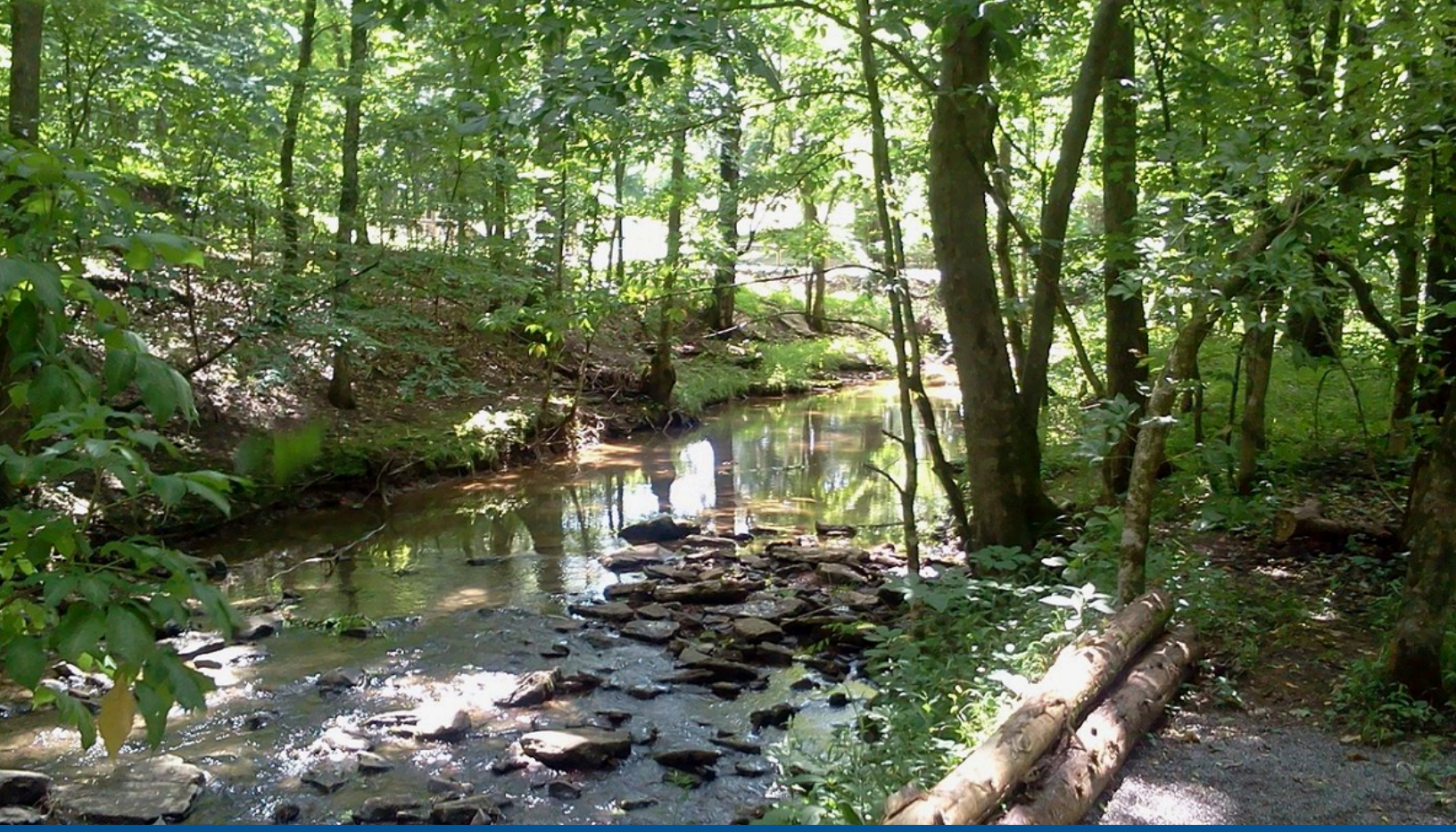

Sumner County

Community Needs Assessment 2026

INSTITUTE *for* PUBLIC SERVICE

Tennessee State Government | Opioid Abatement Council

This project is funded by the Tennessee Opioid Abatement Council.

The UT SMART Initiative is contracted with Tennessee's Opioid Abatement Council to provide technical assistance and educational support to Tennessee counties while assisting counties in the allocation and spending of Opioid Abatement Trust Funds.

Executive Summary

This needs assessment was conducted to evaluate the prevalence, risk factors, available services, and unmet needs related to substance use disorder (SUD) in Sumner County, Tennessee, with the goal of informing policy, funding decisions and service development. Data was collected through a combination of stakeholder interviews, community input, publicly available data and analysis of information gathered from December 2025 to April 2026.

All stakeholders interviewed reported that the main drivers of overdoses were opioids, specifically illicitly manufactured fentanyl (opioid) and methamphetamine with many of these substances being mixed in the drug supply. Several others mentioned Kratom and other vaping products sold at gas stations and shops. *"Kratom has hit our program very hard because it's readily available in stores. People say it's harder to stop using than fentanyl or heroin. --Key Informant*.

In Sumner County, the overdose numbers are trending below the state rate. There has been a decrease in those numbers since the pandemic. Opioids are driving the overdose deaths in Sumner County, with increases in the 45–54-year age group, while other age groups have shown decreases and much higher rates among males than females. Three zip codes are "hot spots" for overdose deaths, 37148, 37075 and 37066. Rates of inpatient visits are slightly above the state rate, while outpatient (ED) rates (nonfatal overdoses) are below the state rate. EMS reports that many people who are administered naloxone for overdose refuse transport for on-going medical care, which would indicate these numbers are underreported. Narcotic prescribing rates are slightly below the state average, which is a preventive measure to reduce opioid exposure while assuring these medications are used as needed and medically indicated.

While treatment for substance use disorders and other behavioral and mental health conditions are available, those people who are socioeconomically challenged and/or without health insurance face challenges with accessing services due to lack of awareness of resources, stigma, and access to transportation. No inpatient detoxification facility is available in the county. Due to the proximity to Davidson County, Sumner residents travel across county lines to access higher levels of care. Outpatient treatment programs are readily available, including those that offer medications for opioid use disorder.

Sumner County has a strong network of organizations who work closely to meet the needs of their residents including Sumner Prevention Coalition, Volunteer Behavioral Health, Sumner County Recovery Court, Highpoint Health System, Mental Health Cooperative, Sumner County Schools, Cumberland Heights Outpatient Clinic, Buffalo Valley, law enforcement agencies, Emergency Medical Services, and other recovery support and social service organizations.

Key Recommendations

- Establish a centralized resource directory to increase awareness of services available
- Expanding access to mental health services for children and youth
- Improving access to overdose prevention services
- Access to affordable transportation options for individuals in recovery
- Broader community and school-based education to reduce stigma, raise awareness and prevent substance use
- Expand access to affordable treatment and recovery options geographically
- Expand access to peer navigation services with other hospitals
- Consider co-response programs with EMS or law enforcement
- Work with employers to expand recovery friendly workplace options
- Increase education to reduce stigma around medications used to treat opioid use disorders

This assessment reveals a critical need to strengthen and coordinate the community's response to substance use disorder. Stakeholders must continue to work collaboratively to address service gaps and support evidence-based strategies and programs that promote primary prevention, overdose prevention, treatment, recovery and resilience.

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Identified Needs, Gaps and Barriers

Establish a centralized resource directory to increase awareness of services available. It was cited throughout the qualitative research that both professionals and those needing services are unaware of the availability and how to access those resources. *'We really didn't know about the available resources that were out there that we could put people in contact with."* (Key Informant)

Expanding access to mental health services for children and youth. Quantitative and qualitative data both revealed that children and youth are experiencing mental distress, which is highly associated with early use and experimentation. It was stated that there was a lack of mental health providers that see children and adolescents. *"It is usually adults that are experiencing the overdose, but then it trickles down, and it's affecting the...The kids as well."* (Key Informant)

Improving access to overdose prevention services is noted in both quantitative and qualitative data. Naloxone expansion has helped make the overdose reversal medication more accessible. There is no syringe exchange service available to those who are in active addiction to prevent the spread of HIV, Hepatitis C and other infectious diseases. *"Narcan vending machines, especially for overdoses, I feel like that is a huge resource, and the fact that we're still continuing to grow with those, other programs are getting them, I think that that's huge on its own."* (Key Informant)

Access to affordable transportation options for individuals seeking treatment or recovery services. Lack of a coordinated system or affordable ride share options to help those seeking access to treatment, recovery or employment have been cited throughout the qualitative research as a gap, especially for lower income and more rural areas of the county. *"Transportation is a big, huge barrier in Sumner County. There is no public transportation, and rideshares are expensive and unreliable for early work hours."* (Key Informant)

Broader community and school-based education to reduce stigma, raise awareness and prevent substance use. Expand prevention programming to increase capacity for education in the county. Primary prevention is a low-cost investment saving seven dollars for every dollar invested. Sixth grade rates of use were consistently higher than other grades. Prevention research has shown that transition years can be difficult for children. An emphasis on supporting the transition to sixth grade might be warranted given the current data. Broader community education to help reduce stigma and get people to ask for help earlier in the process would save on the consequences of long-term use as well as reducing the economic impact to the county through reduced incarceration, healthcare expenditures and resource capacity. *"I think a cultural change, where people are more educated on the disease side of addiction, and the mental health side of it, rather than really getting hung up on the I think a lot of people have a hard time understanding the behavior associated with addiction, and it creates this kind of...I don't know...idea of moral failing, you know? And so, I think there's still a pretty big stigma... stigma where people kind of hide, or try to hide, a lot of shame."* (Key Informant)

Expand access to affordable treatment and recovery options geographically. Based on data gathered, it appears that many resources are centralized in the county. *Portland and*

Westmoreland, that… They have fewer services, easily accessible to them. They have to venture out into the county, or, you know, Portland sometimes would just go up to Kentucky, they're right there. So it's… it's for sure more difficult in those areas. (Key Informant)

Expand peer navigation services with other hospitals in the county. HighPoint Health and TriStar Hendersonville have full time peer recovery navigators who are able to interact with individuals in either the emergency department or who are admitted for inpatient services to assess needs and readiness for treatment. *"He sees people regularly, and is meeting with… I think he yesterday said Had 307 referrals from April to December, so they're… he's staying busy."* (Key Informant)

Consider co-response programs with EMS or law enforcement. Co-response programs have been found to be effective partnerships between behavioral health and first responders. Either a behavioral health person or a certified peer recovery specialist goes on calls where individuals are experiencing overdose or mental health crisis. These programs have been found to reduce arrests and provide follow-up for those needing connection to services. *"I think that there's often this perspective that law enforcement should handle drug addiction as an illness. Well, unfortunately, out on the street, it's a crime. Yeah. Our job is to enforce the law."* (Key Informant)

Work with employers to expand access to recovery friendly workplace options. Recovery friendly workplaces are those who are open to hiring individuals in long-term recovery offering them a safe environment where long-term recovery is supported and encouraged. "*They can't get a job, they can't get housing, they have criminal records, that prevents them from getting housing and or jobs, So… Just… it just impacts all the way around."* (Key Informant)

Increase education to reduce stigma around the medications used to treat opioid use disorder. FDA approved medications (Naltrexone, Methadone, Buprenorphine) are known to have higher success rates for treating opioid use disorder than abstinence based approaches. There remains a great deal of stigma around these medications, including lack of access to employment and acceptance in certain recovery support programs. Educating stakeholders about the risks and benefits can help reduce stigma and increase understanding of these interventions. *"Access to Vivitrol is a major barrier. Many people cannot obtain it easily without insurance or funding, even though it is effective and non-addictive compared to Suboxone. The thing is that no matter what, Suboxone is addictive. You cannot just stop taking it. You're going to have to detox from it. With Vivitrol, you don't have that issue. If you've been taking it for six months and decide you're doing well and don't need it anymore, you can stop taking it."* (Key Informant)

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Introduction

Substance misuse remains a pressing public health concern that affects individuals, families, and communities across the nation. To effectively address the unique challenges posed by substance use within the community, it is essential to understand the scope of the problem, the populations most affected, and the resources currently available to prevent and treat addiction. This community needs assessment aims to provide a comprehensive overview of substance misuse in Sumner County, identifying current trends, gaps in services, and opportunities for improvement.

Through a combination of quantitative data analysis, stakeholder interviews, and community feedback, this assessment seeks to inform evidence-based strategies that support prevention, early intervention, overdose prevention, treatment and recovery. The goal is to guide policymakers, service providers, and community organizations in developing responsive, coordinated, and appropriate solutions that enhance the health and well-being of residents.

By gaining a clearer understanding of the community's strengths and challenges, collective action can drive the goal to reducing substance misuse and building a more resilient and supportive environment for individuals and families affected by addiction, breaking multi-generational cycles of substance use disorders.

Methodology

To ensure a comprehensive and accurate understanding of substance misuse within Sumner County, this needs assessment included a mixed-methods approach, combining both quantitative and qualitative data collection and analysis. The methodology was designed to capture the scope, impact, and underlying factors contributing to substance use disorders in the community, while also identifying gaps in services and areas for intervention.

1. **Quantitative Data Collection**
   Data were collected from a range of reliable sources, including public health departments, hospital records, law enforcement reports, treatment facility data, and national databases such as the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), and local Behavioral Health Barometers. Key indicators analyzed included rates of substance use, overdose incidents, emergency room visits, arrest related to substance misuse, and treatment admission trends. Demographic data were also analyzed to identify populations most likely to be at risk.

2. **Qualitative Data Collection**
   To complement the statistical findings and capture community perspectives, qualitative data were gathered through key informant interviews conducted with healthcare providers, first responders, law enforcement officials, educators, social workers, primary prevention providers, faith-based organizations, persons with lived experience, treatment and recovery professionals, business leaders and policy makers. Quotes from these interviews are integrated throughout the document and *italicized* to easily identify those statements.

3. **Stakeholder Engagement**
   Collaboration with local organizations, coalitions, and public agencies was integral throughout the assessment process. Stakeholders contributed by sharing data, identifying priority issues, and helping shape the assessment framework.

4. **Data Analysis**
   Quantitative data were analyzed to identify trends, patterns, and differences. Qualitative data were coded thematically to extract common concerns, needs and recommendations. Findings were triangulated across data sources to ensure validity and reliability.

5. **Ethical considerations**
   All participants in interviews provided informed consent. The confidentiality of all respondents was maintained, and participation was voluntary. Institutional review processes were followed as applicable.

Acknowledgements

The UT SMART Initiative is sincerely thankful to the Sumner County Opioid Abatement Board, Sumner County Commission, Sumner Prevention Coalition, Sumner County Recovery and Safe Baby Courts, Sumner County Schools, Middle Tennessee Forensic Center, Highpoint Health, key informants, local organizations that provided us with their most recent data and reports, the Tennessee Department of Health, and the Tennessee Department of Mental Health and Substance Abuse Services.

Sumner County Overview

Location & Geography

Sumner County is situated in the central northern part of the U.S. state of Tennessee**,** in the region known as Middle Tennessee. It lies directly on Tennessee's northern boundary with the state of Kentucky. The county is part of the Greater Nashville metropolitan area and is roughly 25 miles (40 km) northeast of downtown Nashville with a total area of 543 square miles, with 14 square miles being water. The county features rolling hills and varied terrain typical of the Central Highlands of Tennessee, including parts of the Eastern Highland Rim and a ridge line that separates upland from lower areas. Elevations range roughly from 400 feet in valley areas to over 1,000 feet above sea level, with an average elevation around 670–691 feet. The Cumberland River forms a significant natural boundary and has historically been important for transportation and settlement. Old Hickory Lake, created by the damming of the Cumberland River, extends into the county and supports recreation and local ecology. Other waterways include tributaries such as Bledsoe Creek and Mansker's Creek.

History & Major Communities

Sumner County was established in 1786 and is one of Tennessee's oldest counties, formed while the region was still part of North Carolina. It was named for General Jethro Sumner, a Revolutionary War officer. The area was originally home to Native American peoples, primarily the Cherokee and Chickasaw, whose presence shaped early frontier life. Permanent European American settlement began in the late 18th century with pioneers attracted to the fertile land along the Cumberland River. Key early settlements included: Cairo, Castalian Springs, Gallatin, founded in 1802 and designated the county seat, and Hendersonville, which would grow significantly in the 20th century. The county's early decades were characterized by frontier fort construction, skirmishes with Native American tribes, agricultural development, and the emergence of a plantation economy.

By the mid-1800s, Sumner County was a prosperous agricultural region. Tobacco, livestock, and hemp were major products. The county developed a strong trading economy linked to the Cumberland River. Sumner County saw significant Civil War activity due to its transportation routes and proximity to Nashville. Control of the region shifted between Union and Confederate forces. Gallatin was occupied by Union troops for much of the war. Residents were divided in loyalty, resulting in internal tensions and raids. Post-war Reconstruction changed land ownership and labor patterns, but agriculture continued to define the economy.

The county transitioned from frontier settlement to a more structured agricultural society with expanding civic institutions. Key developments included: The growth of railroads, which strengthened Gallatin and supported Hendersonville's suburban rise. A gradual shift toward diversified farming. Expansion of public schools and county government services. While still rural through much of this period, the foundations for future suburban development were being established.

The construction of Old Hickory Lake by the U.S. Army Corps of Engineers in the late 1950s reshaped the county economically and geographically. The lake attracted residential and recreational development, especially in Hendersonville**,** drew tourism and outdoor recreation, and spurred population growth and new business formation. Hendersonville evolved into a major suburban community for the Nashville metropolitan area.

Sumner County has experienced sustained population growth, driven by its proximity to Nashville, a strong public school system, residential development around Old Hickory Lake, and a diversified economy (healthcare, manufacturing, retail, logistics). Gallatin has grown into a regional employment hub, while Hendersonville has become one of the largest cities in Middle Tennessee. The county is known for: a blend of historic sites (e.g., Rock Castle, Cragfont), lake-centered recreation and strong cultural connections to country music; for example, Johnny Cash and Roy Orbison lived in Hendersonville.

