

2021



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# A Letter From Keri Virgo



Greetings!

This spring, we are celebrating and reflecting on over four incredible years of System of Care Across Tennessee (SOCAT) while also eagerly anticipating new beginnings.

I have been doing some reflection of my own journey with System of Care (SOC), which began in Indiana. I worked for two years there as the Community Engagement Coordinator for an SOC grant, and then, in February 2014, I joined the Tennessee team as Project Director for the System of Care Expansion Grant. Early last summer, I was promoted to Director of the Office of Children, Young Adults, and Families, which will allow me to better support all of our office's initiatives while still promoting SOC values and principles. I am excited to pass the baton to the new SOCAT Director, Patrick Luther, who you will learn more about on the next page. This won't be the last you see of me though, I promise.

I have been blessed to get to travel all over the state and build connections with people from all walks of life. Each person I've met has granted me wisdom that I feel so grateful to now hold.

I have gotten to hear inspiring stories about times that our teams were able to provide light and hope to families in some of their darkest times. If a person does not have hope, everything takes effort—even breathing. It will continue to be our goal with SOC to make sure that all of you have hope for a new day, and I am excited to support our teams in building that hope for the years to come.

It is with great pride that we announce two incredible ways that our system of care work will keep thriving. Firstly, the Tennessee Department of Mental Health and Substance Abuse Services has been awarded \$9 million which will allow our pre-existing SOCAT teams to keep serving families as well as add additional sites. Secondly, TDMHSAS has also been awarded a \$12 million, four-year discretionary grant for the continued expansion of the SOC work in Tennessee. The SOCAT Network (SOCAT-N) will last through September 29, 2024 and has already begun building up nine sites across the state.

Four years ago, we never could have imagined holding discussions about how we were going to manage double the funding streams. With System of Care Across Tennessee, we've exceeded the number of families we planned to serve, we forged relationships we never saw coming, and we implemented a complex and intensive evidence-based practice. Join us as we relive the last four years through success stories, impressive close-out data, lessons learned, and look back at some of our favorite moments. Just imagine what will happen in the next four years!

Sincerely,

A handwritten signature in black ink that reads "Keri". The signature is elegant and cursive, with a long horizontal flourish extending to the right.

# Letter From The Director Patrick Luther



Patrick Wm. Luther, MHS, stepped into Keri Virgo's shoes on January 26, 2021 as the new System of Care Across Tennessee Program Director. He's impressed, Y'all!

"The immense amount of work families, youth, community organizations and the state level SOCAT leadership have accomplished to put the System of Care Across Tennessee into place is impressive," Patrick says. "I'm extremely encouraged how the broad network of community in every county of TN has embraced that youth and families are the best people suited to create lasting solutions to their life's challenges. It's refreshing the support network of community organizations knows the wisdom of creating health, resiliency and self-sufficiency is by mobilizing families as the leaders of their own care, and supporting their plans with resources.

It truly is the only way to sustained health equity. Creating a "System of Care Beyond Compare" with families and the communities they live in is an exciting endeavor given the work already done, and I'm up to the challenge most notably because of the experts already here."

"Tennessee has the best people in the country supporting this work in Brenda Donaldson, MA, Family Engagement Program Manager, Laritha Fentress, MA, Community Engagement Coordinator, Benita Hayes, SOCAT Technical Assistance Coordinator, and Don Walker, MA, Lead Evaluator. When these Super Heroes unite with the "marvel" that is the most exceptional community-based support system in the nation, there's nothing families cannot accomplish."

Patrick's lived experience includes parent and sibling histories with incarceration, drug use and human trafficking. These events, and the consequences from the unaddressed trauma they created, shaped his life's path professionally and personally. His work experiences after 8 years in the Air Force included At-Risk Youth Wilderness Counseling, Domestic Violence Teen Education, Substance Abuse Treatment Center Capacity Building, and over the last 15 years as the Chief "Servant Warrior" at Nashville CARES as Chief Program Officer. At CARES he helped teams develop innovative solutions to level health equity through medical case management, behavioral health, food security, LGBTQI health, HIV/HCV Community Screening, Peer "University", Housing Assistance, Trauma Informed Care, Transportation, Allied Health Programming and Community Engaged Research. As a nationally known expert in community engagement in research Patrick creates valued and equitable partnerships between researchers, organizations and people. By building individual and community agency and power within research, public health and institutional spaces, community experts lead development processes that improve and enhance their health and the health of their communities. They do this by assuring the research enterprise environment is community directed and informed to effect innovative discoveries creating health equity as only community can.

Sincerely,

*Patrick*

# System of Care Across Tennessee

TN Department of Mental  
Health and Substance  
Abuse Services (TDMHSAS)

Keri Virgo  
*Director of Office of  
Children, Young Adults and  
Families*

Patrick Luther  
*Director of System Of Care*

Benita Hayes  
*Training and Technical  
Assistance Coordinator*

Brenda Donaldson  
*Family Engagement Program  
Manager*

Morgan Morris  
*Healthy Transitions Project  
Director*

Jules Wilson  
*Healthy Transitions Project  
Director*

Don Walker  
*Lead Evaluator*

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Tennessee Commission on  
Children and Youth (TCCY)

Melissa McGee  
*Director, Council on  
Children's Mental Health*

## MISSION

To put in place policies, organizational structures, and funding mechanisms that support the implementation and expansion of a children's mental health system in Tennessee (TN) grounded on System of Care values and principles.

## CORE VALUES

- Family-Driven | Youth Guided Services
- Community Based
- Culturally and Linguistically Competent

## OUR VISION

To ensure Tennessee families have access to community-based services for children, youth, and young adults with mental, emotional, and behavioral health needs that is coordinated across systems, individualized to a family's unique needs, strengths, and culture, and where the families are the primary decision makers in the care of their children.



# System of Care Across Tennessee Services

The System of Care Across Tennessee (SOCAT) offers high-fidelity wraparound to 95 counties across the state. Our team has enrolled over 200 children, youth, young adults, and their families in services!

SOCAT utilizes System of Care values and principles while empowering Tennessee families to work together with child-serving agencies as a partner to guide their care.

The goals of SOCAT include:

- Decreasing the utilization of inpatient care
- Reducing the number of out-of-home placements
- Improving community function, including school attendance and performance
- Including and sustaining positive mental health, including increases in behavioral and emotional strengths in children, youth, and young adults

See the next page for a look at our guiding principles.

The SOCAT initiative serves children, youth, young adults, and their families, ages 0-21, who are experiencing emotional or behavioral concerns that affect their daily life (i.e. having trouble in school, with their family, with peers or adults, with law enforcement, or children's services). Additionally, SOCAT focuses on young people who are having difficulty or are at-risk of being kicked out of school or have been or are currently at-risk of psychiatric hospitalization, residential placement, or placement in DCS (Department of Children's Services) custody.

