

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

Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families

Policy Academy Summary Report

Park Hyatt
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Table of Contents

| | |
|---|-----------|
| Executive Summary | ii |
| Highlights of City Plans and Technical Assistance Needs | iii |
| Meeting Evaluation and Next Steps..... | iii |
| Mayor’s Challenge Policy Academy..... | 1 |
| Pre-Academy Work..... | 3 |
| Orientation Call..... | 4 |
| Policy Academy Team Composition..... | 4 |
| Web-based Preparation Session..... | 6 |
| The Policy Academy Meeting | 7 |
| Pre-Academy Work Day | 7 |
| The Policy Academy Day One | 7 |
| The Policy Academy Day Two | 8 |
| City Team Work Sessions | 9 |
| On-Site Technical Assistance Delivery | 9 |
| Highlights of City Team Action Plans | 10 |
| Policy Academy Meeting Participant Evaluation | 14 |
| Extent of Helping Team Develop Realistic Practical Plans..... | 14 |
| Helping Teams Address CDC Model for Suicide Prevention..... | 15 |
| Quality and Effectiveness of Policy Academy Methods | 16 |
| Plenary Sessions..... | 17 |
| Concurrent Sessions..... | 18 |
| Most Helpful TA Received..... | 19 |
| Post-Academy Follow-Up | 20 |
| Identified Technical Assistance Priorities | 20 |
| Conclusion | 22 |
| Appendix I: Policy Academy Agenda..... | 24 |
| Appendix III: Mayor’s Challenge Policy Academy Fact Sheet..... | 51 |
| Appendix IV: About SAMHSA’s SMVF TA Center | 59 |
| Appendix V: City Team SWOTs | 62 |

Executive Summary

Of the 20 veterans who die by suicide each day, over half are not under the Department of Veterans Affairs (VA) care. In order to reach those veterans outside of VA care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and VA invited communities to come together on March 14–16, 2018 for the first Mayor’s Challenge Policy Academy to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF).

With the Mayor’s Challenge, SAMHSA and VA committed to helping communities strengthen their supports and sustain their efforts to prevent veteran suicide. Eight city teams, comprising 12-15 interagency representatives each, participated:

- Albuquerque, NM
- Billings, MT
- Helena, MT
- Houston, TX
- Las Vegas, NV
- Los Angeles, CA
- Phoenix, AZ
- Richmond, VA

The Mayor’s Challenge builds on the success of SAMHSA’s efforts to assist states and territories in strengthening behavioral health systems for SMVF and the VA’s successful Mayors Challenge to End Veteran Homelessness. The goal of the Mayors Challenge to Prevent Suicide among Service Members, Veterans, and their Families is to eliminate suicide among at-risk SMVF using a comprehensive public health approach to suicide prevention.

Until now, the policy academy process has been available only to states and territories for the broader purpose of strengthening behavioral health service systems supporting SMVF. The policy academy meeting is one step in a process designed to reduce suicides among SMVF.

Throughout the 2½-day policy academy, team members met to develop city-specific action plans to prevent SMVF suicide. During these sessions, each team worked with a professional facilitator and received individualized technical assistance (TA) from an expansive menu of subject matter experts (SMEs). Plenary sessions emphasized the need for interagency collaboration and coordination as well as the importance of data sharing and results-oriented decision-making. Concurrent sessions focused on best practices within the Center for Disease Control and Prevention’s (CDC’s) public health framework for suicide prevention

Highlights of City Plans and Technical Assistance Needs

The eight city teams' plans for suicide prevention among SMVF addressed three or more of the CDC's seven strategies for suicide prevention, including:

- Identify and support people at risk
- Strengthen access and delivery of behavioral health care
- Promote connectedness
- Strengthen economic supports
- Create protective environments
- Teach coping and problem-solving skills
- Lessen harms and prevent future risk

City team members identified a number of technical assistance needs as they headed home to refine and implement their action plans. The most frequently identified TA needs were:

- Development of measurable outcomes
- Best practices for screening for suicide risk
- Data sharing templates or procedural guidance
- Lethal means consultation
- Veteran peer-to-peer training and programing
- Safe messaging and media support

Meeting Evaluation and Next Steps

Participant evaluation of the Mayor's Challenge underscores the importance of the policy academy model as a mechanism for assisting communities in developing plans to address SMVF suicide. Most city team members had not worked together or focused on SMVF suicide prevention before coming to the table for the Mayor's Challenge.

Participants appreciated the ability to work as a team with a facilitator, consult with SMEs, and network with other city teams. In particular, team members cited the importance of (1) receiving assistance from facilitators to strategize and organize their priorities, (2) meeting with SMEs for content-specific guidance, and (3) interacting with other attending team members to share ideas and lessons learned.

