

# System of Care Development

Lessons Learned in Tennessee and Across the Nation





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## A note to the reader

This document contains two resources that serve as companions to one another. Both examine lessons learned in System of Care (SOC) development.

*Systems of Care Development: National Lessons Learned (1982 - 2018)* is a literature review on SOC lessons learned in other states and localities across the country.

*Tennessee System of Care: Lessons Learned from Early Developers (1999 - 2018)* presents the findings from interviews with fourteen individuals who have been closely involved with the development of SOCs in Tennessee.

The national literature review informed the development of the Tennessee lessons learned study. These documents are presented here side by side, as a resource to support on-going and future SOC development. They can also serve as separate, standalone documents.





# SYSTEMS OF CARE DEVELOPMENT

National Lessons Learned (1982-2018)

# EXECUTIVE SUMMARY

**This is a collection of lessons learned from across the United States on building effective systems of care (SOCs) for children, youth, young adults, and families in need of coordinated services that address complex mental health needs.** These lessons learned are drawn from experience in the country that spans more than three decades, beginning in earnest in the mid-1980s. This review and collection of lessons learned was done to highlight findings relevant to the State of Tennessee as it implements SOCs. The literature included major contributions on SOC development in books, monographs, issue briefs, congressional reports, conference proceedings, state and local grant reports, and many other sources of information on “what works” when building systems of care.

Over the last thirty years, experience with building SOCs has grown substantially, thanks to Congressional mandates, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) leadership and grants to states and localities. The significant support, work, and advocacy of families, service providers, and other individuals and organizations drove many of these efforts. These experiences, along with studies, evaluations, and research on “what works,” has provided a wealth of evidence-based information.

The review of these materials resulted in a collection of best practices that fall within four “key pillars” on which SOCs can be built:

**1. Leadership:**

The characteristics and responsibilities of effective SOC leadership

**2. Partnerships, collaboration and stakeholder engagement:**

Models of teamwork across agencies, with families and in multiple sectors

**3. Infrastructure:**

The development, structuring, and financing of high-quality services and the building of a qualified workforce.

**4. Operational processes:**

The infrastructure in motion, closely adhering to the SOC vision and guiding principles

This report explores the lessons learned within these four key aspects of SOC development.

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## INTRODUCTION

### Why systems of care?

Children, youth, young adults, and their families who are experiencing mental health challenges typically have needs across multiple service delivery systems. System of care (SOC) is an approach that the federal government and Congress support for structuring comprehensive, coordinated, multi-service delivery systems for children, youth, young adults, and families with mental health

challenges. The approach has been around since the 1980s and has been tested, researched, and proven to be effective for most families. Technical assistance, training, and support have been provided by a number of individuals and entities around the United States.

## Why a national literature review?

Based on the literature about SOC-building strategies, experiences, and best practices, it is clear that developing an SOC is complex and requires a multifaceted, multi-level approach. Successful SOC builders learn from the experiences of other SOC builders, while customizing lessons learned to meet unique state and local needs. In order to ensure that those engaging in SOC development in Tennessee can utilize the vast history, best practices, and lessons learned from decades of SOC work nationwide, this review of the literature was completed.

In addition, lessons learned from previous Tennessee SOC development efforts were collected in 14 key informant interviews. The findings are compiled in a companion document, **“Tennessee Lessons Learned: 1999-2019.”**

## Time frame covered

The literature reviewed spans over 30 years, from 1982 to 2018, and includes a range of online materials as well as printed materials by a variety of authors.

## Organization of literature review

Pires (2008) identifies 23 “core elements” of effective SOC-building processes, based on more than two decades of experience with multiple states, localities and entities across the country. Review of Pires’ work, along with numerous other publications regarding effective system-building strategies, suggests these expansion strategies can be organized into four key themes of effective SOC development:

- Leadership
- Partnerships, collaboration and stakeholder engagement
- Infrastructure
- Operational processes

## Methods

Identifying the lessons learned of National SOC development was achieved through a literature review that included articles, books, online resources, policy briefs, and reports. Criteria for selecting literature included relevancy to SOC expansion in Tennessee and the knowledge, experience, and expertise of the researchers and authors. The literature reviewed was published by organizations, agencies, universities, and professionals with experience and expertise in SOC development. This includes the National Technical Assistance Center for Children’s Mental Health at Georgetown University, the Research and Training Centers for Children’s Mental Health at the University of South Florida and at Portland State University, the Technical Assistance Center at the University of Maryland, the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Federation of Families for Children’s Mental Health, and countless other individuals and organizations from around the country.

After reviewing the literature and what is known about lessons learned in SOC development, findings were selected from roughly 30 sources. Preference was given to those sources that had a broad reach or had done meta-analyses including multiple research studies, evaluations, and literature reviews. All content was carefully reviewed, outlined, and analyzed. Common, overarching themes of SOC development and successful best practices were compiled into main components of this literature review and resource guide.



# LEADERSHIP

## Leadership

Effective leadership of an SOC develops a vision for, initiates, and sustains change over time. These individuals, groups, and agencies train and supervise personnel, instill an attitude of inquiry and growth, and cultivate individual and organizational resiliency. SOC leadership can come in many forms, but effective leadership has certain characteristics and responsibilities.

## Characteristics of effective SOC leadership

### *A core group of multiple system and family leaders*

Establishing a core leadership group is an effective way to “get the SOC ball rolling” and “keep it rolling” (Pires, 2008, p. 98). Effective leaders are committed to building and sustaining SOCs, and states with proven, successful SOCs have strategic, responsive, and inclusive leadership teams. This core leadership group oversees the development of SOCs at both the state and local levels. Integral to both the implementation and sustainability of SOCs, the core leadership group ensures fidelity to the SOC approach in contracts, policies, and service delivery. Additionally, according to Pires, this core leadership group must have the “five Cs”:

- **Constituency** representatives
- **Credibility** within the community
- **Capacity** to engage other stakeholders
- **Commitment** to the difficult work of system building
- **Consistency** in focus (Pires, 2008, p. 98).

Family partnerships need to be in place at the decision-making level. Prior to SOC development, services to families were agency- and/or funding-driven. They were not family-driven, nor were they youth guided—the core of the SOC values. Over time, the role of families in leadership has become increasingly essential to SOC development and expansion. “*Nothing about us*

*without us*” has been the unofficial mantra of the family movement in SOCs for decades, and it is critical that this applies to not only services for families and children, but to administrative decision-making as well. Many resources exist that outline what this looks like, how to make it a reality, and strategies for implementation.

In addition to families, SOC leadership includes representatives from multiple family- and child-serving systems such as mental health, social services, education, health, juvenile justice, and others. State and local decision makers, families, youth and young adults, community representatives, agency heads, staff, and funding entities may also be represented in leadership. Leadership groups with similar membership makeup have been successful and effective in many SOCs across the country.

Many states still struggle with maintaining a core leadership group to guide SOC development and implementation. In a study completed by the National Center for Children in Poverty, numerous states reported that while they had made progress, that progress was slow, difficult, and incomplete; however, other states have experienced “a real shift in the culture of care and numerous commendable advancements, particularly stemming from strong state leadership...” (Cooper et al., 2008, p. 5). It is not enough that the membership of these core leadership groups are representative, but each of its members must be truly engaged and have equal voice in decision-making.

New Jersey’s Department of Children and Families Division of Children’s System of Care has developed a single point of contact within their SOC framework. This Contracted Systems Administrator (CSA) registers and tracks the information, then coordinates care for children and families through their core partnership network. New Jersey’s core partners include unified/care management organizations, family support organizations, youth case management services, and Children’s Mobile Response and Stabilization Services (CMRSS). Ensuring these services are available throughout the state allows for the delivery of services to be seamless and consistent.



### Multi-system collaboration across key systems

The original definition of an SOC from 1986 was “a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families” (Stroul and Friedman, 1986, p. 3). This definition has changed and been adapted by several people and entities over the years, but the constant in the definition is a “broad and flexible array of effective services and supports” (Pires 2010, p. 8). Similarly, the way SOCs are conceptualized has also evolved over time (See Figure 1 and Figure 2).

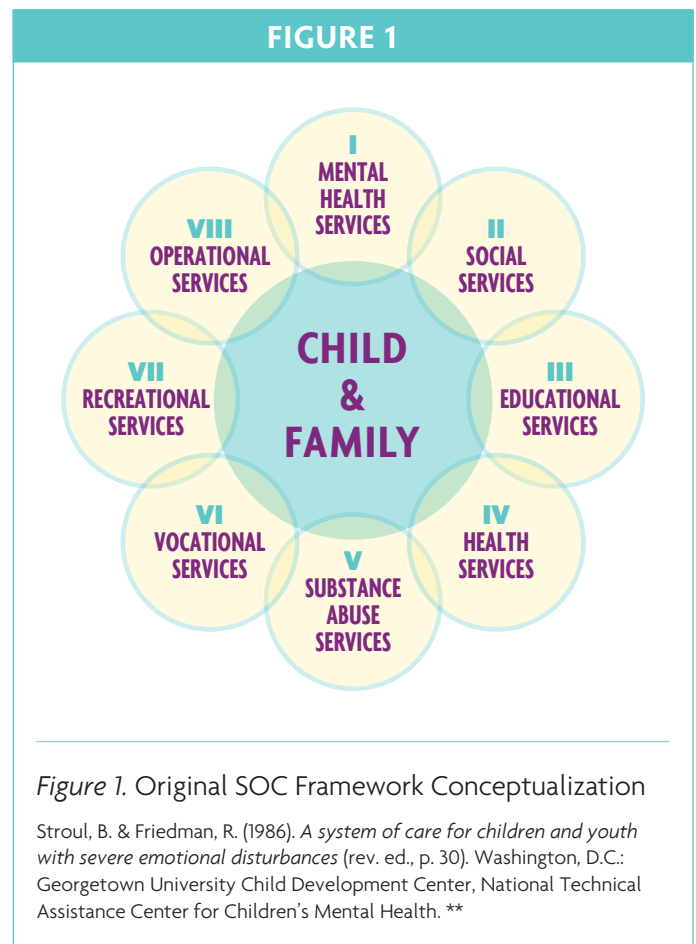
“The system of care concept recognizes that children and families have needs in many domains and promotes a holistic approach in which *all* life domains and needs are considered in serving children and their families, rather than addressing mental health treatment needs in isolation” (Stroul, 2002, p. 4). Over time, the SOC framework has also been adapted to better encompass the needs and life domains of youth and their families.

