



## **Tennessee Behavioral Health County Data Book 2014**

### **Data Definitions and Sources**

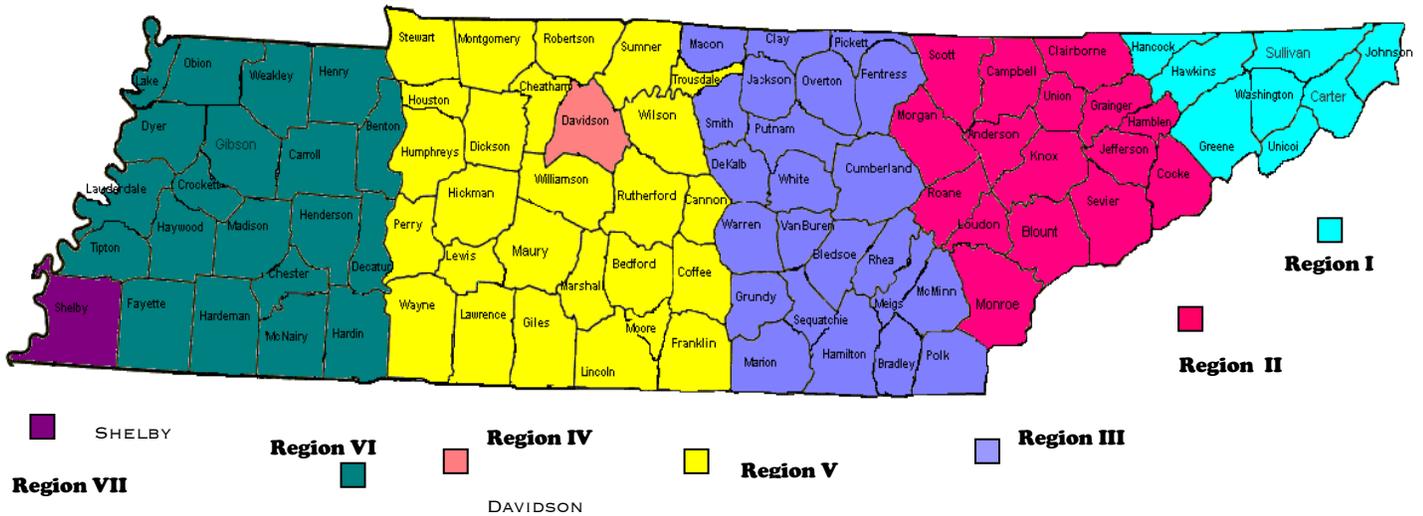
The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) Behavioral Health County Data Book 2014 includes 58 total indicators covering the domains: children and youth; adults. Within these domains, data for each indicator were reported on the county level. For each indicator, a map of the most recent year of data is included with three years of data to examine trends. The appendix contains additional years of data for each indicator when available.

The data for each indicator are organized by Tennessee Department of Mental Health and Substance Abuse Services planning regions and alphabetized by counties of Tennessee. A map of TDMHSAS Planning Council regions is shown below (see Figure 1). When appropriate, percentages, rates, or ranks were computed based on a target population specific to that indicator. These values were then ranked as highest, medium or lowest. The “highest” values are at least higher than 75% of all values. The “middle” values are between 25% and 75% of all values, and “lowest” values are composed of values in the lowest 25% of all values. This may result in similar values being placed in different categories. If the number of events for each indicator was less than 20, rates are not reported and the indicator was colored grey.

The original data source and year are provided for each indicator. Time periods for data were reported in a variety of ways. CY refers to the calendar year. FY 2014 refers to the State Fiscal Year (FY) which is July 1, 2013 through June 30, 2014. Education-related indicators correspond to a specific school year (SY).