Team members left the meeting prepared for the next phase of the Mayor's Challenge process. In the coming months, teams will refine and begin to implement their action plans, host TA site visits, consult with SMEs, participate in learning communities, and attend webinars. These activities are designed to support communities as they begin the process of implementing their action plans.

Mayor's Challenge Policy Academy

Of the 20 veterans who die by suicide each day, over half are not under the Department of Veterans Affairs (VA) care. In order to reach those veterans outside of VA care, the Substance Abuse and Mental Health Services Administration (SAMHSA) and VA invited communities to come together on March 14–16, 2018 for the first Mayor's Challenge Policy Academy to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF).

Until now, the policy academy process has been available only to states and territories for the broader purpose of strengthening behavioral health service systems supporting SMVF. With the Mayor's Challenge, SAMHSA and VA committed to helping communities strengthen their supports and sustain their efforts to prevent veteran suicide. Based on veteran population data, suicide prevalence rates, and capacity of the city to lead the way in this first cohort of the Mayor's Challenge, 10 cities were invited to participate in the Mayor's Challenge. Eight cities accepted the Challenge and participated in the 2.5-day meeting in Washington, DC:

- Albuquerque, NM
- Billings, MT
- Helena, MT
- Houston, TX
- Las Vegas, NV
- Los Angeles, CA
- Phoenix, AZ
- Richmond, VA

This initiative builds on the success of SAMHSA's efforts to assist states and territories to strengthen behavioral health systems for SMVF and the VA's successful Mayors Challenge to End Veteran Homelessness. The goal of the Mayors Challenge to Prevent Suicide among SMVF is to eliminate suicide among at-risk SMVF using a comprehensive public health approach to suicide prevention. The key objectives are listed below.

- Build an interagency military and civilian team of leaders a city and state that will develop and implement a strategic action plan to prevent and reduce suicide attempts and completions at the local level
- Acquire a deeper familiarity with the issues surrounding suicide prevention for SMVF
- Increase knowledge about the challenges and lessons learned in implementing strategies by utilizing city-to-city sharing
- Employ promising, best, and evidence-based practices to prevent and reduce suicide attempts and completions at the local level

- Define and measure success, including defining assignments, deadlines, and measureable outcomes to be reported

The Mayor’s Challenge uses a policy academy process that includes pre-academy work, a formal policy academy meeting, post-meeting technical assistance, and ongoing technical assistance as participating teams implement their plans. See Figure 1 below.

Figure 1. Mayor’s Challenge Policy Academy Technical Assistance Process

| Mayor’s Challenge Process | | | |
|--|------------------------------|------------------------|---|
| Event | Required Participants | Time Commitment | Dates |
| Accept the Invitation | Mayor’s Office | Varying | Respond by December 8, 2017 |
| Attend an Orientation Call | Team leader | 1 hour | January 1-12, 2018 |
| Form Your Team (Select, invite, and register) | Team leader | 1 week | January 8-February 5 (travel registration due February 12) |
| Attend a Web-based Preparation Session | All team members | 2-3 hours | February 5-March 2 |
| Attend the Policy Academy in Washington, DC | All team members | 2.5 days | March 14-16 |
| Attend a Follow-up Site Visit in Your City | All team members | 2 days | April 16-June 15 |
| Submit Your Outcomes Reports | Team leader | Varying | 6 weeks (May 4) 3 months (June 22) 5 months (August 24) |

To support the development of a comprehensive approach to suicide prevention among SMVF, the Mayor’s Challenge employs a model for suicide prevention developed by the Centers for Disease Control and Prevention.¹ See Figure 2 below.

To guide the action-planning process, each team’s professional facilitator used SAMHSA’s Strategic Prevention Framework to assess needs, build capacity, plan, implement, and evaluate.²

By the end of the event, each team had developed a community action plan with strategies, action items, and realistic and specific outcomes that were grounded in the CDC’s model to prevent suicide among SMVF.

¹ <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>

² <https://www.samhsa.gov/capt/applying-strategic-prevention-framework>

|  Preventing Suicide | |
|---|---|
| Strategy | Approach |
| Strengthen economic supports | <ul style="list-style-type: none"> • Strengthen household financial security • Housing stabilization policies |
| Strengthen access and delivery of suicide care | <ul style="list-style-type: none"> • Coverage of mental health conditions in health insurance policies • Reduce providers shortages in underserved areas • Safer suicide care through systems change |
| Create protective environments | <ul style="list-style-type: none"> • Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use |
| Promote connectedness | <ul style="list-style-type: none"> • Peer norm programs • Community engagement activities |
| Teaching coping and problem-solving skills | <ul style="list-style-type: none"> • Social-emotional learning programs • Parenting skill and family relationship programs |
| Identify and support people at risk | <ul style="list-style-type: none"> • Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts |
| Lessen harms and prevent future risk | <ul style="list-style-type: none"> • Postvention • Safe reporting and messaging about suicide |