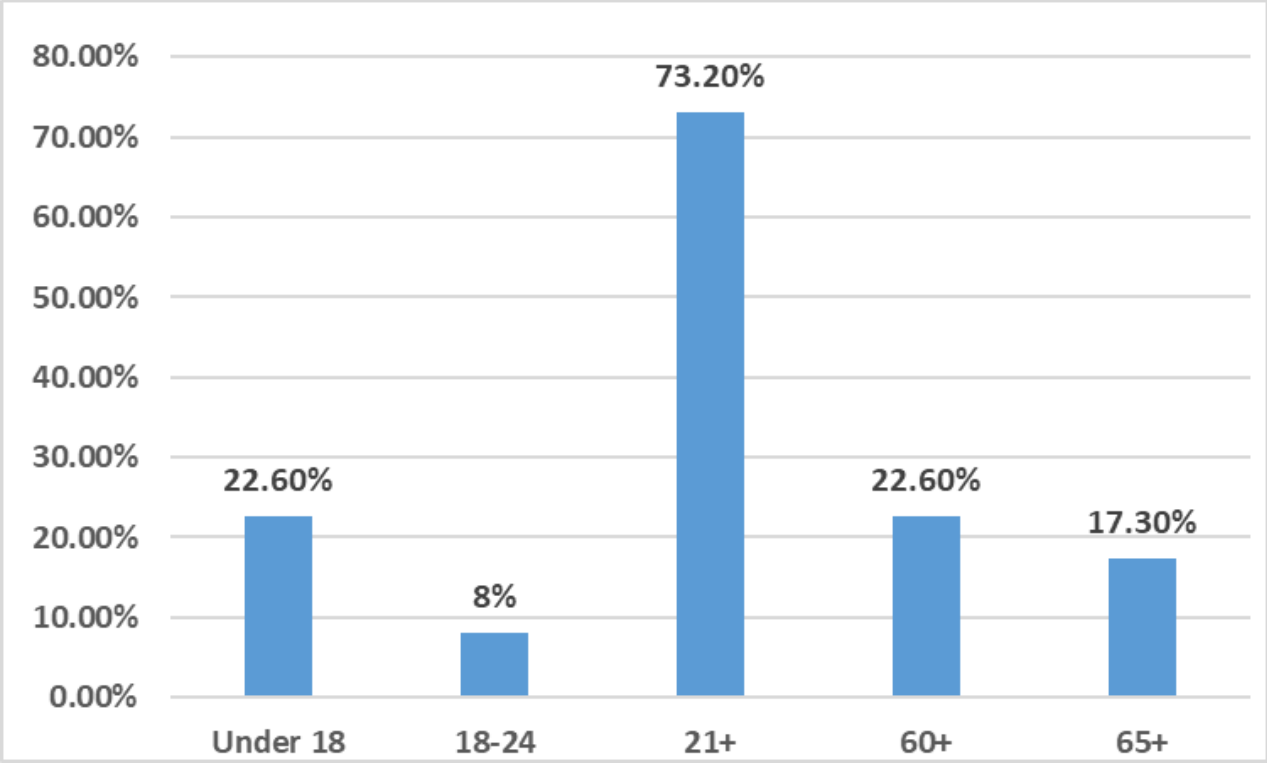
Population & Demographics

The population of Summer County is estimated to be 211,721 according to US Census Bureau 2024 population estimates:

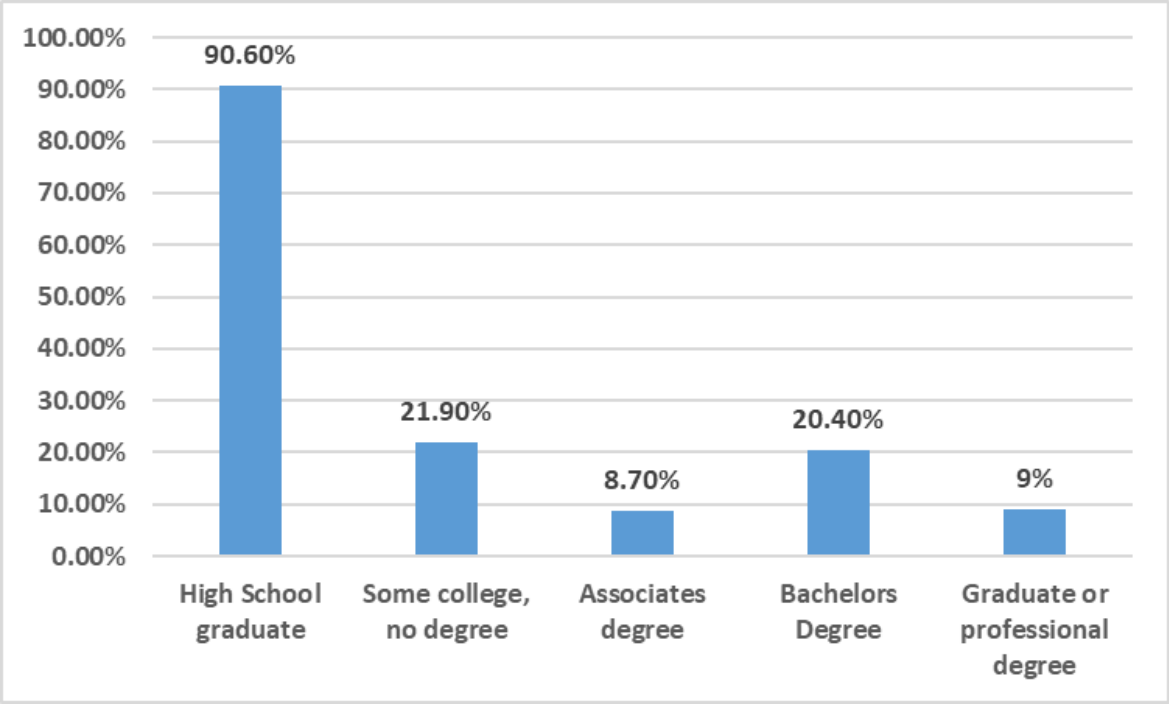
Racial Demographics

Self-Identification	Percentage
White alone	80.5%
Black or African American alone	8%
American Indian and Alaska Native alone	0.36%
Asian alone	1.5%
Native Hawaiian and Other Pacific Islander alone	0.06%
Some other race alone	2.7%
Hispanic/Latino of any race[6]	6.5%
Two or more races	6.8%

Age Distribution



Educational Attainment of Adults 25+



Economy & Employment

The labor force in Sumner County is robust, with over 110,000 employed persons as of late 2025, reflecting strong employment growth and participation. Employment has consistently increased in recent years, with employment growth of over 3 percent from 2022 to 2023. The unemployment rate has remained low and stable, around 3 percent in late 2025, which is below or roughly in line with broader state averages. Approximately 66.8 percent of the population aged 16+ are in the civilian labor force, indicating strong engagement in the workforce. Workers in the county have an average commute time of about 29–30 minutes, reflecting commuting patterns tied to the broader Nashville metropolitan area and regional employment centers.

Sumner County's economy is diversified, with a mix of service-oriented and manufacturing sectors. Key employers include healthcare providers such as Sumner Regional Medical Center, Gap, Inc. logistics and distribution facilities employ hundreds of local residents. Manufacturing firms including automotive parts and other producers contribute to employment stability. K-12 education (Sumner County Schools) is one of the top public employers in the county. There were nearly 3,900 employer establishments and over 20,000 nonemployer (self-employed/sole proprietor) establishments in 2023, illustrating a mix of traditional business and entrepreneurial activity. Continued employment growth is projected across several key sectors, including healthcare, accommodation and food services, and manufacturing. Economic development activity continues to attract new businesses and investment to the county, supported by a favorable business climate and proximity to the Nashville metropolitan area. Low unemployment and solid labor force engagement suggest that the county's economy is resilient and flexible amid broader national and regional economic fluctuations.

Top Industries	Percentage Employed
Education, Healthcare & Social Assistance	22.5%
Retail Trade	12.3%
Professional, scientific & management services	11.3%
Manufacturing	10.5%
Arts, entertainment, accommodation & food services	8.4%
Construction	8.1%
Transportation & warehousing, utilities	6.1%
Finance, insurance, real estate & rental/leasing	6%
Other services (excluding public administration)	5.1%
Government, public administration & local government	4.2%
Information sector	1.8%
Agriculture/forestry/fishing/mining	0.5%

Source: 2019-2023 American Community Survey

Income & Living Conditions

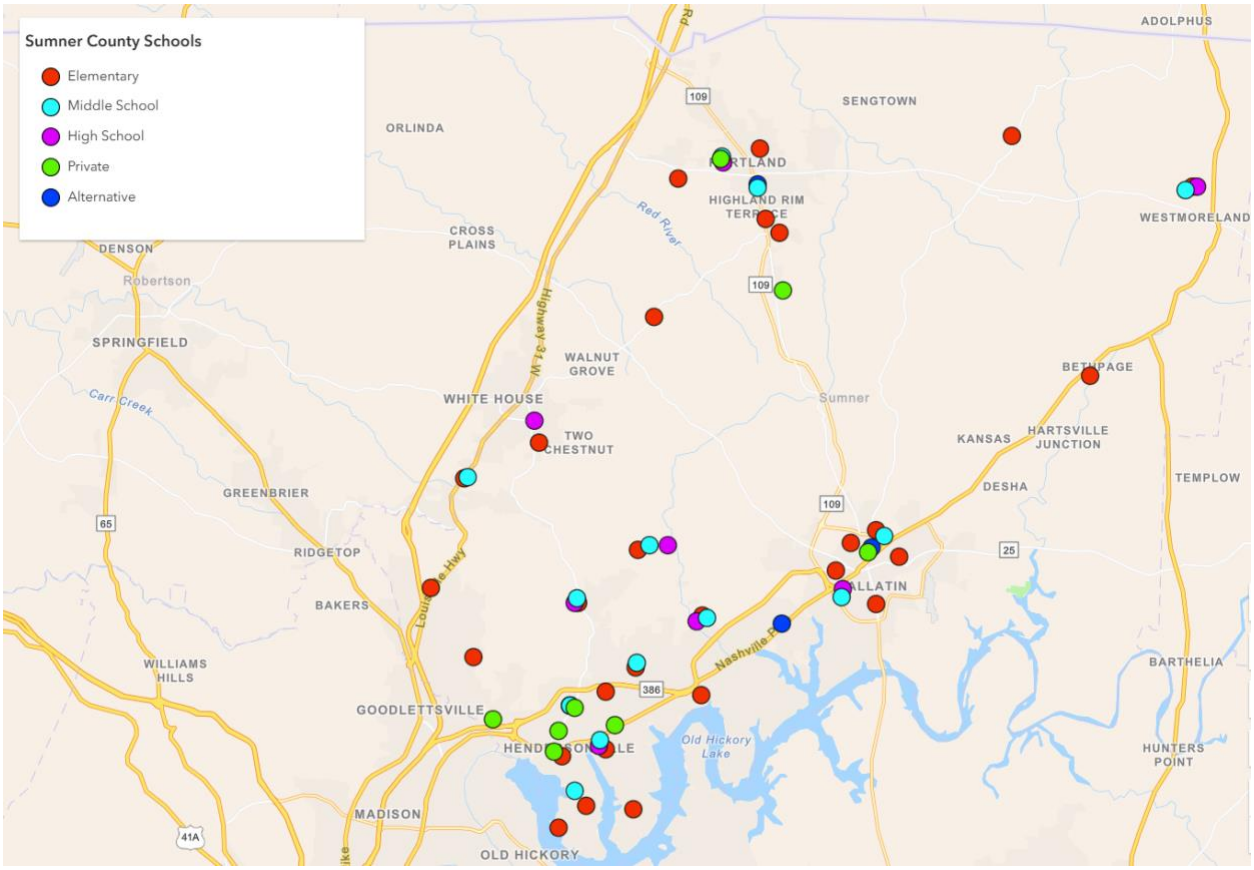
Sumner County boasts a 72.2 percent homeownership rate, with an average household size of 2.59: Median monthly housing costs for owner-occupied housing units are $560 without a mortgage and $1,831 with a mortgage and the median monthly housing cost for renter-occupied housing units is $1,424. (US Census Bureau).

In 2023, the median household income in Sumner County was around $86,000–$88,000 in recent estimates, higher than many state and national averages. Per capita income exceeded $42,000, reflecting earning capacity across the resident population. The poverty rate is relatively low, at about 8.9 percent, indicating broader economic stability and access to employment. According to the most recent estimates from the U.S. Census Bureau American Community Survey, about 8.7 % of Sumner County residents under age 65 were uninsured (i.e., without health insurance coverage) based on 2019–2023 data.

Education

High school graduation rate is about 91 percent; nearly 30 percent hold a bachelor's degree or higher (census.gov). There is one large public-school system in Sumner County (approximately 30,347 students 2023-24 school year) and eight private schools. In most recent years, high school graduation rate for Sumner County public schools has reached 95 percent. Post-secondary educational opportunities include Volunteer State Community College and the Tennessee College of Applied Technology (TCAT) in addition to a private Christian liberal arts college, Welch in Gallatin. Within a 50-mile radius of

Sumner County are Vanderbilt University, Belmont University and Middle Tennessee State University.



Public Pre-K-12 Schools in Sumner County	
Elementary	27
Middle (includes magnet)	13
High (includes alternative)	12

Healthcare Services

Healthcare access includes Highpoint Health – Sumner with Ascension Saint Thomas – Major regional hospital in Gallatin offering emergency care, trauma services (Level III), cardiac, cancer care, women's health, orthopedics, diagnostics, and rehabilitation. Highpoint Health - Sumner Station Emergency Room with Ascension Saint Thomas – Emergency room and diagnostic services at the Sumner Station campus in Gallatin.

TriStar Hendersonville Medical Center – Full-service hospital in Hendersonville with emergency care, surgical services, and specialized inpatient treatment. Riverview Regional Medical Center – Additional hospital facility in Carthage, serving the eastern part of the county.

Primary Care & Ambulatory Clinics include Sumner Medical Group, PLLC – Medical practice in Gallatin offering primary and urgent care services. Ascension Saint Thomas Medical Partners Hendersonville – Clinic in Hendersonville providing family and internal-medicine care. Ascension Saint Thomas Urgent Care Gallatin, TN – Urgent care center in Gallatin for walk-in sick visits and minor injuries. Highpoint Family Wellness - Sumner Station with Ascension Saint Thomas – Family wellness clinic offering comprehensive ongoing care and chronic condition management. Station Camp Children's Clinic – Pediatric care provider in Gallatin with extended hours and acute/ preventive care for children. Primary care options including internal medicine and family practice providers are widely available throughout Gallatin and Hendersonville (e.g., Vanderbilt Primary Care Gallatin). Sumner County Health Department (Gallatin) and branch Sumner County Health Department (Portland) – County public health services including immunizations, screenings, disease prevention, health education, vital records, WIC, and general community health programs. Neighborhood Health at Salvus Center – Community health center offering accessible primary care and preventive services to residents. Sumner County Health Committee – Local nonprofit focused on public health promotion and wellness initiatives in the community. Long-Term & Supportive Care is available through NHC Place Sumner – Assisted living and memory care facility offering long-term health support services.

Health Rankings, Service Accessibility, and Social Drivers

2025 Leading Causes of Death in Sumner County

1. Heart Disease (cardiovascular causes)
2. Cancerous Tumors
3. Accidents/unintentional injuries (Drug overdoses are classified in this category)
4. Cerebrovascular Diseases (stroke, brain aneurysm, brain bleed, etc.)
5. Chronic lower respiratory diseases (COPD, Emphysema, Asthma, etc.)

(Source: OSI TNDOH 2025 Data Package)

Overall Provider Availability

Sumner County Provider Shortage Area Rankings (Source: https://www.tn.gov/content/dam/tn/health/documents/vitality-toolkit/data-packages-2025/Data%20Package_2025_Sumner.pdf)		
Provider Type	**Ranking**	**Ratio**
Primary Care	58	2289:1
Pediatric Care	91	1073:1
Obstetric Care	69	8164:1
Dental Care	79	2740:1
TennCare Providers	42	2233:1
*Based on provider to population ratios with 1 being the worst and 95 being the best in Tennessee. These ratios can affect timely access to healthcare services. Fewer providers can indicate longer wait times.		

Maternal Health Services

Refers to a range of healthcare services provided to women during pregnancy, childbirth, and the postpartum period (typically up to 6 weeks after birth). These services aim to ensure the health and well-being of both the mother and the baby, reducing the risks of complications or death. Key components of maternal health services are prenatal care, skilled birth attendance, emergency obstetric care, postnatal care, family planning services and health education and support. Why maternal health services are important: reduces maternal mortality and morbidity, improves outcomes for newborns and infants, promotes healthy pregnancies and early child development while empowering women with knowledge and support during a vulnerable time. Tennessee currently ranks 48th of 48 in maternal mortality (dying within one year of childbirth), while infant mortality is improving 38th of 52 (not all states report all measures). Many of the maternal mortalities in Tennessee are associated with maternal substance use and mental health.

Maternity Care Rankings in Sumner County

Maternity Care Rankings in Sumner County (Resource: Sycamore Institute, TN Dept. of Health, Sumner County Data Package)	
Pregnant Women Receiving Adequate Prenatal Care (Kids Count, 2018)	**53.5% (vs 58.8% TN average)**
Low Birthweight Percentage (2022)	**8%**
Percent of Live Births to Unmarried Mothers (2022)	**34.8%**
Prenatal Care (% of Live Births in which the mother began prenatal care between the first and sixth month of pregnancy, 2021)	**94.7% (vs 92% TN average)**

Social Determinants of Health

Social drivers, also known as social determinants of health (SDOH), are the conditions in which people are born, grow, live, work, and age that influence their overall health and well-being. These factors shape the context of daily life and significantly impact a person's access to healthcare, life expectancy, and quality of life. Differences refer to variability in health outcomes and access to care between different populations. *...and it ends up here, and not only does it affect you, it affects your immediate family, then it affects your larger family, and then what happens with your job, and what happens to your ability to provide for yourself, or provide for your family, and all those things end up becoming impacted at some point or another. And I don't know if people understand the true gravity of that. -- (Key Informant).*

Social Determinants of Health for Sumner County Source; https://www.usnews.com/news/healthiest-communities/tennessee/sumner-county		County	U.S. Median
Education Access and Quality	Racial Difference in Educational Attainment[1]	.15	.18
	Neighborhood Difference in Educational Attainment[2]	16.38	278.94
Neighborhood and Built Environment	Food Insecurity Rate*	9.1%	11.5%
	Population Without Access to a Large Grocery Store	33.8%	24.6%
	Population Within 0.5 Mile of a Park[3]	36.6%	31.7%
	Population With Access to Broadband	98.2%	83.1%
	Distance to Public Transit	989.8 (meters)	599 (meters)
Health Behaviors, Conditions, and Outcomes	Physical Inactivity*	24.9%	26.7%
	Adult Smoking Rate*	17.9%	19%
	Teen Birth Rate per 1,000 aged 15 – 19*	18.8	21.7
	Violent Crime Rate per 100,000	248.8	255.2
	Adults With Frequent Mental Distress*	17.7%	17.1%
	Life Expectancy in Years	76.2	75.8
	Poverty Rate*	9.4%	14.4%
Economic Factors	Households Spending at Least 30% of Income on Housing	26.8%	23.5%
	Affordable Housing Shortfall[4]	-64.7%	-53.4%

[1] Lower score indicates smaller gap in high school diploma attainment across racial/ethnic groups (0-1).
[2] Lower score indicates smaller gap in bachelor's degree attainment across census block groups.
[3] Higher score indicates a community is better designed to encourage walking.
[4] Availability of affordable housing relative to a community's low-income population. Negative numbers indicate a shortfall.

Mental and Behavioral Health Services in Sumner County

Refers to a broad range of services aimed at supporting a person's emotional, psychological, and behavioral well-being. While the terms are closely related and often used together, they have slightly difference focuses.

Mental Health: These focus on the diagnosis, treatment, and prevention of mental health conditions such as depression, anxiety disorders, bipolar disorder, schizophrenia, and post-traumatic stress disorder (PTSD). Services may include psychotherapy (talk therapy), psychiatric evaluation and diagnosis, medication management, crisis intervention and suicide prevention, and inpatient or outpatient care, depending on severity of symptoms.

Behavioral Health: A broader term that includes mental health but also covers behaviors that affect physical and emotional well-being. It looks at how habits, actions, and lifestyle choices impact overall health. In additional to mental illnesses, behavioral health services address substance use disorders (alcohol, drugs), eating disorders, behavioral problems (e.g., aggression, ADHD), chronic stress or unhealthy coping mechanisms, and family or relationship issues tied to behavior. Services may include addiction treatment, behavioral therapy, wellness and prevention programs, support groups, case management and recovery support. Stigma often keeps individuals from accessing behavioral health services.

In practice, many providers offer both under the umbrella of "behavioral health services" because mental health is a core part of overall behavioral health.

Key Differences:

Mental Health	Behavioral Health
Focuses on diagnosing and treating mental illnesses	Includes mental health but also behaviors affecting health
Often clinical and medical in approach	Broader, includes lifestyle, habits, and emotional health
May involve psychiatry and psychology	Involves counseling, addiction treatment, and behavioral therapy

Sumner County has several providers and programs, both public and private, that together form the local mental and behavioral health "landscape." Some are more fully resourced than others.

