With the support of SAMHSA’s Service Members, Veterans, and their Families (SMVF) Technical Assistance (TA) Center over the past 8 years, 49 states, 4 territories, and the District of Columbia have formed governor-supported interagency state teams to develop and implement state behavioral health strategic plans for SMVF. The SMVF TA Center launched the 2016 Interagency Leadership Initiative to further engage and strengthen the leadership of its teams.

Building on their efforts, 23¹ of the 54 teams joined the challenge by participating in the Interagency Leadership Initiative from March to September. These teams were successful in engaging their leadership and setting a course for their strategic plans.

Governors Play a Critical Role

Each interagency state team was formed with the support of the governor. Governors are on the frontline of military and civilian agency efforts to better serve SMVF. Cabinet-level leadership that directly report to the governor have a unique ability to leverage assets and inspire greater collaboration, which is essential for a strong coordinated effort to improve behavioral health systems for SMVF. The Governor’s Office participated in the 2016 initiative by either attending or sending a representative, as well as ensuring cabinet-level leadership were at the table. This strong showing of high-level support allowed the state teams to align their strategic priorities and solidify buy-in for moving forward in their efforts.

| 43% of states had Governor’s Office participation |
| 87% of states had cabinet-level leadership participation |

¹Participating states: Alabama, Alaska, Delaware, District of Columbia, Guam, Hawaii, Illinois, Kentucky, Maryland, Massachusetts, Nebraska, New Hampshire, New Mexico, Nevada, North Carolina, Oklahoma, Rhode Island, Tennessee, Texas, Virginia, Washington, West Virginia, and Wyoming
Committed Team Leaders Drive Progress

Interagency state teams are led by a governor-appointed team leader, and each team decides which structure best supports the implementation of their interagency strategic plan, state political climate, and culture.

Agencies Leading the Teams

- State Dept. of Veterans Affairs
- State Health & Human Service Agencies
- National Guard
- Governor’s Office

Interagency Teams Bridge the Gaps

The behavioral health needs of SMVF require a comprehensive set of services that no single agency, organization, or level of government could address on its own. That is why each state team must be interagency in nature. The team leaders brought together stakeholders from multiple state agencies to build a coordinated response to the needs of SMVF.

Agencies Participating on the Teams

- State Dept. of Veterans Affairs (91%)
- National Guard (87%)
- U.S. Dept. of Veterans Affairs (69%)
- State Health & Human Service Agencies (69%)

Team Strategies Strengthen a Coordinated Military/Civilian Service System

The SMVF TA Center provided technical assistance to the states participating in the 2016 Interagency Leadership Initiative through strategic planning and leadership briefings. Common strategies and themes of the state teams’ work were:

- Asking the question and intervening early
- Ensuring access to care and evidence-informed practices
- Preventing suicide
- Collecting, sharing, and mapping interagency data
- Building workforce capacity
- Expanding peer support and military culture training
- Supporting military families and caregivers
- Reducing homelessness and incarceration
- Addressing substance use problems
- Facilitating community-level SMVF focus
- Solving policy and practice barriers