


SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center

Fact Sheet

The Implementation Academy Model for SMVF: From Policy to Services



Every door needs to be the right door when a veteran asks for help with a behavioral health problem. Like other chronic health conditions, mental health and substance use disorders typically require continuing care following treatment, education regarding transition and self-care, regular check-ups and linkages with community recovery supports. The Departments of Defense (DoD) and Veterans Affairs (VA) cannot do it alone.¹ Military and civilian collaborations are essential to successfully increasing access and strengthening services to provide the safety net that service members, veterans, and their families (SMVF) need.

Yet the SMVF behavioral health services landscape is still a fragmented collection of services, systems, players, and payors, plagued with barriers and waiting lists. Everyday new programs and websites are launched while many existing services are underutilized because they are not effectively coordinated or connected with SMVF. While 80 percent of veterans have other sources of healthcare coverage in addition to that provided by the VA,² there are still major disconnects between the DoD and VA systems and the public behavioral system regarding values, guiding principles and mission that add to ongoing friction around standards, training, and best practices. Gaps in these systems of care, from policy to practice, make military and civilian interagency collaboration and integration of services essential as no single system has the capacity to solve the complex needs of SMVF without effective partnerships.

Taking an integrated public health approach forged on military and civilian interagency collaboration, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) SMVF Policy Academies and Implementation Academies have helped states bridge these gaps. State by state, the country is learning how to efficiently position resources to close the gaps by bringing together a broad range of supports and leveraging resources across all behavioral health systems regardless of who is funding them. This Fact Sheet describes a cross-system approach supported by SAMHSA's SMVF Technical Assistance (TA) Center to implement and achieve successful integration of behavioral health services for SMVF.

The Need for Implementation Academies

The Policy Academy model where states create cross-system teams of federal, state, and local stakeholders to address complex service delivery problems has been a staple of state and federal interagency collaborative approaches. Beginning with efforts to address homelessness and moving on to HIV/AIDS, co-occurring mental and substance use disorders, and juvenile justice, the Policy Academy model has been credited for moving systems beyond their silos and developing relationships and collaborations where none had existed before.

Since 2008, SAMHSA has held Policy Academies to help states and territories strengthen behavioral health service systems supporting SMVF. To date 46 states, four territories, and the District of Columbia have participated in this process with the goal of developing statewide strategic plans designed to address these issues.

The Policy Academy model has successfully gotten states to focus energy and resources around specific issues and to develop concrete plans for action. However, where the model sometimes fell short was in the implementation of the state's strategic plan. Sustaining collaborative efforts over the long term and implementing best practices at the local level within states took time and resources, both of which were often in short supply. Add to that the normal turnover in staff and administrations at the state level and

you have a recipe for failure. What was needed was an infrastructure to support, encourage, and hold states responsible for implementing their strategic plans over the long run.

In 2014, in response to the state teams’ requests for help implementing their strategies, PRA and its SAMHSA-sponsored SMVF TA Center team designed the first Implementation Academy. SAMHSA sponsored four Implementation Academies for SMVF Policy Academy graduates focused on the issues related to services for: (1) military families, (2) justice involved SMVF, (3) suicide prevention; and (4) prevention, treatment and recovery from substance use disorders. The objectives of each were to:

- Increase understanding of and familiarity with the issue
- Learn about promising, best, and evidence-based practices to address the issue
- Understand the challenges and lessons learned in implementing strategies
- Expand the components of existing strategic plans that focus on the issue including defined assignments, deadlines, and measureable outcomes

The SMVF Implementation Academy Model encourages states to focus on the longer-term task at hand. Once a structure, leadership, and shared vision of collaboration are facilitated at the Policy Academy, the Implementation Academy uses these collaborative relationships to put effective interventions in place for SMVF in the communities in which they live. State teams are accountable for making it happen and for producing the intended outcomes. The best outcomes and value result from the ability to anticipate, communicate, and coach states in stages, using concrete interagency action plans as the fulcrum for creating results.³ The figure below illustrates the Implementation Academy process:

STEP 1	STEP 2	STEP 3	STEP 4
<p style="text-align: center;">Orientation Call <i>State/territory/district team lead</i></p>	<p style="text-align: center;">Web-Based Prep Session(s) <i>All delegations and delegates</i></p>	<p style="text-align: center;">Implementation Academy <i>All delegations and delegates</i></p>	<p style="text-align: center;">Individualized TA <i>Single state/territory/district team and all delegates</i></p>
<ul style="list-style-type: none"> • Receive overview of Implementation Academy from SMVF TA Center staff • Begin identifying specific implementation issues • Discuss delegation selection 	<ul style="list-style-type: none"> • Participate in web-based prep session(s) with SMEs • Prepare for Implementation Academy work • Complete homework assignments 	<ul style="list-style-type: none"> • Participate in intensive work sessions • Review progress and identify gaps • Share innovations and best practices • Receive onsite TA • Refine strategic plan with timelines and measureable outcomes 	<ul style="list-style-type: none"> • Receive tailored TA to facilitate follow-through • Adapt best practices and strategies • Review, capture, and monitor outcome data

The Academy Event. In keeping with the Policy Academy model, each state that participated in an Implementation Academy brought a small delegation to a central location where up to 12 state teams worked through a series of virtual and onsite meetings to create a coordinated strategy to address the specific topic at hand. Following the conclusion of the third Implementation Academy, a major shift took place within the design of the model. Instead of bringing state teams to a central location for the Academy Event, teams now participate without leaving their state and the resources needed for the Implementation Academy are brought to them.

The Role of TA. To support the work of the state teams over time, TA is provided through a central source – in this case, SAMHSA’s SMVF TA Center. The TA Center functions in near equal parts to check-in and encourage progress, facilitation, arrange and provide TA, and document outcomes. Three TA features of the current Implementation Academies are particularly important:

1. Instead of bringing small state teams together in a centralized location, state teams bring all necessary participants in a local setting to develop their issue-specific implementation plans. The TA Center travels a facilitator and scribe to the state team and with virtual access to subject matter experts for formal presentations and individualized TA as needed.
2. Social media and web-based methods, such as on-line learning communities, subject matter expert text messaging, and web-based virtual plenary panels, are used to reach as many stakeholders as possible – both during and following the Academy -- while conserving available resources.
3. The TA Center staff, comprised mostly of SMVF, works closely with each state and maintains a large group of diverse and experienced facilitators and SMEs to ensure a rapid response and the best match for each state.

This innovative approach to TA encourages greater participation on the part of state teams as the number of participants is not limited and ensures all of the appropriate personnel at present. Greater participation generates greater interest in, and commitment to, the outcomes and accelerates the implementation of best practices.

Better Together. There are at least three key players when it comes to implementing changes in behavioral health for SMVF – the state interagency teams, the SMVF TA Center, and the federal government. The role of each is essential to each of the others. With all three playing their parts, success -- though not assured -- is significantly more likely. State interagency teams exist in a shifting ecology of community, state, federal, social, economic, political, and policy environments that impact implementation of state plans. State interagency teams and their strategic action plan are the bridge between policy and practice change. The strength of the state team built during the policy and implementation academies is critical to successful implementation of systems change and best practices.

Essential Components. As the demand for services increases and budgets are downsized, it is essential that states effectively use available resources to implement best practices and to integrate these with what already exists. Once a state team achieves a shared sense of priorities, vision, and values molded by interagency conversations, strategic thinking, and planning, the stage is set for implementation. While tailored TA is important to get states to this stage, it becomes essential during the implementation phase. Having a plan for making policy and practice changes is not the same as implementing and integrating those changes in multiple geographic areas of a state.

The Implementation Academy model capitalizes on the value added by each of its three composite parts:

- The Policy Academy for getting things started,
- Implementation science for what we know about staying the course during implementation of a state's strategic plan, and
- A rich and nimble TA Center responsible for keeping the teams focused on outcomes.

It is not possible to successfully develop the array of services that service members, veterans, and their families need and deserve without all three of these components.

¹ (RAND Invisible Wounds of War 2008, page 22)

² (Auerbach, 2013)

³ (Stages of Implementation Analysis: Where Are We? (NIRN and SISEP University of North Carolina Chapel Hill)