Identified Mental & Behavioral Health Service Providers in Sumner County

Provider/ Program	Location(s)	Services Offered	Notes/ Strengths
Tennessee Mental Wellness	1185 Nashville Pike, Gallatin	Individual, couples, family, and group counseling, addressing anxiety, depression, trauma, relationship challenges, and life transitions. Specialized programs include therapy for children and teens, postpartum support, and bariatric counseling. The practice is noted for being Sumner County's only Brainspotting Clinic—an advanced, brain-based method for processing trauma and enhancing performance.	Serves clients across Tennessee and offers telehealth sessions for accessibility. Operates extended hours throughout the week to accommodate diverse schedules and remains active in promoting mental health awareness in the community.
Open Minds Mental Health Services	204 Bluebird Dr., Goodlettsville	Psychiatric evaluation, medication management, pharmacogenomic testing, and telehealth follow-ups. It serves children (ages 6 and older), adolescents, and adults with conditions such as anxiety, depression, ADHD, and mood disorders. Providers are psychiatric nurse practitioners trained in both clinical science and holistic methods, integrating emotional, physical, social, and spiritual factors into individualized care plans.	Maintains short scheduling times—typically within 10 business days—and collaborates with major insurance carriers, including Medicare, Medicaid, and leading private plans.
Mental Health Cooperative (non-profit)	1078 S. Water Ave, Gallatin (headquartered in Nashville)	Outpatient therapy, psychiatric care, medication management, and crisis intervention. It specializes in whole-person support—addressing emotional health, addiction, and life challenges through evidence-based and trauma-informed models. The clinic also participates in TennCare and state-funded programs, ensuring accessibility for individuals regardless of insurance status.	TDMHSAS safety net provider. Relationship-driven, multidisciplinary treatment teams that integrate case management, therapy, and medical care. Its care philosophy centers on meeting clients where they are—often in their homes or community

		Mental health and substance use disorder provider. Provides crisis stabilization unit through their Nashville location serving Sumner County.	settings—helping them stabilize and achieve long-term recovery.
Family Care Center Therapy & Psychiatry	131 Saundersville Rd #300, Hendersonville	Individual, couples, family, and child therapy alongside medication management and psychiatric evaluation. Creating personalized, evidence-based treatment plans. Modalities include cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), and eye-movement desensitization and reprocessing (EMDR).	Provides in-person and telehealth appointments, maintaining short wait times for new patients
LifeStance Therapists & Psychiatrists	100 Springhouse Ct, Suite 200, Hendersonville	Therapy, counseling, psychiatry, and medication management. Treatment options include Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), family and couples counseling, and trauma-focused care such as EMDR.	Treat anxiety, depression, ADHD, trauma and PTSD, bipolar disorder, schizophrenia, OCD, eating disorders, and substance use disorders. Services are available for children, adolescents, adults, and older adults. Clients can choose in-person sessions or secure telehealth visits.
The Life Grove	306 Northcreek Blvd, Ste 202-D, Goodlettsville	Counseling rooted in modalities such as Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), Brainspotting, and Wilderness Walk Therapy. These approaches help clients manage anxiety, depression, trauma, relationship stress, and life transitions. Sessions may be held in traditional settings or outdoors to enhance the restorative effects of nature on mental health.	Operates on Christian principals. Programs are designed for adolescents, adults, and couples. Specialized group offerings—such as seasonal skills groups for teens or women's processing circles—provide community-based opportunities for emotional development and resilience building. No insurance accepted.

Spring Creek Mental Health Center	303 S. Main St, Unit C, Goodlettsville	Comprehensive mental health evaluations, medication management, and psychotherapy. Core services include initial psychiatric assessments for anxiety, depression, ADHD, bipolar disorder, PTSD, and schizophrenia, along with brief follow-up visits for ongoing care.	Telemedicine appts available. Emphasizes an open-minded, collaborative philosophy in which providers and patients make treatment decisions together.
Babb Center (Ministry of the First Baptist Church of Hendersonville)	105 Music Village Blvd, Hendersonville	Broad range of counseling options, including individual therapy, marriage and family counseling, and specialized support groups such as **Celebrate Recovery** and **DivorceCare**. Additional programs include pre-marital counseling, grief support, and career guidance. Its licensed professionals and ministry staff emphasize holistic well-being—addressing emotional, relational, and spiritual health.	The center seeks to serve individuals from all walks of life, regardless of church affiliation. It provides resources for both crisis intervention and long-term personal growth. As an extension of a large regional congregation, it bridges faith-based support with evidence-informed counseling practices.
Path Recovery	1994 Gallatin Pike N, Ste 100, Madison	Partial Hospitalization Program (PHP), Intensive Outpatient (IOP), Outpatient (OP), and Medication-Assisted Treatment (MAT). The center integrates evidence-based therapies with the 12-step model and individualized treatment planning. Clients receive both clinical and experiential therapies, including cognitive-behavioral (CBT), dialectical-behavior (DBT), and EMDR, alongside equine, art, music, adventure, and outdoor therapies such as hiking and kayaking.	Operates 24 hours a day, seven days a week, offering accessible assessment and admission for those ready to begin the path to recovery.
Volunteer Youth Academy	220 S Hickory Ave, Gallatin	A residential mental health treatment center in Gallatin, Tennessee, serving adolescent males ages 12–17 with emotional, behavioral, or mental health challenges. It provides a structured	24-bed Level III residential treatment facility. The program's designed length is 90 days, though typical stays extend from four to six months

		therapeutic environment aimed at rehabilitation and reintegration into healthier lifestyles.	based on clinical needs.
Cumberland Heights Outpatient Recovery Center	1531 Hunt Club Blvd, Ste 300, Gallatin	Offers outpatient addiction treatment including individual & group counseling, relapse prevention, family education, and recovery planning.	In-person and telehealth options. Offer inpatient detox and residential services in Davidson County.
Sumner Prevention Coalition	102 Public Square, Gallatin	Local coalition focused on substance misuse prevention, education, and community referral support.	

"I was talking about IOP, or moral recognition therapy, cognitive behavioral health therapy, stuff like that, too. There's just not much... there's not much up here. We've got Hope Family Health in Westmoreland. But, outside of that, there's just not much going on up here. So, I think there may be a couple places that... In White House, but...half of it's in Robertson County, so that gets kind of weird as far as what is available. –Key Informant

Number of Uninsured Adults 18+ Served by the Behavioral Health Safety Net, Sumner County vs. State, 2023 – 2025		
Year	Sumner County	Tennessee
FY2023	569	32,390
FY2024	608	34,325
FY2025	560	34,544

*Rate not available

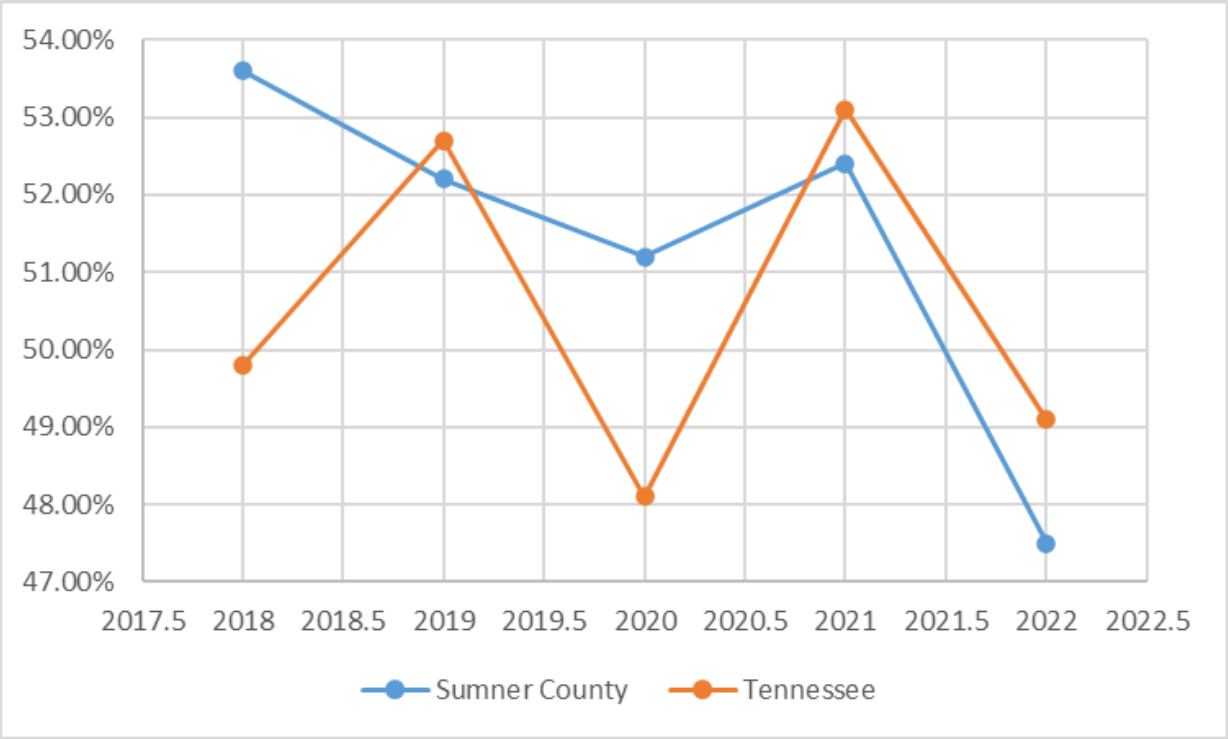
**Services include case management, Individual Therapy, Medication Management, and Psychosocial Rehab

(Source: TDMHSAS Dashboard)

The following graph shows the percentage of Tennessee residents in both the state and Sumner County who were treated for opioid use disorder (behavioral health diagnosis)

utilizing grant funded or safety net services. This does not include those with private insurance, including TennCare and Medicare.

Percent Treated for Opioid Use Disorder Among All Treated by TDMHSAS-Funded Substance Use Treatment and Recovery Services, Sumner County vs Tennessee, 2018-2022



*Per 10,000 people living in poverty for ages 12 and older. Calculated for counties with 20 or more individuals abusing opioids. (Source: TDMHSAS Dashboard)

Key Gaps & Challenges with Mental and Behavioral Health Services in Sumner County

Even with these services, there are several significant obstacles that limit how well mental and behavioral health needs are met in Sumner County. *"We do have services here, we do have good services here, we don't have enough, For all the need. --(Key Informant)*

Limited Access to Mental Health Providers

Sumner County has significantly fewer mental health professionals per capita compared with state and national averages — roughly 115 providers per 100,000 residents, which is less than half of Tennessee's rate and about one-third of the national rate. This shortage means longer waits and reduced access to care, especially for those needing ongoing treatment. *(unitedwaysumner.org)*

Barriers to Accessing Services

Long waiting times for appointments and lack of nearby specialty services are commonly reported barriers. Community stakeholders have cited “lack of access to mental health resources” as a major obstacle in the county’s health system. Many individuals may need to travel outside the county for specialized psychiatric care, crisis stabilization, or inpatient services. *(highpointhealthsystem.com)*

Insurance and Cost Challenges
A portion of residents lack adequate health insurance, which compounds difficulty accessing affordable mental health care; while programs like Tennessee’s Behavioral Health Safety Net (BHSN) exist, gaps remain in awareness and utilization. In counties without BHSN providers, services may be delivered in neighboring counties or by telehealth only. Cost barriers can also disproportionately impact lower-income families, particularly those not qualifying for Medicaid or safety-net services. (*Tennessee State Government)*

Heavy Reliance on Emergency Systems
When community mental health resources are insufficient or inaccessible, emergency rooms and crisis services become de facto mental health providers, even though EDs are not ideally suited for therapeutic behavioral care. This was explicitly noted as a community concern for behavioral health care before recent expansions. (*nashvillemedicalnews.com)*

Youth Mental Health Strain
Data from broader county health assessments show high levels of sadness, hopelessness, and self-harm behaviors reported among teenagers, with rates often above national averages. These trends underscore a need for earlier intervention and youth-focused services. While schools offer counseling and support services, external provider shortages still limit consistent follow-up care. (*unitedwaysumner.com)*

Co-Occurring Substance Use Disorders
Substance misuse remains a significant challenge that intersects with mental health conditions. Community stakeholders identified drug and alcohol issues as areas that both contribute to and are exacerbated by gaps in behavioral health care access. (*highpointhealthsystem.com)*

Coordination & Navigation Challenges
Despite a collaborative culture in the county’s health ecosystem, community reports highlight the need for better coordination among service providers and clearer pathways for referrals — especially for complex needs like crisis intervention, stabilization planning, and long-term treatment continuity. (*highpointhealthsystem.com)*

Support System Limitations
Grassroots and nonprofit support networks like NAMI Sumner and Wilson Counties help fill gaps with peer support and advocacy, but reliance on volunteer-led programs may not fully meet community needs for clinical care or sustained treatment. (*NAMI Sumner and Wilson Counties)*

How Mental Illness and Substance Use Disorders Interact

The intersection between mental health and substance use disorders (SUDs) is complex and deeply intertwined. These two conditions often co-occur, influence each other, and present challenges for diagnosis, treatment, and recovery. This relationship is commonly referred to as co-occurring disorders, dual diagnosis, or comorbidity.

Mental illness can lead to substance use

People with mental health disorders may use substances to self-medicate symptoms like:

- Anxiety or panic
- Depression
- Trauma or PTSD
- Psychosis (e.g., schizophrenia)

Example: Someone with depression may use alcohol or opioids to numb emotional pain or sleep better.

Substance use can trigger or worsen mental illness

Substance use can:

- Alter brain chemistry, leading to mood disorders or psychosis.
- Exacerbate underlying mental illnesses (e.g., increase depression, trigger manic episodes).
- Mimic psychiatric symptoms, complicating diagnosis.

Example: Methamphetamine use can cause paranoia and hallucinations, resembling schizophrenia.

Shared risk factors

Both mental illness and SUDs are more likely when a person has:

- Genetic vulnerability
- Trauma history (especially childhood trauma or neglect)
- Chronic stress
- Family history of mental illness or addiction
- Social isolation or poverty

These shared roots make it more likely that one condition can lead to or coexist with the other. *“It breaks our heart when we hear the youth that have talked about, like, yeah, just last week, my mother overdosed, and a lot of them are the ones that find You know, the family member that's overdosed, and so to see how it impacts even the kids that aren't using, they're not in that realm at all, but it's... it's affecting them daily. --(Key Informant)*

How Common is Overlap?

According to national data (from the NIH and SAMHSA):

- About 50% of people with a mental illness will also experience a substance use disorder during their lifetime.
- Over 60% of adolescents in substance use treatment also meet criteria for a mental illness.
- People with serious mental illness (SMI) — such as schizophrenia or bipolar disorder — have 2–4× higher rates of substance use disorders than the general population.

Close Connection: Mental Health and Substance Use Disorders

The relationship between mental health and substance use disorders (SUDs) is complex and deeply interconnected. This relationship is often described as co-occurring disorders or dual diagnosis when both conditions are present in the same individual.

Key Aspects of the Relationship:

High Co-Occurrence: People with mental health disorders (e.g., depression, anxiety, bipolar disorder, PTSD, schizophrenia) are more likely to develop substance use disorders. Similarly, people with substance use disorders are at increased risk of developing or worsening mental health conditions.

Causality Can Go Both Ways: Individuals may use drugs or alcohol to cope with the symptoms of mental illness (e.g., using alcohol to reduce anxiety or stimulants to elevate mood). Drug or alcohol use can trigger or exacerbate mental health symptoms, either acutely or chronically (e.g., psychosis from methamphetamine use). Genetics, trauma, brain chemistry, and environmental stressors can increase vulnerability to both conditions.

Worsening of Symptoms: Substance use can interfere with the treatment of mental health disorders, making symptoms more severe and recovery more difficult. Mental health disorders can make it harder for individuals to stop using substances, increasing the risk of relapses.

Treatment Complications: Co-occurring disorders require integrated treatment, meaning both conditions should be treated at the same time, ideally by the same

provider or care team. Without integrated care, treatment is often less effective, and relapses or recurrence of symptoms is more likely.

Examples of Co-Occurring Disorders with Related Substance Use

Mental Health Disorder	Commonly Associated Substance
Depression	Alcohol, cannabis
Anxiety disorders	Benzodiazepines, alcohol, cannabis
PTSD	Opioids, alcohol
Bipolar disorder	Stimulants, alcohol
Schizophrenia	Cannabis, nicotine, alcohol

The above table is not conclusive or all-encompassing; any given mental health condition may be associated with any substance use. The above merely reflects general trends that are commonly observed.

Mental health disorders and substance use disorders frequently occur together, influence each other, and can worsen each other's outcomes. Integrated, evidence-based treatment that addresses both mental health and substance use is essential for effective recovery.

Why This Matters for Treatment

Separate treatment = poor outcomes

Historically, mental health and addiction services have been siloed. But treating only one while ignoring the other often leads to relapses or incomplete recovery.

Integrated care is best.

Most experts recommend integrated treatment — where both mental illness and substance use are treated together in a coordinated way. This may include:

- Co-located services (mental health + addiction in same clinic)
- Dual-trained providers
- Collaborative case management
- Coordinated medication management (e.g. antidepressants with MAT)

Special considerations

- Medications for one disorder may interact with substances or MAT (medication-assisted treatment).
- Group therapy may need to be adapted.
- Trauma-informed care is critical.

- Peer support, housing, employment, and family involvement can all play a role in recovery from both.

Summary: The Intersection of Mental Health and Substance Use Disorder

Mental Illness ↔ Substance Use	Explanation
Bi-directional	Either condition can lead to or worsen the other.
Common root causes	Shared genetic, environmental, and developmental factors.
Often co-occurring	High rates of comorbidity, especially in adolescents and those with severe illness.
Best treated together	Integrated, holistic treatment models lead to better outcomes.

Implications for a Community Like Sumner County

Factor	Impact
Economy & Workforce	Untreated or undertreated behavioral health conditions reduce labor force participation and productivity.
Strain on criminal justice system	When treatment capacity is limited, jails become de facto behavioral health facilities. Mental toll this can have on first responders.
Financial Leakage from the County	When residents seek inpatient or crisis services outside the county healthcare dollars flow to neighboring counties, potential loss of behavioral health workforce attraction and missed opportunity for local service expansion and job creation.

Limited crisis services	Few inpatient or emergency mental health options → ER or jail become default.
Stigma	People may hide symptoms or substance use → delay in seeking help.
Youth risk	Elevated adolescent distress without adequate early intervention increases the risk of substance use disorders, school absenteeism and academic decline, juvenile justice involvement and suicide risk.

Overdose and Substance Use Trends

Sumner County, Tennessee is facing significant substance use and overdose challenges, particularly driven by synthetic opioid, methamphetamines, and polysubstance use. *I mean, I'm 38 years old, and I count 13 different people that I've lost to overdose in my life, and that's...That's insane, you know? Like, I don't have 13 people that I've lost to cancer, you know, but I've had 13 that I've lost to substance abuse in their 20s and 30s, like, because...Of the things we started in our teenage years, you know, that have affected us long-term. –Key Informant*

Fatal Overdose Death Trends

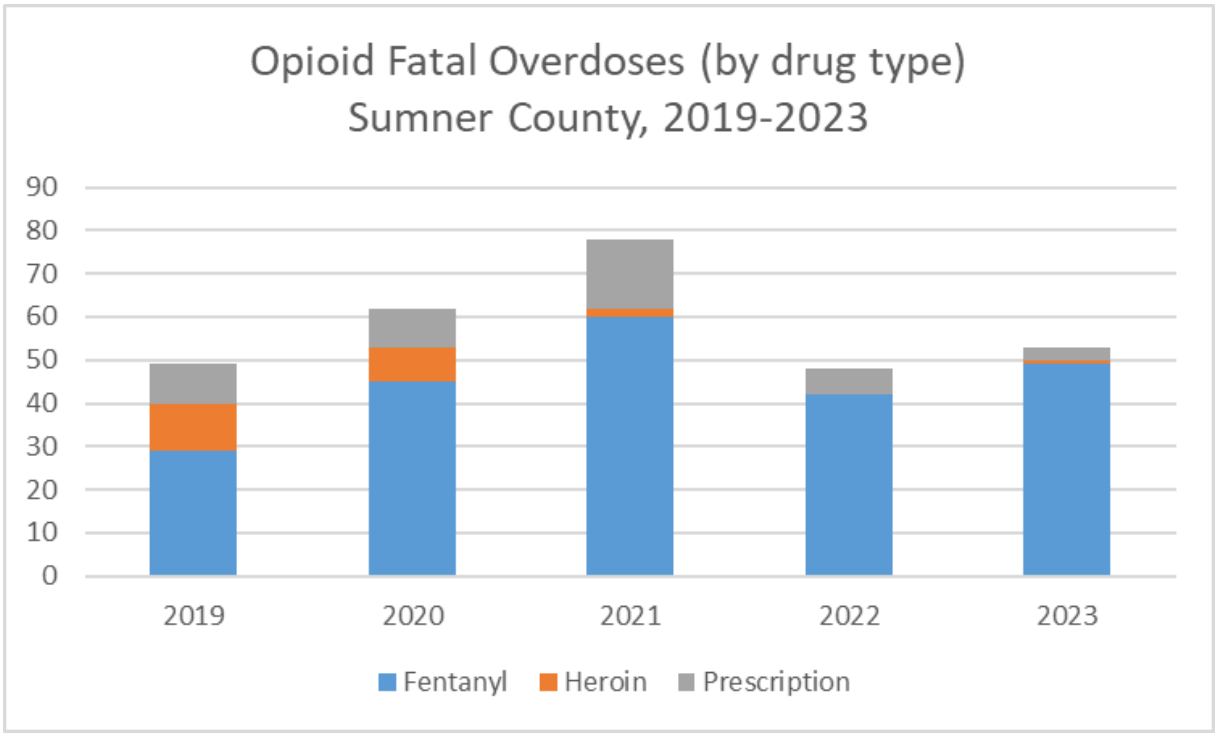
Fatal Overdoses in Sumner County vs Tennessee, 2019-2023, All Types