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control Division of Violence Prevention entitled, Preventing Suicide: A Technical Package of Policy, Programs, and Practices

Figure 2. CDC Model

Pre-Academy Work

To accept the Mayor’s Challenge invitation, each city named a team leader and submitted a letter of support from the Mayor of the city or his/her designee agreeing to participate in the following activities:

- Organize an interagency team to participate in the Mayor’s Challenge events
- Attend a two-hour web-based preparation session
- Send a travel team of 10–15 team members to the March 14-16, 2018 Policy Academy in Washington, D.C.
- Plan and host a 2-day follow-up technical assistance site visit
- Track outcomes and submit reports to SAMHSA and VA at 6 weeks, 3 months, and 5 months after the March Policy Academy

Orientation Call

Orientation calls were held with each city team leader during the first two weeks of January 2018. The orientation call provided more information and guidance in selecting additional team members for the Mayor's Challenge work. The city team leader served as the point of contact for SAMHSA's SMVF Technical Assistance (TA) Center throughout the Mayor's Challenge process and was responsible for coordinating the formation of the interagency team that participated in the Mayor's Challenge.

Policy Academy Team Composition

By early February, the Policy Academy city team was identified. Each team included a diverse cross-section of participants to ensure a multi-faceted approach to community suicide prevention among SMVF. Team members were required to be leaders or coordinators who were able to effect change within their agencies or programs. City teams could be any size, but the team delegation that attended the policy academy was limited to 15 representatives, with the following leaders required to attend:

- State suicide prevention coordinator
- VA suicide prevention coordinator
- National Guard suicide prevention coordinator
- Mayor's office
- State SMVF policy academy team leader

Team leaders were also encouraged to include leaders from the following areas:

- City community services
- City council leadership
- City court officials
- City education division
- City housing division
- City human services
- City information technology
- City law enforcement
- Community behavioral health agencies
- Community healthcare providers
- County veteran service officers
- Garrett Lee Smith grantees
- Local or regional hospital leadership
- Local faith-based leadership
- Nonprofit mental health community providers (NAMI, Mental Health America, etc.)
- National Guard counter drug program coordinator
- National Guard director of psychological health
- Peers of the SMVF population
- State behavioral health
- State division of veterans services
- Veteran homelessness agencies
- Veterans service organizations

Figure 3 illustrates the diversity of agency representation on the city teams: community/state behavioral health (22 percent); Federal VA (20 percent); city policy-level (16 percent); justice/law enforcement (11 percent); National Guard (9 percent); community/state veterans' agencies (8 percent); and other community partners such as first responders, local 2-1-1, and community nonprofits (14 percent).