The data tables are presented according to guidelines that protect confidential health information. In order to ensure adequate precision of summary statistics derived from protected health information (PHI), it is necessary to suppress (omit) rates and other summary statistics based on small numbers of events. If the number of events for the indicator for each county is less than 5 (<5), the counts are omitted. If applicable, zero events are reported. If the number of events for each indicator is less than 20, rates are not reported. These guidelines were adapted from the Montana Department of Public Health and Human Services.

Figure 1: TDMHSAS Planning Council Regions



**Children and Youth Behavioral Health Indicators**

**1.1. Estimated number and percent of youth between the ages of 12 and 17 with a dependence on or abuse of illicit drugs or alcohol in the past year (National Survey on Drug Use and Health).** This indicator represents substate-level estimates provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) for persons who demonstrate dependence or abuse as defined in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Data sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2004, 2004-2006, 2006-2008, 2008-2010, and 2008-2012 substate estimates.

**1.2. Number and percent of children under the age of 18 referred to juvenile court (Tennessee Council of Juvenile and Family Court Judges).** This indicator represents an unduplicated count of youth under the age of 18 who were brought into juvenile court during the calendar year. Percentages were computed using county population of youth under 18. Referral counts were provided by the Tennessee Council of Juvenile and Family Court Judges.

Data sources: The KIDS COUNT division of the Tennessee Commission on Children and Youth organized the data for display for 2008 and 2009. For the 2010-2012 data, the Tennessee Council of Juvenile and Family Court Judges reported the data in the Annual Juvenile Court Statistical Report. The 2010 Census, United States Census Bureau data were used to compute 2010 rates.

**1.3. Estimated number and percent of children in poverty.** This indicator represents a five-year estimate of youth under the age of 18 who were living with an income level below the official poverty threshold from

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2006 to 2010. The Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in poverty. If the total income for a family falls below the relevant poverty threshold, then the family (and every individual in it) is considered in poverty.

Data sources: U.S. Census Bureau, Small Area Estimates Branch and 2010 Census, United States Census Bureau. The KIDS COUNT division of the Tennessee Commission on Children and Youth organized the data for display, 2008, 2009, 2010, 2011 and 2012. The 2010, 2011 and 2012 data are from the American Community Survey.

**1.4. Number of students expelled from school and their rate of expulsion per 1,000 of net enrollment (Tennessee Department of Education).** This indicator displays the number of public school students expelled from school during the given school year and the rate of students expelled per 1,000 of net enrollment.

Data sources: Count and net enrollment data were supplied by the Tennessee Department of Education, Office of Research. The KIDS COUNT division of the Tennessee Commission on Children and Youth converted district-level data to county level and computed rate.

**1.5. Number and percent of students suspended in a given school year (Tennessee Department of Education).** This indicator displays the number of public school students suspended from school during the given school year and the rate of students suspended as a percent of net enrollment for the school year. Data sources: Count and net enrollment data were supplied by the Tennessee Department of Education, Office of Research. The KIDS COUNT division of the Tennessee Commission on Children and Youth converted district-level data to county level and computed the rate.

**1.6. Number of students in disability category of emotional disturbance receiving special education services and their rate per 1,000 enrollments.** This indicator displays the number of public school students, ages 3 through 21, receiving special education services for the Individuals with Disabilities for Education Act category of emotional disturbance. Rates were computed using American Community Survey data. Data sources: Tennessee Department of Education and American Community Survey, United States Census Bureau.

**1.7. Number of cohort high school dropouts.** This indicator represents the number of students who drop out of high school before graduating and their percentage as a fraction of their net enrollment at 9th grade. Data sources: Dropout and net enrollment data were provided by the Tennessee Department of Education, Office of Research. The KIDS COUNT division of the Tennessee Commission on Children and Youth calculated and converted all data from district-level to county-level.

**1.8. Number of drug related arrests for youth under the age of 18. (Tennessee Incident Based Reporting System).** This indicator represents the number of youth under the age of 18 in a given year who violated the law prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use. Rates were computed using county population of 1,000 youth under the age of 18.