Year	Sumner County		Tennessee	
	Count	Rate (per 100,000 people)	Count	Rate (per 100,000 people)
2019	47	26	2,089	31
2020	68	37	3,032	45
2021	93	50	3,814	56
2022	61	32	3,826	55
2023	68	34	3,616	51

** Rate is not available if less than 10. Rate takes into consideration differences in population sizes. (Source: TN Drug Overdose Dashboard). Counts are simply the number of individuals lost to overdose. Rates should be used when comparing one county in the state to another, which considers differences in population size.*

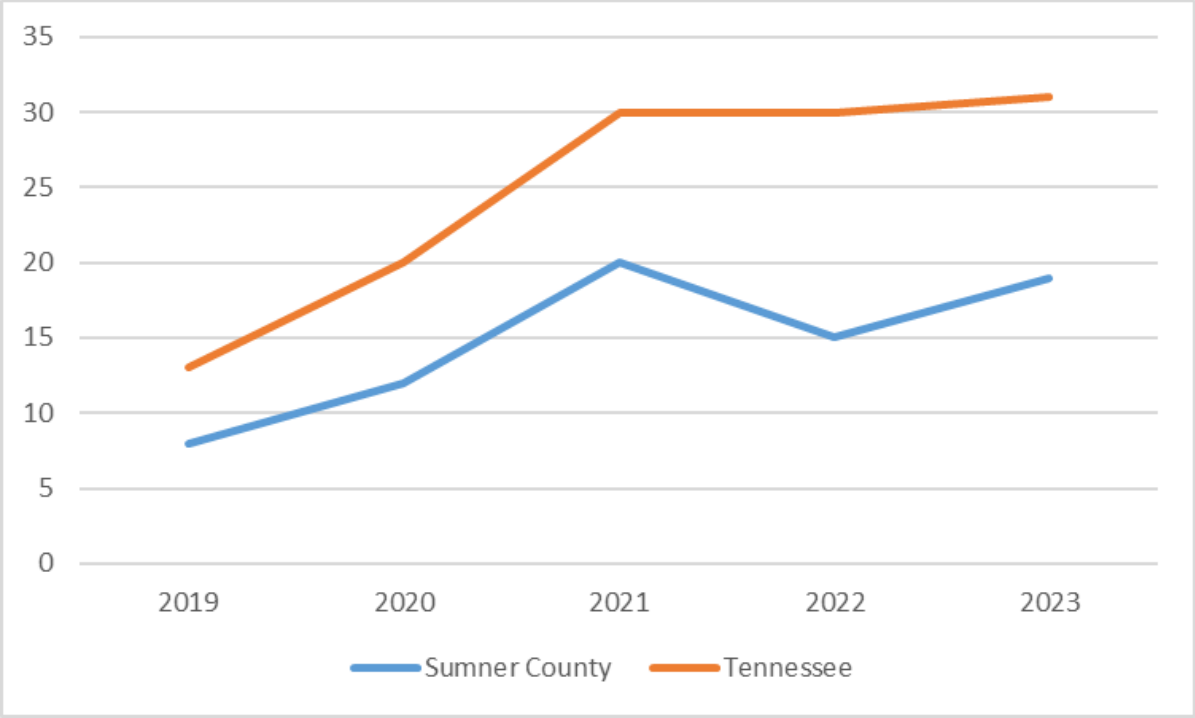
Fatal Overdoses by Drug Type

The following charts are breaking down fatal overdose by drug type. An overdose fatality may include more than one substance in toxicology reports. Therefore, total numbers of deaths should not be added by each type. Total fatal overdose chart includes ALL overdose deaths regardless of substances found in the bloodstream of the decedent.
"Fentanyl is huge and is in everything. --(Key Informant)



**An overdose fatality may include more than one substance in toxicology reports.*
Source: TN Drug Overdose Dashboard

Rate of Stimulant Fatal Overdoses in Sumner County, 2019-2023

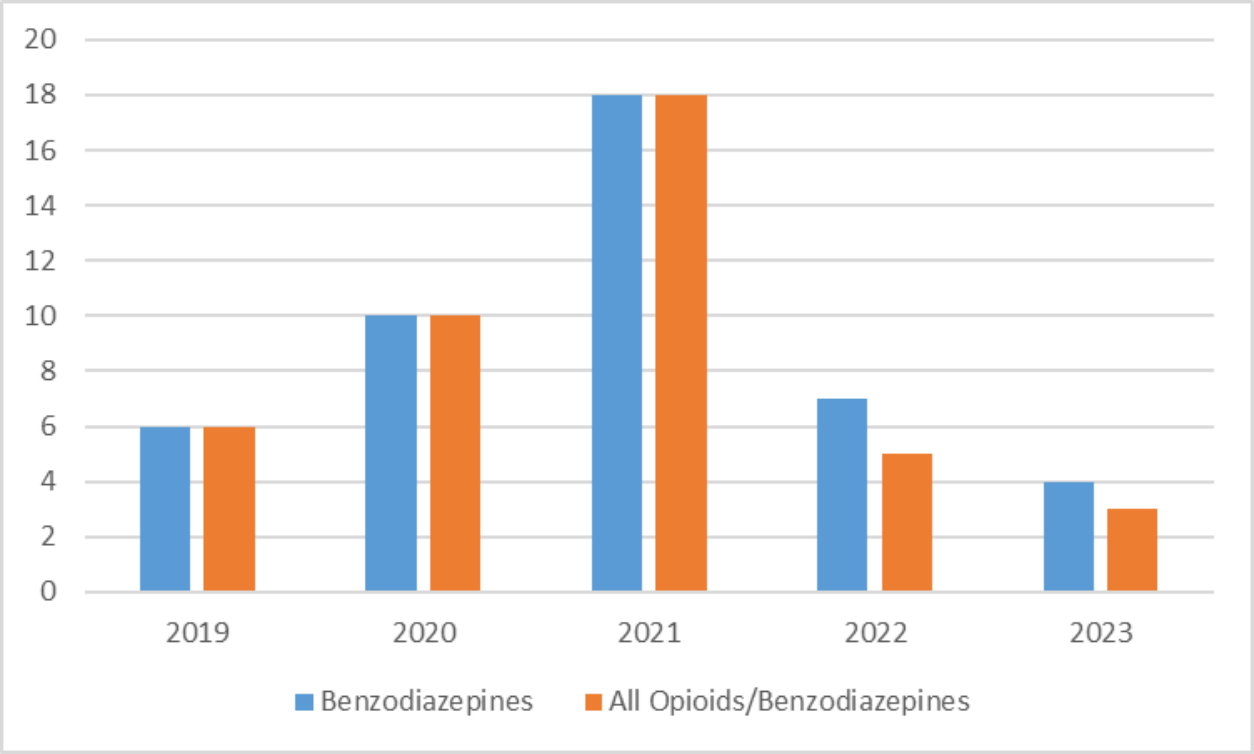


**Rate is per 100,000 population.*
An overdose fatality may include more than one substance in toxicology reports.
Source: TN Drug Overdose Dashboard

Below is a chart showing overdoses related to prescription medications in a class called benzodiazepines. These medications include brand names such as Xanax, Klonopin, Valium, and others. When mixed with either prescription or illicit opioids, the risk of overdose greatly increases. As data from 2018-2023 shows, there were deaths involving benzodiazepines in Sumner County.

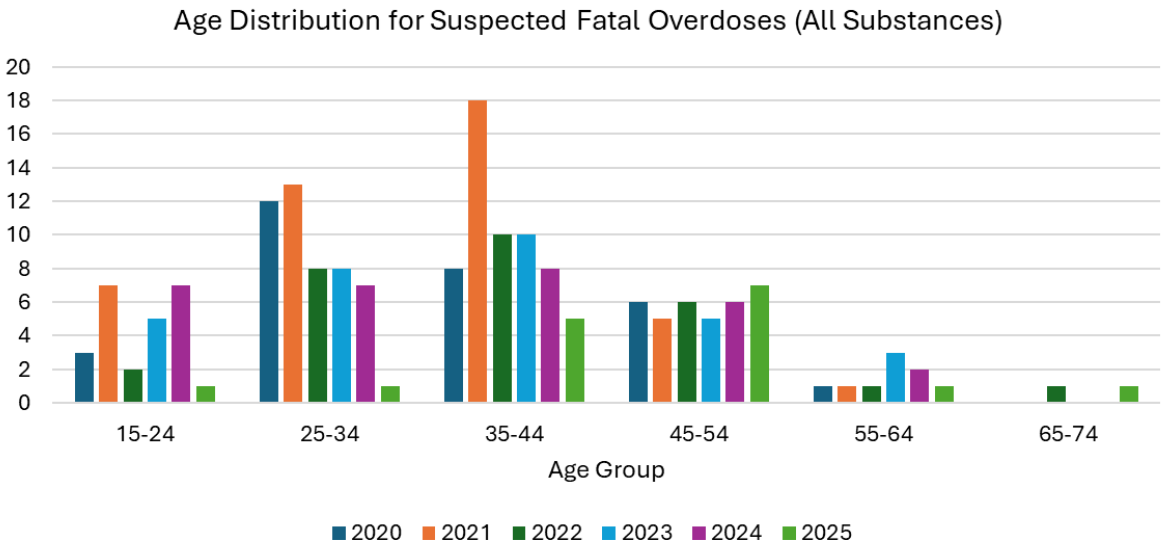
Additionally, “designer” or analogue benzodiazepines have been detected in Tennessee, but these are illicitly produced and not acquired via prescription.

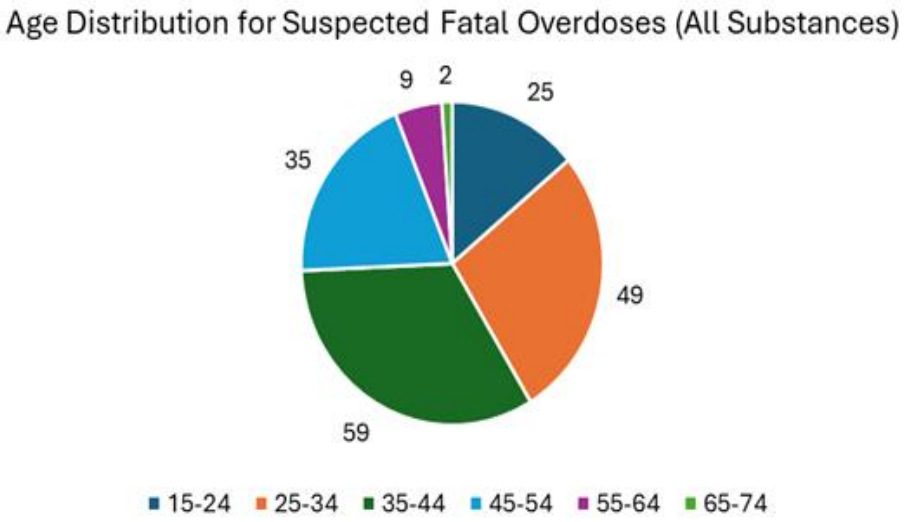
Benzodiazepine Fatal Overdoses (by Drug Type/Combination) in Sumner County, 2019-2023



**An overdose fatality may include more than one substance in toxicology reports. Benzodiazepines and opioids are a dangerous combination and can greatly increase the risk of overdose. Providers should exercise caution and always check the CSMD. Source: TN Drug Overdose Dashboard.*
Source: TN Drug Overdose Dashboard

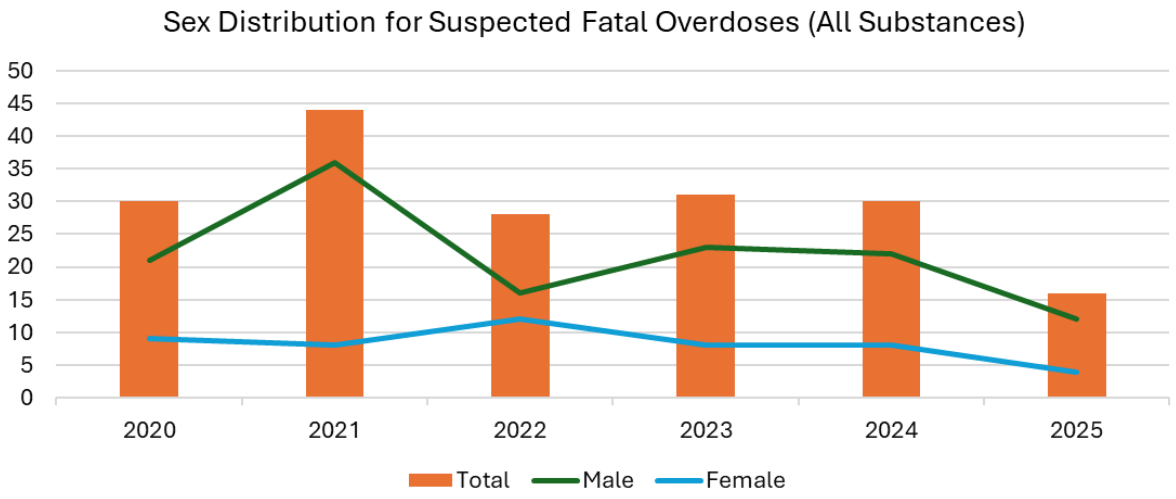
The following information is provided by the Middle Tennessee Forensic Center. The numbers presented in this report represent fatalities from 2020 – 2025 that contained substances. SMART does not attribute an official cause of death to these fatalities. This section is intended to reflect the demographics, trends and combinations present in the data.

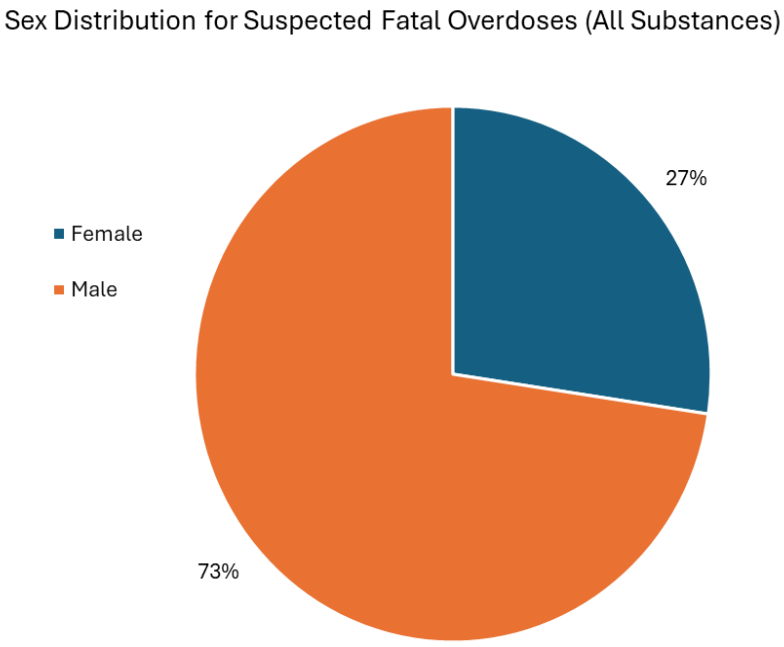


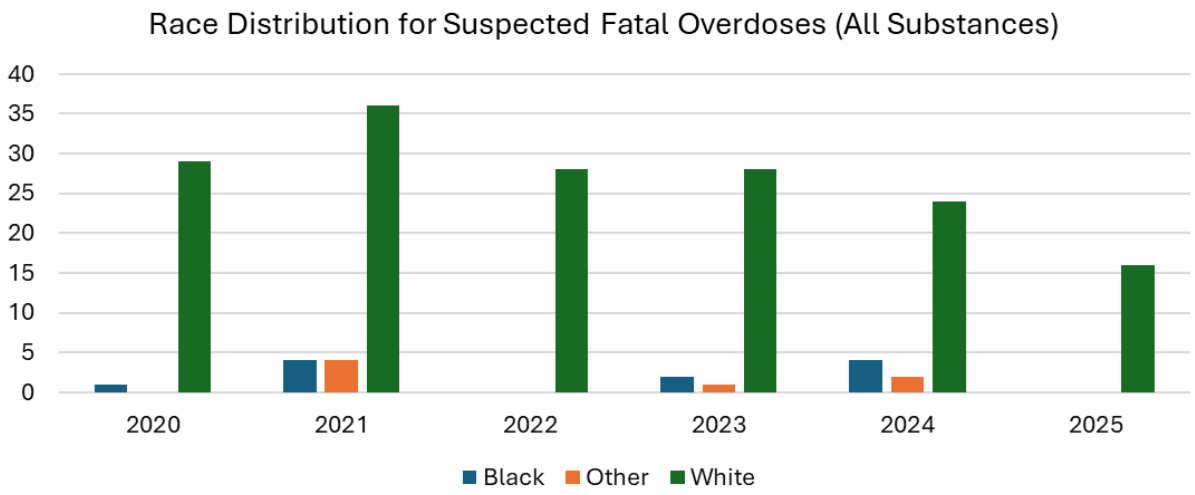


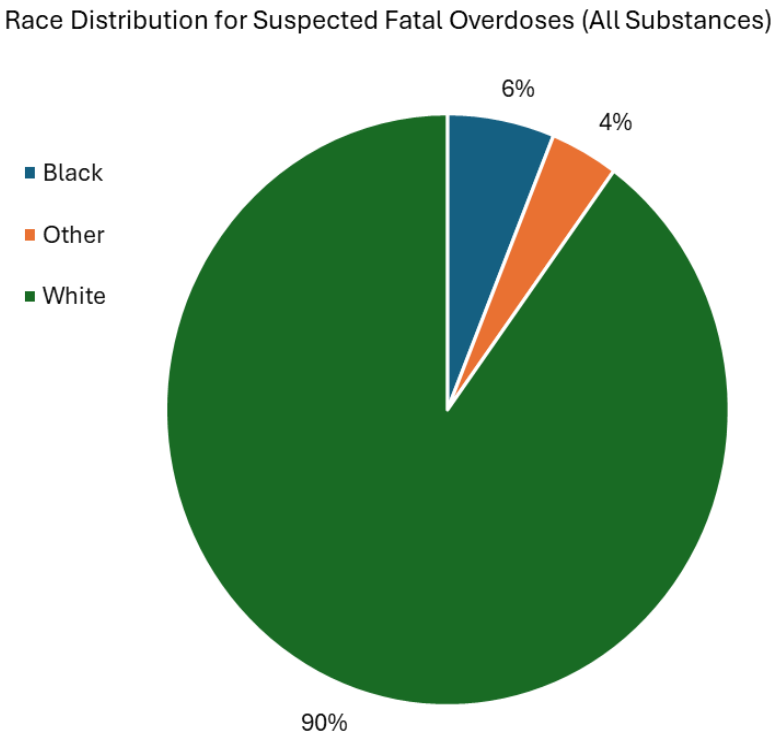
Percentage of Change in Age Distribution from 2024 - 2025

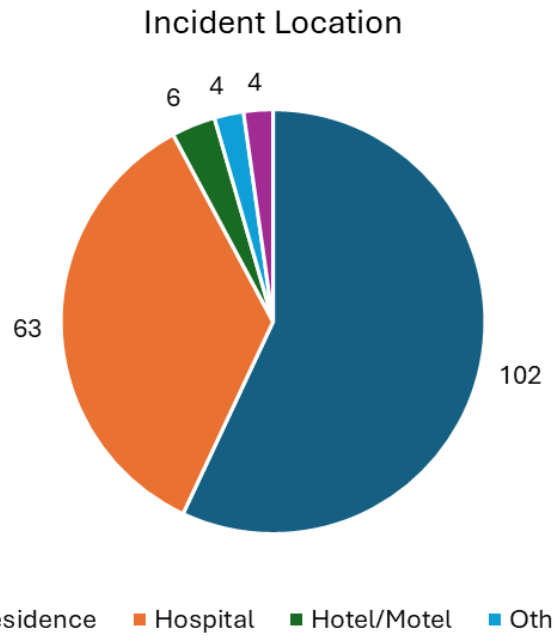
15-24	25-34	35-44	45-54	55-64	65-74
-86%	-86%	-38%	**17%**	-50%	Undefined