It is critical that SOCs include partners from across youth- and family-serving systems, and that these partners are committed and engaged in making decisions that impact families. True system change cannot be achieved by the work of one component of a system alone; this change must have the investment and commitment of multiple actors who are dedicated to challenging the status quo in their respective service areas. Institutional changes, funding mechanisms, processes, and shifts in culture must be developed collaboratively in order for true change to be effective and long-lasting.

### Cultural awareness, competence, and respect

Cultural awareness, competence, and respect are critical aspects of the leadership within SOC development. Cultural competence and responsiveness is one of the core values of SOCs and must be present throughout all levels of leadership, services, care, and supports. As such, leaders must take it upon themselves to develop this awareness and take responsibility for ensuring that a competent SOC is developed. Role-modeling, financing, and providing resources to build cultural competence is critical.

*“Systems of care typically serve children, youth, and families from diverse racial, ethnic, and socio-economic backgrounds. Effective systems of care make every effort to respect, understand, and be responsive to cultural and linguistic differences.”* (Pires, 2008, p. 99)



The diversity that is represented in the children, youth, young adults, and families in need of an SOC approach to mental health makes cultural competence at all levels essential. This is a lesson learned for leadership, because those in leadership must be culturally and linguistically competent, and they have responsibility to set the standards for cultural competency in making decisions, implementing policies, and providing services to children, youth, young adults, and families.

## Responsibilities of effective SOC leadership

### *A shared vision, common values and principles*

States that have made the most significant advances in developing and sustaining SOC have developed and adhere to values and a strong vision. As those involved in SOC efforts come and go, a strong vision and set of SOC values and principles remain constant and guide this work despite changes in personnel or participation.

A strong foundation in and commitment to SOC values and principles have been repeatedly found to be essential for both developing and sustaining an SOC. Pires addresses strategic approaches to building a system, and she states that having a shared vision based on common values and principles begins by engaging “in a process to understand one another’s values, lay a common foundation of principles, and develop a shared vision for the SOC” (Pires, 2008, p. 102).

### *Strategies for change that include simultaneous “bottom-up” and “top-down”*

Common wisdom tells us that, typically, neither *bottom-up* nor *top-down* approaches work well in isolation. Input from stakeholders at both the local and state levels are needed to create effective and lasting change. Community-based initiatives supported with policies,

regulations, and funding from the state and/or federal levels link and intertwine to form stronger alliances than either would be able to create on its own.

*“In general, the greater degree of alignment of interests across stakeholder groups at all levels, the more effective and sustainable is the system-building effort.” (Pires, 2010, p. 256)*

Strengths at all levels, especially the local and state levels, include commitment and true, authentic, and meaningful engagement of a range of stakeholders. Truly compatible goals and objectives lead to stronger alliances.

### *Timely and appropriate training and technical assistance*

Workforce development, training, and technical assistance are needed routinely when building an SOC that involves multiple stakeholders, agencies, and service delivery systems. Providing education, training, technical assistance, and coaching are core strategies for building SOC. Approaches and tools include, but are not limited to, webinars, learning collaboratives, training committees, wraparound training/certification, conferences/training institutes, and contracting with universities or other entities to customize training and education. Typically, technical assistance is ongoing and is tailored to meet the needs of each SOC and individuals representing multi-faceted systems.

Conflict resolution, group dynamics, communication, and group decision-making are specific areas where technical assistance can be most effective and helpful. Communication and trust among stakeholders are critical in ensuring success of an SOC, and can be improved by tools like mediation, conflict resolution, collaborative decision-making, and team-building.



# PARTNERSHIPS, COLLABORATION AND STAKEHOLDER ENGAGEMENT

## Partnerships, Collaboration, and Stakeholder Engagement

Effective SOC building simply cannot take place without identifying, engaging, and supporting key stakeholders – those individuals who have an interest in the system, program, or service. This should happen at all levels and throughout the entire process of SOC development. The SOC-building process includes a spectrum of complex work, including the design and implementation of coordinated care and the development and management of services and supports for children, youth, young adults, and their families with mental health needs. An SOC should be built with the authentic engagement, guidance, direction, and support of multiple, diverse stakeholders—both professional partners and families and youth.

Stakeholders include, but are not limited to:

- Families and youth with mental health needs, or those at risk of developing mental health needs
- Representatives from state family- and youth-serving agencies
- Local coalition/advisory board members
- Multiple system representatives: agency/organizational leaders, service providers, program staff, educators, mental health professionals, etc.
- Advocacy groups, including family-run organizations
- Private insurers, Medicaid/Medicare representatives, philanthropic organizations, managed care organizations
- Policymakers and state leaders
- Taxpayers/the general public

SAMHSA conducted a study on the experience of SOC expansion grantees and found that “stakeholder involvement and commitment were mentioned most frequently as a successful aspect of expansion planning” (Stroul, 2013; i). At the same time, stakeholder involvement and collaboration was also found to be one of the most challenging aspects of the one-year expansion grants.

There are multiple benefits to engaging stakeholders in SOC development:

- Respected stakeholders and experienced families increase the credibility of the effort.
- Stakeholder buy-in and involvement empower them to bring expansion efforts to fruition, able to gain broad support for SOC expansion.
- Stakeholders collectively advocate for or authorize changes needed to build the SOC.
- Diverse stakeholders help fund or authorize the continuation or expansion of the SOC through multiple, diverse funding streams.

By understanding stakeholder needs and how to properly engage them, responsible SOC partners will learn about stakeholder diversity, history, existing networks, socio-economic characteristics, and identify their level of influence and interest.



## Cultivate meaningful partnerships

Partnerships are the core building blocks of SOCs. Without functional partnerships, an SOC can be neither built nor sustained. Developing these partnerships requires a variety of strategies, depending who potential partners are and how they might contribute to SOC work. Ideas include:

- Invite stakeholders to informal meetings and community events to provide information about SOC development, form connections, bolster collaboration, raise awareness of relevant issues, or start a conversation about their involvement.
- Provide stakeholders with information and training on SOC philosophy, the wraparound care process, family/youth/young adult engagement opportunities, and other cross-system opportunities.
- Include stakeholders on planning teams, advisory boards and incorporate them into leadership positions.
- Consult with stakeholders about identifying and clarifying the population of focus to be served as well as shared outcomes, goals, needs, challenges, strengths, and resources within the population to be served.

Examples of how other states have engaged stakeholders include a range of approaches. Hawaii contracts with the statewide family organization, Hawaii Families as Allies, to participate in policy-level and system-management activities. Family leaders are included on committees and children's councils. Maine has developed strong family and youth organizations through its Mental Health Block Grant funds, which have allowed the organizations to provide training within their communities (in 2009, more than 800 parents were trained on the SOC approach). *Michigan's* contract with its statewide family organization supports a youth leadership council that is working on an anti-stigma campaign.

## Families, youth, and young adults are key partners to any SOC

For many years, “*Nothing about us, without us*” has been the unofficial mantra of families who are connected to SOC efforts. The lives of families are greatly impacted by the supports and services that SOCs build. Having family leadership, engagement, and involvement at every level is a key lesson learned in SOC development. Another key lesson learned for successful family partnerships is that partnering requires a genuine sharing of responsibility at *all* levels, and dedicating the resources and supports needed to make that sharing a reality is essential.

The Portland State Training and Technical Assistance Center on Family Support (“Portland State”) was one of three national resource centers funded by SAMHSA to assist states and localities in building SOCs. Portland State sponsored the first *Families as Allies* conference in 1986. Out of that conference grew the *National Federation of Families for Children's Mental Health*, which remains a strong and active organization today. The organization supports and advocates for the mental health needs of children and their families, and for meaningful family direction and involvement.

Genuine, effective partnerships with families underpin “family-driven care” and should occur in three primary places:

1. Direct services where families drive the process of their own care
2. Policy and system development where families work collectively with providers, administrators, and decision makers to develop and implement SOCs
3. Family-run organizations that receive resources and support to maintain a strong family voice



Elements that help strengthen family involvement include building relationships, mentoring, autonomy, geographic proximity, sharing power, in-kind supports, and colocation of services (Osher et al., 2008, pp. 257-260).

Historically, the role youth and young adults have been able to play in SOC development, or even in their own mental health care, has been limited and less than ideal. Slowly, youth and young adults' voices are becoming recognized as essential, valued, and sought after by many in SOC work. This has come with the recognition that systems are more effective when youth and young adults are key stakeholders and partners.

There are several resources that exist for effectively engaging youth and young adults. Youth Motivating Others through Voices of Empowerment (Youth M.O.V.E.) is a national organization with chapters in most states. Youth M.O.V.E. is run by youth and young adults, supports youth and young adults' voices in

multiple systems, and is a vital resource for strengthening partnerships with youth and young adults. Additionally, Portland State University's Pathways RTC (Research and Training Center) and the University of Massachusetts' Transitions ACR (Adulthood Center for Research) regularly conduct research about youth involvement and provide important resources for providers and system leaders.

One key issue for youth in SOC work is the linkages and partnerships needed between the child-serving and adult-serving systems. In many states, there is little overlap or "handing off" from a child system to an adult system, and oftentimes, the ages at which a young person should transition from child to adult services is different for various agencies. This frequently causes confusion and frustration for young people, which ultimately leads to disengagement from support systems altogether.



# INFRASTRUCTURE

## Infrastructure

The development of an infrastructure to uphold and sustain an SOC is a core strategy at both the state and local levels. In this context, the term “infrastructure” refers to the framework within which the SOC operates. Lessons learned over time have to do with the mechanics of an infrastructure and include a governance structure, partnerships, high-quality services and supports, use of a scientific evidence base, financing strategies, and a well-trained workforce.