Our providers are:

- Frontier Health
- Helen Ross McNabb Center
- Mental Health Cooperative, Inc.
- Pathways Behavioral Health Services
- Professional Care Services of West TN, Inc.
- TN Voices
- Volunteer Behavioral Health Care System

To learn more about eligibility and the referral process, visit this [link](#) or contact Community Engagement Program Manager, Laritha Fentress at [Laritha.fentress@tn.gov](mailto:Laritha.fentress@tn.gov).



# GUIDING PRINCIPLES



**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

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

**2**

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

**3**

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

**5**

**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 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

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**

**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

# Thank You, System Of Care



Jules Wilson | Healthy Transitions  
Project Director

The core values and principles of system of care just...make sense. There's a reason they have become embedded into so many other programs and initiatives at the Tennessee Department of Mental Health and Substance Abuse Services and various provider agencies across the state. They've made their way into mission and vision statements, and it's not just lip service. Tennessee really is a leader in the system of care movement because we live and breathe this philosophy.

I've been reflecting on the mental health services I received as a teenager and how much I could have used a provider who practiced in a system of care. If my providers had been youth-guided, they would have valued my voice and trusted that I was the expert on my own body. My parents could have benefited greatly from a Certified Family Support Specialist explaining that my mental illness wasn't their fault and providing them the valuable education they needed. Our family would have had someone learning how our family culture worked, the intricate ways that generations of dialogue had woven together to create the family unit we had today. Most importantly, we would've learned significantly sooner how many resources existed in our own community.

I will always be grateful that one of the first jobs I had in the mental health field was part of a system of care initiative. It's been healing for me to see so many families receive services that prioritize their voices and perspectives. During focus groups, I've gotten to meet some of the youth and young adults enrolled in SOCAT and hear how our program has helped them feel less alone, gain coping skills, and find hope. I've seen our providers earnestly work to better understand where the youth are coming from and meet them where they are, instead of putting the youth on a path that the provider thinks is best.

When I think about the last three years that I have worked with SOCAT, I see a blur of turtle coloring sheets at High-Fidelity Wraparound trainings, SOCAT staff writing out their roles and responsibilities at a retreat at Montgomery Bell on long post-it sheets, and trips to Washington D.C. and Baltimore where we met other SOC teams from across the country. I can taste the classic southern food in Madison County, the barbeque in Coffee County, and the sweet ice cream in Putnam County. I remember all the long car rides with Brenda and Don, the time the rental company gave me a giant blue pick-up truck instead of a compact sedan, and how it felt to present at the SOCAT conference with an original presentation. When I think about the next three or four years, I don't know what will happen—the pandemic has taught me to be okay with not knowing—but I do know that I will forever carry the system of care philosophy with me.

System of care isn't about a job or a grant—it's a way of doing business. It's just the right way to do things, and that is something you take with you, no matter where you go.

# FSS OVER THE YEARS

WOW...it has been almost two decades since the parent peer model of service delivery was introduced in Tennessee for families of children with serious mental health conditions. During this period of time, numerous names have been used to identify these individuals—family support coordinators, family support providers, family peer advocates—but today, they are affectionately known as Family Support Specialists (FSS). An FSS can either operate embedded in professional service programs, such as a child mental health clinic (employed as part of the treatment team or part of a larger service model), stand-alone peer program (in which they operate independently outside of a team), or family-run organization (who advocate independently of the program where the family is seeking services.)

Family Support Specialists have been a valuable part of the System of Care work since the beginning, and the Certified Family Support Specialists continue to be integral members of the System of Care Across Tennessee service teams. They have served as advocates for youth in IEP meetings at schools, provided much needed hope and support to parents who were feeling isolated, and ensured that the family voice is heard throughout the High-Fidelity Wraparound process. Several CFSS's even created parent and youth support groups to engage their families outside of traditional services and help them connect with peers.



Another incredible aspect about the Certified Family Support Specialist (CFSS) certification program, established by the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) through the Office of Children, Young Adults, and Families, is the commitment to continuing education. After taking the FSS Competency Course offered by NAMI Tennessee and Tennessee Voices, an FSS's learning journey only expands. A more recent offering from TDMHSAS and Tennessee Voices are the annual Peer Leadership Academies, which serve to provide trainings tailored to suit the unique needs of Tennessee's Family Support Specialists. Becoming an FSS means an individual will be connected to an incredible network of peers and support, educational opportunities, and volunteer and job prospects, on top of furthering their role as a family advocate and giving back to their community.

TDMHSAS offers the State certification for individuals who provide direct caregiver-to-caregiver support services to families of children and youth with mental, emotional, behavioral, or co-occurring disorders. The criteria for a person to obtain certification is they must self-identify as being or having been the primary caregiver of a child or youth with a mental, emotional, behavioral, or co-occurring disorder and who has successfully navigated the child-serving systems to access treatment and resources necessary to build resiliency and foster success in the home, school, and community. Additionally, this individual has successfully completed training recognized by TDMHSAS on how to assist other caregivers in fostering resiliency in their child, based on the principles of resiliency and recovery. If you are interested in learning more about the TN Certified Family Support Specialist program, please contact

# TCCY OVER THE YEARS

Through the Tennessee Commission on Children and Youth's collaboration with the Tennessee Department of Mental Health and Substance Abuse Services, three SOCAT Divisional Coordinators—Laritha Fentress, Jerri Moore, and Jill Murphy—worked in the three grand regions of Tennessee to support the continued development and sustainability of local systems of care. They facilitated identification and mutual exchange of information and resources to support networking among service providers, advocates, children and families, community members, and elected officials on an ongoing basis.



TENNESSEE  
COMMISSION ON  
**CHILDREN &  
YOUTH**

The Divisional Coordinators strengthened child and family focused networks by identifying, engaging, and participating in organizations in the grand divisions. They cultivated linkages and shared evidence-based and best practice information.

The Divisional Coordinators also provided ongoing support for SOCAT providers statewide as well as facilitating connection with TDMHSAS. Prior to the pandemic, the local SOCAT teams worked with the Divisional Coordinators to host events/booths, trainings, meetings, and other events. They served as a friendly face for System of Care at the community level and helped spread the good word about what incredible work our teams were doing and the importance of children's mental health.

When the world seemingly came to a stand still with the COVID-19 pandemic, they never slowed down. They were instrumental in locating resources and supplies for the families being served by SOCAT. They gathered and disseminated literature and information to SOCAT teams, which is also posted on the [www.socacrosstn.org](http://www.socacrosstn.org) website. They maintained their partnerships with local interagency councils through now-virtual meetings (e.g. Community Advisory Boards (CAB), Health Councils, Anti-Drug Coalitions, policy and planning councils, regional Commission on Children and Youth Councils), and continued to gather information about events, services, and resources specific to these difficult times.

Whether it was virtual or in-person, the Divisional Coordinators truly served as System of Care Across Tennessee's "boots on the ground."

# SOCAT SITES OVER THE YEARS

The success of implementing the System of Care Across Tennessee Initiative would not have been accomplished without our sites. Questions were posed to each team in order to learn more about their success over the years and the ways in which they continue to combat our current climate. Enjoy reading how they continue to raise awareness in their communities on the importance of mental health while engaging children, youth, young adults, and families in services, whether in-person or virtually.