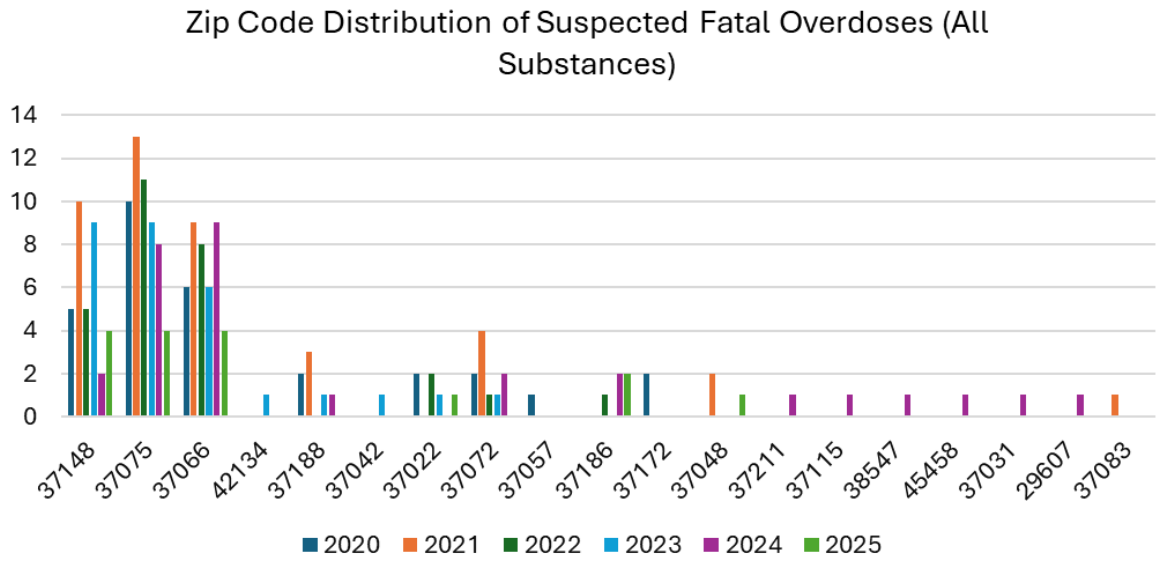

Sex Distribution for Suspected Fatal Overdoses (All Substances)
50
45
40
35
30
25
20
15
10
5
0
2020
2021
2022
2023
2024
2025
Total
Male
Female

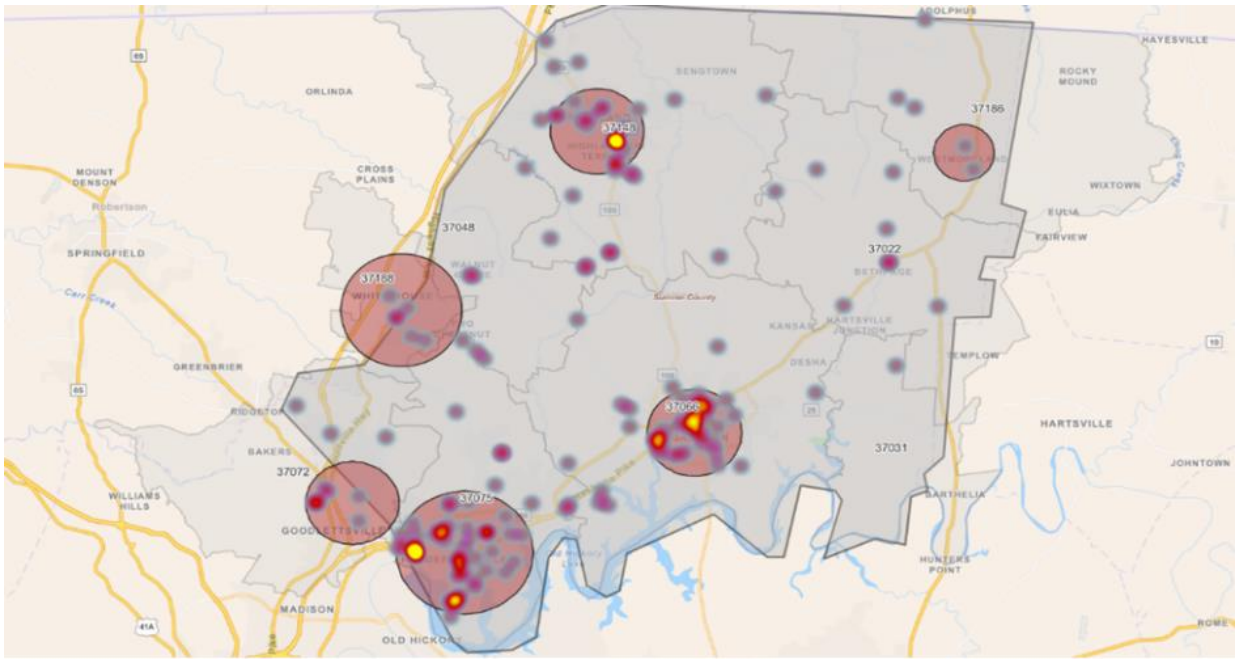

Sex Distribution for Suspected Fatal Overdoses (All Substances)
Female
Male
27%
73%


Race Distribution for Suspected Fatal Overdoses (All Substances)
40
35
30
25
20
15
10
5
0
2020
2021
2022
2023
2024
2025
Black
Other
White


Race Distribution for Suspected Fatal Overdoses (All Substances)
6%
4%
90%
Black
Other
White


Incident Location
6
4
4
63
102
Decedent Residence
Hospital
Hotel/Motel
Other
Outside


Zip Code Distribution of Suspected Fatal Overdoses (All Substances)
14
12
10
8
6
4
2
0
37148
37075
37066
42134
37188
37042
37022
37072
37057
37186
37172
37048
37211
37115
38547
45458
37031
29607
37083
2020
2021
2022
2023
2024
2025



This heat map reflects the location where the decedent was discovered and presumably where the injury occurred.

*Top 10 substances found in toxicology reports. Certain years did not have up to 10 substances represented in the data.
Source: Middle Tennessee Regional Forensic Center

2020	2021	2022	2023	2024	2025
Fentanyl	Fentanyl	Fentanyl	Fentanyl	Fentanyl	Fentanyl
Methamphetamine	Methamphetamine	Methamphetamine	Methamphetamine	Cocaine	Methamphetamine
Heroin	Benzodiazepines	Cocaine	Benzodiazepines	Methamphetamine	Cocaine
Alcohol	Oxycodone	Alcohol	Cocaine	Xylazine	Xylazine
Benzodiazepines	Cocaine	Alprazolam	Diphenhydramine	Benzodiazepines	Alprazolam
Alprazolam	Alprazolam	Oxycodone	Alcohol	Bromazolam	Benzodiazepines
Cocaine	Morphine	Benzodiazepines	Alprazolam	Alcohol	Diphenhydramine
Morphine	Alcohol	Buprenorphine	Bromazolam	Heroin	
Buprenorphine	Gabapentin		Xylazine	Alprazolam	
Gabapentin	Bromazolam		Oxycodone		

2020	2021	2022	2023	2024	2025
Fentanyl + Methamphetamine	Fentanyl + Methamphetamine	Fentanyl + Methamphetamine	Fentanyl + Methamphetamine	Fentanyl + Cocaine	Fentanyl + Methamphetamine
Fentanyl + Cocaine + Alcohol	Fentanyl + Cocaine	Fentanyl + Cocaine	Fentanyl + Benzodiazepines	Fentanyl + Methamphetamine	
Fentanyl + Benzodiazepines	Fentanyl + Methamphetamine + Benzodiazepines	Fentanyl + Methamphetamine + Cocaine	Fentanyl + Cocaine + Alcohol	Fentanyl + Methamphetamine + Cocaine	

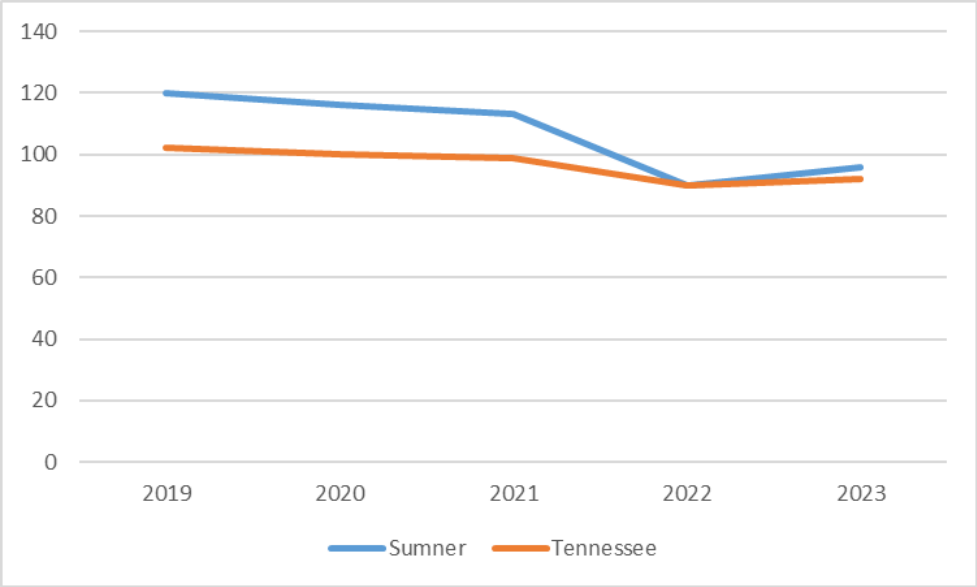
*Top combinations of drugs found most frequently in toxicology reports.
Source: Middle Tennessee Forensic Center

Non-Fatal Overdoses & EMS Burden

It is estimated that 10-15 percent of EMS calls are due to drug overdose, noting an increase in the last year. Many of those who overdose once revived using naloxone are refusing to be transported to a medical facility for further evaluation and treatment. As such, the numbers are often not included in data like rate of outpatient stays, meaning that such calculations tend to underrepresent the problem. Sumner County's key informant highlighted the strain placed on first responder resources due to the frequency of overdose calls and emphasized that EMS personnel often serve as the first point of contact with individuals experiencing overdose. "*At some point, someone in public safety is going to have to take this and champion this in the community. I just… I don't know who that should be, though. We could partner with them, but I think it's going to have to be a collaborative effort with all the, you know, public safety organizations, and not just one of us.*" *--(Key Informant-EMS Sector)*

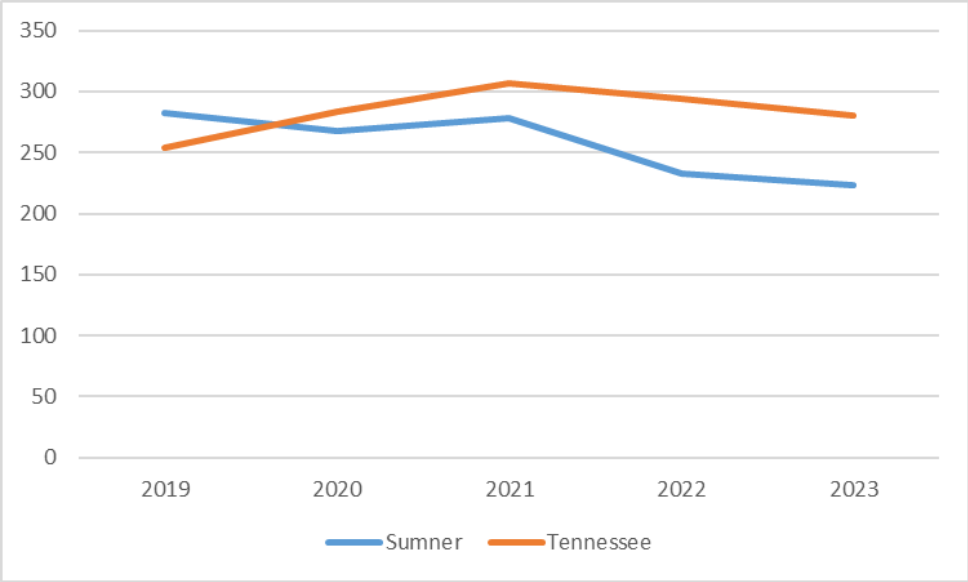
Meanwhile outpatient stays for non-fatal overdoses rose during the pandemic but are steadily declining in Sumner County. Inpatient stays have remained stable and close to the state average. Outpatient stays (ED visits) are well below the state average.

Rate of Inpatient Stays for Non-Fatal Overdoses (All Types) in Sumner County vs Tennessee, 2019-2023



**Rate per 100,000 population.*
Source: TN Drug Overdose Dashboard

Rate of Outpatient Stays for Non-Fatal Overdoses (All Types) in Sumner County vs Tennessee, 2019-2023



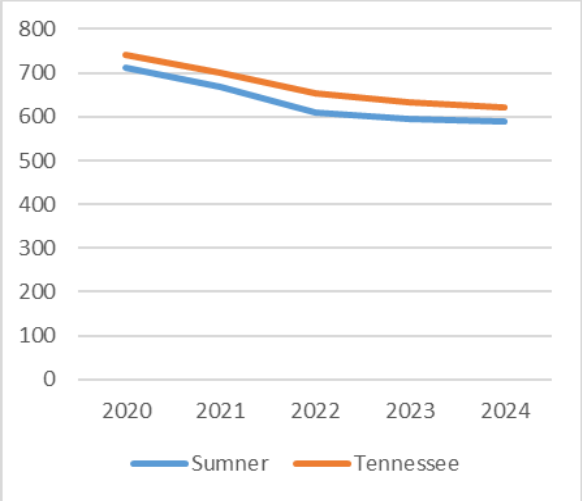
**Rate per 100,000 population.*
Source: TN Drug Overdose Dashboard)

Narcotic Prescription Rate

Overprescribing of opioids and other controlled substances is widely considered to be the initiator of the current overdose crisis. The charts below show both the rate of opioid prescriptions (left) and benzodiazepine prescriptions (right) dispensed in Sumner County vs Tennessee's rates from 2020-2024.

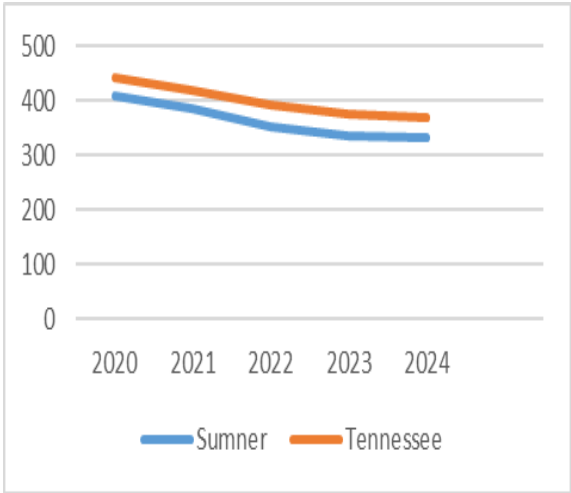
While these rates have steadily decreased over the last five years, Tennessee remains in the top ten states for narcotic prescribing, and Sumner County remains slightly below the state average. "*You know, if a patient is filling some type of opioid medication, it's required that they fill all of their medications with us. I mean, my personal, professional opinion is, if you're treating a patient, and we're taking care of the patient, we should be taking care of the whole patient.*" *(Key Informant)*

Opioid Prescriptions, Sumner vs Tennessee, 2020-2024



**Rates per population of 1,000.*
Source: TN Drug Overdose Dashboard

Benzo Prescriptions, Sumner vs Tennessee, 2020-2024



**Rates per population of 1,000.*
Source: TN Drug Overdose Dashboard

Substance Use Disorders and Criminal Activity

Substance use disorders in Sumner County are strongly tied to crime—both directly, through drug offenses, and indirectly, through substance-driven property crime and violence. High rates of co-occurring mental illness and lack of community-based treatment contribute to jail overpopulation and recidivism. *"I think that there's often this perspective that law enforcement should handle drug addiction as an illness. Well, unfortunately, out on the street, it's a crime. Yeah. Our job is to enforce the law." (Key Informant)*

Local responses—including recovery court, TN-ROCS and judicial partnerships—work to divert people from prison and reduce repeat criminal justice involvement. *"Our recovery court here in our... in Sumner County has been probably one of the most successful ones in the state. Our recidivism rate is less than...20% across the board for those who complete our program." (Key Informant)* The Recovery Court has its own foundation that has been able to expand services to include recovery housing for male participants and flexibility to meet basic needs. While there are no detoxification facilities in the county, the recovery court is able to connect individuals to the appropriate level of treatment. *"We have an intensive outpatient program here through our court system that's available to everybody in the county." So... It's...It's a life changer for those people who graduate or recover, every one of them. We have a huge alumni association. And they come back. They come back to our Monday staffing meetings to be encouragement for those people who are in recovery. So, they can be a resource. (Key Informant)*

Sumner County has six law enforcement agencies in the county: Sumner County Sheriff's Office, Gallatin Police Department, Goodlettsville Police Department, Hendersonville Police Department, Portland Police Department and White House Police Department.

The information below represents crimes in Sumner County directly related to substance use/misuse as reported into the TBI's TIBRS system for 2024.

2024 DUI Cases in Sumner County by Agency

Agency	Sumner Co. SO	Gallatin PD	Goodlettsville PD	Hendersonville PD	Portland PD	White House PD
DUI Cases	308	184	43	116	37	40
% change from 2023	↓ 6.95%	↑ 18.71 %	↓ 41.89%	↑ 18.37%	↓ 33.93%	↑ 11.11%
Substance (highest)	Alcohol 57.8%	Alcohol 50.5%	Alcohol 74.4%	Alcohol 84.5%	Alcohol 78.4%	Alcohol 61.5%
Age (highest)	25-34	25-34	18-44	35-44	35-44	25-54

**This chart is for DUI cases only. Substance most frequently reported, along with age groups representing the highest percentage of cases.*

2024 Drug/Narcotics Violations in Sumner County by Agency

Agency	Sumner Co. SO	Gallatin PD	Goodlettsville PD	Hendersonville PD	Portland PD	White House PD
Drug/Narcotic Cases	571	359	60	321	73	82
% change from 2023	↑ 12.85%	↑ 3.16 %	↓ 23.08%	↓ 15.53%	↓ 33.93%	↓ 36.92%
Substance (highest)	Marijuana 58.6%	Marijuana 59.9%	Narcotics 38.5%	Marijuana 60.6%	Stimulants 38%	Marijuana 47.7%
Charge (highest)	Possessing concealing 87.4%	Possessing concealing 93.8%	Possessing concealing 89.6%	Possessing concealing 89.4%	Possessing concealing 85.7%	Possessing concealing 87.2%
Location (highest)	Highway, road, alley 60%	Highway, road, alley 77.2%	Parking lot/garage 43.3%	Highway, road, alley 72%	Highway, road, alley 58.9%	Highway, road, alley 76.8%

Source: crimeinsighttbi.tn.gov/tops/report/drugs-dui
Strong linkages between roadways and charges. Decreases in drug charges in most jurisdictions with possessing/concealing being the most frequent charge as well as marijuana being the most common substance found. Reminder: a person may have more than one charge placed against them. Not every number represents a separate incidence.