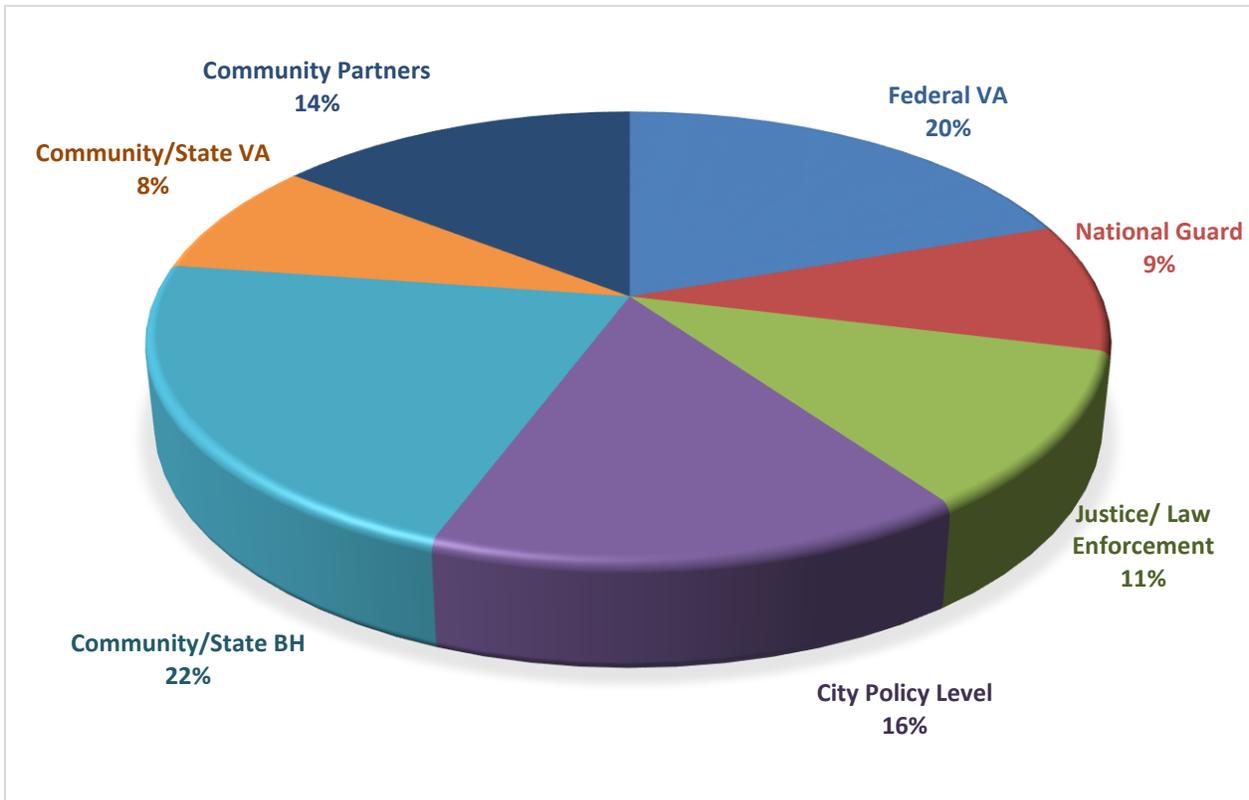


Figure 3. Mayor's Challenge Agencies at the Table

Web-based Preparation Session

All teams were required to participate in a city-specific web-based preparation session held about two weeks prior to the Policy Academy event. This meeting was designed to ensure that all team members understood the goals of the Mayor's Challenge and were prepared for the work ahead.

Immediately following this session, each city team member (both travel and home team members) completed an online Strengths, Weaknesses, Opportunities, and Threats (SWOT) assessment listing 10-12 relevant strengths, weaknesses, opportunities, and threats in their community system to prevent suicide among service members, veterans, and their families.

Prior to the Policy Academy event, SAMHSA SMVF TA Center staff sorted and compiled these data by the seven CDC strategies. The resulting SWOT analysis provided a city-specific assessment of what was happening in the city with regard to the CDC's seven strategies for suicide prevention among SMVF. The composite SWOT was a key tool used to ground and kick off each city team's work at the Policy Academy.

The Policy Academy Meeting

The Policy Academy Meeting was attended by 179 persons, including 97 city team members; 64 subject matter experts, presenters, and federal (SAMHSA, VA, and National Guard) officials; and 18 SMVF TA Center staff, facilitators, and scribes. The meeting included several plenary and concurrent sessions, with the bulk of time devoted to city team work sessions, where each team worked in a separate meeting room with its facilitator to develop its action plan.

Pre-Academy Work Day

The Policy Academy started on March 14 with a half-day Pre-Academy Work session. The cities were welcomed by SAMHSA and VA officials. Following a plenary session on the role of data and screening for suicide risk, the teams convened in individual conference rooms to meet their facilitator and scribe, review the expectations for the Policy Academy, discuss the composite SWOT for their city, and begin to determine their action plan priorities. The city team work session was followed by a return to the ballroom for a closing plenary where Suicide Prevention Coordinators from the Montana Veterans Affairs Health Care System, Montana National Guard, and Montana Department of Public Health and Human Services presented a real-life example of how they collaborate and work together to prevent suicide among SMVF in their state.

The Policy Academy Day One

The formal Policy Academy opened on March 15 with the presentation of colors and a call to action for communities to lead the national effort to prevent suicide among SMVF. The call to action was issued by high-level officials of SAMHSA, VA, and the National Guard Bureau.

The remainder of the first morning featured a brief round of team introductions and two key plenary sessions. The first was a motivating address by Brigadier General Loree Sutton, USA, Ret., who is the first commissioner of the New York City Department of Veterans Services, established in 2016. The second plenary before the teams headed into their individual workrooms was a panel of veterans and veteran family members who provided their perspectives on the group's charge. This was followed by substantive presentations by the chief of

SAMHSA's Suicide Prevention Branch and a representative of the CDC's National Center for Injury Prevention and Control.

The city teams worked from mid-morning until mid-afternoon in their individual team workrooms to continue fleshing out their action plan priorities. As each team's priorities were becoming clear, the teams were ready to explore best practices and learn from the many subject matter experts (SMEs) who were available.

To encourage the teams' understanding and adoption of best practices, seven concurrent workshops were conducted during the mid-afternoon. Each workshop featured best practices for addressing one of the seven CDC strategies for suicide prevention:

- Strengthen economic supports
- Strengthen access and delivery of behavioral health care
- Create protective environments
- Promote connectedness
- Teach coping and problem solving skills
- Identify and support people at risk
- Lessen harms and prevent future risk

Each city team sent one or two representatives to each concurrent session. Representatives attending the individual workshops reported back to their team at the work session that followed at the end of the day. As the teams wrapped up their first full day at the Policy Academy, they prepared a poster session to share with the other teams on the following day.