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Data sources: Tennessee Incident Based Reporting System for youth under 18 and United States Census Bureau.

**1.9. Number of youth under the age of 21 enrolled in TennCare (Bureau of TennCare).** This indicator represents the number of youth under the age of 21 on TennCare in a given year. TennCare is Tennessee's Medicaid program. Percentages were calculated using population of youth under the age of 21.

Data sources: Count data were obtained from the Bureau of TennCare in the Tennessee Department of Finance and Administration and the KIDS COUNT division of the Tennessee Commission on Children and Youth and the American Community Survey, United States Census Bureau.

**1.10. Number and rate per 1,000 children of substantiated child abuse/neglect cases under the age of 18 (Tennessee Department of Children's Services).** This indicator represents unduplicated counts of child abuse and neglect cases for which sufficient evidence exists. The rate of child abuse/neglect is calculated per 1,000 children younger than 18 years of age. Yearly data are based on a calendar year.

Data sources: Tennessee Department of Children's Services supplied case data. Data were organized for display by the KIDS COUNT division of the Tennessee Commission on Children and Youth.

**1.11. Number of deaths from suicides for ages 10-19, with rates per 100,000 population.** This indicator represents a unique count of Tennessee resident deaths from suicides for children and youth ages 10 to 19 years. Rates are given per 100,000 population of Tennessee residents ages 10-19 years.

Data source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

**1.12. Number of TDMHSAS funded A&D adolescent substance abuse treatment admissions and percent youth between the ages of 12 and 17 with a dependence on illicit drugs or alcohol (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents a unique count of youth, 12 – 17 years of age, with a primary or secondary alcohol or other drug abuse or dependency diagnosis or co-occurring substance use and psychiatric diagnosis. Percentages were computed by dividing the count by the estimated number of youth with a dependence on illicit drugs or alcohol. These youth are not enrolled in Tennessee's Medicaid program, TennCare; have exhausted their TennCare or other third party alcohol and drug abuse treatment benefits; or do not have any other third party health benefits payer source.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services. SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2010 and 2010-2012 substate estimates.

**1.13. Number of TDMHSAS funded A&D substance abuse prevention programming participants and rate of participants per 1,000 of youth ages 6 to 18 (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents a unique count of consumers who received TDMHSAS funded alcohol and drug abuse (A&D) prevention programming in FY 2011, FY 2012, FY 2013 and FY 2014. A&D Prevention programming is evidence-based and designed to work with specific high risk populations including, but not limited to, foster care youth, juvenile justice involved youth, and youth attending alternative schools. Programs increase protective factors and decrease risk factors and are designed to

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intervene early with small group educational activities that have been proven to be effective in reducing use or one's likelihood of becoming addicted in the future. Percentages were computed using the number of participants and percent of youth ages 6-18 for each county.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services, and U.S. Census Bureau.

**1.14. Number of TDMHSAS funded substance abuse prevention sites (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents a count of sites that provided TDMHSAS funded A&D prevention services in FY 2011, FY2012, FY 2013 and FY 2014.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**1.15. Number of TDMHSAS funded substance abuse coalitions (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents a count of TDMHSAS funded A&D county coalitions for FY 2011, FY 2012, FY 2013 and FY 2014. The focus of state-funded coalitions is to reverse Tennessee's upward trend in binge drinking by decreasing the total number of 14-25 year olds who engage in binge drinking within any 30-day period.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**1.16. Number of TDMHSAS funded substance abuse adolescent treatment sites (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents a count of TDMHSAS funded A&D adolescent treatment sites where services were provided in FY 2011, FY 2012, FY 2013 and FY 2014.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**1.17. Licensed bed capacity of alcohol and drug abuse residential treatment sites for children (Tennessee Department of Mental Health and Substance Abuse Services, as of 7/20/2012, 7/1/2013 and 7/1/2014).**

This indicator represents the licensed capacity of facilities which provide 24-hour residential treatment and rehabilitation to persons under 18 years of age with a mental illness or who are seriously emotionally disturbed (SED). The focus of the program may be on short-term stabilization or long-term treatment and rehabilitation. The program must provide, or arrange, for an education component that is in compliance with the rules, regulations, and minimum standards of the Tennessee State Board of Education.