Sites responded to the following questions:

- **Over the years, how have SOCAT services impacted your family?**
- **What have been some of the greatest accomplishments you all have had since the commencement of SOCAT?**
- **Can you share a story about a time your team embodied a System Of Care value (youth-guided and family-driven, culturally and linguistically competent, and community-based)?**





(Left to Right) Cheryl Johnson, supervisor; Julie Smith, Care Coordinator; and Hope Payne, Family Support Specialist



**The Coffee County SOCAT Team began in October of 2017.** Their first success was the outreach that divisional coordinator, Laritha Fentress, and supervisor, Cheryl Johnson, did before we opened up the referral process. This outreach allowed the community to learn about what the team was here to accomplish, it was unlike anything they had seen before. Using the Wraparound approach, this strengths-based initiative allowed families to see that they had a voice and, even though they may have felt like they were failing at times, that they were already successful in making it as far as they did.

The next success that the team had was filling the caseload quickly based on the outreach that Laritha and Cheryl did. It didn't take long to see results based on the Wraparound approach and using the System of Care principles. The families and their supports were involved, engaged, and saw that this was different from other programming. We built teams together with the family that included both formal and informal supports, and this helped each family see just how much support they actually have. With the goal of no future out-of-home placement, the SOCAT team worked with the families to build a strong foundation of support and plan for a future without SOCAT's assistance.

The community, families, and professionals soon saw that this new way of doing things was working, and working well. The referrals continue to come in rapidly because of the success of keeping these youth and young adults home with their families. Using this approach, and bringing some light to the families, was all some of them needed to navigate through the systems they were involved in. The Coffee County team worked together as a whole to bring a new way of working with at risk youth and their families to become who they are today. The SOCAT team witnessed high school graduations when the reason for referral was truancy and out of home placement, watched DCS close their cases numerous times when the reason for referral was going into custody, and saw tons of hope and brightness for the future of these families.



**Over the years, how have SOCAT services impacted your families?**

We've been able to develop teams to wrap around the families to support, encourage, and empower them to succeed. Our families, and even our team members, have grown in confidence and strength.

**What have been some of the greatest accomplishments you all have had since the commencement of SOCAT?**

There have been quite a few:

- There was a mother who used to call crisis services at least three times per week, and she has not called crisis in 18 months.
- A child told us that this is the best he has felt in over 8 years.
- A young adult who has been battling drug addiction since she was seven years old has now been drug free for a year.
- Lastly, we were able to find housing for a mother and her seven children after they had been living in their car.



**Over the years, how have SOCAT services impacted your families?**

We believe the experience of being involved with SOCAT was different for our families at first. Once they got used to it and saw how the process worked, they loved it and succeeded in meeting the goals they set for themselves.

**What have been some of the greatest accomplishments you all have had since the commencement of SOCAT?**

We were able to provide services that gave youth voice and choice, so they could be heard. That was the biggest bonus! We got to help families work through the process step by step.



### **Over the years, how have SOCAT services impacted your families?**

Over the past 2 years, SOCAT services have assisted families with DCS closing cases and having a voice in the juvenile justice system. We have seen several young adults, given up on by the system, graduate from high school. SOCAT services provide families with a feeling of support and having someone in their corner. Most of the families my team has worked with only had formal, professional supports and were mainly referred by DCS. In our history of working with families, DCS will typically close the case once services are in place, leaving the family with no outside support, besides SOCAT. However, I believe just knowing someone is there for the family to turn to has impacted them tremendously and given them the strength and voice to start building their own support system.

I feel the SOCAT services have had a positive impact on the families we've served. I feel each family has parted from us with a better ability to navigate systems and find the help they need and to advocate for themselves. I feel the family bonds have been strengthened and communication improved and they have found a voice.

### **What have been some of the greatest accomplishments you all have had since the commencement of SOCAT?**

The greatest accomplishment I experienced was with the families that addressed the need to work together to get through COVID-19 and to take advantage of the time together that COVID-19 provided. I have observed parents relaxing and taking time to really listen to their children, whereas before, life was hurried and they needed to "get it done quickly." Children have enjoyed helping mothers and/or fathers and just being together. I have seen families grow closer together. I have seen estranged families learn to work together. I have seen youth succeed with graduating from high school. I have seen families that couldn't be in the same room together "come to the table" together.

### **Can you share a story about a time your team embodied a system of care value?**

The best example of our team embodying a SOC value would be the youth-guided and family-driven principle. We had a family that came into SOCAT divided and blaming each other for not understanding each other. The youth would turn to self-harm thoughts, and the parents (divorced), along with stepparents, could not understand each other's parenting expectations. This family came together through determination to work the plan with the support of the team. Strategies and tasks were a joy for the family as the individual task guided them to keep consistency at both homes. All family members cheered each other on to success during meetings. After a year with SOCAT this family exceeded their own expectations and looked forward to working together to maintain their relationships.

We had a youth that transitioned to adulthood while working with us. She was nervous at first, especially since she did not have much support from her family, but she really did great on her own. She was handling life well and being very responsible. When we brought up transition, she was very hesitant and opposed actually. She wanted to know that SOCAT, especially the CFSS, was there to answer any questions or help over hurdles if needed. We backed off the transition talk and spent more time pointing out her successes and building her confidence in herself. She started pulling back on her own and missing some meetings. Finally, we brought up the idea of transition again. She admitted she had this and she was ready. It was just nice to see her grow in herself as an adult.





Sevier County SOCAT Team

The McNabb Center obtained the System of Care Across Tennessee program in 2019 and quickly formulated a team consisting of Katie Daugherty, as the supervisor and Lynette Stebleton as the Family Support Specialist. In June 2020 Kreistyn Baldrige completed the team as the Care Coordinator. In our limited time working with SOCAT, we have been fortunate to work with many families and see the benefit of the application of the Wraparound process. Many of the counties we serve are limited in resources and our ability to be community-based in serving families has allowed a positive response from our coordinating agencies and referral sources. The McNabb Center values an adaptable model in regards to providing the best care for our families, and the SOCAT team in Sevier County demonstrated excellence when flexibility was required in the continuance of offering wraparound services during COVID-19. Like most, our families experienced significant challenges throughout this year and the response of the SOCAT team in assessing needs and providing culturally appropriate services was invaluable. One particular family expressed feeling like their only support during times of quarantine was through the relationships developed in their Child and Family Team; in particular, their FSS, who was able to demonstrate empathy and connection during this family's difficult time. We look forward to serving our families and teams face to face and facilitating connections and success through building on the strengths and supports of our community, teams, and families.



**Over the years, how have SOCAT services impacted your families?**

I believe that we have helped families become more connected with the community, be able to manage stress within their home and help keep kids at home. Our families are better able to identify their need, articulate their children's strengths, and learn how to advocate for their family unit within the communities that they live.