The Policy Academy Day Two

The Policy Academy meeting offered multiple opportunities for city-to-city exchanges, mentoring, and networking. The second day of the Policy Academy began with a poster networking session in which teams presented visual outlines of their action plans to the entire group. Team members, SMEs, facilitators, and SAMSHA and VA officials had the opportunity to view every team's poster presentation and to discuss strategies with members of other teams.

Following the poster networking session, a plenary session on measuring the results of action plan implementation set the stage for the final team work session. Team members returned to their city team work sessions at mid-morning with new ideas to incorporate into their action plans. Each team continued to flesh out their plans with action steps and measurable outcomes until early afternoon.

As the teams reconvened in the ballroom for the final report out session, excitement was in the air. Every city team had achieved consensus on a preliminary action plan for preventing suicide among SMVF using the CDC model.

City Team Work Sessions

Six team work sessions were conducted on site at the Policy Academy and Pre-Academy Work Day—a total of 6 hours over three days. These work sessions allowed each team to spend the majority of its time at the Policy Academy meeting working with its facilitator and scribe to develop and refine its action plan. Team members examined their composite SWOT analysis, identified gaps in their suicide prevention service system, and formed consensus on the priorities for their plan. Using the seven strategies outlined in the CDC’s report on suicide prevention as a framework, the teams developed key priorities and subsequent actions steps to address veteran suicide within their communities from a comprehensive public health perspective.

The facilitator and team leader used a discussion guide and action planning tools to move each team’s work forward and achieve consensus on its action plan. The stages of work included:

- Establishing a team leadership structure and framework for planning
- Reviewing the composite SWOT completed prior to attending the Policy Academy
- Identifying gaps and setting priorities
- Developing strategies and action steps, assigning responsibility for implementation and identifying outcomes
- Receiving TA tailored to the needs of the city
- Identifying future TA needs and next steps

Each city selected a team member to act as a scribe and document the team’s work. To ensure comprehensiveness in its action plan, teams organized their priorities and action steps according to the CDC’s seven strategies to prevent SMVF suicide within their city.

On-Site Technical Assistance Delivery

During the Policy Academy, 40 SMEs were available to address team-specific questions with the team and to help with the development of each team’s action plan. Teams were provided a list of SMEs and guided by their facilitation team and SMVF TA Center staff on the specific expertise of the experts. During the Policy Academy, the eight city teams requested and received 21 individual team consultations with SMEs to discuss a variety of suicide prevention related topics. The most frequently requested topic was best practices to reduce lethal means within communities.

Highlights of City Team Action Plans

At the close of the Policy Academy meeting, team members presented highlights of their action plans that would shape the direction of the team’s work upon their return home. Figure 4 displays the city team priorities that were distributed across the seven CDC strategies.

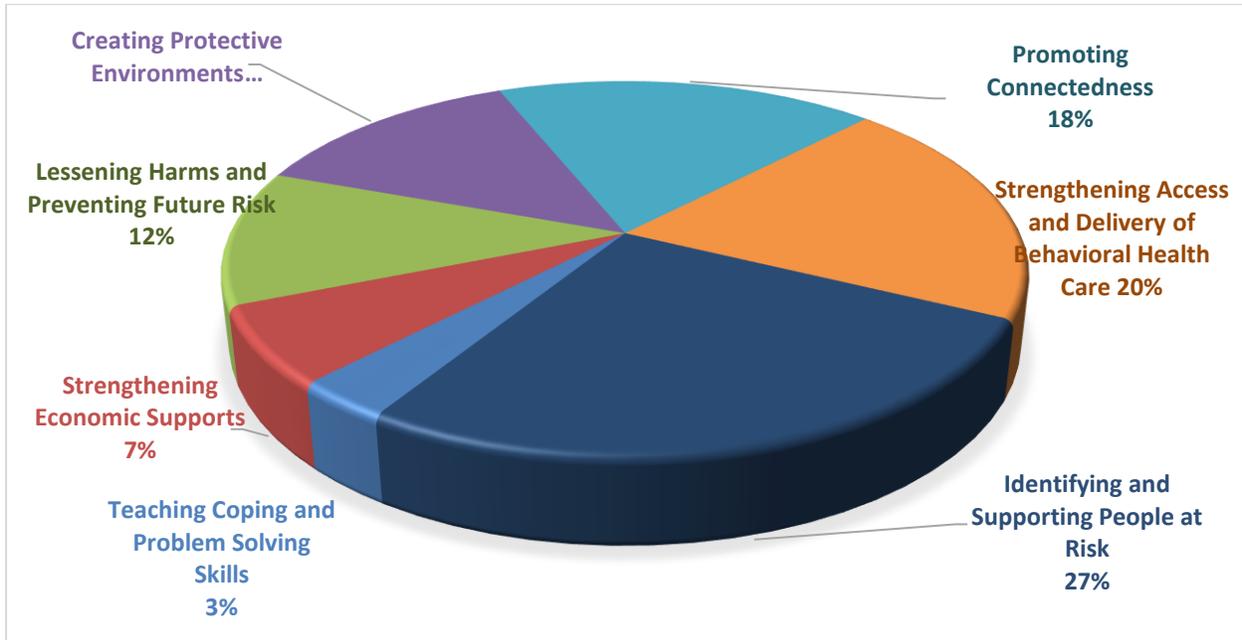


Figure 4. City Team Priorities by CDC Public Health Suicide Prevention Strategies

