

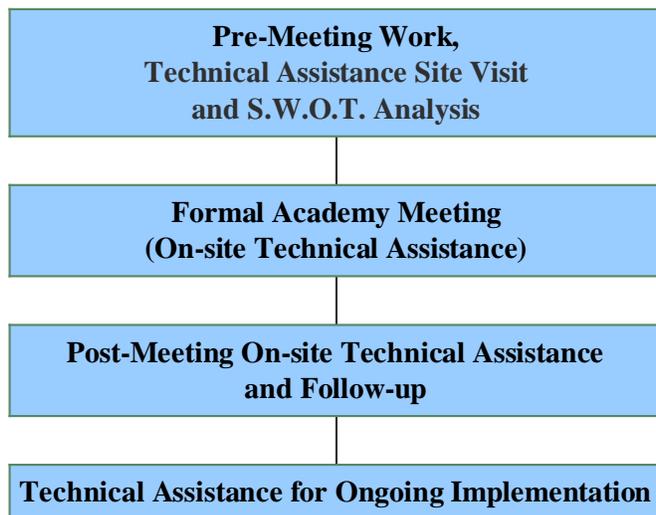
## SAMHSA’s Service Members, Veterans and their Families POLICY ACADEMY FACT SHEET

September, 2012

The overall goal of SAMHSA’s Service Members, Veterans, and their Families (SMVF) Policy Academy process is to strengthen statewide behavioral health care systems and services for SMVF through ongoing collaboration at the federal, state and local levels. SAMHSA recognizes that every state and territory’s behavioral health care system is unique, reflecting its own cultural, economic, social, and political realities.

Policy Academies represent opportunities for states and territories to receive specialized technical assistance designed to strengthen behavioral health care systems and services for SMVF. Through the work of its ten-member interagency team and with input from key constituencies, each state/territory develops a sustainable strategic action plan. This strategic action plan is designed to enhance its ability to meet the behavioral health needs of its SMVF by increasing access to appropriate care, closing gaps in the system, building the system’s capacity, increasing interagency communication/collaboration and incorporating evidence-based and best practices. It is critical to the process that all teams have a team leader who is appointed by the Governor and that all teams commit to the full process—focused on implementing the strategic action plan—when they return home.

The formal Policy Academy meeting is one component within a sequence of technical assistance provision.



State teams (1) begin their work during an on-site technical assistance visit before the Policy Academy, (2) significantly advance their work through intensive, professionally facilitated sessions during the Policy Academy itself, (3) and receive at least one post-Policy Academy meeting technical assistance site visit to help them implement their plans. Before and after the post-Academy site visit, they receive (4) ongoing technical assistance (e.g., consultations and webinars) to facilitate implementation of their plans. The majority of the technical

assistance is provided by SAMHSA’s Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center. SAMHSA hosted SMVF Policy Academies in 2008, 2010, 2011, and 2012. The following states, territories, and the District of Columbia have participated as teams\*:

Alabama (2010)	Montana (2012)
American Samoa (2008)	Nevada (2012)
Arizona (2010, 2012)	New Hampshire (2008)
California (2010)	New Jersey (2010, 2011)
Connecticut (2011)	New York (2008)
Delaware (2011)	North Carolina (2008, 2010, 2011, 2012)
Florida (2008)	Ohio (2010, 2011)
Georgia (2011)	Oklahoma (2008, 2011, 2012)
Illinois (2012)	Pennsylvania (2012)
Iowa (2011)	Puerto Rico (2010)
Kansas (2011, 2012)	South Carolina (2008)
Kentucky (2012)	Tennessee (2010)
Louisiana (2012)	Utah (2008, 2011, 2012)
Maine (2010)	Virginia (2011, 2012)
Maryland (2011, 2012)	Washington, DC (2011, 2012)
Massachusetts (2008)	Washington State (2008, 2010, 2012)
Michigan (2012)	West Virginia (2011)
Minnesota (2012)	

\*SAMHSA invited several states to attend additional Policy Academies to provide “lessons learned” and consultation to their peers in other states, as well as to help them achieve the next level of accomplishment in their own work.

### **Themes from the 2012 Policy Academy**

1. Developing team composition to be inclusive of key civilian and military stakeholders
2. Integrating planning processes with other fundamental policy efforts
3. Enhancing the implementation of suicide prevention evidence-based practices
4. Translating state Policy Academy strategies into a community-level approach
5. Hosting executive briefings for the Governor, legislature, county, and local partners
6. Fostering systems change through executive orders, legislation, and MOUs
7. Expanding peer-to-peer models
8. Developing strategies to increase access to employment opportunities for SMVF
9. Increasing workforce capacity and military culture training
10. Creating recovery-oriented strategies and standards for substance abuse prevention
11. Streamlining and expanding access to multiple funding streams (TRICARE, VA, Block Grant, Medicaid, SSI/SSDI etc.)
12. Developing partnerships with community agencies, veterans service organizations, faith-based communities, and volunteer support

### **Themes from the 2011 Policy Academy**

1. Developing effective and sustainable state strategic action plans
2. Establishing coordinated and integrated systems of care
3. Conducting environmental scans, gap analyses, and data assessments
4. Accessing Guard and Reserve activation and deactivation numbers to enhance systems
5. Advancing appropriate access to services through TRICARE and the VA
6. Fostering cross-systems collaboration and partnership building with the VA, National Guard, Reserves, state agencies, and community organizations
7. Expanding military cultural competency training for community service providers
8. Developing employment strategies for SMVF
9. Cultivating effective outreach and engagement strategies for rural populations through collaborative efforts with faith-based communities and telehealth initiatives
10. Integrating primary and behavioral health care to increase access
11. Increasing effective strategies for engaging and supporting military families
12. Developing financing strategies for sustaining programs and services
13. Implementing promising, best, and evidence-based practices to address priority needs
14. Increasing knowledge dissemination and public and political buy-in through the creation of public education and awareness campaigns

### **Themes from the 2010 Policy Academy**

1. Optimizing the use of financing mechanisms to increase system capacity
2. Increasing appropriate use of TRICARE and Department of Veterans Affairs health care resources
3. Improving data-sharing across agencies to (a) identify where National Guard members, Reservists and their families live to better assess the need for behavioral health care services and (b) improve coordination of care
4. Establishing Governor-appointed public/private steering committees to formalize and monitor implementation of strategic plans
5. Establishing/using existing public messaging campaigns to reduce the stigma of help-seeking
6. Cross-training of professionals to improve military cultural competence and capacity to assess and treat behavioral health issues using trauma-informed, evidence-based practices
7. Improving outreach to dispersed populations in rural areas
8. Increasing use of peer-to-peer (i.e., veteran-to-veteran and family-to-family) programs
9. Integration of critical best-practices and evidence-based services in suicide prevention, jail diversion, homelessness prevention, and employment