### Governance structure

Governance development often requires changes in policies and administrative approaches, as well as partnerships, legislation, and regulations. These changes are typically focused on restructuring governance structures to be more in line with cross-systems decision-making, funding, and service provision.

*“...systems of care are a range of treatment services and supports guided by a philosophy and supported by an infrastructure” (Stroul, 2002, p. 5).*

The governance structure of an SOC is a complex, organizing framework intended to support the operations of an SOC. Governance structures are multifaceted and multi-level. A governance structure is necessary to organize funding models, meeting agendas, committee membership, roles, policies, and more. By its very nature, care coordination and management transcend all or most systems that provide services. It is, therefore, an important part of the governance structure of each agency as well as of the SOC overall.

*“In the case of children and youth with serious or complex disorders and their families who are involved in multiple systems, much has been learned about the importance of creating a structure in which a family has one care manager who is accountable across systems” (Pires, 2008, p. 120).*

### Families and youth are full partners

Family, youth, and young adults should not only be engaged in services and included in governance structures. They should also serve as key partners who possess valuable expertise. Supporting and utilizing strong family and youth organizations to guide the development of SOC has been an effective strategy in many other states.

In 2011, data were collected from 24 SOC expansion grantees on the lessons they had learned building their SOC. The grantees received fiscal grants and technical assistance, both from SAMHSA, as part of their award. One finding was that “stakeholder involvement and commitment were mentioned most frequently as a successful aspect of expansion planning” (Stroul, 2013: i). Interestingly, stakeholder involvement and commitment were also identified as one of the most significant challenges that grantees faced. In particular, jurisdictions reported that identifying, engaging, and preparing youth and young adults to participate as stakeholders in the process created a significant challenge.

One effective strategy is to generate support among high-level policy makers and decision makers to support, engage, and integrate families and youth as full partners. Youth and young adults who are transitioning from the child-serving system to the adult-serving system have valuable input to offer regarding SOC development. Research on youth and young adults’ involvement in SOC development has shown that young people who are involved achieve more positive outcomes, build deeper connections to their peers and their communities, and strengthen their self-esteem (Friesen et al., 2011; Matarese et al., 2008). A positive youth development (PYD) approach has been shown to contribute to the well-being of youth and their families; however, utilizing a PYD approach requires a willingness to “think outside the box” and shift beliefs and assumptions that may be held about young people.





In Stroul's 2011 study on effective strategies, it was found that engaging stakeholders was considered an essential activity, but also a challenging one. Young people can be disconnected or disengaged with their communities due to out-of-home placements, poverty, school problems, and family crises, which can contribute to challenges in engagement, managing logistics, and consistency of involvement by young people. Youth and young adults' engagement requires a commitment to cultivating relationships, developing trust, and investing in youth and young adults in leaders, which, though time- and energy-consuming, benefits both the youth and young adults leaders and the overall system.

### ***High-quality service delivery system***

Clinical supports and services are at the core of an SOC. Developing high-quality care relies on a scientific evidence base. Children, youth, young adults, and families have needs in many domains, and a holistic approach to mental health care that includes all life domains is the most comprehensive approach to addressing these needs. All components of an SOC framework are interrelated and individualized care can tap into components when needed.

### Utilize the scientific evidence base

Utilizing what we know works from previous studies and experiences is best practice; however, doing this is often more complex than anticipated and involves complex considerations. All SOC are different, so transferring knowledge from one to another must be done thoughtfully, especially regarding aspects that are impacted by cultural issues. There are a few considerations one must take into account when utilizing research or evaluation to inform decision-making and program development:

- SOC are multifaceted and multilevel and are therefore difficult to measure.
- The very nature of SOC involves integrating services across sectors. Consequently, measuring what had an impact or made a difference is difficult.
- These are not static interventions, but rather are constantly changing and evolving, making measurement difficult.
- Research and evaluation tools and methods are limited, and are not always conducive to the constantly changing interventions (Stroul, 2002, pp. 8-9).

Despite these challenges, learning from those states and organizations who have engaged in and had success with SOC is vital to creating systems that will be sustainable. It is also critical that evaluation data collected from this state's SOC is utilized to make data-driven decisions and ensure proper implementation according to SOC core values and principles.

The Research and Training Center for Children's Mental Health at the University of South Florida "...conducted research, synthesized and shared existing knowledge, provided training and consultation, and served as a resource for other researchers, policy makers, and administrators in the public system, and organizations representing parents, consumers, advocates, professional societies, and practitioners." The work of the Center was funded by the National Institute on Disability and Rehabilitation Research, U.S Department of Education and by SAMHSA (Substance Abuse and Mental Health Services Administration). This broad level of funding support is indicative of the commitment of these agencies to building a research base regarding children's mental health.





## Maximize financing strategies, mechanisms and structures

### Increase the use of Medicaid

States that look to expand their systems of care must have a working knowledge of Medicaid funding and how to best utilize changing definitions, Medicaid expansion, health care reform, health insurance, and health homes to their benefit. In a study of states with successful SOC, researchers found inclusion of new Medicaid services codes and definitions, multiple Medicaid options and waivers, and revisions of existing service codes to cover services that are better aligned with SOC principles (Stroul & Friedman, 2011).

### Increase the use of federal and state grants as well as philanthropic dollars

In addition to federal and state funds, states should consider accessing grant and philanthropic dollars to maximize their flexible pool of funds. Often, private and corporate foundations are interested in and willing to provide funding for innovative and new approaches to addressing social issues, and these types of opportunities would be excellent options for states that are looking to fund components such as peer support services, employment support services, client engagement efforts, and SOC program components that may not be billable through Medicaid/Medicare. This funding can be blended with other federal and state dollars to add additional components, or it can be used as a short-term sustainability solution until other dollars can be secured.

### Coordinate funds from multiple child-serving agencies

“System builders must understand *all* of the major financing streams,” according to experts who have blended, braided, and/or coordinated multiple financial resources across systems (Pires, 2008, p. 106). The complexity of using fiscal resources from multiple financing streams in a coordinated, unified manner can be daunting, but remains an essential task for system building. It can involve restructuring finance systems, obtaining waivers, and other creative strategies. Collaborative funding across multiple child-serving systems and agencies is one strategy for funding SOC services and supports. In addition to Medicaid, grant, and philanthropic dollars, funding streams typically used by SOC include mental health, education, child welfare, juvenile justice, substance abuse, and other, lesser-known financial systems such as vocational rehabilitation, local funds, and Title V Maternal and Child Health.

A similar and related lesson learned regarding financing is that SOC work must be supported with adequate resources. This goes beyond funding for families, services, and supports, and includes resources for



building an SOC. Staffing, workforce development, technical assistance, supporting youth and families, and engaging stakeholders all take time and money. Resource allocations for this development are critical.

### Shift funds from higher cost services to lower cost services that meet clinical needs

States should be aware that changing legislation can significantly impact their ability to provide services to clients. Because of this, it is vital that SOC have creative approaches to funding, including blending services across different public agencies and operating with managed care organizations. When clinically appropriate, shifting services from expensive treatment options, such as residential treatment or hospitalization, to less expensive community-based options is an effective strategy. Wraparound services are typically used for families with this level of need, but even those are typically less expensive than residential treatment and hospitalization.

### Build a quality workforce

In a study conducted by Stroul (2013) on lessons learned by states and communities building SOC, two key lessons learned about building a quality workforce include:

- The lack of a trained workforce frequently hampered communities attempting to build an SOC.
- Individuals employed in the system tended to make strong leaders when hired to lead SOC work.

Dodge and Huang address what they call the “mental health workforce crisis” (2008, p. 643) of having neither adequate numbers, nor adequately trained and prepared staff to provide needed services and governance. They discuss the unique issues and challenges in building the workforce, and they propose a “workforce development action plan” that includes seven action goals with multiple strategies.



# OPERATIONAL PROCESSES

## Operational Processes

Operational processes are the mechanisms used to implement the vision, mission, core values, and principles. Cultural competence, collaborative partnerships, peer support, and family-driven perspectives are the values that underpin the operational processes.

### *Culturally respectful, competent and responsive*

“Cultural and linguistic competence” (CLC) is one of the core values of SOC work. While CLC is essential at all levels, it is not always easy to operationalize. As Pires (2008) noted, many of the children, youth, young adults, and families served by an SOC come from diverse backgrounds. Operationalizing CLC means that staff are aware, competent, and responsive to the unique cultural differences and needs of the people they serve. Failing to provide services that are culturally and linguistically responsive to family’s needs risks not only the success of the intervention but also the alienation of families.

### *Utilization of evaluation and outcome data for decision making*

Research on “what works” in system development as well as clinical research is becoming more plentiful and easily accessible. Challenges with producing credible evaluation findings of SOCs are discussed within the “Infrastructure” pillar of this document. A large-scale evaluation of SOC development was done over a number of years, funded by SAMHSA, and involved most state and local grantees. The report is available online (SAMHSA 2016).

### *Collaborative, multisystemic services*

SOC work is inherently complex, multisystemic, and collaborative in nature. It involves forming and maintaining relationships and partnerships, including dealing with conflict. It requires an understanding of group processes and shared decision-making and skills in navigating complexities of multisystemic work.





### ***Ongoing focus on sustainability***

System builders maintain a focus on sustainability so that this complex work continues over time and evolves with the changing needs of the community. States with successful and effective SOC expansion incorporated the SOC approach in monitoring protocols, compliance measures, and measurement of SOC outcomes. For example, Hawaii has a strong focus on quality assurance with an annual review of all providers. The review evaluates services for individual children and families and the implementation of the SOC approach.

### ***Adhere to the SOC vision and guiding principles***

The core values and guiding principles for SOC were originally published in 1986 and have been updated and revised many times as experience with SOC development has grown across the country throughout the years. Consequently, the SOC values and principles embody lessons learned from across the country and over time.