**What have been some of the greatest accomplishments you all have since the commencement of SOCAT?**

PCS has been involved with System of Care for several years. We have utilized the values to modify our agency mission and vision, better prepare our lobbies for children, and participate in many community activities to offer resources and tools to our families. Through our partnership with the State in this program, we have built better community relationships and provided education to our workforce.

**Can you share a story about a time your team embodied a system of care value?**

In early October 2020, the PCS team hosted an outdoor movie night that was open to the community. We had about 40 people attend both from our program and the community. Being able to look beyond what our agency offers and link families to services within the community that would best suit their needs. For example, referring a family for therapy outside of PCS to ensure their cultural needs were being addressed.



In September 2020 we launched a Youth Round Up in collaboration with Small Miracles and TN Voices. This program included activities to address trauma informed care and to provide outreach to homeless/street kids specifically. Equine therapy was a piece of the program as well as a parent support group and community outreach. Our continued partnership with Small Miracles Therapeutic Equestrian Center was strengthened during the initial pandemic COVID crisis.

Our greatest accomplishments are with our strong community activities including our annual event, Kid Power, that provides outreach and builds relationships with our community-based partners. This year, because of COVID, we had a virtual marathon in partnership with TN Voices. Our families participated in a self portrait contest and learned the importance of self reflection and the beauty in all of us. Our families were still able to receive virtual services, this provided needed mental health relief for the families we serve. Our parent support group was jump started because of COVID and we have seen our parents/caregivers provide friendship to each other and serve as additional resources to one another. Each family has some experience, strength, hope or encouragement to share with others. When life resumes back to normal we will have parent support groups in person but for now, we use zoom.

Over the last two years SOCAT has increased access to services for families in Appalachia going through crisis and experiencing challenges with children in their care who have a mental health diagnosis. We have provided education and awareness on the System of Care in East TN to many families, community service providers, and other partnering agencies. Using the high fidelity Wrap Around Model we have instilled a family driven and youth guided approach. We have watched transformations and miracles happen with our families as they have found hope and happiness in overcoming past hurts. Many of our families have benefitted greatly from SOCAT.



In September 2020 we also started regular family bike rides on the Tweetsie Trail. Families have been very involved and have enjoyed getting exercise and fresh air. It has been good for everybody's mental health as well! as everyone is under stress we have had to remind each other to take time for self care. Our families have learned how to have fun doing things that are active. We have had 8 rides so far while practicing social distancing and sanitizing equipment and we will continue to hosts bike rides and other events for past, present, and future SOCAT families.

As we continue to use the Wrap Around Model with our families we can see how they are sustaining on their own. We know that families need each other and as we continue to build community and foster these relationships we all become stronger and benefit from the principles of System of Care. Allowing families to choose their own care and take responsibility for it gives them the freedom and drive to go forward in a different way. Families are strengthened as they complete SOCAT, have access to the WRAP around model, and realize they can be successful and reach their goals.



It is part of our southern culture to take care of our own, and all of our families are on the same path to rise above the pain of their past. We are all stitched together with common threads of oppression, addiction, grief, despair, trauma and, hopelessness. When we all come together with our pain and suffering we see an indescribable beauty and relief that we are not alone; there are others who share our same pain. We have seen friendships and communities forged through mutual hurt and support, in their weakness another's strength is found.

We see Miracles here in East TN and if you ever want to come on a bike ride or visit the horse farm - You are all welcome!



# SOCAT EVENTS OVER THE YEARS

National Federation of Families For Children's Mental Health  
28th Annual Conference, Orlando FL

## 2017

Tennesseans from across the state participated in the only national conference dedicated solely to issues that impact children, youth, and young adults with behavioral health challenges and their families. The conference was inclusive of children and youth who experience complex diagnostic challenges.



Willie (Will) Voss was the recipient of the "Dr. Gary Blau Professional of the Year" award as program manager at TN Voices.

System of Care Across Tennessee kicked off the High Fidelity Wraparound (HFW) training in October with a group of individuals representing all parts of our great state. Everyone in attendance actively participated in training geared around the four established key elements of HFW:

Grounded in Strengths  
Perspective

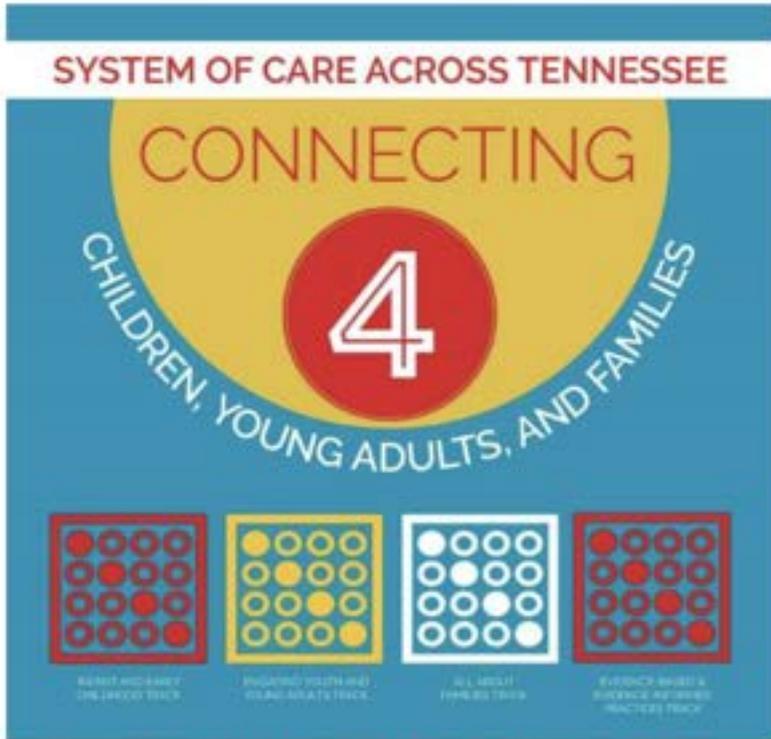
Driven by  
Underlying Needs

Supported by an  
Effective Team  
Process

Determined by  
Families

# Sixth Annual SOCAT Conference “Connecting 4 Children, Young Adults, and Families”

## 2018



The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), in partnership with the Tennessee Commission on Children & Youth (TCCY) and the Tennessee Association of Mental Health Organizations (TAMHO) hosted the Sixth Annual System of Care Across Tennessee (SOCAT) Conference on September 21st-22nd at the Embassy Suites by Hilton in Murfreesboro. This year's theme was “Connecting 4 Children, Young Adults & Families.”

Because Tennessee has been building systems of care that foster hope and resiliency for our youngest citizens to our young adults and their families for nearly two decades, this year's conference offered four (4) unique tracks: Infant and Early Childhood, Engaging Youth and Young Adults, All About Families; and, Evidence-Based & Evidence-

### SIXTH ANNUAL SOCAT CONFERENCE

Informed Practices. Participants were offered the option to participate in multiple tracks in an effort to enhance continued learning and networking opportunities. The conference featured opening remarks from SOCAT Project Director, Keri Virgo, highlighting why Tennessee has chosen to embed System of Care principles and values in our state, and followed by keynote speaker, Marva Lewis, PhD from Tulane University. Dr. Lewis kicked off the two days with an overview of connected relationships within systems of care.