Data source: Tennessee Department of Mental Health and Substance Abuse Services Licensure Database.

**1.18. Licensed bed capacity of alcohol and drug abuse residential treatment sites for children & youth (Tennessee Department of Mental Health and Substance Abuse Services, as of 7/20/2012, 7/1/2013 and 7/1/2014).** This indicator represents the licensed capacity of residential programs which offer 24-hour treatment to service recipients under 18 years of age with the primary purpose of restoring service recipients with alcohol and/or drug abuse or dependency disorders to abstinence and levels of positive functioning appropriate to the service recipient.

An important goal of these services is to move the service recipient into less intensive levels of care and/or reintegration in to the community. The program must

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provide or arrange for an education component that is in compliance with the rules, regulations, and minimum standards of the Tennessee State Board of Education.

Data source: Tennessee Department of Mental Health and Substance Abuse Services Licensure Database.

## Adult Behavioral Health Indicators

**2.1. Estimated number and percent of people over the age of 18 with serious mental illness in the past year (National Survey on Drug Use and Health).** This indicator represents state estimates provided by SAMHSA in the National Survey for Drug Use and Health for persons who have been defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) and resulted in serious functional impairment.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008-2010 and 2010-2012 substate estimates.

**2.2. Estimated number and percent of people over the age of 18 with any mental illness in the past year (National Survey on Drug Use and Health).** This indicator represents state estimates provided by SAMHSA in the National Survey for Drug Use and Health for persons who have been defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), regardless of the level of impairment in carrying out major life activities.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2006-2008, 2008-2010 and 2010-2012 estimates.

**2.3. Estimated number and percent of people in poverty.** This indicator represents the total number of people in poverty in a given county. The percent is calculated from the count divided by the Tennessee population.

Data sources: U.S. Census Bureau's Small Area Income and Poverty Estimates (SAIPE) program which provides annual estimates of income and poverty statistics for all school districts, counties, and states. Data from the American Community Survey (ACS) are used in the population estimation procedure.

**2.4. Number of Behavioral Health Safety Net (BHSN) enrollments and enrollments as a percent of people over 18 with serious mental illness (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of enrollees in the BHSN who had a billed service each fiscal year. Percentages were computed by dividing the number under BHSN by the total enrollments. BHSN enrollees are between 19-64 years old, have a serious mental illness, are at or below 100% of the federal poverty level, and are uninsured. The BHSN increases access to out-patient mental health treatment and prescription drugs. The top three BHSN services are case management, pharmacological management, and therapy.

Data source: Behavioral Health Safety Net Database, Tennessee Department of Mental Health and Substance Abuse Services.

**2.5. Number of TennCare enrollees and TennCare enrollees as a percent of county population. (Bureau of TennCare)** This indicator represents the number of persons 21 years or older on TennCare during each

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calendar year. The percentages were computed from the total enrollees. TennCare is Tennessee's Medicaid program.

Data sources: Count data were obtained from the Bureau of TennCare in the Tennessee Department of Finance and Administration and the KIDS COUNT division of the Tennessee Commission on Children and Youth; American Community Survey, United States Census Bureau.

**2.6. Estimated number of people over the age of 18 with a dependence on or abuse of illicit drugs or alcohol in past year (National Survey on Drug Use and Health).** This indicator represents state estimates provided by SAMHSA for persons who fall into this category and demonstrated dependence or abuse as defined in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

Data source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2002-2004, 2004-2006, 2006-2008, 2008-2010, and 2010-2012 substate estimates.

