

Barriers to Care
Transportation, cost of care, and lack of insurance were identified as major barriers. Many participants noted that even when services exist, these barriers make it difficult to access and sustain consistent care.

Quality & Workforce Issues
Concerns were raised about provider shortages, staff turnover, and limited availability of bilingual providers. Workforce limitations contribute to longer wait times and challenges in delivering consistent, high-quality care.

Service Gaps
Residents identified gaps in critical areas such as behavioral health treatment, substance use recovery supports, affordable housing, and youth-focused services. Participants stressed the importance of filling these gaps to prevent crises and improve long-term community health outcomes.

Community Implications

The themes identified through the survey **reinforce and align** with the **data-driven findings** of this Community Needs Assessment. Persistent challenges related to **access, equity, and workforce capacity** remain central concerns across the

service area. Effectively addressing these issues will require **continued collaboration** among **health systems, community organizations, schools, and faith-based partners** to create sustainable, community-centered solutions.

Staffing Plan Response to Identified Needs

The table below summarizes how staffing initiatives correspond to identified needs across Frontier Health's Tennessee and Virginia service counties. This framework ensures that workforce deployment aligns with identified regional gaps and supports equitable service access.

County / Region	Key Identified Needs (from CNA)	Frontier Health Staffing Initiatives
Sullivan & Washington (TN)	High behavioral health demand in urban hubs; wait times; workforce turnover	Added licensed therapists and nurse practitioners; embedded behavioral health in primary care; expanded telehealth availability
Greene, Hawkins & Hancock (TN)	Rural isolation; transportation barriers; limited SUD treatment options	Deployed telehealth/telehelp health; assigned Community Health Workers (CHWs) for outreach; increased peer recovery specialists
Carter, Johnson & Unicoi (TN)	Suicide and overdose risk; youth mental health needs	Placed school-based behavioral health specialists; expanded suicide prevention training; strengthened youth and family engagement
Wise/Norton, Lee, Scott & Washington (VA)	Rural access gaps; housing instability; older adult isolation	Established partnerships with Area Agencies on Aging or Program of All Inclusive Care for the Elderly (PACE); added case managers for seniors; integrated housing navigation support

Regional (All Counties)	Poverty, SDOH barriers, language access	Instituted SDOH screening protocol; hired bilingual staff; provided CLAS/ADA training; formed partnerships with food and housing providers

Frontier Health monitors Certified Community Behavioral Health Clinic (CCBHC) quality measures in accordance with SAMHSA's Appendix B, including I-SERV (timeliness of services), DEP-REM-6 (depression remission at six months), ASC (unhealthy alcohol use screening), and SDOH screening rates. These indicators are reviewed quarterly to guide continuous quality improvement and staffing adjustments.

The staffing plan is structured to respond to the most pressing health and social challenges identified in the service area. These include high rates of substance use and suicide, rural and low-income barriers to care, an aging population, language access needs, and growing concerns among children and youth. The plan ensures that personnel and resources are aligned to provide targeted, community appropriate, and accessible services.

Alignment with Needs

Behavioral Health and Substance Use

Hiring additional licensed counselors, social workers, and peer recovery specialists to expand access to treatment.

Training all staff in trauma-informed care and suicide prevention.

Embedding behavioral health staff into primary care and urgent care settings to increase access and reduce stigma.

Rural and Low-Income Populations

Deploying mobile care teams and community health workers in isolated counties (Hancock, Johnson, Lee, and Scott).

Recruiting local community health workers who understand regional background experiences and can assist with resource navigation.

Older Adults

Assigning case managers to support seniors with multiple chronic conditions.

Frontier Health ensures that all vital documents and client materials are available in accessible formats, including large print and multiple languages as needed.

Interpreter services, hearing-assistance tools, and translation resources are provided in compliance with the Americans with Disabilities Act (ADA) and CLAS standards.

Expanding outreach through partnerships with senior centers, churches, and home-based care programs.

Language and Community Responsive Access

Recruiting bilingual staff and establishing an onboarding process to identify and engage bilingual employees interested in supporting client communication needs when required.

Providing competency training to all staff to ensure inclusive and respectful care for all.

Children and Youth

Embedding behavioral health specialists in schools and after-school programs.

Employing family support coordinators to engage parents and strengthen protective factors at home.

Social Determinants of Health

Training staff to screen for needs such as housing, transportation, and food insecurity.

Building partnerships with faith-based organizations, food pantries, and housing providers for coordinated support.

Anticipated Impact

Key goals emerging from this assessment include **increasing access** to mental health and substance use treatment across the region and **reducing disparities** for rural, low-income, and isolated residents. Priorities also include **expanding supports for older adults** living on fixed incomes or lacking reliable transportation, **improving language access** for Spanish-speaking residents, and **strengthening prevention and intervention services** for children and youth. Additionally, the region aims to **enhance care coordination** to better address the social and economic factors that influence overall health and well-being.

Community Needs Assessment Updates

This Community Needs Assessment (CNA) will be refreshed every three years to ensure it reflects the changing needs of Northeast Tennessee and Southwest

Virginia. The goal of the update cycle is to keep data current, track progress on community priorities, and include the voices of residents and partners in shaping future plans.

During the three-year cycle, partners will monitor key health and social indicators on a regular basis, while also listening to feedback from community members. In the third year, a full reassessment will be conducted that updates population health data, reviews trends, and gathers fresh input through surveys, focus groups, and listening sessions. Special outreach will be made to groups that are often underserved, such as youth, older adults, and Spanish-speaking residents.

Each update will look closely at disparities across income, geography, and background experiences, and priorities will be set transparently with input from the community. In between updates, the CNA team will also prepare shorter reports if major changes occur, such as spikes in overdoses, service closures, or other emergencies.

Each new CNA will result in a full report, a community-friendly summary, and an updated implementation plan. By following this cycle, the CNA will remain a living document—one that guides action, measures progress, and supports healthier, stronger communities across the region.

Compliance Note:
At the time of this assessment, Tennessee and Virginia are not designated CCBHC Demonstration States. As such, Frontier Health follows the SAMHSA CCBHC Certification Criteria and guidance applicable to non-demonstration states. This Community Needs Assessment and accompanying staffing plan are therefore structured to align fully with federal CCBHC standards while addressing the unique characteristics and service delivery needs within our Tennessee and Virginia service areas.