The SOCAT team was thrilled to see youth, young adults, families, community partners and state agency representatives in attendance at this exciting event! It is truly an honor to see the extent of Tennessee's System of Care growth over the last 20 years.



# Children's Mental Health Awareness Day 2019



Pathways Behavioral Health Services (West Tennessee) hosted a Children's Mental Health Awareness Day event in Jackson, TN in May at Jackson Career and Technology Elementary. Providers (including TVC and Jackson Madison Prevention Coalition) volunteered throughout the day with resource booths. Fun included pizza, games, and an Internet Safety presentation.

"As we move through July and into August for the West TN SOCAT Teams, we look forward too many Back to School Events to provide information and supplies to hundreds of children and families across West Tennessee."



# What Our Sites Had To Say About COVID-19 & 2020

## **Volunteer behavioral health:**

### **How did COVID-19 impact your work with your families?**

It was hard, but all the families have understood that we are all in this together. Some have lost their way, and we have had to help get them back on track. Other families have had a difficult time getting a care team together, but we were able to develop an even stronger team than we anticipated.

## **PCS:**

### **What were some of your efforts during the height of COVID19?**

As a way to let our families know we were still thinking about them, the PCS team put together summer baskets with snacks, sidewalk chalk, playing cards and other games. We also increased the number of check-ins we were doing and started sending out weekly emails with resources and virtual events.

## **Pathways:**

### **How did COVID19 impact your work with your families?**

In the beginning, it definitely took some time to get used to doing services virtually, but after awhile, it worked out for the best and the families adjusted pretty fast. It actually seemed as if it was easier to get in contact with them! Trying to get everyone adjusted to using technology, specifically Zoom for our Child Family Team Meetings, was challenging, particularly for our older caregivers but now everyone looks forward to using Zoom!

### **What were some of your efforts during the height of COVID19?**

We wanted to make sure everyone had what they needed to get through the pandemic, so we provided resources for our families. Debra continued to do her fabulous game nights via Zoom, and Family and Youth Engagement was able to keep going. We also shared educational information with our families over Zoom.

## **TN Voices:**

### **How did COVID-19 impact your work with your families?**

They loved the extra home time they now had. However, families with teenage children were struggling more because the teenagers wanted more freedom, which lead to arguing, outbursts, or silence. The quality of Child Family Team Meetings (CFTM) were also affected by COVID-19. The meetings did not feel as personal at first when virtual and building team trust and relationships took more effort. We have worked together to problem solve issues with technology and had to think a little harder about "out of the box" strategies to help each individual family. In the end, we have made the program work, and we are all learning together that perseverance pays off.

### **What were some of your efforts during the height of COVID-19?**

I added extra focus on the effect of decreased financial income and the increased challenges of mental health incidents that parents/caregivers were handling due the negative impact of COVID-19. Loneliness and boredom had a huge impact to some. Some families experienced more addiction to their tech devices, and others isolated more, with both behaviors leading to lack of communication. During the height of COVID-19, one of my main focuses was to make sure my youth were handling their anxiety well. The isolation many of them experienced was overwhelming. COVID-19 brought lots of challenges, but with it, there came great efforts as well. I feel like I talked to the families a little longer during phone calls, just to enhance a way of extending that missing personal touch. It was fun to just pop in on a video chat with a youth that wasn't expecting it or even a caregiver that needed just a little extra adult conversation.

I sent inspirational, funny, and informative posts. I tracked down any requested resources and even sent pictures of interesting things. My favorite was when I found 2 camels grazing in a nearby field. I took the pictures and spread them through my families. The kids got a kick out of them.

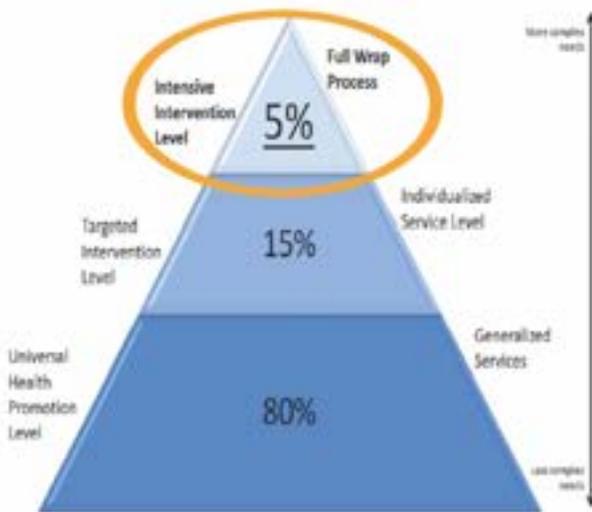
# SOCAT EVALUATION OVER THE YEARS

This report contains data for the entirety of the SOCAT initiative through September 29, 2020.

## What is SOCAT?

SOCAT exists to ensure Tennessee families have access to community-based services for children, youth, and young adults with mental, emotional, and behavioral health needs that is:

- coordinated across systems;
- individualized to a family's unique needs, strengths, and culture; and
- where the families are the primary decision makers in the care of their children.



## SOCAT has enrolled

# 333\*

children,  
youth, and  
young adults

\*as of 9/29/20

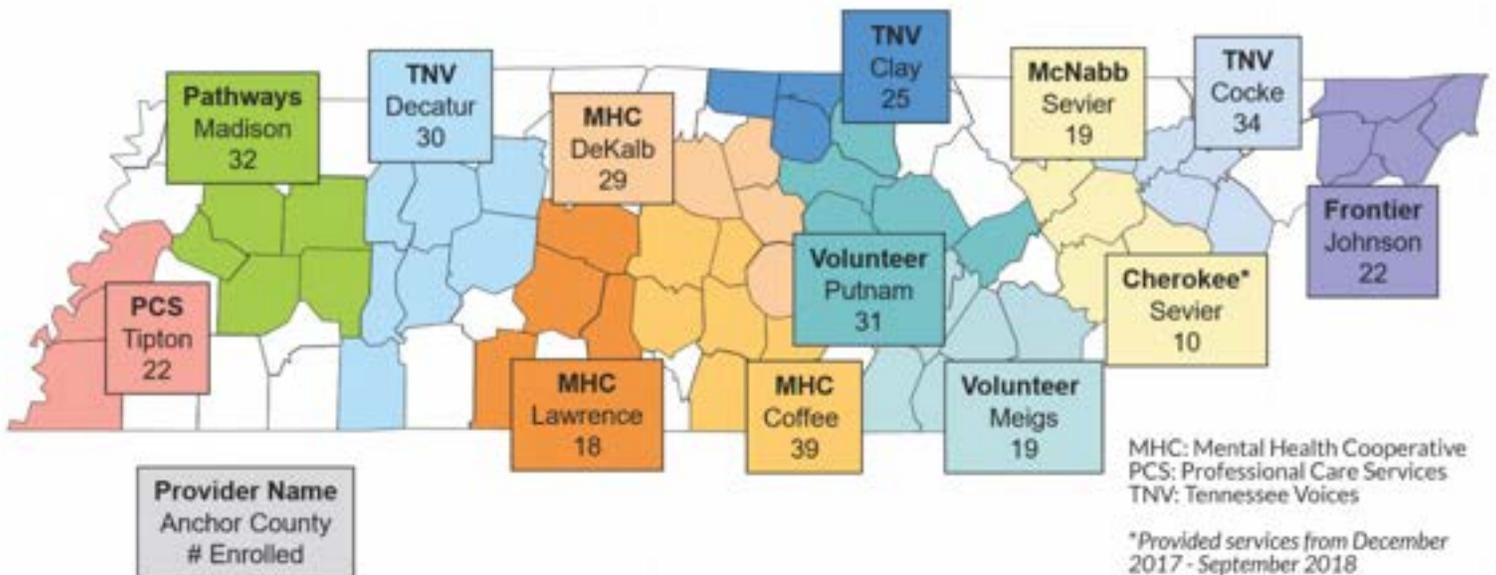
## Who is served by SOCAT?