#### **Core SOC Values**

- Community-based
- Family-driven, youth-guided
- Culturally and linguistically competent

#### **SOC Principles**

- Broad Array of Effective Services and Supports
- Individualized, Wraparound Practice Approach
- Least Restrictive Setting
- Family and Youth Partnerships
- Service Coordination
- Cross-Agency Collaboration
- Services for Young Children and their Families
- Services for Youth and Young Adults in Transition to Adulthood
- Linkage with Promotion, Prevention, and Early Identification
- Accountability (Stroul et al., 2014)

### ***Sustainability***

Sustainability for the SOC approach includes the necessary components of collaboration, technical assistance, and training. SOC collaboration includes partnerships between:

- State and local agencies
- Service providers
- Family-run and family-support organizations
- Families and youth

Expansion is particularly successful when partnerships have led to cross-agency financing of the SOC infrastructure and services, when decision-making power is shared across partnerships, and when collaboration among partnerships is required by the state in legislation, policies, contracts, and other agreements. Some strategies for sustainability include:

- Using agencies and organizations that already exist at the local level in each sector of the state.
- Recruiting families and individuals from the community as leadership to build a new family-run organization from scratch.
- Contracting with an already existing family-run organization, advocacy agency, or a provider to build and nurture a new local family-run organization.

The state can designate a locus of management and accountability to oversee all sectors. Leaders of established partnerships set up, facilitate, and oversee strategic planning and meetings.

States and community SOC leaders can set up technical assistance, training, and coaching to all system levels through SAMHSA, universities, consultants, or other experts on SOC. Training and materials should be provided to all partners (especially family members from the community that may need administrative training) so they can participate in their roles, fulfill expectations, and orient themselves to the SOC approach.

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# ONLINE RESOURCES

**Better Evaluation:**

<https://www.betterevaluation.org/>

**Florida Research and Training Center:**

<http://rtckids.fmhi.usf.edu/publications.cfm>

**Georgetown Technical Assistance Center:**

<https://gucchd.georgetown.edu/technical-assistance.php>

**National Child Trauma Stress Network:**

<http://www.nctsn.org>

**National Federation of Families for Children’s Mental Health:**

<https://www.ffcmh.org>

**National Technical Assistance Center at University of Maryland:**

<https://www.samhsa.gov/nttac/about>

**SAGE Journal:**

<https://www.sagepub.com/>

**Youth Move National:**

<https://www.youthmovenational.org/>







# TENNESSEE SYSTEM OF CARE

Lessons Learned from Early Developers (1999 - 2018)



**A system of care is:** *“A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”*

– **National Technical Assistance Center for Children’s Mental Health, Georgetown University**  
[https://gucchd.georgetown.edu/products/Toolkit\\_SOC\\_Resource1.pdf](https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf)

**Wraparound services are:** *“Wraparound differs from many service delivery strategies, in that it provides a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral challenges. Wraparound puts the child or youth and family at the center. With support from a team of professionals and natural supports, the family’s ideas and perspectives about what they need and what will be helpful drive all of the work in Wraparound.*

*With the help of the team, the family and young person take the lead in deciding team vision and goals, and in developing creative and individualized services and supports that will help them achieve the goals and vision. Team members work together to put the plan into action, monitor how well it’s working, and change it as needed.”*

– **National Wraparound Initiative, Portland State University School of Social Work**  
<https://nwi.pdx.edu/wraparound-basics>



TENNESSEE SYSTEM OF CARE

## EXECUTIVE SUMMARY

**The system of care (SOC) approach to mental health has a rich history in Tennessee.** Over a timespan of nearly 20 years, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) has led efforts throughout the state to build SOCs to assist families in need of mental health services and supports. These SOC development efforts, aided by federal grants, have taken place in 28 of Tennessee’s 95 counties, and the current System of Care Across Tennessee (SOCAT) initiative is being implemented statewide.

Across the country, SOCs have been notoriously complex and difficult to develop. This holds true for Tennessee, where there is a wealth of experiential knowledge too valuable to go unshared. This knowledge is framed in this study as “lessons learned” to reflect the wisdom gained from successes and challenges. As one SOC staff member shared:

*“We do have many, many lessons learned over the last 20 years [of doing SOC work] of what has worked well and what hasn’t. I hope this [information] is helpful in guiding the work going forward.”*

# EXECUTIVE SUMMARY

(continued)

Twenty-three lessons learned emerged from this study. These lessons have been organized into four key themes:

## 1. Learn from Past SOC Experiences

Reflecting and building on the knowledge gained from previous SOC development work is considered by many of the interviewees to be the most fundamental of the SOC lessons learned. Twenty years of SOC development efforts in Tennessee offer invaluable lessons to current and future SOC sites regarding what does and does not work well.

## 2. Ensure Meaningful Partnerships

The importance of multi-agency and community partnerships was mentioned in the majority of the interviews. Creating and maintaining meaningful partnerships with families was also considered key. Interviewees stressed the value of a family's involvement in decisions about their own care and services as well as their ability to provide a unique voice and perspective that guides, improves, and shapes SOC care and services, overall.

## 3. Build Strong, Open, Democratic Leadership

Many of the interviewees had experience with leadership in SOC. Leaders were perceived as having roles in building a vision, engaging in strategic planning, planning for sustainability, developing new skills and services, facilitating effective communication, committing to families as full partners, establishing collaborative partnerships, ensuring cultural competence, and providing mentoring and training.

## 4. Intentionally Develop Skills and New Services

The complexity of creating and sustaining a multi-agency service delivery system was a common theme throughout the interviews. SOC requires a distinct—and often new—set of skills and abilities. Communication, relationship building, cultural competence, group process and conflict resolution were a few of the skills identified as important for SOC staff to engage with, and are detailed throughout this report.

The twenty-three lessons learned reflect the knowledge gained by individuals who have worked in a range of positions on Tennessee's SOC efforts, over a number of years. Interviewees spoke with a passion for, and commitment to, SOC work in Tennessee. They expressed the feeling of discouragement that often comes with complex work, but also the enthusiasm and satisfaction that come with helping families succeed.

This report details the experiences of Tennessee SOC developers, as shared by those individuals, and should be interpreted with that in mind. The hope is to provide readers with the information they need to assess whether each lesson learned applies to their circumstances and to use these reflections of past SOC builders to inform ongoing program decisions. This report also aims to serve as a resource, providing valuable insights to support the success of the current SOCAT initiative and ultimately, to support the best possible outcomes for children, youth, young adults, and families in need of mental health services and supports.



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## INTRODUCTION

Between 1999 and 2018, Tennessee received seven SAMHSA System of Care (SOC) grants to support the work of building a statewide, evidence-based, multi-system array of services and supports designed for individuals (ages 0–24) experiencing serious mental

health issues and their families. Five of the previous grants were demonstration grants awarded in individual counties, and the two most recent grants have included an expansion grant and the current statewide initiative. The last two include multiple counties and communities.



The current (2016–2020) SAMHSA-funded SOC initiative, System of Care Across Tennessee (SOCAT), is intended to encompass the development of SOCs in all of Tennessee’s 95 counties in just four years. To support efforts to achieve this goal, independent evaluators from Centerstone’s Research Institute, under contract with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), designed and implemented two studies compiling lessons learned from Tennessee SOC grants and initiatives, as well as those of other states who have experience with SOC development.

On the national level, a literature review was completed on lessons learned in other states and localities across the country, including national technical assistance materials and resources. The literature review was done to support the development of the Tennessee lessons learned study and can be considered a companion to the study detailed in this report.

In order to identify lessons learned in Tennessee, twenty individuals who were closely involved with the development of SOCs in Tennessee were invited to participate in an interview process. Of those, fourteen individuals completed interviews that each lasted approximately forty minutes. The interviews were recorded, transcribed, analyzed, and the findings resulted in twenty-three lessons learned. These twenty-three lessons learned are the subject of this report. Representatives from both past and current Tennessee SOC grants were selected to be interviewed based on the depth, type, and duration of their experiences with Tennessee SOC development and implementation. At least one person who was closely involved with each of Tennessee’s previous SOC grants was interviewed.

It is important to note that interviewees did not typically include individuals from organizations within fields such as education, juvenile justice, health, DCS/child welfare, or vocational education. Historically there has not been significant involvement in SOC efforts by these agencies, so there are no staff representatives available to be interviewed.

Interview results confirmed that all interviewees were knowledgeable, skilled, and experienced in SOC development. Interviewees shared their perspectives and offered advice and support to those involved in the SOCAT initiative. The interviews reflect a shared trait among interviewees; a passion for and desire to support new SOCAT partners in their work to build successful SOCs. Many interviewees talked about which processes worked well, which did not, and the changes they would make when developing an SOC.

The study detailed in this report investigated the experiences of those involved in previous SOC development efforts and reflects the knowledge they have gained. Staff members with experience in a variety of roles, including management, direct service, technical assistance, and state-level planning and oversight from each of the previous grant sites shared their experiences via individual interviews. They reflected on successes to replicate, mistakes to avoid, and important components of SOCs, including aspects of services and supports that made a significant difference. The goal is for this candid, firsthand view of SOC experiences in Tennessee to support the current initiative (SOCAT) and future SOC development.





# LEARN FROM PAST SOC EXPERIENCES

## Learn from Past SOC Experiences

Reflecting and building on the knowledge gained from previous SOC development work is considered by many of the interviewees to be the most fundamental of the SOC lessons learned. Twenty years of SOC development efforts in Tennessee offer invaluable lessons to current SOC sites regarding what does and does not work well. This document reports on a study done to extrapolate the Tennessee lessons learned, while *Systems of Care Development: National Lessons Learned (1982 - 2018)* compiles lessons learned in SOC development from across the country.

### Create a shared vision

The importance of creating a shared vision for SOC development that is centered on the needs and goals identified by the community was mentioned throughout the interviews. Interviewees expressed a desire for community partners to be clear about their mission, vision, and goals for developing a viable SOC.

*“Communication is key, so communicating and being sure what we’re working towards from the beginning, while we know things may change or we may adjust things as we learn from what we’re doing.”*

Interviewees expressed the importance of providing a clear picture to community partners about how they could make an SOC a reality and what that would mean for families. They articulated the importance of identifying and communicating this vision from the beginning and building on the vision as the SOC is developed. One interviewee who emphasized the importance of creating, maintaining, and communicating a shared vision, said it was like having a “guiding star.”