Twenty-seven percent of the teams’ priorities pertained to better identification and screening of veterans for suicide risk, e.g., implementing universal suicide-risk screening at hospital emergency rooms and within the justice system. Likewise, 20 percent of the teams’ strategies pertain to strengthening veteran access to behavioral health care, e.g., increasing community awareness of crisis hotlines or providing military culture training for community mental health providers. The remaining city team priorities fell into the five other CDC strategies. Examples of these priorities included increasing coordination between federal, state, and community-level partners supporting veteran behavioral health; increasing the use of veteran peers in the care continuum; and improving follow-up care for veterans discharged from care.

Figure 5 provides another way to look at the 55 city team priorities embedded in the eight action plans. Community collaborations comprised 27 percent of all city team priorities. Examples of community collaboration priorities included developing mutual agreements between community crisis services and local mental health services; coordinating veteran outreach efforts among

community stakeholders; improving coordination for services between local VA and community services; and embedding volunteer veteran peers with law enforcement post-crisis response teams.

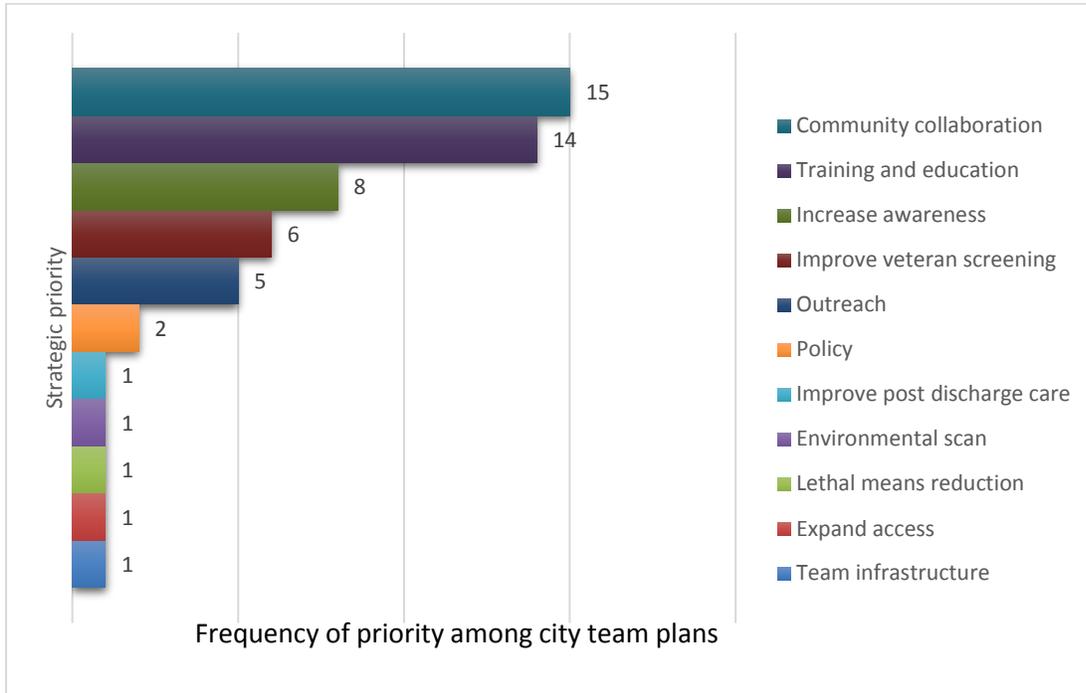


Figure 5. City Team Priorities by Frequency of Occurrence in Action Plans

Another frequently cited priority area was training and education, which accounted for 25 percent of all city team priorities. The remaining priorities can be categorized as follows: increasing awareness (15 percent), improving veteran screening (11 percent), outreach (9 percent), policy priorities (4 percent), and other priorities (9 percent).

Table 1 displays the action priorities for each city team as presented at the close of the Policy Academy.