SOCAT aims to serve children, youth, and young adults in need of intensive intervention. Those eligible will:

- have a serious emotional disturbance (SED) or severe mental illness (SMI);
- be at risk of out-of-home placement;
- have multiple system involvement; and
- were previously involved in interventions that did not achieve the desired results.

SOCAT utilizes High Fidelity Wraparound to facilitate the recovery process.

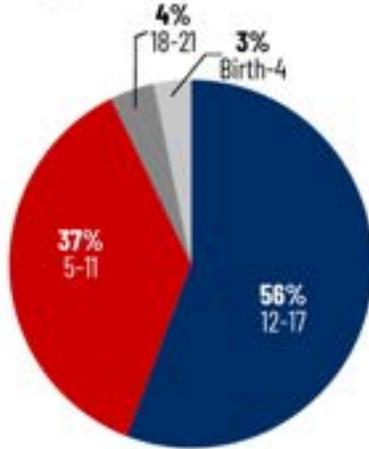
## SOCAT has served **58** counties!



# Who SOCAT served: Demographics

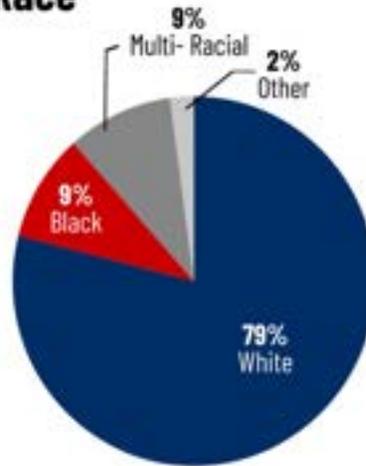
Source: National Outcomes Measures (NOMs)

## Age



Mean age = 12.6 years

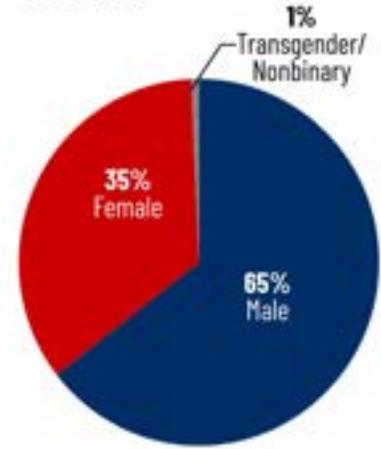
## Race



## Ethnicity

Hispanic/Latino = 7

## Gender



28% had a family member or close friend actively serving in the military.



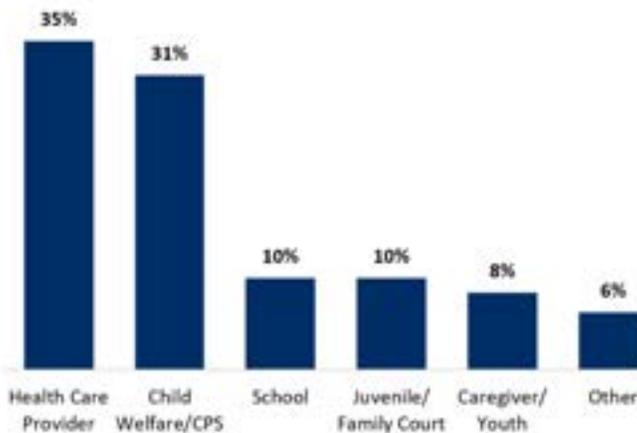
89% live with their caregiver or in their own owned or rented dwelling.

# Who SOCAT served: Referrals and diagnoses

Source: Local Evaluation Administration Tool

## Referral Source

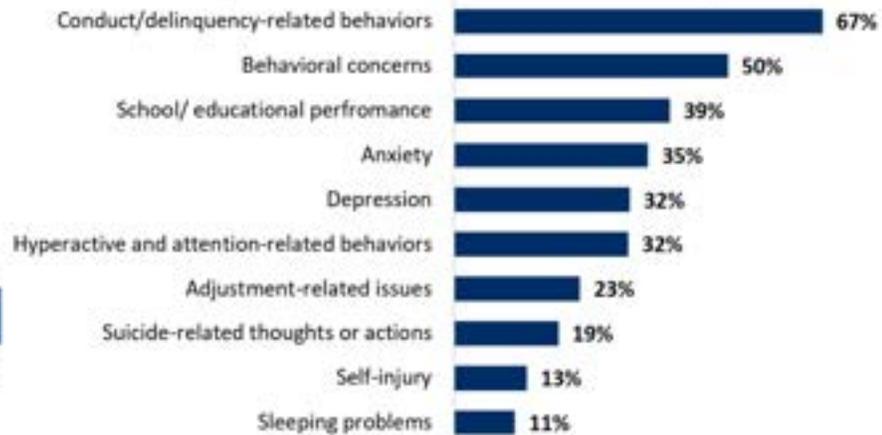
n = 329



## Top 10 Referral Reasons

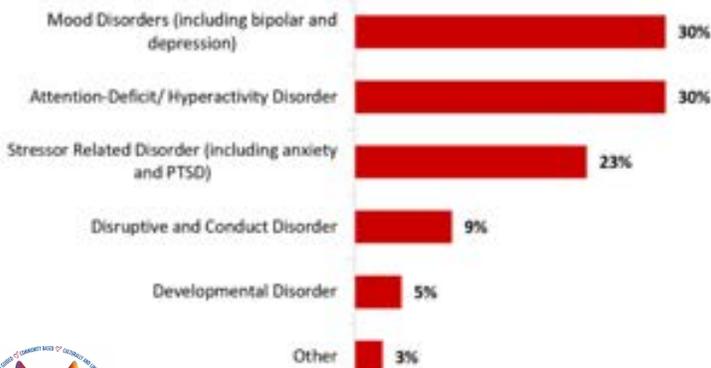
n = 330

(more than one reason could be selected)