*“Having a guiding star is helpful to make sure that we’re all moving forward on the same page, and we all know what we’re trying to work towards, and so if we ever kind of have some challenges or disagreements, we can always look back to that overarching vision and make sure to ask ourselves, ‘Is what we’re doing or wanting to do in line with that?’”*

### Plan for sustainability from the start

Sustainability was mentioned in many of the interviews. Interviewees explained that sustainability is usually discussed toward the end of the program or project; however they stressed the importance of beginning to address sustainability from the start of the program rather than waiting until later, which is often “too late.”



One interviewee suggested the need for a strategic plan specific to sustainability and emphasized, as did others, the importance of identifying this strategy early in the development of an SOC initiative.

*“My primary focus for most projects was around sustainability and about how to sustain this care, and so we studied lots of models, talked to lots of people. The first thing with sustainability is that you need to be starting early.”*

Receiving the surge of money that a grant provides, without a strategic plan for funding the SOC long term, has been problematic in the past. Some SOC managers talked about how helpful the grant dollars were to SOC development, but conversely, how difficult it was when the grant dollars went away. Sustaining SOC work requires detailed fiscal planning, which typically did not happen frequently enough. Many previous SOC efforts have disappeared since the grant funding ended.

Interviewees noted that communities may actually be better off with fewer dollars because it forces more intentional planning and strategic use of multiple, varied funding sources.

*“I understand that there has to be limitations on money and how it’s used and that kind of thing, but I think having a small pot of money that was flexible and could be used for kind of creative problem-solving ... I thought that was a really important add-on to good services.”*

Interviewees talked about the importance of working toward funding across multiple systems during the life of the grant so that SOC efforts could be sustained. One person suggested a need for an overall strategic-funding plan developed early in the SOC development process. Others talked about the need for state-level changes.

*“I think the other thing that SOCAT [Systems of Care Across Tennessee, the current statewide SOC development initiative] has the potential to do is—because it is statewide—is really changing policy and funding structures and that kind of thing at the state level. I think when you look [nationally] at systems of care that have been effective, there are places where they have embedded the system of care in their Medicare system, so it has really ... been given a home, and allowed to ... shape the way an entire state did business.”*

Still others discussed sustainability as more than funding alone. They included creating an infrastructure

by sustaining partnerships, family engagement, and other SOC components. Interviewees also considered evaluation to be an integral part of sustaining SOC work. A clear evaluation can help in determining what aspects are successful while providing the data to reinforce that success.

### **Take into account the diversity of our communities, children, youth, young adults, and families**

Several of those interviewed talked about how individuals, families, and communities across the state are all unique in many ways, and how that results in SOCs looking different from one another. Interviewees commented on the importance of SOCs addressing these characteristics and needs and the training to understand them, both of which ultimately add to the complexity of SOC work.

*“You have to meet families where they are. You have to meet communities where they are.”*

Unique characteristics of individuals, families, and communities should be a part of training efforts to help everyone to be aware of and sensitive to diversity and differences.

*“It’s extremely important not only for agencies and teams to get trained on what cultural competence and linguistic competence is, but also what it looks like in practice.”*

Several of those interviewed discussed the challenge of operationalizing cultural competence and other SOC core values (see Appendix A). Geographic, regional, and cultural differences were mentioned multiple times as being important considerations when building community-based SOCs. These considerations are viewed as even more complex when the differences throughout Tennessee are taken into account. Staffing and workforce development challenges have sometimes made it necessary for SOC staff to provide services in multiple locations.

*“[It’s difficult when a] worker’s not familiar with the resources that are in [another] county, and so it’s a little more time-consuming for them to have to build a relationship with other agencies, partner agencies, and then you have mileage issues that can come up because of travel, and if a family does need immediate assistance and it takes the worker an hour and a half to get there, then that can cause a problem.”*



Referring to the current SOCAT initiative, which is expected to implement SOC across the state, one interviewee commented:

*“You know, 95 counties is a ton, and the SOCAT initiative will look different in every county.”*

Several interviewees suggested that the challenge of operationalizing SOC core values is an important issue for the lead state department, the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), to address. Interviewees understood TDMHSAS as being able to provide local communities with the support, training, and resources needed to address this challenge.

*“I think, for SOCAT, identifying organizations in each county that are already strong, respected, doing good work, and building on those, I think, is a much better way of going about business than trying to recreate the wheel.”*

### **Engage all stakeholders early and often**

Getting off to a positive start was mentioned as important for engaging family and community partners in SOC development. That positivity helps to create momentum needed to build an effective SOC. This involves organizing and leading initial meetings, while simultaneously allowing space for participants to have active roles in shaping the group’s work.

Several interviewees talked about the importance of engaging family and community partners early in the SOC development process, and the value of communicating clearly what was expected of them. One interviewee emphasized that when people knew what was being asked of them, how they could contribute, and how they were valuable, they were more likely to engage.

Another interviewee agreed that having a clear vision and clear communication from the start is essential to engaging both agency partners and families.

*“It’s extremely important to get buy-in from the other agencies in the community and organizations in the community, and one way you get that buy-in from the beginning is going back to the mission or overall vision of what we want to accomplish, being able to communicate that effectively, and make sure that the partners are clear on what it is we’re trying to do. [They should understand] how they fit into that and how it can help them, so there’s a mutual benefit to both the work we’re doing and the work they’re doing in their agencies. Explain the importance of why the systems change is necessary.”*

### **Provide staff support, resources, and training from the start**

Throughout the interviews, the importance of supporting all community partners with information, resources, and professional development opportunities was reiterated. Variations of this lesson learned were shared in different contexts including leadership, staff turnover, sustainability, cultural competence, new skill development, and meeting unique family needs. Hence, this lesson learned is covered in more detail in numerous sections of this report. Regardless of context, an important finding regarding SOC staff success is that support, resources, and training have to take place from the very beginning of the SOC development process.

*“It’s not just about what you’re training. It’s about when you’re training.”*



# ENSURE MEANINGFUL PARTNERSHIPS

## Ensure Meaningful Partnerships

One of the most pronounced findings in the Tennessee interviews was the value of effective partnerships. The importance of multi-agency and community partnerships was mentioned in the majority of the interviews. Creating and maintaining meaningful partnerships with families was also considered key. Interviewees stressed the value of a family's involvement in decisions about their own care and services as well as their ability to provide a unique voice and perspective that guides, improves, and shapes SOC care and services, overall.

*"This is an opportunity to do the right thing for these families."*

### Ensure that families, youth, and young adults are full partners

One of the SOC core values (see Appendix A) is that families, youth, and young adults are full partners in SOC development. Interviewees frequently emphasized the value and importance of "family voice" in every aspect of SOC work.

*"I think it really is about continuing to stress the importance of family voice and youth voice, and being able to support that voice, and the ability for those persons to engage in treatment and in care paths that can help other families and youth. I think that would be the biggest lesson learned: the value of that voice."*

Most interviewees commented on the value of families' active involvement in shaping their care and developing their plans of care. Many expressed the importance of "meeting families where they are" and building engagement strategies around the unique needs of the families being served.

*"Not every kind of engagement strategy is going to be right for every single family or every single youth. I think having every available tool and strategy on the table is really important."*

Interviewees addressed the importance of families having a fundamental role in steering their own care. Most talked about how important it is for families to lead or direct their own care and care team.

*"Talk to families and young people about what has been helpful, what has not been helpful, what engages them in services and what deters them from services."*

Conversely, it was acknowledged that not all families choose to, or feel able to, assert themselves in their own care, which adds to the complexity of SOC work.

*"A lot of times families are scared to speak up because maybe they go to church with the assistant principal."*

Some interviewees viewed this challenge as an opportunity to share information with youth and families about their rights and to help them advocate for their own needs.

*"Advocacy is a big part of system of care to me because children and families are not aware of exactly what their rights are. I think that you [can] never really stress enough how important it is that those providing SOC work educate the family on how to be their child's advocate and educate children, even on how to promote self-advocacy."*

Regarding family involvement and engagement, some interviewees noted that many SOC in Tennessee have

used a family advocacy organization to support their SOC development. Several commented that having a professional organization represent families' voices, instead of having families directly involved in decision-making, does not sufficiently support the core value of family involvement (see Appendix A). In other words, family advocacy organizations, while they have an important role to play, should not take the place of families having a direct voice. Interviewees described a need for families that are being served by SOCs to have a significant role in all levels of decision-making.

*“So it’s super important to have the family members involved at every level of the initiative, from the direct services and support to being on local teams and in councils and government structures to being at the infrastructure at the state level and providing that voice and input, both for families and the youth and young adults, because as we always say, ‘they know what it’s like and they have the experience and they know what was helpful and what wasn’t and so they should be given seats, not just one, but seats at the table at every level to provide recommendations and to provide that input and feedback.’”*

Interviewees addressed families' involvement as it relates to participation in their care but said less about families' involvement as it relates to leadership or other significant roles in SOC development. However, interviewees did emphasize that families generally have not had a significant enough role in SOC development in Tennessee.

*“...it is not a model where you can give somebody a checklist and say ‘Hey, do this, this, and this and you’ll be a system of care.’ You can train on the values and principles, but helping people understand the true value of partnerships with families and caregivers is tough.”*

### **Include the many essential partners in SOC work**

Buy-in, participation, and commitment from all the essential child, youth, and family-serving agencies in the community were described by interviewees as critical to SOC success. SOC work requires high levels of engagement from partner agencies if families are to be served effectively within the SOC model. Having a serious mental health need can affect relationships, behavior, learning, social interactions, and other issues of



well-being. This can result in connections or working with multiple service delivery systems.

*“Just about any child that I’ve ever worked with is involved in different child-serving systems, whether it is the educational field, juvenile court, mental health, DCS [Department of Children’s Services] ... It’s really important to know the community that the child is in that you’ll be working with, so that you can help them find services within their community that you know are going to be effective in meeting their needs.”*

Interviewees expressed the importance of including multiple agency and family partners in each SOC network. Actively involved partners are at the very core of SOC work and are essential for developing wraparound services.