Child Welfare and the Opioid Crisis

The opioid crisis has had a pronounced and multifaceted impact on the child health and welfare systems in Sumner County. Though specific county-level statistics are harder to find, statewide trends and local indicators strongly suggest how the crisis is influencing child welfare. *"It impacts the family, the children, I mean…They're not getting to visit the children, because of the choice of drug. They're choosing fentanyl, so we have to, you know, take the safety of the children over visitation." (Key Informant)*

Neonatal Abstinence Syndrome (NAS)

Also referred to as Neonatal Opioid Withdrawal Syndrome (NOWS)

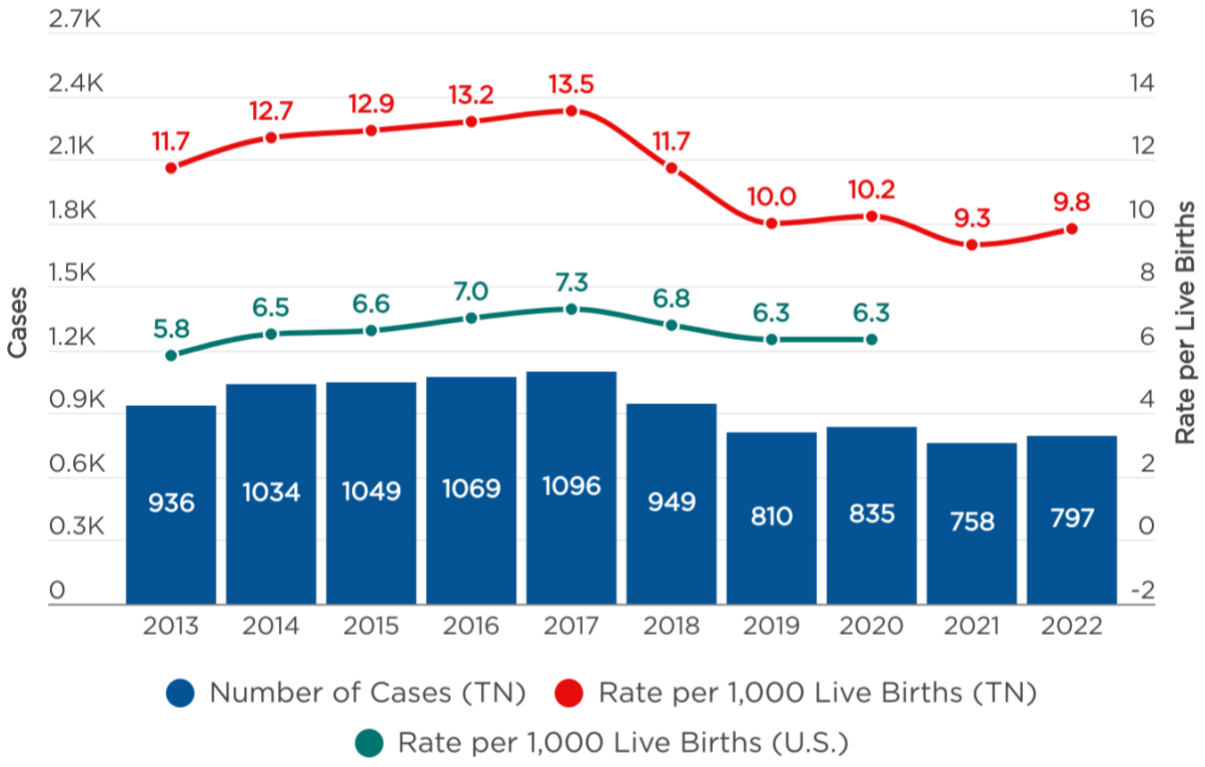
According to the Tennessee Department of Health, neonatal abstinence syndrome (NAS) is a condition in which an infant undergoes withdrawal from a substance to which he or she was exposed to in-utero. Different classes of substances, including opioids, antidepressants and barbiturates, may cause NAS when used during pregnancy. The most common substances causing NAS are opioids, and in those circumstances would also be known as neonatal opioid withdrawal syndrome (NOWS).

NOWS can include legally prescribed opioids (such as pain relievers like morphine and medication assisted treatment opioids such as buprenorphine and methadone) or illegally obtained opioids, e.g., heroin. In addition, a pregnant woman may obtain a substance through drug diversion, i.e. transfer of legally prescribed controlled substance from the individual for whom it was prescribed to another person for any illicit use. Use of other substances, such as cigarettes, benzodiazepines, and gabapentin, during pregnancy may influence the onset, severity, or duration of the withdrawal syndrome.

Tennessee established the first NAS registry in the country in 2013 to track the number of cases and to better identify at risk populations of women and infants.

During the 2022 surveillance period, 797 cases of NAS were reported to the TDH surveillance portal, which is a slight, yet insignificant, increase from the prior year (n=758). Tennessee's NAS rate (9.8 per 1,000 live births) remains markedly higher than the national rate (6.3) per 1,000 live births; based on 2020 data, the most recent data available). In addition, rates of NAS remain highest in the eastern part of the state. Most cases of NAS are associated with medication for opioid use disorder (MOUD), and there was a slight increase in the percent of infants exposed to MOUD from 57.7% in 2021 to 61.6% in 2022. However, the proportion of cases exposed to illicit drugs or diverted medications has increased in recent years, most recently from 32.7% in 2021 to 34.3% in 2022. This report also highlights regional differences in substance exposure and underscores the association between social determinants of health, such as access to prenatal care, and NAS. For instance, in 2022, 53% (n=454) of women who had infants diagnosed with NAS received inadequate prenatal care.

Neonatal Abstinence Syndrome (NAS) Case Rate by Year, Tennessee vs U.S., 2013-2022



Source: Neonatal Abstinence Syndrome Surveillance System, Tennessee Dept. of Health and Healthcare Cost and Utilization Project (HCUP) and the *2024 NAS Surveillance Annual Report* by TN Dept. of Health.

Findings from July 2024 report highlight the ongoing need for public health approaches to address substance use in pregnancy and substance exposure among infants. Public health approaches include promoting positive childhood experiences (PCEs), improving access to treatment for substance use disorders (including MOUD) for pregnant women, addressing NAS, and connecting families to care coordination programs.

Increased Entry of Infants into Foster Care

National research shows that for every increase of 1 diagnosis of neonatal opioid withdrawal syndrome (NOWS) per 10 births, there is a 41 percent higher rate of infant foster care entry(PubMed). Tennessee has seen foster care populations grow by 10.3 percent since 2016, largely due to the opioid epidemic, prompting DCS to request tens of millions in additional funding for foster-child support and case management. In Tennessee, NAS rates are among the highest in the United States. In 2022 (most recent year available): ~9.8 NAS cases per 1,000 live births (797 infants statewide), while the U.S. average is roughly 6 per 1,000 births This means babies in Tennessee are ~60% more likely to experience NAS than the national average.

Sumner County being part of the Middle Tennessee region, historically has moderate-to-high NAS incidence, though generally lower than parts of East Tennessee. Across Tennessee counties, NAS rates have historically ranged from: 1.6 to more than 50 cases

per 1,000 births depending on local opioid exposure and treatment patterns. Most counties cluster in the 5–15 per 1,000 births range, placing Sumner County likely near the state average. Using statewide and regional surveillance patterns, the estimated risk level in Sumner County is approximately: ~8–11 NAS cases per 1,000 live births, which is equivalent to about 0.8–1.1% of births. If Sumner County has roughly 2,500–3,000 births annually, this would translate to roughly to 20–30 infants per year potentially diagnosed with NAS (approximate estimate).

Higher Child Welfare Referrals and Substantiations

A broad study found that neighborhoods with higher rates of opioid overdoses and naloxone administration have correspondingly higher levels of child welfare investigations and substantiated maltreatment cases. This connection is driven by overlapping social factors such as poverty, single-parent households, unstable housing, and high overdose rates.

Implication: Opioid-related harm contributes directly to increased child abuse/neglect reporting and confirmed cases in Sumner County.

DCS Under Strain & Systemic Challenges

Tennessee's Department of Children's Services has reported a dramatic increase in referrals related to drug exposure, as drug use impacts parental judgment and caregiving capacity—multiplying workload pressure on caseworkers. Across the state, DCS faces high caseloads, foster parent shortages, and placement instability—child protective services are overwhelmed, leading to more child moves and slower permanency outcomes.

Implication: Sumner County likely experiences similar operational strain—more children entering care, more moves between foster homes, and delays in reunification or adoption.

Summary of Impacts on Child Welfare

Impact Area	Effect on Child Welfare in Sumner County
NOWS & Infant Entries	Child Abuse Prevention and Treatment Act (CAPTA) requires notification when infants are affected by prenatal substance exposure. Hospital-DCS Referral in TN
Referrals & Substantiations	Overdose hotspots correlate with increased maltreatment cases
Service Needs	Higher screening and investigation workload for child welfare.
Increased Demand for Early Childhood Services	Early intervention programs, infant mental health services, developmental screening and home visiting programs are common needs for these children.
System Strain	Many cases require family risk assessment and safety planning by child welfare**.**

What It Means for Families & Services Locally

Children are more likely to enter foster care following exposure to opioids in utero or because of parental substance misuse. Caseworkers are managing more complex concerns, with overlapping mental health, addiction, housing, and financial issues. Placement instability can worsen child trauma, given fewer available foster homes and longer stays in temporary care. Community efforts aim to avoid or shorten foster care experiences, but local capacity remains critical. While detailed, Sumner County-specific child welfare statistics tied to opioids are not publicly available, broader research and county-level policy actions clearly point to:

- Higher numbers of infants entering foster care due to opioid exposure
- Greater child welfare involvement in overdose-impacted households
- An overstretched DCS system struggling to keep up
- Community and settlement investments working to respond with prevention and support

How Does Parental Substance Misuse Impact Children In Sumner County?

Children in Sumner County are at moderate risk of being born with NAS compared to many areas, because Sumner is in a region (middle/suburban Tennessee) shown to have moderate NAS rates, but above national averages. Many children are likely living in environments where parental substance misuse has disrupted family structure: more children under kinship care, more entering foster system, more instability. *“The families I work with, I mean, they're… They're not even able to…what… well, I've got 3 families right now that…Surrendered or in the process of getting their parental rights terminated. --(Key Informant).*

There is emotional, physical, and social harm: from neonatal health issues to later childhood trauma, possibly educational disruption. Public systems (healthcare, child welfare, schools) are strained; resources like treatment, foster/kinship care, preventive support are limited in rural areas, compounding the impact. *"A lot of grandparents. that, raise their kids (children) because they've lost a parent to overdose, again, especially in some of the more rural areas that it's really impacting. --(Key Informant)*

Key Implications for Sumner County is to reduce opioid exposure among pregnant women, increase prenatal substance use screening, increase access to medication assisted treatment for pregnant women with opioid use disorder, and improve access to early childhood developmental and family support services, including home visiting and early interventions.

Youth Substance Use Prevention

What Is Youth Substance Use Prevention?

Substance use prevention refers to strategies and programs designed to delay or prevent the onset of drug, alcohol, nicotine, and prescription misuse among young people. These efforts typically operate at different levels:

- Universal programs — aim to reach all youth (e.g. school-based curricula like LifeSkills Training)
- Selective programs — target higher-risk subgroups (e.g. children of parents with SUD)
- Indicated programs — intervene with youth already showing early signs of substance use or behavioral issues (SAMHSA)

Effective prevention rests on enhancing protective factors (like strong family bonds, school connectedness, healthy peer relationships) while reducing risk factors (such as family history of substance use, poor monitoring, peer substance use, trauma, mental health challenges) (ctclearinghouse.org). *"We have kids that had parents die of overdoses who are now peer leaders in their schools because of what they've gone through. --(Key Informant)*

Key elements of successful strategies include:

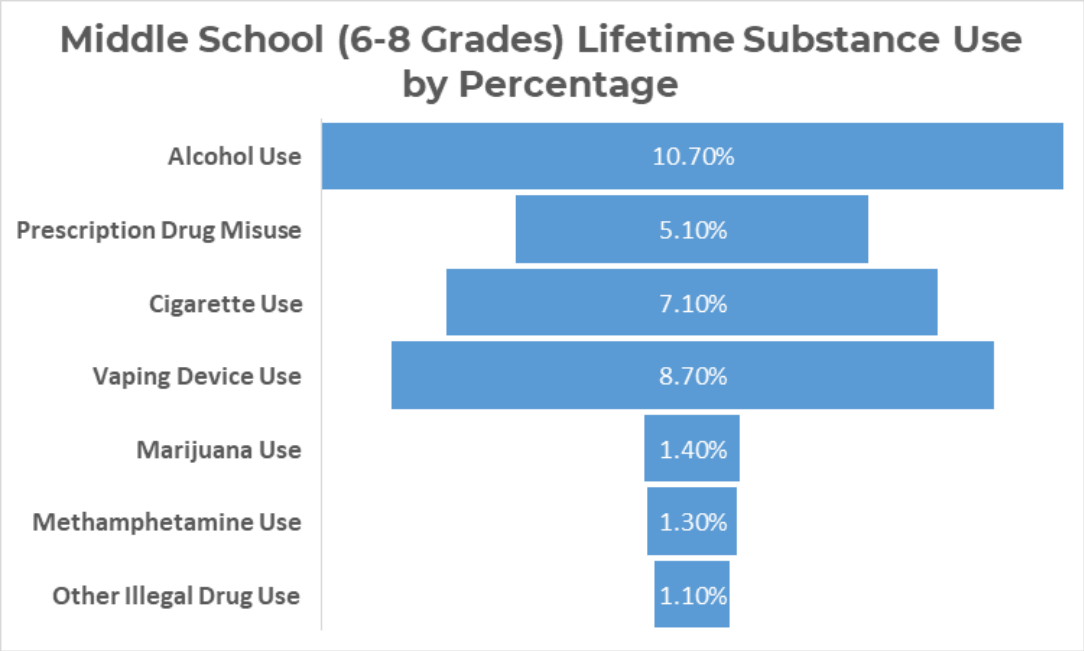
- Age-appropriate education and life-skills training (decision-making, peer resistance)
- Strong parental involvement and open communication
- Positive youth development activities (sports, arts, leadership, mentoring)
- Community and school engagement with evidence-based programming

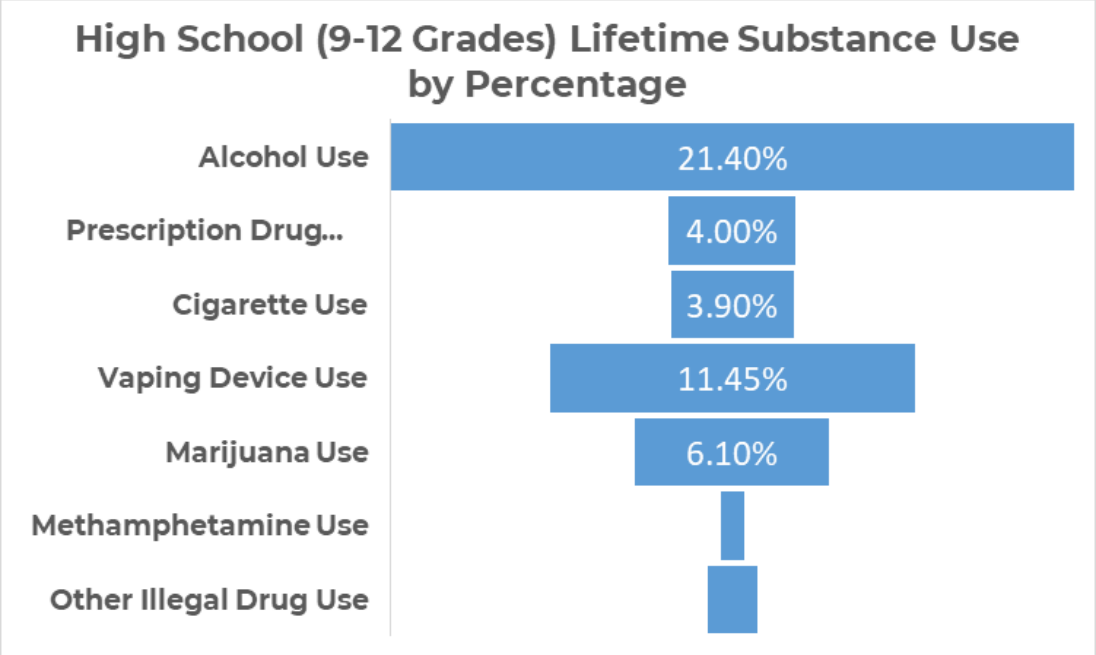
Why Early Initiation of Use Matters

Increased risk of substance use disorders later in life: Adolescents who begin using alcohol, marijuana, or other drugs at younger ages are significantly more likely to develop addiction or chronic misuse in adulthood. For example, starting alcohol before age 14 substantially raises lifetime risk compared to starting later (NIDA). Worsened health, mental health, and academic outcomes: Early initiation is linked to worse memory, attention, learning, poorer academic performance or school dropout, and elevated risks of mental health disorders (SAMHSA). Higher exposure to risky behaviors: High-risk drug use (like injection, misuse of prescription drugs) is associated with involvement in risky sexual behaviors, violence, bullying, justice system involvement, and increased accident or injury rates — especially motor vehicle incidents, homicides or suicides (CDC). Greater cumulative exposure: The earlier substance use begins, the longer youth remain at risk of escalating use and developing harmful patterns over time (preventionintegrationcenter.org).

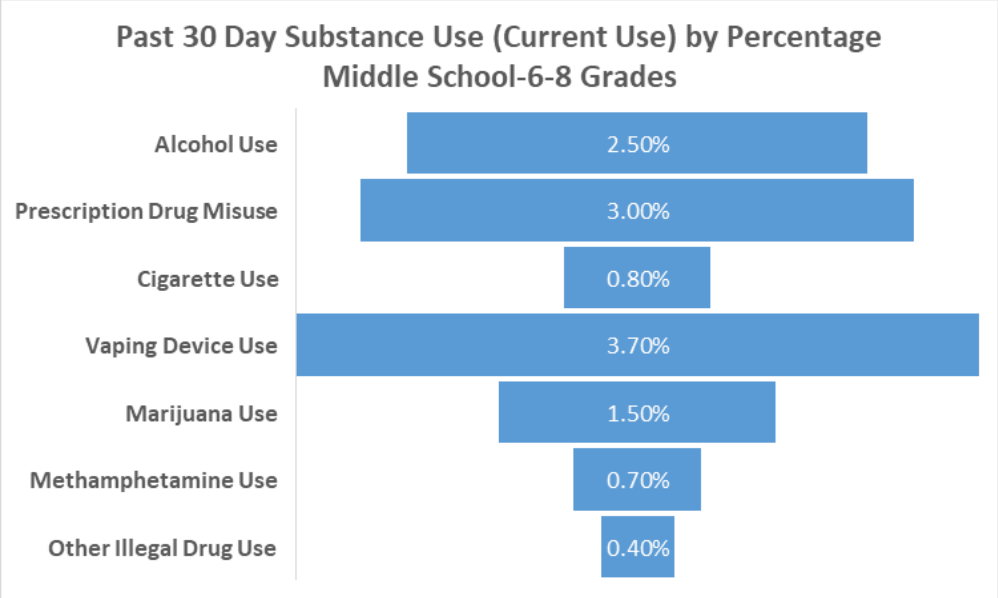
Preventing or delaying substance use protects brain development — the adolescent brain is still maturing (not fully mature until early to mid-20's); exposure to drugs or alcohol during this sensitive period can disrupt neural circuits tied to memory, reward, motivation and self-control (ctclearinghouse.org). Each year substance use is delayed during adolescence reduces the likelihood of future dependence or misuse (SAMHSA). Cost-effective — investing in evidence-based prevention yields a strong return on investment. For instance, school-based programs can save an estimated $18 for every $1 invested (SAMHSA). Community-based models work — programs like Anti-Drug Coalitions (Sumner Prevention Coalition) and Communities That Care (CTC) reduce the rates of initiation of substance use and delinquency in youth, with results sustained over several years.

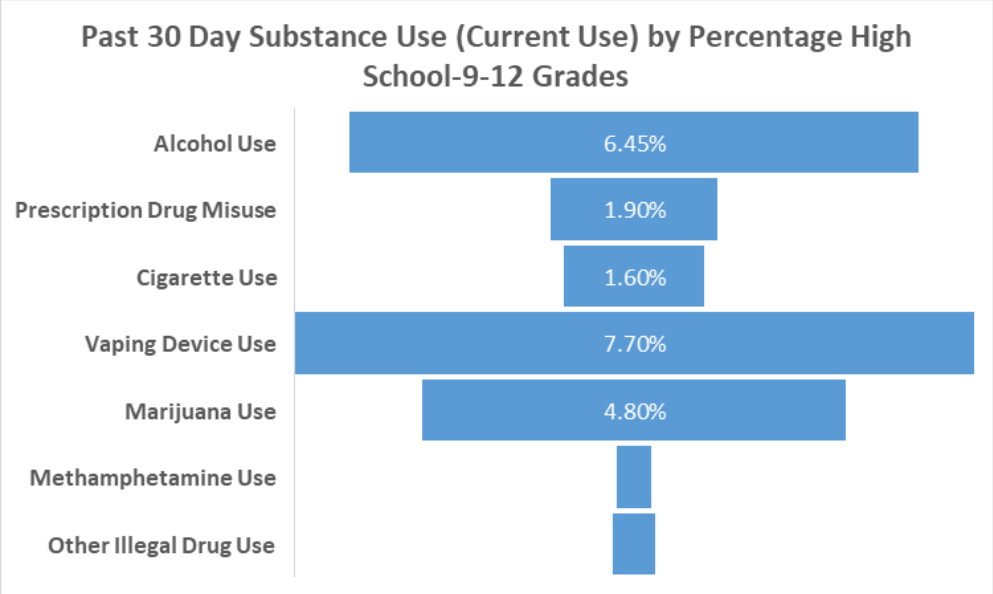
The Charts below are from the Sumner County School District’s 2024-25 School Climate Survey.