**2.7. Number of deaths from suicides all ages and rates per 100,000 population (Tennessee Department of Health).** This indicator represents a unique count of Tennessee resident deaths from suicides for all ages. Rates computed using the number of suicides per 100,000 total county population.

Data sources: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics and the 2010 Census, United States Census Bureau.

**2.8. Number of deaths from suicides all ages by region with rates per 100,000 population (Tennessee Department of Health).**

This indicator represents a unique count of Tennessee resident deaths from suicides for all ages by Tennessee TDMHSAS planning regions. Rates computed using the number of suicides per 100,000 total region population.

Data sources: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics and the 2010 Census, United States Census Bureau.

**2.9. Number of unique TDMHSAS operated regional mental health institute (RMHI) admissions and RMHI admissions as a percent of the number of people over 18 with serious mental illness (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of unique admissions to a state-operated RMHI during each fiscal year. These were persons diagnosed as having a mental, behavioral, or emotional disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Percentages were computed using number of RMHI admissions and the estimated number of people over 18 with serious mental illness in each county.

Data sources: AVATAR Database, Tennessee Department of Mental Health and Substance Abuse Services, the National Survey on Drug Use and Health, American Community Survey, and the 2010 Census, United States Census Bureau.

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**2.10. Number of unique TDMHSAS operated regional mental health institute (RMHI) admissions for people with co-occurring mental illness and substance abuse disorders and percent of RMHI admissions (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number unique admissions to a state operated RMHI attributable to both mental health and substance abuse diagnoses during each fiscal year. These were persons diagnosed as having a mental, behavioral, or emotional disorder and a substance abuse disorder that met the criteria found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Percentages were computed using number of co-occurring RMHI admissions and total number of RMHI admissions.

Data sources: AVATAR database, Tennessee Department of Mental Health and Substance Abuse Services.

**2.11. Number of TDMHSAS A&D treatment admissions as a percent of people over 18 with a dependence on or abuse of illicit drugs or alcohol in the past year (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of admissions that received state funded substance abuse treatment services during FY 2011, FY 2012, FY 2013 and FY 2014. These services are as follows: adult continuum of care treatment services for adults, Adolescent Substance Use Disorders Service Program (ASUDSP), women services, medically managed detox (MMCD), criminal justice programs, and recovery services. The percent is calculated from the estimated number of people over the age of 18 with a dependence on or abuse of illicit drugs or alcohol in past year.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services; National Survey on Drug Use and Health; and the 2010 Census, United States Census Bureau.

**2.12. Number of unique A&D Addictions Recovery Program (ARP) admissions and percent of people over 18 with a dependence on or abuse of illicit drugs or alcohol in past year (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of admissions that received addiction recovery support services FY 2011, FY 2012, FY 2013 and FY 2014. The ARP provides peer support services. Programming at agencies give service providers an opportunity to engage service recipients in the addictions disorder peer recovery process to assist them in recovering from a substance use disorder or co-occurring disorder and to further evaluate the needs for services. Percentages were computed using number admissions and the number of people over 18 with a dependence on or abuse of illicit drugs or alcohol in past year.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services; National Survey on Drug Use and Health; and the 2010 Census, United States Census Bureau.

**2.13. Number and percent of TDMHSAS funded treatment admissions with alcohol as a substance of abuse (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of consumers who received alcohol treatment services during FY 2011, FY 2012, FY 2013 and FY 2014. These services are as follows: adult continuum of care treatment services for adults, Adolescent Substance Use Disorders Service Program (ASUDSP), women services, medically managed detox (MMCD), criminal justice programs, and recovery services. The percent is calculated from the total number of treatment admissions.