Table 1. Mayor's Challenge Policy Academy City Team Priorities: Overview

| City | Priorities |
|--------------------|--|
| Albuquerque | <ul style="list-style-type: none"> ▪ Enhance screening practices to identify veterans in different agencies and organizations ▪ Expand mental health training to gun shop owners to help with identifying at-risk SMVF ▪ Determine what connections are available to support the access and delivery of suicide care ▪ Create network of “safe zones” among veteran-owned businesses; identify, promote and expand ▪ Identify veterans from existing partnerships not currently in VA services |
| Billings | <ul style="list-style-type: none"> ▪ Expand gun lock education and awareness ▪ Support the implementation of universal screening by medical providers for veterans ▪ Update directory of local veteran-serving agencies and programs on Montana211.org ▪ Ensure cultural competency of individuals working with and serving SMVF ▪ Educate key SMVF serving agencies and local decision makers using positive messaging to ensure support and increased awareness |
| Helena | <ul style="list-style-type: none"> ▪ Expand gun lock education and awareness ▪ Support the implementation of universal screening by medical providers for veterans ▪ Coordinate post-mortem investigations and share information for consistency ▪ Outreach/invite SMVF population to coalitions ▪ Deployment screening using the Columbia Screen |
| Houston | <ul style="list-style-type: none"> ▪ Strengthen access and delivery of suicide care by coordinating communication and outreach efforts and increasing referrals to Combined Arms ▪ Identify veterans with suicide attempts from community hospitals and mental health facilities in greater Houston ▪ Engage hospital administrators/EDs who discharge veteran patients without follow up ▪ Coordinate communication and outreach efforts amongst communities ▪ Increase exposure of events and access to peers already established |
| Las Vegas | <ul style="list-style-type: none"> ▪ Determine best SMVF suicide prevention and military culture trainings for community partners ▪ Strengthening collaboration with federal VA partners ▪ Conduct an inventory of available training and who is or should be trained ▪ Establish a consistent “Ask the Question” initiative ▪ Identify and review coroner’s information |

| City | Priorities |
|--------------------|---|
| Los Angeles | <ul style="list-style-type: none"> ▪ Engage community providers to conduct universal screening for veteran status and suicide risk ▪ Identify and expand military culture trainings among community providers and first responders ▪ Conduct homeless veteran outreach and life skills for non-VA eligible veterans ▪ Increase the number of mental health providers performing lethal means counseling ▪ Embed volunteer veteran peers into Mayor’s Crisis Response Team |
| Phoenix | <ul style="list-style-type: none"> ▪ Implement housing stabilization procedure for SMVF facing economic issues ▪ Develop post-separation wellness training ▪ Increase VA and community services coordination to decrease gaps in mental health support ▪ Increase utilization of and education on the Arizona Roadmap to Veteran Employment ▪ Expand access to TRICARE Reserve Select to the National Guard ▪ Increase community outreach on BeConnected |
| Richmond | <ul style="list-style-type: none"> ▪ Explore options to Build Peer Support Education Program for Military and Civilian Peers ▪ Collaborate with Richmond City service and public safety providers to “ask the question” and conduct screening for suicide risk ▪ Integrate VA programs and services briefings into CIT training with local law enforcement ▪ Promote Hotline/Warm line/211/Veteran Military Hotline among community stakeholders ▪ Improve linkage/collaboration between crisis community services and McGuire mental health |

Policy Academy Meeting Participant Evaluation

Participants anonymously completed and submitted an evaluation form at the end of the meeting. Of the 97 city team members who attended, evaluation forms were received from 79 team members for a response rate of 80 Percent.

Participants were asked to rate each item on a scale from 1 to 5, where 5 was the highest rating possible. A mean of 4.0 or above indicates a rating of “good” to “excellent.” A rating below 4.0 suggests an area where improvements could be made. Below are the means for each item followed by analysis and illustrative comments from the written responses to open-ended questions.

“Loved the energy, the motivation, the idea that ‘we can do this.’ I’m walking away with so many ideas. Thank you for bringing us together.”

...Los Angeles participant

Extent of Helping Team Develop Realistic Practical Plans

Table 2. Extent to Which the Policy Academy Helped Teams Achieve a Sustainable Action Plan

| <i>To what extent did the Policy Academy help your team develop realistic, practical plans for</i> | Mean |
|--|------------|
| Expanding partnerships and collaboration | 4.2 |
| Strengthening suicide prevention services and systems for SMVF | 4.1 |
| Identifying gaps in the community | 4.1 |
| Implementing next steps | 4.0 |
| Implementing evidence-based practices and programs in your city | 3.9 |
| Evaluating progress and reporting outcomes | 3.9 |
| Building system capacity | 3.7 |
| Developing self-sustaining practices and programs | 3.6 |

These items are the basic building blocks of sustainable action planning. Respondents were most confident about the Policy Academy’s contributions to expanding partners and collaboration, strengthening suicide prevention systems for SMVF, identifying gaps in the community, and implementing next steps. One participant summed it up, “The Policy Academy was terrific, it was a great opportunity to develop strategy and new initiatives.”