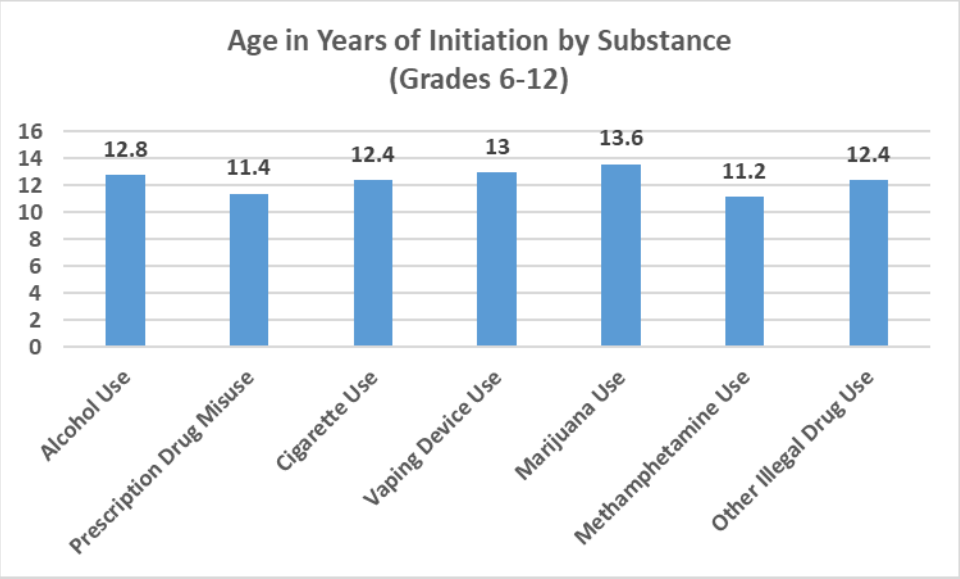
Lifetime use asks if a student has ever used a substance. As demonstrated, in the case of most substances, use increases with age, but middle school students had higher lifetime use rates for both prescription medications as well as cigarette use, showing that experimentation may be higher for certain substances in middle school. *"You know, you have Kiddos that are first time experimenting. You know, overdosing, because...of what is in these drugs now." – (Key Informant)*

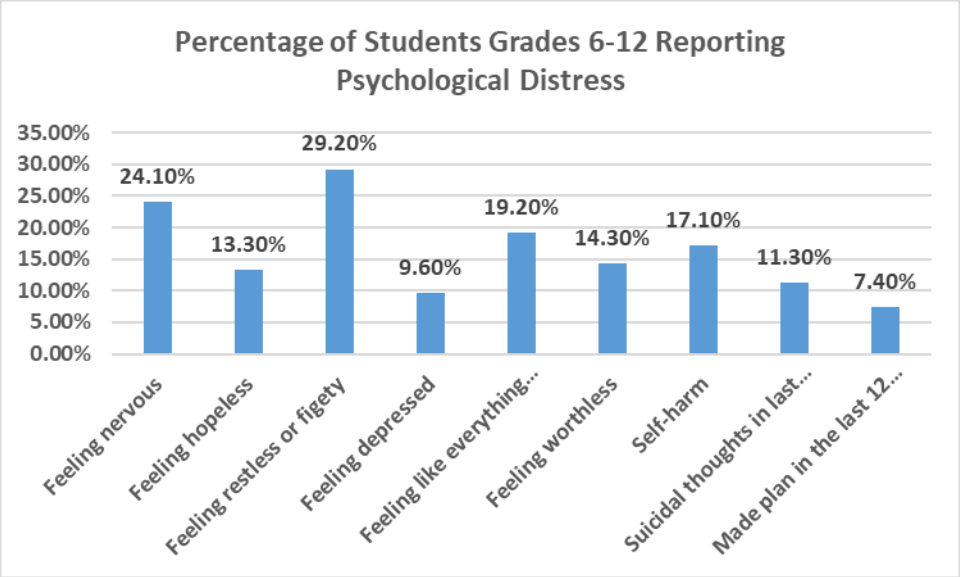




The charts above ask students if they have used any of these substances within 30 days of administering the survey. This is considered “current use.” Alcohol and vaping devices have the greatest increase from middle school to high school except for prescription drugs.

When asking Sumner youth about family communication around substance misuse of any kind, they report that 55.3 percent of the youth are discussing this topic as a family, which is much lower than reported parental disapproval rates that are between 85-97 percent, depending on the substance. Additionally, youth who do drink alcohol say that 39.7 percent are getting it from parents with permission. Another startling statistic says that only 24.3 percent of those who reported purchasing alcohol were asked to show proof of age to purchase. 19.8 percent reported having ridden with an impaired driver.





The earlier a young person begins using substances, the greater likelihood they are to develop a substance use disorder as an adult. Using before age 15 increases the risk 17 times, according to the National Institutes of Drug Abuse. Primary prevention should focus on delaying initiation of any mind-altering substance out as far as possible. Talk early, talk often.

The link between psychological distress and substance use is well-documented. Adolescents who use substances are 60 percent likely to have a co-occurring mental health issue. It is important for young people who are experiencing distress to get the interventions they need to manage their mental health as early as possible to reduce the possibility of substance use. This data also showed that females had almost twice the rate of males who were experiencing these symptoms in Sumner County.

Emerging Community Initiatives

Sumner County has explicitly recognized substance use as a priority.

Key elements of the expansion of services include:

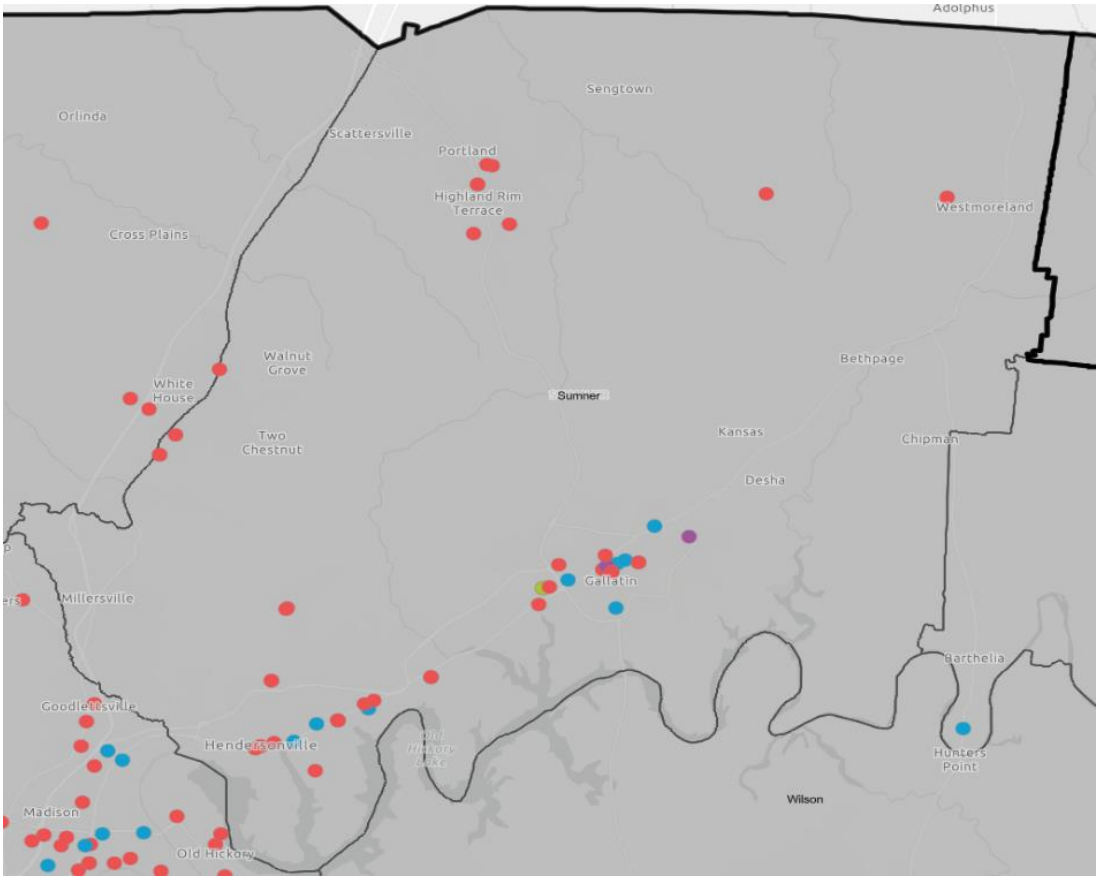
- Expansion of multi-agency coalition of partners including hospitals, behavioral health providers, EMS, and prevention groups
- Prevention campaigns and education programs through the Sumner Prevention Coalition, targeting both youth and the broader community
- Naloxone (overdose reversal) and overdose prevention in public spaces
- Recovery court expansion and facility upgrade
- Housing support tied to recovery programs
- Community-Wide Awareness & Engagement Events, such as International Overdose Awareness Day
- Integrated Health and Social Support Networks focused on building community resilience and reducing barriers to mental health access, evidence-based approaches addressing trauma and social drivers (poverty, housing, family stability)

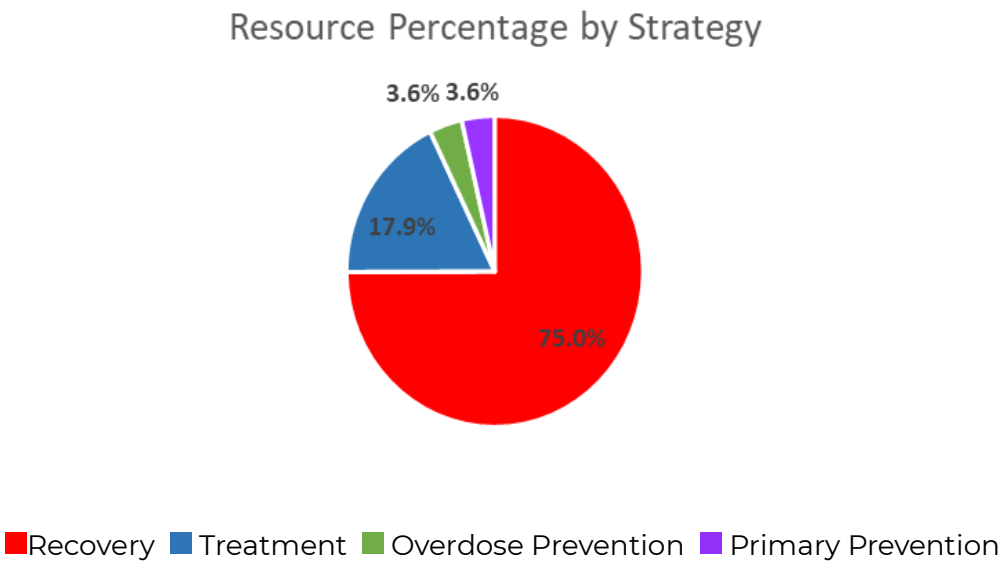
Sumner County Recovery Ecosystem Resource Mapping

UT SMART has collected recovery resources following the recovery ready ecosystem model researched by Ashford, R. D., Brown, A. M., Ryding, R., & Curtis, B. (2019), a model that breaks down resources in 14 different categories. For reviewing purposes, SMART has divided these into prevention, treatment, recovery, and overdose prevention. In addition, commonly used basic needs were also added within a separate table.

Summer County's recovery ecosystem includes strongly engaged prevention organizations, a diverse network of treatment providers, and an extensive recovery support system. Treatment options offer a variety of services, including outpatient and detox services at Centerstone, suboxone MAT at Journey Medical, co-occurring mental health and substance use treatment at Volunteer Behavioral Health, and residential care at Buffalo Valley. Within this large recovery support system are AA/NA meetings, recovery residences, faith-based programs, and judicial support through the county's Recovery Court. Tennessee's Regional Overdose Prevention Specialists serve this county as an overdose prevention resource by providing education and training on opioid overdose. Overall, this county's services are heavily focused on recovery support, largely driven by the availability of NA and AA meetings, with relatively few options for prevention or overdose prevention.

Recovery Ecosystem Map and Resource Proportions





Category	Definition	Source(s)
Primary Prevention	Efforts aimed at stopping the initiation of substance use or preventing the progression toward a substance use disorder.	SAMHSA
Treatment	Structured intervention intended to help individuals with substance use disorders reduce use, manage withdrawal and cravings, and restore well-being.	Recovery Research Institute
Recovery Support	Services provided after or alongside treatment to help individuals sustain recovery or reinforce long-term wellness, autonomy, and life-purpose.	Pew Glossary, Recovery Research Institute
Overdose Prevention	Policies, programs, and practices that aim to reduce the most disastrous consequences associated with the use of alcohol or other drugs (i.e., overdose reversal with naloxone).	Recovery Research Institute
Basic Needs	Programs or services that support the general public or at-risk populations and may intersect with but are not explicitly focused on substance use disorder. *The other category does not include an exhaustive list, only requested or frequently mentioned services.	UT SMART

Resource List

Service Type	Resource Name	City	Zip	Hours of Operation	Information/Short Description
Primary Prevention	Sumner Prevention Coalition	Gallatin	37066	Mon-Fri: 8:30 AM - 4:30 PM	The mission of the Sumner Prevention Coalition is to unite people with vision, commitment, and resources to provide solutions to eliminate substance abuse and make a difference for

					youth, families, and individuals in Sumner County. They envision a healthy, safe, and thriving community free from substance abuse.
Primary Prevention	Sumner County Health Committee	Gallatin	37066	Meetings are held on every 4th Tuesday at 8:30-9:30 AM	The Sumner County Health Committee's mission is to educate Sumner County residents about the link between a healthy lifestyle and a successful, vibrant community. We strive to address the physical, mental, nutritional, and community concerns that are essential to a person's quality of life.
Treatment	Gallatin Cumberland Heights Outpatient Addiction Treatment	Gallatin	37066	24/7	Nashville Addiction Recovery offers outpatient drug and alcohol detox and rehab in Nashville with a concierge addiction medicine physician. We provide individualized care with an addiction medicine physician who will tailor a treatment plan specific to you.
Treatment	Epiphany Nashville, Tennessee Drug and Alcohol Rehab	Hendersonville	37075	24/7	Epiphany Nashville, Tennessee, Drug and Alcohol Rehab offers substance use disorder treatment and detox
Treatment	Centerstone Gallatin	Gallatin	37066	Mon-Thurs: 7:30 AM- 5 PM Fri: 7:30 AM-4	Centerstone offers addiction recovery. They offer outpatient intervention services, intensive outpatient

				PM	program, support groups, medication-assisted treatment (MAT), inpatient detox services, and residential treatment programs
Treatment	Volunteer Behavioral Health- Gallatin Campus	Gallatin	37066	Mon-Thurs: 7 AM - 6 PM Fri: 7 AM-5 PM	Volunteer Behavioral Health is a leading nonprofit community behavioral health provider, offering a continuum of services to individuals across 58 counties in middle Tennessee, southeast Tennessee, and the Upper Cumberland region. Through 21 outpatient centers and Telehealth, VBH paves the way for more than 2 million Tennesseans to access mental health and substance use treatment and recovery services across a 12,555-square-mile area. With more than 60 years of experience, their organization houses a No Wrong Door approach with Same Day Access to deliver quality care and flexible service.
Treatment	Journey Medical LLC	Gallatin	37066	Tues: 11 AM- 3 PM Fri & Sat: 10 AM- 4 PM	Journey Medical is here to help anyone who is struggling with opioid dependence. If you're looking for a suboxone doctor in Gallatin, Tennessee, our outpatient program offers Suboxone Medicated-Assisted Treatment (MAT), licensed counseling, and ongoing support to help individuals safely manage

					withdrawal and move toward recovery.
Treatment	MGA Crisis Intervention	Hendersonville	27075	24/7	You can save yourself from the misery and destruction of drug addiction. With the right treatment and care, you will be able to live a joyous and sober life. Intervention Drug Rehab Association Hendersonville's network of providers has the skills and expertise to help you. The addiction treatment programs at Intervention Drug Rehab's Hendersonville location always begin with medically assisted detoxification. This process involves the use of stabilizing medications to provide you with ease as the toxins are eradicated from your body. These medications will be regulated and prescribed by your doctor to make sure you are as safe as possible.
Treatment	Health Connect America, Inc-Gallatin	Gallatin	37066	Mon-Fri: 8 AM-5 PM	Helps adolescents and adults experiencing co-occurring substance use and mental health issues find hope and healing. Strength-focused and recovery-oriented. Services are provided multiple times per week and are designed to prevent higher levels of care, help sustain long-term sobriety and mental health, and support clients remaining in their permanent homes and environment. Service delivery

					is through our outpatient program (OP) as well as our intensive-outpatient program (IOP), which ranges from one to 19 hours per week, depending on need. Provided through individual, family, and group modalities. Case management services are also available.
Treatment	Clarvida Care Centers LLC, Gallatin	Gallatin	37066		Clarvida's substance use program is designed for adolescents and young adults to help them examine their lives, substance use, and the impact of their current choices on their future through Motivational Interviewing. We provide comprehensive substance use services, which include assessments, education, and recovery support. Services are provided by trained peer support specialists and professionals.
Treatment	Buffalo Valley	Castalian Springs	37031		Buffalo Valley's philosophy of treatment views alcohol and drug addiction as a primary, chronic, and progressive disease and promotes the treatment of addiction and co-occurring disorders in a coherent manner, focusing on both the addiction and the mental health conditions equally while simultaneously preserving and promoting the dignity of the persons served.

Treatment	Mental Health Cooperative-Gallatin	Gallatin	37066	Mon-Fri: 8 AM-5 PM	We do work with individuals who are struggling with substance use. We specialize in outpatient recovery services through our MAT (Medication Assisted Treatment) clinics that offer care management, psychiatry, therapy, primary care, and other crisis services.
Treatment	School-Based Behavioral Health Liaisons	Volunteer Behavioral Health serves as the Behavioral Health Liaison for Sumner County. **Kreslyn Ruckman** krruckman@vbhcs.org		Services provided by School-Based Behavioral Health Liaisons with parental/caretaker consent include: • Individual counseling sessions • Mental health assessments and referrals for services and supports • Group interventions and psychoeducation to students to develop positive coping and de-escalation strategies • Liaison services to foster positive relationships between the school, families, and other critical resources such as the Children's Behavioral Health Safety Net for uninsured children • Support and consultation to teachers and school personnel in implementing schoolwide evidence-based practices informed by trauma • Training and education to school personnel in behavioral health topics (including mental health issues and substance use prevention) and evidence-based approaches informed by trauma	
Recovery	AA-Circle of Serenity AFG	Gallatin	37066	Mon: 12 PM	Circle of Serenity AFG meetings are held online via

					https://us02web.zoom.us/j/82128091778 with the password 977341. The meeting style is open. In Tennessee, open AA meetings are accessible to anyone from the public, including alcoholics and nonalcoholics. During the meeting, members can share their stories and provide information about the organization, while observers can listen and learn.
Recovery	AA- Al-Anon Group	Gallatin	37087	Mon: 12 PM	AFG Al-anooners group meetings are held in person. The meeting style is open. In Tennessee, open AA meetings are accessible to anyone from the public, including alcoholics and nonalcoholics. During the meeting, members can share their stories and provide information about the organization, while observers can listen and learn. Meetings are held at the Church of Our Savior. Participants are instructed to use the side entrance.
Recovery	NA-It Just Gets Better	Hendersonville	37075	Sun: 1-2 PM Tues and Thurs: 7-8 PM Sat: 6-7 PM	This meeting is open to addicts and non-addicts alike. All are welcome. Meetings are held at the Good Shepherd Methodist Church.
Recovery	NA- PPP: Portland Primary Purpose	Portland	37148	Mon, Tues, and Thurs: 7-8 PM	This meeting is open to addicts and non-addicts alike. All are welcome. Meetings are held at the

					Oasis Seventh Day Adventist.
Recovery	NA- Hope Not Dope	Westmoreland	37186	Tues and Thurs: 7-8 PM	This meeting is open to addicts and non-addicts alike. All are welcome. The meeting is eating, meeting, meaning. Food will be provided and participants are free to eat and speak.
Recovery	NA- BTC: Breaking the Chains	Gallatin	37066	Fri: 7-8 PM	This meeting is open to addicts and non-addicts alike. All are welcome. This meeting is a candlelight meeting, meaning it takes place in the evening and involves lighting candles as part of the ritual. Meetings are held at the First United Methodist Church; they are located in the rear by the gym.
Recovery	A Vision For You Recovery- Gallatin House	Gallatin	37066	24/7	This Recovery Home is different than transitional housing. This is for those who want to change their lives and walk again free from the desire to drink and use drugs. We value action-based 12-step recovery, with guided structure, encouraged sponsorship, and healthy lifestyle changes to ensure long-term successful abstinence.
Recovery	NA- TNC: The Next Chapter	Gallatin	37066	Tues and Sat: 7-8 PM	This meeting is open to addicts and non-addicts alike. All are welcome. Meetings are held at the Bledsoe Baptist Association.