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Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.14. Number and percent of TDMHSAS funded treatment admissions with opioids as a substance of abuse (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of service recipients who received opioid abuse treatment services during FY 2011, FY 2012, FY 2013 and FY 2014. The percent is calculated from total number of treatment admissions. Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.15. Number and percent of TDMHSAS funded treatment admissions with methamphetamine as a substance of abuse (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of service recipients who received methamphetamine abuse treatment services during FY 2011, FY 2012, FY 2013 and FY 2014. The percent is calculated from the total number of treatment admissions. Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.16. Number and percent of TDMHSAS funded treatment admissions with heroin as a substance of abuse (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of service recipients who received heroin abuse treatment services during FY 2011, FY 2012, FY 2013 and FY 2014. The percent is calculated from the total number of treatment admissions. Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.17. Number and percent of TDMHSAS funded treatment admissions with other illicit drugs as a substance of abuse (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of service recipients who received other illicit drug abuse treatment services during FY 2011, FY 2012, FY 2013 and FY 2014. Illicit drugs include the following: marijuana/hashish, cocaine/crack, other non-barbiturate sedatives or hypnotics, other hallucinogens, non-prescription methadone, inhalants, other stimulants, other over-the-counter, other barbiturate sedatives, PCP, other non-benzodiazepine tranquilizers. The percent is calculated from the total number of treatment admissions. Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.18. Number and percent of drug related arrests for adults age 18 and over (Tennessee Incident Based Reporting System).** This indicator represents the number of persons 18 and over who in a given year violated the law prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use. Percentages were computed using drug related arrests and county population over age 18.

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Data sources: Tennessee Incident Based Reporting System. Available from:

[http://www.tbi.tn.gov/tn\\_crime\\_stats/stats\\_analys.shtml](http://www.tbi.tn.gov/tn_crime_stats/stats_analys.shtml). County population numbers obtained from American Community Survey and 2010 Census, United States Census Bureau.

**2.19. Number of TDMHSAS funded substance abuse co-occurring capable treatment sites (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of treatment sites qualified to deliver co-occurring capable treatment services for FY 2011, FY 2012, FY 2013 and FY 2014. These programs address co-occurring mental and substance-related disorders in their policies and procedures, assessment, treatment planning, program content, and discharge planning. Even where such programs are targeted primarily toward treating either substance use or mental health disorders, program staff are able to address the interaction between mental and substance related disorders and their effect on the consumers' readiness to change – as well as relapse and recovery environment issues – through individual and group program content.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.20. Number of TDMHSAS funded substance abuse co-occurring enhanced treatment sites (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of sites who qualify to deliver co-occurring enhanced treatment services for FY 2011, FY 2012, FY 2013 and FY 2014. These programs have a higher level of integration of substance abuse and mental health treatment and recovery services. These programs are able to provide unified and integrated substance abuse and mental health treatment and recovery to consumers who have unstable or disabling co-occurring disorders. These programs are often indistinguishable as either an addiction or mental health treatment and recovery program.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.21. Number of TDMHSAS funded substance abuse addictions recovery program sites (Tennessee Department of Mental Health and Substance Abuse Services).** This indicator represents the number of sites where addictions recovery program services were provided during FY 2011, FY 2012, FY 2013 and FY 2014.

Data sources: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

**2.22. Licensed bed capacity of mental health adult supportive residential sites (Tennessee Department of Mental Health and Substance Abuse Services, as of 7/20/2012, 7/1/2013, and 7/1/2014).** This indicator represents the capacity of the mental health supportive living programs that provide 24-hour residential care. Services are provided for adult service recipients that include personal care services, training in community living skills, and/or socialization. Access to medical services, social services, and mental health services are provided off-site. The services provided are less intensive than required in a Supportive Residential Facility.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services.

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**2.23. Licensed bed capacity of mental health adult supportive living sites (Tennessee Department of Mental Health and Substance Abuse Services, as of 7/20/2012, 7/1/2013, and 7/1/2014).** This indicator represents the capacity of the mental health residential programs that provide 24-hour residential care with a treatment and rehabilitation component less intensive than required in a residential treatment facility. Coordinated and structured services are provided for adult service recipients that include personal care services, training in community living skills, vocational skills, and/or socialization. Access to medical services, social services, and mental health services are ensured and are usually provided off-site, although limited mental health treatment and rehabilitation may be provided on-site.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services.