*It’s really a community initiative, a system initiative. Mental health alone cannot address these issues... You have to have lots of different, lots of different players at the table.”*

### **Build trusting partnerships**

The importance of developing healthy, productive partnerships and teams was a significant lesson learned shared by interviewees. Most people mentioned, at least once during their interview, the importance of positive group dynamics and knowing how to work through conflict when it arises. Different SOCs built partnerships and teams differently, and the data reflect this. The consistent message was the importance of having a functional team of partners working together to develop an SOC and serve families.

*“It’s an agreement that you make at the very beginning, and I think if you do not spend the proper amount of energy on building a healthy trust, healthy teams, and group dynamics, it will not work ... it doesn’t matter how much training you have otherwise. It doesn’t matter how much money you have, and it doesn’t matter what your mission is ... if you don’t work out those group dynamics, it will fall flat, and the families, they’ll wind up suffering.”*

Based on their experiences, several interviewees offered tips for building and sustaining meaningful and effective partnerships:

*“The partnership with the Family Support Specialist [FSS] is key. If you can get a good FSS working side by side with the clinical team, they really can bring something to the table that you can only get through experience.”*

Collaboration and team building were considered by interviewees to be key tools that lead to improved services for families. When collaborative teams functioned effectively, interviewees noticed a positive difference in the way SOC services impacted families.

*“... We embedded different types of people from different agencies into those work groups, and the work groups had to have their own goals and objectives and to give feedback at the meetings as to what they had done, and that worked better.”*

Interviewees emphasized the importance of meaningful partnerships, trust, and clear communication between agency partners at both the state and local levels. These effective partnerships were considered by interviewees to be essential to the overall success of SOC work.

*“I think it is important for many reasons to model behavior, so if we’re asking the local sites to partner with other organizations and agencies, we also need to set that kind of precedent and show that it is not just at the local level: It’s at a state level as well.”*

Building a cohesive, interagency team at either the state or local level was described by interviewees as “really difficult work.” Across all interviews, no one stated that SOC work is simple or straightforward. Many interviewees acknowledged that forming functional SOC teams is complex and challenging; however, it is essential to building an SOC that serves families most effectively.

In order to collaborate successfully, interviewees stressed the importance of learning about partner agencies and how they operate. Each agency has unique mandates, funding streams, reporting requirements, and



accountability structures. All involved partner agencies must seek to understand one another's working processes if they are to be truly effective interagency partners.

*"... we asked [the Department of] Education and DCS [Department of Children's Services] and the Department of Health to come up with parts of that [SOC] orientation, to show the participants how their department is involved in the system of care."*

Interviewees also said that effective SOC partners or team members have a working understanding of the SOC core values and guiding principles (see Appendix A). They emphasized that the complexity of working across systems and the demanding nature of this work require an in-depth understanding of these particular values and principles.

*"We did something and I think this was really good: About every quarter, we would have an orientation for the new people in the community. It could be a new person who worked for DCS [Department of Children's Services], it could be new people that didn't know about system of care ... anybody could come to it."*

### **Be honest and transparent: Build trust**

Cross-systems collaboration is clearly difficult and challenging work. Taking time to discuss what motivates participants can help build trust between partnerships. Several interviewees recommended that all agency partners be open and transparent about what they hope to achieve through their participation in the SOC. Interviewees suggested that this type of conversation helps develop effective partnerships, strengthen communication, and build trust.

The importance of building trust was discussed frequently throughout the interviews. Interviewees said transparency was important at multiple levels of SOC development, both on the ground within individual SOCs and at the state level when providing training, resources, and technical support. As one interviewee mentioned, an important step in ensuring transparency is establishing shared group principles:

*"This is how we're going to work together, and these are our guidelines, and we're going to hold each other accountable to those guidelines... It's an agreement that you make at the very beginning."*

Effective collaboration and healthy team building were identified as key strategies that led to improved services for families. When collaborative teams were built successfully, interviewees said they were able to see the difference in services provided by those teams that collaborated effectively.

*"Everybody had one unified treatment plan, so instead of having five, six different plans, now we have one. We have one treatment plan and each thing that the family said they needed help with! It was way more hands on with everybody understanding what everybody needed to do and all work together."*

Many of the national SOC core values and guiding principles (see Appendix A) are based on the belief that multiple agencies comprise the SOC and offer families options for the combination of services that best meet the families' needs. Interviewees explained that an SOC is not solely a mental health initiative, since people with complex mental health issues typically have needs that span a number of service delivery systems.

*"It's really a community initiative, a system initiative, so mental health alone cannot address these issues. Mental health is everybody's issue. You have to have lots of different players at the table."*

### **Establish clear communication between all partners**

Communication is another key element required for ensuring successful teamwork and collaboration. Strong communication is closely related to the key themes of honesty, meaningful partnerships, and trust."

*"You have to be straightforward, and you have to be honest."*

This includes being clear about roles and responsibilities and communicating what is expected of whom, when, and how, so as to avoid miscommunication and confusion.

*"Confusion kills collaboration."*

Clear communication is linked to many of the other findings of this study. In addition, meeting families and partners "where they are at," linked with effective teamwork and services, seemed to create the best support for families.



### ***Understand and address culture—both individual and organizational***

Cultural competence is an essential skill for anyone serving families in an SOC. Interviewees talked about cultural competence as it relates to the ability to effectively serve families and communities. Some interviewees did stress the importance of considering differences in organizational cultures and the impact that those differences could have on SOC development. The culture created by SOC staff can also shape organizational processes and relationships. Sometimes, intentional change is needed within one organizational culture to allow for effective teamwork and partnership-building.

*“[There need to be] conversations around how to create a successful workplace culture that will be respectful to all the entities’ mission statements, values, and just theories on how to approach providing care to families and youth.”*

No single strategy emerged as the ideal way to change or address differences in organizational cultures; however,

interviewees did communicate a need for respect and consideration of differing agency cultures and values. Training was considered to be one particularly worthwhile tool for improving organizational culture, sensitivity, awareness, and competence.

*“It’s really about understanding our own culture and the effect it has on us, and coming in to work with others, understanding that. We need to be willing to say that ‘my normal is not your normal.’ We are all different.”*

This value of respect was also communicated in terms of partnership with community organizations.

*“You have to engage the people who are already on the ground, the people who are, frankly, already doing the work that you want them to do. So bringing them on and honoring and respecting what they have done and what they’re capable of doing, I think, is really important.”*

# BUILD STRONG, OPEN, DEMOCRATIC LEADERSHIP

## Build Strong, Open, Democratic Leadership

All of the interviewees had experience with leadership in SOCs. Most interviewees had a good deal to share about their leadership experiences in SOC development as well as their observations of leaders and the effects those individuals had on SOC work. Some had served in leadership positions in the SOCs or at the state level, and others had not held leadership positions but had worked closely with SOC leaders.

Many specific aspects of leadership were brought up during the interviews. Leadership became a multi-faceted topic that can be linked to many of the Tennessee lessons learned identified in this study. Leaders were perceived as having roles in building a vision, engaging in strategic planning, managing for sustainability, developing new skills and services, facilitating effective communication, committing to families as full partners, establishing collaborative partnerships, ensuring growth in cultural competence, and providing mentoring and training. Regarding SOC leadership and the complexity it entails, one interviewee said:

*“It’s this kind of leadership where it’s a lot of facilitation and a lot of relationship building and a lot of getting people to sign on to an idea that’s sort of nebulous ... being able to allow deliberations but then move people forward, I think, is a really ... really hard thing to do ... So I think it requires strong leadership, but it’s a really particular type of leadership ... Leadership that is able to—and a person who is able to—lead a sort of deliberative, democratic process, someone who is able to make things happen so that people know, you know, what’s the vision and where are we going and what are we doing and ... why are we doing it.”*

## Ensure that leaders establish clear communication with partners, staff, and families

Clear communication was referenced often as one of the most essential building blocks for developing healthy teamwork, partnerships, and a skilled workforce. SOC leaders were considered to be pivotal in setting expectations for clear, honest communication.

*“If you are not communicating how this helps families improve in a way that’s concrete, it is going to be very hard to increase your community partnerships and your overall sustainability.”*

Many interviewees stressed the importance of an open line of communication between staff and leadership at both the community and state levels. Some expressed frustration regarding the absence of such communication in their past experiences with SOC work, and they addressed its detrimental effects.

One interviewee, who had leadership experience at both the community and state levels, expressed the importance of being able to balance the interests of multiple parties at both levels of leadership.

*“It doesn’t matter if you’re a government agency or a community mental health center--you have a set of politics in whatever environment you’re in. But the politics on this level is a whole other thing because you’ve always got to be really agile. You’ve got to make sure you’re balancing out everybody’s interest.”*

## Communicate the shared vision

Creating a shared vision was mentioned earlier as one of the most important lessons learned regarding the beginning stages of SOC development. In addition, a number of interviewees talked about the importance of communicating that shared vision. Communication was



viewed as an important role for leadership, staff, and other community partners.

*“Communication about the overall vision is ‘like having a guiding star.’”*

Interviewees reflected on the importance of partners, communities, and families all rallying around a shared vision. Many discussed the importance of developing and clearly communicating a vision of the SOC’s purpose and goals. This was mentioned as being the responsibility of agency leaders—who collaboratively create and communicate the vision, but include others, such as a social marketing team, as well.

*“Communication around this [SOC development] is very hard. Don’t underestimate the importance of a really, really strong social marketing person who can translate the lofty ideas, lofty values into something tangible.”*

Interviewees shared the difficulty they had experienced when attempting to translate the SOC core values and guiding principles (see Appendix A) into clear expectations, tasks, goals, and a strategic plan. They emphasized the shared vision as an important tool for communicating the purpose and goals of each SOC, and stressed that this vision is essential for successful engagement of partners and families.

The delicate balance between engaging partners and families by sharing a collective vision and bringing them together to create a unique shared vision within an individual community was apparent. Operations and processes of an SOC can be adjusted and improved over time, but a clearly-messaged vision is a necessity early in the process, so that partners and families are inspired to engage from the start.