## Primary Diagnosis

n = 327



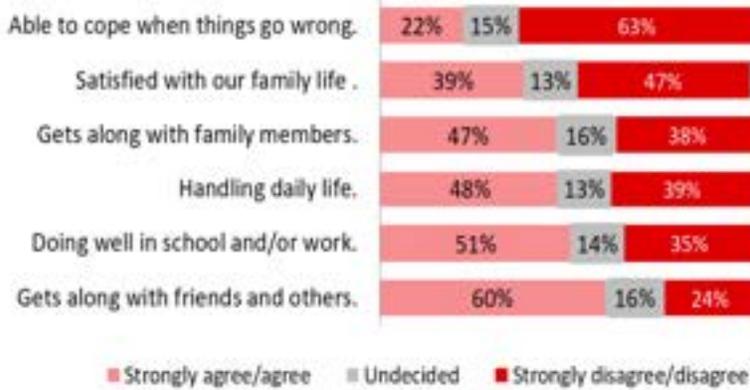
- Questions were asked about referrals and diagnosis on the Local Evaluation instruments.
- **Health care providers** and **child welfare** accounted for 66% of the referrals.
- **Conduct, behavioral concerns, and school performance** were the top reasons for referrals.
- The most prevalent diagnoses were **mood disorders** (including bipolar and depression) and **attention-deficit/hyperactivity disorder**.

# What issues SOCAT participants face

Source: Intake National Outcomes Measures (NOMs)

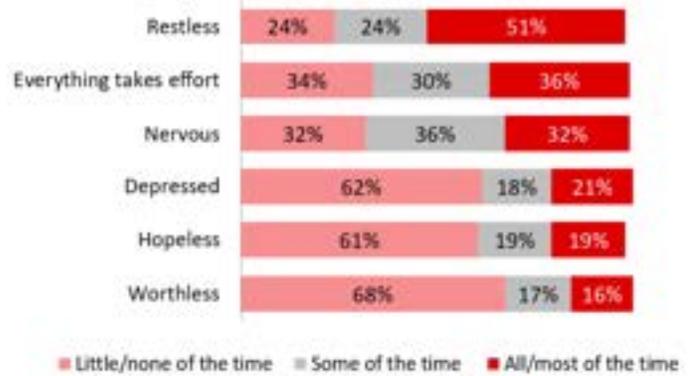
## How well were you able to deal with everyday life during the past 30 days?

n=167



## During the last 30 days, about how often did you feel...

n=83<sup>†</sup>



† Only SOCAT participants over the age of 11 answer questions about feelings.

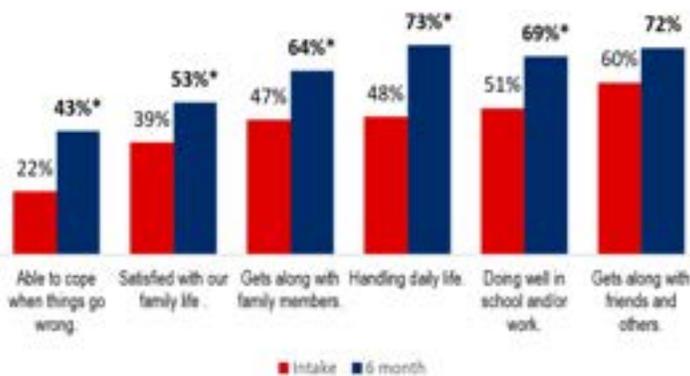
- The National Outcome Measures (NOMs) measures aspects of SOCAT participants' functioning and wellbeing.
- Children, youth, and young adults tended to report the most problems with **coping when things go wrong** (63%), **satisfaction with family life** (47%), and **getting along with family members** (38%).
- **51%** of SOCAT youth and young adults struggled with feeling **restless**.
- **36%** of participants reported **everything taking an effort** all or most of the time.

# What changes SOCAT participants made

Participants were reassessed after six months in SOCAT.

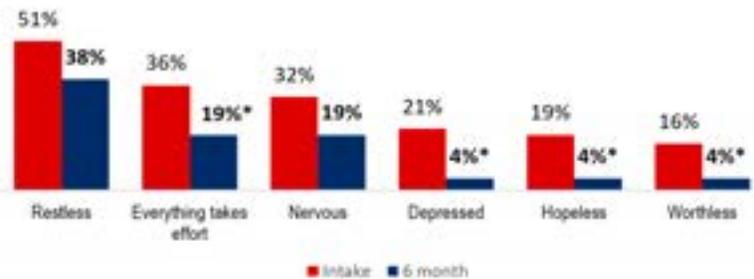
## How well were you able to deal with everyday life during the past 30 days? (Strongly agree or agree)

n=167



## During the last 30 days, about how often did you feel... (All or most of the time)

n=83<sup>†</sup>



\* Indicates that the average rating changed by a statistically significant ( $p < .05$ ) amount between intake and 6 months.

† Only SOCAT participants over the age of 11 answer questions about feelings.

- SOCAT participants reported **improvements in every area of functioning**, with the biggest improvements in handling daily life and being able to cope when things go wrong.
- SOCAT participants reported **fewer negative feelings overall**.

# How SOCAT participants feel about services

Source: National Outcomes Measures (NOMs)

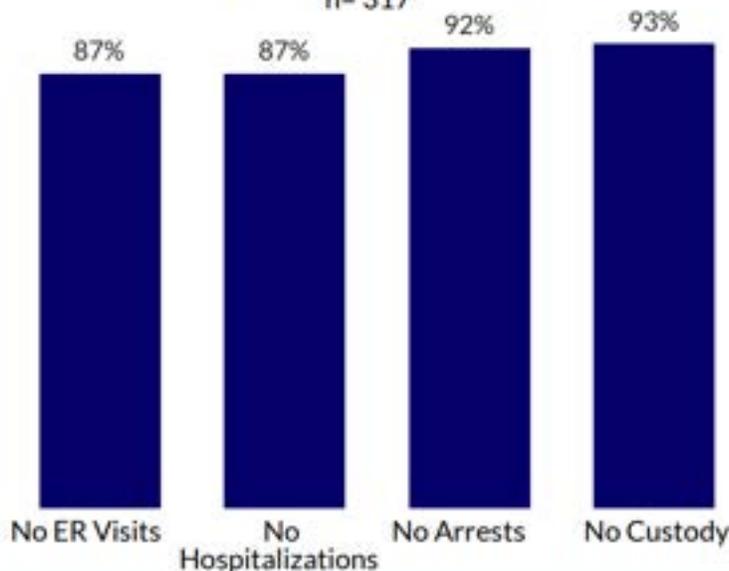


\*\* Includes discharge and six month reassessments

# How SOCAT impacts participants staying at home

## Keeping Kids at Home\*\*\*

n= 317



**SOCAT keeps children, youth, and young adults at home.**



Every month, providers report the number of children, youth, and young adults who:

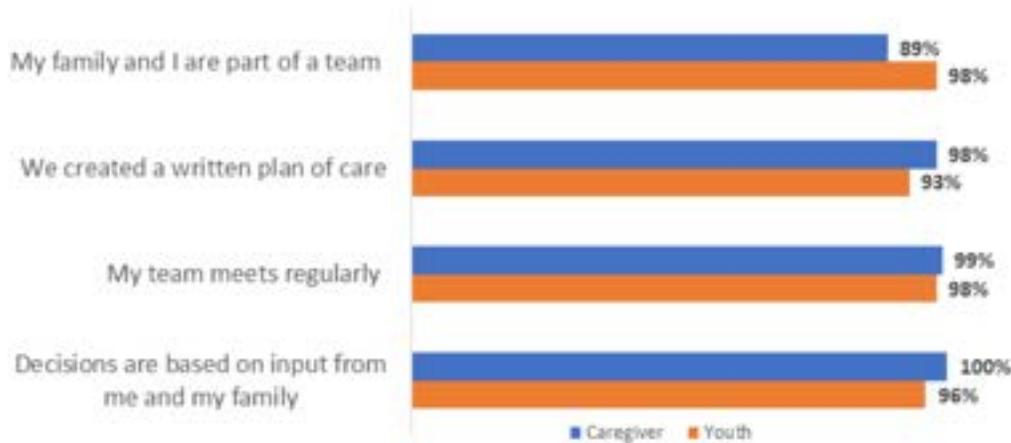
- Receive hospital or residential treatment for behavioral health reasons.
- Have behavioral health emergency room (ER) visits.
- Are taken into custody.
- Are arrested.

\*\*\*Cumulative data through September 15, 2020

## Observations:

- SOCAT is in **60%** of Tennessee counties.
- SOCAT children, youth, and young adults demonstrated **improvement in functioning and psychological symptoms.**
- Participants and families are **satisfied with SOCAT services.**
- Children, youth, and young adults in SOCAT have **low rates of hospitalization and ER visits**, as well as **reduced loss of custody and juvenile justice involvement.**

## Caregivers and Youth Agree SOCAT is using Wraparound Principles

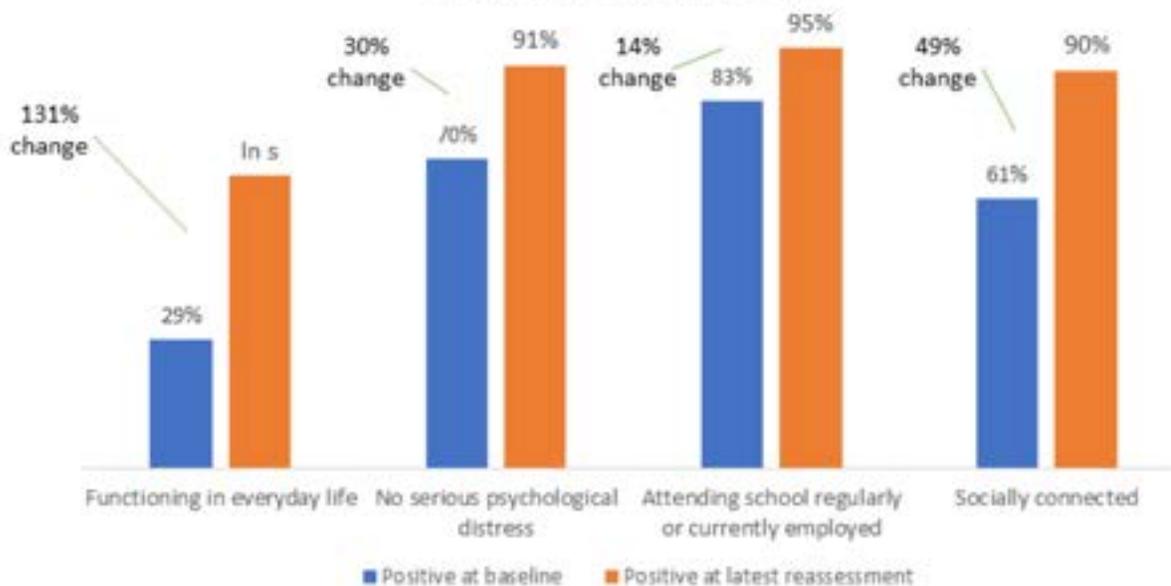


"Wraparound is a process relying on a series of practice steps in order to bring a group of people together to craft and match services, supports and interventions to meet unique family needs." ~National Wraparound Implementation Center

SOCAT uses High Fidelity Wraparound (HFW) process to work with families. Caregivers and youth are asked to rate how their SOCAT team uses HFW to provide services.

Families overwhelmingly agree that SOCAT teams use the key HFW principles.

## Changes while in SOCAT



This chart measures positive results on baseline compared to the latest reassessment. Several areas of positive change can be seen.

- 131% positive change on functioning
- 49% positive change in social functioning
- 30% positive change in psychological distress
- 95% of SOCAT children and youth attending school regularly

Evaluation data is collected at baseline, every six-months, and at discharge. These results are from the National Outcome Measures.

**Functioning** - coping with daily life including school and work, getting along with family and friends, and dealing with adversity.

**Psychological distress** - being nervous, hopeless restless, and hopeless.

**Socially connected** - the presence of social support.

# COMMUNITY MENTAL HEALTH CENTERS GRANT PROGRAM



## Description

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2021 Community Mental Health Centers (Short Title: CMHC) grant program. The purpose of this program is to enable community mental health centers to support and restore the delivery of clinical services that were impacted by the COVID-19 pandemic and effectively address the needs of individuals with serious emotional disturbance (SED), serious mental illness (SMI), and individuals with SMI or SED and substance use disorders, referred to as co-occurring disorder (COD). SAMHSA recognizes the needs of individuals with behavioral health conditions, including minority populations and economically disadvantaged communities, have not been met during the pandemic and that CMHC staff and other caregivers have been impacted.

## Eligibility

Community Mental Health Centers, including state and local government-operated Community Mental Health Centers, as defined by Section 1913 (c) of the Public Health Services Act.

**Applicants must provide documentation of certification or licensure as a CMHC from their state and/or accreditation from a nationally recognized accreditation organization in Attachment 1. Applicants who do not provide this documentation will be screened-out and not reviewed.**

**[FOR MORE INFORMATION CLICK HERE](#)**

# Lessons Learned in Tennessee and Across the Nation



[Click Here](#)



This project is funded under a grant contract with the State of Tennessee  
Department of Mental Health and Substance Abuse Services

System of Care Across Tennessee (SOCAT) builds on two decades of System of Care experience and focuses on young children, children, youth, and young adults, and their families. SOCAT utilizes the System of Care values and principles while empowering Tennessee families' to work together with child-serving agencies as partners to guide their care. To make a referral, click [HERE](#).

