This report represents SAFE SOLDIERS AND FAMILIES EMBRACED INC's responses to Charting Impact, a joint project of BBB Wise Giving Alliance, GuideStar USA Inc, and Independent Sector. Charting Impact uses five simple yet powerful questions to encourage strategic thinking and help organizations share concise information about their plans and progress toward impact.

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Mission:
SAFE’s mission is to serve as a resource for the community to ease the readjustment and reintegration of military members returning from our current wars and their families, as well as veterans from previous eras. We work towards peace and healing by providing the services required, advocating for clients, assisting the community at large in finding these services through other agencies, or facilitating the creation of programs by individual organizations. In addition, we strive to help develop future mental healthcare professionals who work with our demographic by offering internships and other professional development opportunities. In this way we are able to directly address the constantly growing need for well-trained providers to our community.
The content of this Charting Impact Report is the sole product and responsibility of SAFE SOLDIERS AND FAMILIES EMBRACED INC. This report does not in any way represent an endorsement from Independent Sector, BBB Wise Giving Alliance, or GuideStar, nor does it represent fulfillment of the BBB Wise Giving Alliance’s Standards for Charity Accountability. For more information on Charting Impact, visit www.guidestar.org/chartingimpact
1. What are we aiming to accomplish?

Our goals are simple here at SAFE- - to continue to provide free, professional and totally confidential counseling and other wrap-around social services and support to the people in our community who have done so much and ask for so little in return. - to ease the readjustment and reintegration of military members returning from our current wars and their families, as well as veterans from previous eras. - to strive to help develop future mental healthcare professionals who work with our demographic by offering internships and other professional development opportunities. In this way we are able to directly address the constantly growing need for well-trained providers to our community. - to work towards peace and healing by providing the services required, advocating for clients, assisting the community at large in finding these services through other agencies, or facilitating the creation of programs by individual organizations.

2. What are our strategies for making this happen?

The organization uses an eclectic mix of systems approaches and therapeutic modalities to conduct community outreach, advocacy and counseling services. Most of all, our guiding principal for us is listening. We do not seek to tell families or veterans what they need; rather, we listen. Within this culture, more often than not active duty, veterans and their families are TOLD what to do, when to do it, and what their “problems” are and how they can fix them. No one actually takes the time to actually ASK how they can help and LISTEN to them. We help churches, civic and community groups to listen because we believe those of us who are affected by trauma often know what we need to do to heal. We may not know that we know immediately; with help, however, we can find healing together.

3. What are our organization's capabilities for doing this?

Because most of us are either veterans ourselves or military family members, we know that welcoming service members home is not enough; the community must “walk them all the way home.” We enlisted the community support to help us provide our counseling free of charge so there would be no reporting to the chain of command (unless protocol for risk of violence or suicide warranted.) We offered counselors training in deployment psychology because it was evident there weren't enough in the area who knew the issues and stressors faced by this population. We have worked to support this fragile and overwhelmed 1% of our population by offering deployment support groups, counseling and other wraparound services such as housing referrals, assistance with VA paperwork and financial counseling as they arose. We have managed this through private donations and grants as our community members are stakeholders in this important work. They recognize this fact, and have answered the call to make a difference. Also, in an effort to not simply reinvent the wheel, we built collaborations with other local providers of services: • Centerstone → housing • Buffalo Valley→ housing • Austin Peay State University • TBI Program of the Tennessee Rehabilitation Center • Montgomery County Jail/Courts • 101st Airborne Division Association • Local Churches and Faith groups • TN State Dept of Veteran Affairs Commissioner Many--Bears Grinder • Montgomery County Veterans Treatment Courts • TN State National Guard – J–9 Programs: Col. Patty Jones • TN State Reps. Joe Pitts, Curtis Johnson & State Senator Mark Green

4. How will we know if we're making progress?

There are many clear indicators that we are having a significant impact not only in the Clarksville/Montgomery County area, but on the adjoining community of Fort Campbell, KY as well. - In May 2010, Ft. Campbell medical staff made an unprecedented public declaration that there were not enough counselors to work with returning soldiers. The suicide rate among active duty soldiers continued to skyrocket and Department of Defense services were overwhelmed. Stigma prevents active duty soldiers from trusting and seeking mental health treatment from DOD providers and, if they do, there is usually a minimum two month wait. Many active-duty soldiers go without help rather than risk losing a promotion. No services were
available on post for family members or veterans because of the active duty caseload. In March of 2013, SAFE was asked by the Commanding General of Fort Campbell and the 101st Airborne Division, Major General James McConville to help affect the growing suicide rate by accepting referrals from Ft. Campbell of soldiers who would not seek help on post, by offering our services to families on post and by advising the chain of command. - From 2012-2013, we saw a client increase of 13%. Our projected increase for 2014 was 29%, and less than 8 months into the year, we have surpassed that. Based on current numbers, our active client total will be 291 at the end of 2014. Our fastest growing demographic is children, with an increase of 59% from 2012-2013. We pay 16 contracted, specially trained counselors $40/hour to see our clients. All of our counselors are at least graduate level and are either veterans, military family members & are trained in deployment psychology. We also have up to 3 Bachelors and Master-Level social work interns in our offices. - We have had many client success stories, and our goals are being met as shown by our increasing client load. We do almost NO advertisement with the community or our demographic. 95% of our referrals are through word of mouth- current clients who are working with us and telling others that we are helping, we can be trusted, and that "We get it". - Clients have shared statements such as " I wouldn't change anything at SAFE... I really appreciate everything you've done for us!", " I can't thank you enough for what you have done for me and my family"", " SAFE is definitely a lifesaver!!!", " I needed some serious help. I knew that I was going to lose everything that was important to me. SAFE is the avenue that brought me back and saved my family", " Ya'll are awesome and we love all the help you've given us", and " Just knowing we have Don and SAFE in our corner for support and 'kicking ass' is a awesome thing. Keep it up, we wouldn't have made it without you!!".

5. What have and haven't we accomplished so far?

We continue to see signs that what we set out to do continues to grow and have a bigger and bigger impact on our demographic. We are contacted by other mental health and veterans service agencies in the Mid-Tennessee area on a consistent basis because of the positive impact we are having in our community. We are also starting to be seen as experts in our field on a national level as well- we have been contacted by civic organizations and communities from as far away as California, Montana, Texas and Washington, D.C. that have heard (again, by word of mouth) about our program and our approach asking how we are able to do what we do as well as seeking advice so that they may also start their own programs. In addition, recently a nationally-recognized foundation that works with wounded veterans expressed the difficulty with getting veterans to open up to them, leading them to ask us "How do you get them to TALK to you? What are you doing?"