SOC is a relatively new way of serving families. A shared vision spells out what the individual SOC looks like, how it will be developed, who will play what roles within it, and why it is important. Clear communication is essential, and communicating the shared vision sets a clear direction in guiding the SOC work.

### **Use strategic planning and evaluation data to guide leadership**

Interviewees considered both strategic planning and the use of evaluation data to be important management tools for SOC development. The ongoing integration of

these tools in shaping SOC development was considered important, as was the need for including training and technical assistance in strategic plans.

*“I cannot underscore enough the importance of having a coordinated training and technical assistance plan that is absolutely cohesive and that is supported by the overall strategic plan ... oftentimes, training is either too much focus or not enough focus.”*

A quality improvement process that is based on evaluation data was suggested as a helpful way to organize and use these management tools. Collecting and using evaluation data was described as a way to improve SOC decision-making, teamwork, and service delivery.

### **Hire diverse staff and provide training and support**

One important approach to addressing the SOC Core Value of “cultural and linguistic competence” (see Appendix A) is to ensure that staff—at all levels—come from a variety of diverse backgrounds and cultures. This supports the development of policies and services that reflect the diverse nature of all people.

*“I just think that [SOCs need] to be attentive to who, on the state level of leadership, who are the people in leadership positions, and do they reflect the people that they are trying to serve?”*

Families involved in SOC are also representative of a diverse set of mental health needs. Staff who are culturally and linguistically competent are better able to “meet families where they are.” Hiring people with a diverse range of backgrounds, cultures, perspectives, orientations, and other characteristics, allows families to have the opportunity to connect with people they can relate to.

*“At the end of the day, you know, SOC are, are really supposed to be community driven, so if you can basically have a cultural broker who is already there, people already trust, people already have relationships with, that, I feel like, is going to go there faster than trying to bring somebody up to speed on the community.”*

“Cultural brokers” may be agencies, organizations, or individual leaders who are already established and

trusted within a community. Hiring or partnering with someone who already has the community's trust can go a long way toward bringing a community or family on-board with SOC as a new approach.

### ***Train early and often; mentor, coach, and provide technical assistance***

Training, in addition to mentoring, coaching, and technical assistance, was mentioned throughout the interviews as being crucial to successful SOC teamwork. Leaders are considered to be the key for ensuring that SOC development happens effectively; however, it was also acknowledged that this is a very challenging aspect of SOC leadership. Training, mentoring, coaching, and technical assistance are considered management tools that can assist.

*"It's hard to train around the SOC values and principles because it is a culture shift. It's not a model, and it's not a checklist. It really is a culture shift."*

It is the culture shift, rather than simply teaching new knowledge or skills, that makes training, mentoring, and coaching in SOC work especially challenging.

*"It's absolutely critical that in the training of the staff and the training of the community that it's very clear why people are doing what they're doing and what the expectation for that training is."*

Interviewees also emphasized the importance of providing professional development opportunities to all staff. As mentioned earlier, several important components of SOC training and professional development include conflict resolution strategies and an understanding of effective group processes.

*"I would say that conflict resolution, working in groups—that needs to be a core and foundational part of the overall training plan so that people don't just go back to the default of what they are used to."*

Leaders are considered able to provide professional development, disseminate important information, supply helpful resources, and assist staff in addressing relevant cultural issues. Several interviewees stated that leaders must understand and embrace diversity and human differences and model this competence to others. They must be sensitive to individual needs, and they must also address organizational culture.

### ***Use both bottom-up and top-down leadership approaches***

Supporting and developing collaboration and teamwork across multiple systems is considered a challenge for everyone, including leaders. One suggestion is to use a variety of participatory approaches when leading teams.

*"There needs to be genuine collaboration and not a top-down kind of thing."*

Leadership in SOCs is considered to be fairly unique because SOC partnerships and collaboration require a team approach, not a hierarchical one. Simultaneously, authority and accountability on the part of leadership is necessary and needed. Interviewees clearly stated that managing hierarchically doesn't work and suggested a "top-down, bottom-up" approach.

*"You've got to do a buy-in in the community around what you're doing, including a top-down, bottom-up approach everywhere you go ... so you've got to be really good at relationship building and building that buy-in."*

Flexibility in choosing and using a variety of leadership approaches was also mentioned as a successful strategy.

*"A lot of times, I felt like with systems of care the people who were in leadership positions were always sort of looking for the perfect solution when there just wasn't one ... So people would spend so much time looking for the perfect solution that we would never move forward. And then people just got frustrated, and so I think that's another thing ... for the people who are involved in problem-solving to be willing to say, 'This isn't perfect, and there's going to be some resistance, and I'm willing to take that on and do the best with it and move forward.'"*

Many interviewees talked about the importance of being able to rely on one another in a "top-down, bottom-up" structure, so that each position supports the other. Local teams need to "know they can rely on the state" to provide training, technical assistance, and resources, when needed. State-level staff expressed a need to be able to rely on community teams to implement cross-sector services, recruit staff, and serve families. Interviewees emphasized that leadership should be accessible, and that a hands-on leadership approach was important in order to prevent people from working in "silos."



*“I think having support from the state is important to help make sure that we’re all on the same page and we’re looking toward that larger vision. It’s important, I think, for the local sites to know that they can rely on the state to provide direction when needed, and guidance when needed, and technical assistance when needed.”*

### **Communicate clearly about roles and responsibilities**

The importance of clarity around roles and responsibilities was emphasized, and is seen as a key responsibility of leaders. This includes communicating the SOC’s shared vision and how that vision is linked to roles and expectations.

As an example, one interviewee reflected on working within an SOC where different staff members’ roles in the intake process had not yet been clearly outlined prior to meeting with families. This resulted in confusion for families about the roles of the staff they were working with and what services each person was there to assist them with.

*“For some [families] ... They may have gotten roles confused, but they ended up figuring it out ... We had a really big learning curve with our intake process.”*

SOC initiatives often designate several staff members to support families in different capacities. Each SOC

grant may have defined roles differently; regardless, it is important for roles and responsibilities to be clearly defined. This prevents overwhelming families and ensures staff can work most efficiently.

### **Be open-minded and willing to course-correct**

As noted throughout this report, interviewees commented frequently that they understood the complexity of SOC development and implementation, especially combined with the range of unique communities that exist across the state of Tennessee. It was in this context that many people referenced the importance of being flexible, adaptable, open-minded, and willing to course-correct.

*“I think you need to be understanding and open with the people that you’re working with and need to sometimes have difficult conversations and sometimes hear difficult conversations.”*

Many references were made to a learning curve experienced by everyone who becomes involved in SOC development. That learning curve can be made easier when both good communication and solid leadership are present.

*“I think that moving forward on system of care ... there needs to be leadership in place that encourages open conversations.”*



# INTENTIONALLY DEVELOP SKILLS AND NEW SERVICES

## Intentionally Develop Skills and New Services

The complexity of creating and sustaining a multi-agency service delivery system was a common theme throughout the interviews. Some of the lessons learned that emerged from the data were about processes, such as building new skills, while others have to do with the development of tangible products, such as new services and service models.

Building and maintaining an effective SOC requires a distinct—and often new—set of skills and abilities. Communication, relationship building, cultural competence, group process and conflict resolution were a few of the skills identified as important for SOC staff to engage with, and are detailed throughout this report. New services might include wraparound services and the services that are needed to create a wraparound model.

Involvement in SOC development is seen as an opportunity to build new skills and create new services, and, ultimately, to utilize both within an SOC model.

### Understand wraparound services

Wraparound is “a comprehensive, holistic, youth and family-driven way of responding when children or youth experience serious mental health or behavioral challenges.”<sup>1</sup> Starting with Tennessee’s first SOC demonstration, wraparound has been incorporated as a service delivery model in each of Tennessee’s past SOC grants and initiatives. It is important to note, however, that until the SOCAT initiative, wraparound services were incorporated in varying degrees across sites and in varying forms across past grants.

*“Wraparound has always been a major part of systems of care as the way in which we deliver services. It’s been done with different models over the years.”*

Wraparound and systems of care in Tennessee have evolved alongside each other over time. Beginning with the SOCAT initiative, Tennessee has adopted an evidence-based practice - High Fidelity Wraparound - as the official service delivery model for SOC.

While the majority of interviewees did not mention lessons learned that were specifically about wraparound, some did highlight the training process, emphasizing that the staff training process for high-fidelity wraparound is lengthy and intensive, but necessary to achieve the most significant outcomes for families.

### Prioritize cultural and linguistic competence

As noted earlier, cultural competence was addressed in many interviews. One interviewee suggested that cultural competence of staff should be formally evaluated to provide data on areas of strength and areas for improvement.

*“One family’s culture to the next could be completely different just based on the different makeups of their families. There’s also the rural versus urban difference, there’s socioeconomic differences, sexual orientation, gender identity ... so we need to check ourselves often on if we are effectively serving them.”*

Interviewees talked about the importance of *individual* and *family* cultural differences as well as *organizational* cultural differences. Awareness of and sensitivity to a variety of cultural differences is seen as essential to building effective multi-system partnerships.

Organizational culture may include staffing, financing, target populations, federal and state mandates, policies, and accountability structures.

*“When I first started in the system of care, I did not realize how important it was to familiarize myself with resources within the families’ community, so that was a lesson that I learned very early on. Also, when I first started, I learned that it was very important to know the policies and procedures that went along with different child-serving agencies.”*

Interviewees also discussed organizational culture in terms of teambuilding and communication. The ability to recognize and acknowledge the various cultures of the multiple service delivery systems, including specific organizations, was regarded as an important aspect of teamwork, partnership, and collaboration efforts.