**2.24. Licensed bed capacity of A&D halfway house sites (Tennessee Department of Mental Health and Substance Abuse Services, as of 7/20/2012, 7/1/2013, and 7/1/2014).** This indicator refers to the capacity of transitional residential programs that provide services to service recipients with alcohol and/or drug abuse or dependency disorders with the primary purpose of establishing vocational stability and counseling focused on re-entering the community. Service recipients are expected to be able to self-administer medication and to work, seek work, or attend vocational/educational activities away from the residence for part of the day. Services include counseling contacts, lectures, seminars, and other services necessary to meet the service recipient's assessed needs.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services.

**2.25. Number of licensed mental health psychosocial rehabilitation program sites (Tennessee Department of Mental Health and Substance Abuse Services, as of 7/20/2012, 7/1/2013, and 7/1/2014).** This indicator refers to the number of sites that provide a consumer-centered program of services for adult service recipients to enhance and support the process of recovery. Program focus is based on a strengths model of mental health, working with the whole service recipient to improve service recipient functioning rather than treatment for symptoms of a mental illness. Service recipients, in partnership with staff, form goals for skill development in the areas of vocational, educational, and interpersonal growth that serve to maximize opportunities for successful community integration. Service recipients proceed with goal development at their own pace and may continue in the program with varying intensity for an indefinite period of time.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services.

**2.26. Licensed bed capacity of mental health adult residential sites (Tennessee Department of Mental Health and Substance Abuse Services, as of 7/20/2012, 7/1/2013, and 7/1/2014).** This indicator refers to the capacity of a mental health treatment program that provides 24-hour intensive, coordinated, and structured services for adult service recipients within a non-permanent therapeutic environment that focuses on enabling a service recipient to move to a less restrictive setting.

Data sources: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services.

**2.27. A&D residential rehabilitation treatment licensed bed capacity (Tennessee Department of Mental Health and Substance Abuse Services, as of 7/20/2012, 7/1/2013, and 7/1/2014).** This indicator refers to

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the capacity of a residential program for service recipients at least 18 years of age, which offers highly structured services to service recipients with the purpose of restoring service recipients with alcohol and/or drug abuse or dependency disorders to levels of positive functioning and abstinence appropriate to the service recipient. A primary goal of these services is to move the service recipient into less intensive levels of care and/or reintegration into the community as appropriate. Services include counseling contacts, lectures/seminars, and other services necessary to meet the service recipients' assessed needs.

Data source: Licensure database, Tennessee Department of Mental Health and Substance Abuse Services.

**2.28. Estimated percent of adults that report smoking at least 100 cigarettes and that they currently smoke (Behavioral Risk Factor Surveillance System Survey).** This indicator represents the percent of adults over age 18 who report currently smoking. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making BRFSS the largest telephone health survey in the world.

Data source: Behavioral Risk Factor Surveillance System (BRFSS) compiled by County Health Rankings and Roadmaps program for display.

**2.29. Estimated percent of who report heavy or binge drinking in the last 30 days (Behavioral Risk Factor Surveillance System Survey).** This Indicator represents the percent of adults age 18 and older who report drinking heavily (at least 2 drinks per day) or binge drinking (defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion). The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making BRFSS the largest telephone health survey in the world.

Data source: Behavioral Risk Factor Surveillance System (BRFSS) compiled by County Health Rankings and Roadmaps program for display.

**2.30. Estimated percent of adults reporting mentally unhealthy days in the last 30 days (Behavioral Risk Factor Surveillance System Survey).** This indicator represents the percent of adults age 18 and older who reported on the BRFSS survey mentally unhealthy days in the last 30 days. The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making BRFSS the largest telephone health survey in the world.

Data source: Behavioral Risk Factor Surveillance System (BRFSS) compiled by County Health Rankings and Roadmaps program.