Recovery	NA-Home Sweet Home	Hendersonville	37075	Fri: 7-8 PM	This meeting is open to addicts and non-addicts alike. All are welcome. These meetings are held at the First Presbyterian Church of Hendersonville.
Recovery	NA- First Free Will Baptist Church	Portland	37148	Thurs: 7:30 PM	NA meetings at First Free Will Baptist Church are in-person only. The meeting style is closed. Closed meetings are for A.A. members only, or for those who have a drinking problem and “have a desire to stop drinking.”
Recovery	Recovery Court of Sumner County	Gallatin	37066	Mon-Thurs: 9 AM-5 PM	Recovery Court is a voluntary, intensive, supervised recovery program for those with pending charges out of General Sessions or Criminal Court in Sumner County, who are non-violent offenders and have substance use issues. Participants undergo extensive treatment, both inpatient and outpatient, as well as weekly meetings with the Recovery Court Judges, reporting 3 times weekly for case management with witnessed randomized drug testing.
Recovery	Celebrate Recovery- Long Hollow	Hendersonville	37075	Mon: 5:45-9 PM	Celebrate Recovery is a Christ-centered, 12-step recovery program for anyone struggling with hurt, pain, or addiction of any kind
Recovery	Recovery	Hendersonville	37075		Recovery Refuge is a 7-month residential recovery

	Refuge				program in partnership with Long Hollow Church for men struggling with addiction. Through relational discipleship, a biblical 12-step process, job readiness, and much more, Recovery Refuge teaches men to establish their identity in Christ, center their lives around Scripture, and find their emotional and spiritual health in the promises of God. This partnership helps men establish strong accountability and provides a healthy community ready to receive them
Recovery	Celebrate Recovery-Temple Baptist Church	White House	37188	Thurs: 6:30 PM	Celebrate Recovery is a Christ-centered, 12-step recovery program for anyone struggling with hurt, pain, or addiction of any kind
Recovery	A Friend of Bill's Recovery Homes-Hendersonville	Hendersonville			A Friend of Bill's, LLC has been operating recovery homes for men since 1998. There are currently three Tennessee homes in Hendersonville, Lebanon, and Murfreesboro, T, and one Kentucky home in Henderson, KY. We have a Women's recovery house in Lebanon, TN. All of our homes are located in attractive residential areas within walking distance of various industries and businesses. There are many churches in all locations that sponsor AA/NA meetings and

					related recovery events.
Recovery	Turning Point Recovery Residences Inc	Nashville	37210		Turning Point Recovery Residence, Inc., founded in 1997, is one of the most successful Middle Tennessee 501(c)(3) non-profit alcohol and drug recovery house organization's consisting of four recovery houses in Nashville, Tennessee offering the best possible chance of early recovery to men and women through the original in-house support team system that monitors the residents recovery program.
Recovery	Hope Center Ministries-Portland Women's Center	Portland	37148	24/7	Hope Center Ministries is a non-profit organization that operates a Christ-centered recovery program for alcoholics and addicts. Our mission is to lead addicts and their families to become fully devoted followers of Christ.
Recovery	Oak Grove AA	Bethpage	37022	Wed: 6:30 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA-Friday Night Live	Portland	37148	Fri: 6:30 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from

					alcoholism.
Recovery	AA- Portland United Group	Portland	37148	Mon and Fri: 7 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- GAA	Gallatin	37066	Mon-Wed and Fri: 12 PM & 7 PM Thurs: 12 PM Sat: 12 PM & 8 PM Sun: 7 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- Searchers	Gallatin	37066	Mon and Fri: 7 PM Tues and Wed: 5:30 PM Thurs and Sat: 10 AM Sun: 9:30 AM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- Experience Strength and Hope	Gallatin	37066	Wed: 8 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- United Group	Gallatin	37066	Mon, Tues, Thurs, and Sat: 7 PM	Alcoholics Anonymous is a fellowship of people who share their experience,

					strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- Old Time AA Group	Gallatin	37066	Thurs: 6:30 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- Goodlettsville Group	Goodlettsville	37072	Mon: 7:30 PM Sat: 6:30 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- Happy Destiny	Goodlettsville	37072	Tues and Fri: 6 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- First Things First Group at St Joseph of Arimathea Episcopal Church	Hendersonville	37075	Sun-Sat: 7:30 AM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.

Recovery	AA- First Things First Group at Community Church of Hendersonville	Hendersonville	37075	Sun-Sat: 7:30 AM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- High Noon Group	Hendersonville	37075	Mon-Fri: 12 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- New Day Meeting	Hendersonville	37075	Mon: 7:30 AM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- XY Men's Meeting	Hendersonville	37075	Thurs: 6:30 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- One Purpose Group	Hendersonville	37075	Mon: 6:30 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from

					alcoholism.
Recovery	AA- One For The Road	Hendersonville	37075	Fri: 10 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- REBOS	Hendersonville	37075	Mon and Thurs: 8 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism
Recovery	AA- Hendersonville Big Book Group	Hendersonville	37075	Wed: 8 PM Sun: 7 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	AA- New Life Group	Hendersonville	37075	Tues, Fri, and Sat: 8 PM	Alcoholics Anonymous is a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.
Recovery	A Vision For You- Hendersonville House	Hendersonville			A Vision for You provides a structured and supportive recovery residence for individuals navigating the challenges of substance use

					disorder. Our program is thoughtfully designed to help residents take the next meaningful step in their recovery journey—learning to live with purpose, accountability, and integrity. Residents actively participate in 12-step meetings, regular house meetings, and recovery-centered activities that foster emotional growth, community engagement, and personal responsibility.
Recovery	The 501 House	Goodlettsville	37072		The 501 House is an all-inclusive recovery residence for women whose primary focus is to provide a safe and loving environment while residents work towards healing, growth, and meeting their goals.
Recovery	TDMHSAS Faith-Based Coordinator	Vanessa Edmondson serves Sumner and the surrounding counties in the Northern Middle region. vedmondson@pc4s.org 629-310-4154	The TDMHSAS Faith-Based Coordinators are individuals with lived experience who connect with congregations and communities of faith to recruit, train, and certify through the Tennessee Certified Faith-Based Recovery Partner program.		
Recovery	Lifeliners Peer Project	Katherine Prince serves Sumner and the surrounding counties in the Northern region Kprince@pc4s.org (615)-603-9092	The Lifeline Peer Project is established to reduce stigma related to the disease of addiction and increase access to substance abuse recovery supports. All Lifeliners start meetings, hold training courses, and connect people to treatment. Hybrid Lifeliners focus on Tennessee's distressed and rural counties where resources can be scarce.		

Recovery	Criminal Justice Liaisons	Mental Health Cooperative serves as the partner organization for this program. **Case Manager - Katelyn Curtis** katelyn.curtis@mhc-tn.org 615-743-1554 **Liaison - Kristyn Griffith** kristyn.griffith@mhc-tn.org 615-780-5848	Criminal Justice Liaisons work directly with the local jails and court system to facilitate access to persons with substance use disorders, co-occurring disorders, and/or mental illness who are justice involved in order to determine what services are needed and what referrals are necessary to redirect the service recipient from jail and the court system. They engage individuals already in jail to assist in the development of a release plan that will support successful integration into the community.
Recovery	Highpoint Health Substance Use Recovery Navigator	Emergency Department of Highpoint Health – Sumner with Ascension Saint Thomas in Gallatin, TN.	The Substance Use Recovery Navigator plays a critical part in bridging the gap between emergency care and ongoing addiction recovery. The navigator works with patients who have recently overdosed, connecting them with naloxone, follow-up care options, appointments at partnering outpatient clinics, and helping them navigate barriers to recovery, such as transportation and housing. Works directly in the ED but serves as liaison to a wider network of community services.
Recovery	TriStar Hendersonville Recovery Navigator	Emergency Department of TriStar Hendersonville in Hendersonville, TN To learn more about the TN Recovery Navigators, please contact:	Tennessee Recovery Navigators are people in long-term recovery who meet patients who have recently overdosed in the Emergency Department and connect them with the substance abuse treatment and recovery services they need.

		Jessica Youngblom Director of Special Projects 615-253-3975 Jessica.Youngblom@tn.gov	
Overdose Prevention	ROPS (Regional Overdose Prevention Specialists)	Joyce Craig and Jesse Smith serve Sumner and the surrounding counties in the N1 region. **Joyce Craig** rops2@cheathamcoalition.org (615) 636-7840 **Jesse Smith** rops1@cheathamcoalition.org (615) 339-9630 See also https://www.tn.gov/content/dam/tn/mentalhealth/documents/ROPS_Map.pdf	Regional Overdose Prevention Specialists (ROPS) are located throughout the state of Tennessee as a point of contact for training and education on opioid overdose and for overdose prevention through the distribution of naloxone. From October 2017 through March 2023, ROPS distributed more than 450,000 units of naloxone, and TDMHSAS has documented at least 60,000 lives saved because of naloxone distributed during that time. Because of stigma and other factors, the department believes the actual number of lives saved is much higher.

Overdose Prevention	First Responder Care Coordination Resources	**Kaylee Reed** 615-920-2398 kreed@cheathamcoalition.org. To learn more about this program, please contact: Cate Faulkner Manager, State Opioid Response Prevention 615-840-0382 Cate.Faulkner@tn.gov	First Responder Resource Engagement Specialty Team (FR-REST) takes Tennessee's extensive and successful history of naloxone training and distribution and targets first responders and law enforcement as the audience. FR-REST adds additional resources through care coordination and peer support provided by a person in recovery from substance use disorder. Services Provided: **Rapid Outreach:** Contact within 24-48 hours of first responder referral. **Service Navigation:** Linkage to treatment, peer support, and more. **Ongoing Support:** 12-month follow-up peer support and system navigation. **First Responder Collaboration:** Embedded relationships with public safety to close the gap from crisis to care.

Sumner County Key Informant Interviews

General Questions Summary

How has the overdose crisis impacted your county?

Participants described the opioid crisis as having profound impacts on individuals, families, and the broader community. Half of participants reported the death of individuals due to overdose, and an equal proportion discussed the ripple effects these deaths have on loved ones and communities. Similarly, half of participants highlighted the impact on children, noting that parental substance use or overdose often creates instability and long-term trauma. Many respondents (41.7%) also described the broader strain on families and pressure or resource exhaustion placed on community systems

such as healthcare, social services, and law enforcement. Overall, participants emphasized that the opioid crisis affects not only individuals experiencing substance use but also families and the broader community.

What illicit drugs are causing the most harm in your county?

Most (91.7%) participants identified opioids as the most significant substance causing the most harm in Sumner County, with two-thirds of participants (66.7%) mentioning fentanyl specifically as a primary concern. Some participants (25%) mentioned heroin specifically, and others (41.7%) mentioned opioids generally. Many respondents (41.7%) also discussed methamphetamine use and noted that substances are frequently laced with fentanyl, creating additional risk for individuals who may not intentionally use opioids. A third of the participants also mentioned legal substances that are causing significant harm and concern. Specifically, participants discussed Kratom and other vaping products that are sold at gas stations and in shops. When discussing Kratom's impact, one participant shared:

Kratom has hit our program very hard because it's readily available in stores. People say it's harder to stop using than fentanyl or heroin. We've had several people detox from it and then relapse quickly because they struggle to quit. I've talked to our state representative about it. There's got to be something done about it.

Another participant shared that "gas station drugs are really bad" and discussed witnessing the real-time impacts of the overconsumption of Kratom.

Note, in April, 2026, certain criminal offenses and testing requirements related to Kratom were passed by the Tennessee General Assembly. More information and guidance will soon be available from the TN Dept. of Mental Health and Substance Abuses Services and other Tennessee state agencies.

Overall, respondents described a highly dangerous and unpredictable drug supply characterized by potent substances and frequent polysubstance use (25%).

What are the biggest barriers people face when trying to access services for substance use treatment or recovery?

Participants identified numerous barriers that limit access to prevention, treatment, and recovery services. The most cited challenge (75%) was financial barriers, including lack of insurance and the cost of treatment. Half also noted a lack of awareness of available services, suggesting that many individuals do not know what resources exist or how to access them. Other barriers included limited local treatment and recovery resources (41.7%), general access issues, stigma, systemic barriers (such as eligibility requirements for insurance), transportation challenges, particularly in areas without reliable public

transportation (each 33.3%). Together, these findings highlight how structural and systemic barriers often prevent individuals from accessing care.

Are there specific populations that you feel experience more barriers than others when accessing services?

Participants identified several populations that may experience disproportionate barriers than others. Socioeconomically challenged individuals were the most frequently mentioned group (41.7%), with respondents noting that poverty, lack of insurance, and limited access to resources can increase vulnerability to substance use and barriers to treatment. A third of participants also emphasized that substance use affects individuals across a wide range of backgrounds and demographic groups, suggesting that the crisis is widespread and not limited to a single population. Some participants (25%) discussed at-risk populations, including trafficked and homeless individuals, facing significant barriers to access to care. Two participants mentioned concerns about individuals who have been potentially trafficked to the area as particularly affected. Overall, participants highlighted the importance of addressing social and economic factors that contribute to increased risk of substance use.

What are the most impactful resources or programs currently in your county?

Participants described a range of community programs, organizations, and resources currently addressing substance use and overdose. The most frequently mentioned theme was collaboration between organizations (75%), reflecting partnerships among nonprofits, healthcare providers, courts, and community groups. Most participants (91.7%) mentioned at least one organization (e.g., Volunteer Behavioral Health) and at least one program (e.g., Naloxone Vending Machines) in Sumner County as a particularly impactful resource. Sumner County's Recovery Court Program was widely cited (66.7%), with respondents describing it as an important bridge between the justice system and treatment services. The Prevention Coalition was mentioned by half of participants, while others highlighted the role of funding and grant support (41.7%) in sustaining local initiatives. Overall, participants indicated that meaningful resources exist within the community, though continued coordination and support are necessary.

What changes or improvements would have the greatest impact on reducing substance use problems in your county?

Participants recommended several strategies to strengthen the community's response to substance use and overdose. The most common recommendation was expanding prevention and education efforts (41.7%), particularly those aimed at youth and increasing community awareness. Respondents also emphasized the importance of improving access to overdose prevention, treatment and mental health services, and recovery services (41.7%) as well as reducing stigma surrounding substance use and recovery (33.3%). Overall, participants suggested that a combination of increased prevention efforts, expanded services, and continued community collaboration would strengthen local responses to the crisis.

Sector-Specific Questions Summary

Sector: Prevention

Key informants representing the prevention sector emphasized the importance of community education, youth engagement, and stigma reduction as primary strategies to address substance use in Sumner County. Prevention efforts were described as heavily centered in schools and community programming, where the Prevention Coalition conducts presentations, training, and outreach to increase awareness of substance use risks and promote protective behaviors. Informants highlighted the importance of early intervention with youth, peer leadership opportunities, and collaboration with schools, law enforcement, and health agencies. They also noted that expanding naloxone distribution, medication lockboxes, and community awareness campaigns has helped increase community readiness to respond to overdoses and reduce risk of fatal overdose. Overall, prevention stakeholders viewed cross-sector collaboration and sustained educational efforts as critical components for reducing future substance use and overdose risk.

Sector: Person with Lived Experience

Key informants speaking from lived experience described recovery as a long-term process requiring sustained support systems, including recovery courts, peer networks, and structured programs such as 12-step groups. They emphasized that short treatment durations, such as typical 30-day programs, are often insufficient to support lasting recovery. Informants highlighted the importance of community support, accountability, and continued recovery services after treatment. They also noted that stigma and lack of understanding about addiction remain major barriers and that individuals in recovery benefit greatly from programs that provide mentorship, structure, and connection to supportive communities.

Sector: Faith-Based Services

The key informant representing faith-based services described these programs as providing spiritual support, mentorship, and structured recovery programming that complements formal treatment services. The informant highlighted faith-based recovery groups as particularly impactful for individuals seeking long-term recovery or transitioning from incarceration. The key informant emphasized the importance of community, spiritual guidance, and accountability in helping individuals maintain sobriety and reduce relapse. The informant also noted the need for greater access to detox services and expressed the perspective that recovery approaches emphasizing spiritual transformation and personal responsibility can be highly effective for some individuals.

Sector: Recovery Support Services

The key informant representing recovery support services highlighted the importance of ongoing peer support, mentoring, and community-based recovery programming for

individuals transitioning out of treatment or justice involvement. Programs such as Recovery Court, peer-led support groups, and family-centered recovery classes were described as critical resources that help individuals maintain sobriety and rebuild relationships. The informant emphasized that long-term engagement, supportive relationships, and structured accountability systems significantly improve recovery outcomes and help reduce relapse and recidivism.

Sector: School Systems

The key informant representing the school systems sector described schools as playing a key role in prevention, early identification of substance use, and education for youth and families. School-based responses include prevention programming, education about emerging drug risks, and increased awareness of substances accessible through vape shops or retail outlets. The informant emphasized the importance of beginning prevention education at younger ages, strengthening communication with families, and maintaining partnerships between schools and community organizations. Schools were also identified as important settings for recognizing students affected by substance use within their families and connecting them with appropriate support services.

Sector: Hospitals

The key informant representing the hospital sector emphasized the role of hospitals in overdose response, stabilization, and connecting patients to treatment resources. The informant highlighted naloxone distribution initiatives, hospital-based referrals to treatment, and grant-funded services for uninsured individuals as key components of the response to substance use. Hospitals often serve as a critical point of contact for individuals experiencing overdose or seeking help, and the informant emphasized the importance of reducing stigma and encouraging open conversations about substance use to help individuals feel more comfortable seeking care.

Sector: Justice Systems

Key informants representing the justice systems sector described their role as balancing accountability with opportunities for recovery, particularly through programs such as recovery courts and court-mandated treatment. These programs provide structured supervision, frequent drug testing, and access to treatment services, which informants indicated can help individuals rebuild confidence and maintain sobriety. Informants noted that participants often enter these programs after experiencing multiple overdoses and emphasized that structured accountability and support networks can significantly reduce relapse and recidivism. They also highlighted the importance of treatment access, insurance coverage, and case management support in helping individuals successfully engage in recovery.

Sector: Law Enforcement

The key informant representing law enforcement described how the overdose crisis has significantly affected both community safety and the responsibilities of law enforcement

officers. Officers frequently respond to overdose calls and administer naloxone, which can take an emotional toll when outcomes are not successful. The informant emphasized that law enforcement agencies increasingly collaborate with community partners, including the Prevention Coalition and Recovery Courts, to support diversion and recovery-oriented approaches rather than relying solely on enforcement strategies.

Sector: First Responders (Fire/EMS)

The key informant representing first responders described the sector's role as primarily focused on emergency response and stabilization during overdose events. The informant highlighted the strain placed on first responder resources due to the frequency of overdose calls and emphasized that EMS personnel often serve as the first point of contact with individuals experiencing overdose. The informant noted that providing individuals with information about recovery resources following emergency response can be an important step in connecting them with treatment and support services.

Sector: Business

The key informant representing the business sector discussed how substance use can affect workforce stability, productivity, and community well-being. The informant noted that employers often encounter challenges related to employee substance use, access to treatment, and limited recovery supports that allow individuals to maintain employment while pursuing recovery. The informant emphasized the importance of workplace awareness, recovery-friendly employment practices, and stronger connections between employers and treatment resources.

Sector: Pharmacy

The key informant representing the pharmacy sector described pharmacies as playing an important role in community education, medication safety, and prevention. The informant highlighted strategies such as providing medication lockboxes, distributing educational materials with prescriptions, and collaborating with community coalitions to increase awareness of substance use risks. Pharmacies were described as accessible points of contact where community members can receive information about medication safety and substance use risks, making them important partners in prevention and education efforts.