*“If [staff] are not culturally competent, they may unintentionally ... be offensive to a family ... because they’re not aware of that family’s cultural beliefs. It’s just really important to know, because in the past, I, myself, have not meant to, but it was because I was not aware; I didn’t know, and thank goodness the families that I had worked with where I made those mistakes around cultural things, they were kind enough to explain to me. And so, I try to get much of my education from the family themselves so I know then what they’re expecting.”*

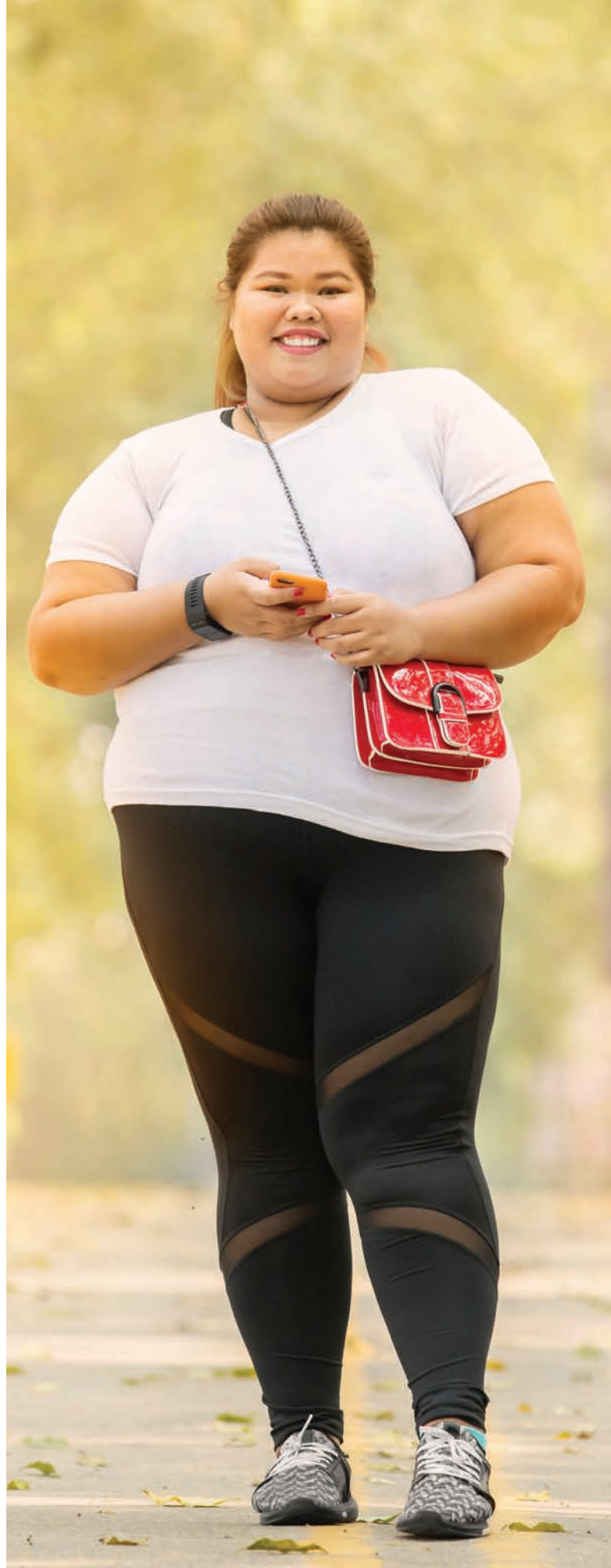
Several interviewees stated that professional development, including the provision of training, information, and resources, could assist staff in developing cultural awareness and responsiveness in their work. They suggested that this support must be addressed from the beginning of SOC development and be maintained throughout the development process.

### **Avoid staff turnover, which damages engagement, trust-building, and teamwork**

Avoiding staff turnover was identified by interviewees as an important lesson learned. The difficulties it caused in previous SOCs were mentioned multiple times by multiple interviewees.

*“Turnover tends to be our biggest enemy because families get used to somebody, and they bond with them, and then they change [providers] and it is starting all over. And with this particular type of work, I really, truly believe it’s built on relationships.”*

Staff turnover was linked to sustainability. When staff were aware that funding for their SOC development was drawing to a close, they began seeking other employment opportunities.



*“... it was hard to retain staff much past year two or three, when folks knew there wasn’t a projected pass for longevity.”*

Staff turnover was also linked to insufficient staff training. Like many grant-funded initiatives, SOC initiatives may have much more time available for training in their early stages, and less time available for training as staff become busier. Interviewees noted that staff who were hired later sometimes missed the same training opportunities that original staff were afforded. It was noted that making time for newly-hired staff to receive complete training and support should be a priority

### **Provide information and training about group process and conflict resolution**

As mentioned previously, supporting staff with training and other resources to build skills is a critical lesson learned. Interviewees talked specifically about the importance of developing skills related to group process, group dynamics, and conflict resolution. These skills are considered to be critical to building healthy teams and partnerships.

*“I would say that’s some of the hardest part – everything that SOC does it mandates working in a group setting ... You have multiple partners across the table.”*

Regarding this challenge of building healthy cross-agency teams, interviewees stressed the importance of respect for differences within an organizational culture, strong conflict resolution skills, and clearly defined work roles and responsibilities. Developing an SOC that works for multiple types of agencies can be complex, so the cultural differences between agencies need to be taken into account.

*“It’s difficult to build a cohesive team if different team members are employed with or associated with different agencies. It’s already different work and then to add on another level of organizational cultural differences and stuff like that ... it just comes up as another layer of difficulty.”*

Interviewees also mentioned behaviors and courtesies that are not usually part of formal training, but that are, nonetheless, important skills for SOC staff to learn and employ.

*“I think that the important thing is being willing to listen and respect differences when it comes to problem-solving, and that’s not always the easiest thing to do.”*

While not an exhaustive list of the skills and abilities needed to develop an effective SOC, these particular skills are ones that stood out to interviewees as significant lessons they learned throughout their SOC experiences. Having policies, funding, a skilled workforce, and other components are important to support the development of flexible, high-quality services for children, youth, young adults, and families. Providing community-based services that are high quality, easily accessible, in proximity to the family, and focus on the unique needs of families was considered to be the overarching goal of an SOC.

*“There’s a lot [of] times in doing this work, we have to have difficult conversations with each other, and sometimes we have disagreements in how we want things to look or how we want things to move forward. But it’s easier to have those conversations when there’s a positive, trusting relationship there and the knowledge that we’re all working towards the same thing and we all have the interest of children, youth, and their families in mind.”*







## CONCLUSION

Tennessee's rich history of SOC development has included a wide range of experiences. The individuals that have been involved in Tennessee SOC development at the state and local levels over the last twenty years have a wealth of knowledge learned through those experiences; many of them generously shared their time and expertise through interviews. The goal of this study was to capture that knowledge and present it in a form that is actionable for others involved in SOC work. The analysis of the knowledge shared in those interviews resulted in twenty-three lessons learned, which have been presented in this report for the purpose of supporting on-going and future SOC development. In presenting this study to you, the reader, along with past, current, and future SOC community partners, service providers, leaders, and families - we hope that no matter your role, you will find value in the wisdom and strategies presented in the lessons learned from past experiences with SOC development in Tennessee.

Every SOC is unique, due to individual, cultural, organizational and geographic differences. One key takeaway from this study is that there is no one "right way" to develop an SOC. Rather, there are a variety of models, practices, skills, personalities, and leadership styles that lend themselves to effective SOC development, and each community has to seek and support those in ways that work for them.

SOC work is complex, and this can be observed in the formation of the vision guiding SOC development. In order to engage partners, build teams, and develop services, having a clearly defined vision as the foundation of SOC development is essential. At the same time, this vision will inevitably change over time, as people reassess what is working and what is not working within the unique context of their communities. Universally, SOC development is an ongoing and multifaceted process that, because of its complexity, is always evolving. Learning from past experiences is a crucial part of this evolution.

## ACKNOWLEDGEMENT

As evaluators, we want to recognize TDMHSAS for their partnership and support of this study. Their input and perspective were essential in capturing the context of current SOC development in Tennessee.

## APPENDIX A

**APPENDIX A: System of Care Values and Guiding Principles**

A system of care is: A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.

**Core Values**

Systems of care are:

1. Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided
2. Community based, with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports

**Guiding Principles**

Systems of care are designed to:

1. Ensure availability of and access to a broad, flexible array of effective, evidence-informed, community-based services and supports for children and their families that addresses their physical, emotional, social, and educational needs, including traditional and nontraditional services as well as informal and natural supports
2. Provide individualized services in accordance with the unique potential and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family
3. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate
4. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and

delivery of their own services and in the policies and procedures that govern care for all children and youth in their communities, states, territories, tribes, and nation

5. Ensure cross-system collaboration, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management
6. Provide care management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner, and that children and their families can move through the system of services in accordance with their changing needs
7. Provide developmentally appropriate mental health services and supports that promote optimal social and emotional outcomes for young children and their families in their homes and community settings
8. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult-service system as needed
9. Incorporate or link with mental health promotion, prevention, and early identification and intervention to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents
10. Incorporate continuous accountability mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level
11. Protect the rights of children, youth, and families and promote effective advocacy efforts
12. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; services should be sensitive and responsive to these differences

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Source: Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

## APPENDIX B

**APPENDIX B: Interview Guide**

*We are chatting with people in Tennessee who have worked on a system of care project to gain perspectives on lessons learned. We will share these lessons learned with people involved with the new TN Systems of Care Across Tennessee (SOCAT) grant as they come onto the project. Are you familiar with the SOCAT project/grant? (if not, explain what it is).*

*There are a limited number of people we can talk to, due to the relatively small number of individuals in the state with SOC experience. Many people involved with SOCAT know who those people are who have SOC experience; however, we want to assure you that we will not share individual names of those interviewed, nor will we link any data to specific SOC projects.*

1. Please describe the role you played in \_\_\_\_\_, as well as the duration of the project and of your involvement.
2. Given your experience with SOC work in Tennessee, what are a few key lessons learned that you would be willing to share with new SOC sites/projects/communities as they are getting started?

*Prompts, based on how they responded to #2*

*Any lessons learned around....*

- Staffing
- Leadership
- Training
- Group process, dynamics
- Problem solving

3. Can you share any lessons learned regarding family and youth engagement?
4. How about lessons learned regarding:
  - Cultural issues/competency?
  - Community partnerships?
  - Service delivery?
  - Sustainability?
5. Are there any suggestions that you would like to share with the state/TDMHSAS about ways to support SOC sites?
6. Anything else you would like to share?



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