Expanding system capacity, outcomes measurement, and sustainability were areas that were less successful. Respondents from every city team cited the compressed time frame for city team work as a factor limiting their progress:

- “Would have been helpful to allow more time for teamwork.”
- “Not enough time as a team.”
- “Needed more time with [our] groups.”
- “It would have helped to have a full day with our own team to plan. We have a lot of barriers to overcome, but we also have a passionate team.”
- “An area for opportunity would be that there be more time for team interaction and collaboration since most of us do not interact in an intentional way in our home cities.”
- “More individual team time would have been helpful and much appreciated.”

Helping Teams Address CDC Model for Suicide Prevention

Table 3. Effectiveness of the Policy Academy in Helping Teams Develop Plans to Address CDC Strategies

| <i>How effective was the Policy Academy in helping your team develop realistic plans to address the CDC’s seven strategies to prevent suicide:</i> | Mean |
|--|------------|
| Identifying and supporting people at risk | 4.1 |
| Promote connectedness | 4.1 |
| Strengthen access and delivery of behavioral health care | 4.0 |
| Create protective environments | 3.9 |
| Teaching coping and problem solving skills | 3.8 |
| Lessen harms and prevent future risk | 3.8 |
| Strengthening economic supports | 3.7 |

The Mayor’s Challenge participants appreciated the CDC’s seven strategies to prevent suicide as a framework within which to structure their action plans. One participant remarked that she “really liked the seven strategies.” This framework saved a lot of time and discussion, while providing focused flexibility. One participant said that the most important outcome of the meeting was “breaking out the large goal of reducing Veteran suicide into smart goals and...individual tasks.” Another participant appreciated the best practices that were identified within the CDC framework, “This was a very effective training and information in terms of some best practices.”

Quality and Effectiveness of Policy Academy Methods

As a model, the Policy Academy with its mix of individual team time and plenary/workshop sessions has many moving parts and extremely tight time constraints—plenty of opportunities for missteps. It is a difficult dance that must look and feel seamless and intentional.

Table 4. Quality and Effectiveness of Policy Academy Methods

| <i>Quality and effectiveness of Policy Academy methods:</i> | Mean |
|---|------------|
| Your scribe | 4.7 |
| City team work sessions | 4.4 |
| Your facilitator | 4.3 |
| Policy academy overall | 4.3 |
| Subject matter experts | 4.1 |
| Team poster networking session | 4.0 |
| Pre-Policy Academy web-based prep session | 3.9 |

With one exception, the means in this section suggest that the Mayor’s Challenge was hugely successful in terms of the structure and the use of resources and time available. Participants remarked on what they liked most about their Policy Academy experience:

- “Loved the passion, information, direction and so much more!”
- “Everything kept us organized.”
- “Facilitator and scribe were excellent! Speakers were experienced and knowledgeable.”
- “Loved having a scribe and facilitator. Liked having access to experts and the Veteran and military family perspective.”
- “Great structure and organizing, technical assistance tools, and facilitating.”
- “Having a facilitator and subject matter experts available; presentation of the Montana state team’s success.”
- “Specific advice from SMEs during city team work sessions.”
- “Ability to talk one on one with SMEs.”
- “All SMEs gave great support and advice to our team when needed.”
- “I loved the Policy Academy overall; I had great conversations and made great connections.”
- “Coming together to create a plan rather than working in silos.”

The one area that suggested room for improvement was the Pre-Academy prep of the teams.

- “This is tough for cities with no prior plans for suicide prevention and that do not know what each other do.”

- “Suggest providing a stronger structure for what needs to be done prior to the meeting. This could create more synergy as team members come from all walks, working the issues from very different angles. Might help to get energy into a unified direction.”
- “More pre-planning and assignments prior to coming.”
- “Have some exercises requiring team involvement before the [meeting].”

Plenary Sessions

The meeting’s plenary sessions were more formal, held in a large ballroom and under time constraints that did not typically allow for more than one or two questions and answers. In part because of the number of Federal collaborators (SAMHSA, VA, DOD, National Guard, CDC), plenary sessions had three to five speakers (excluding moderators). One plenary had five speakers in a 35-minute session. Even when more time was allotted, most speakers had only 10 minutes to introduce and cover their topic. City team members appreciated hearing the report outs from the other teams and hearing the perspectives of veterans and military family members. They also found the speakers who elucidated the CDC’s suicide prevention model to be helpful. But participants “wanted to see more substantive time from SMEs and from partnerships already doing good work” and less time with the “big wigs.”

Table 5. Quality of Plenary Sessions

| Plenary Sessions | Mean |
|---|------------|
| Where We Go Together From Here (Team Report Outs) | 4.1 |
| Veteran and Military Family Perspectives | 4.1 |
| A Public Health Approach | 4.0 |
| Welcome and Opening Remarks | 3.8 |
| Better Together (Montana Team presentation) | 3.8 |
| A Call to Action | 3.8 |
| Developing a Robust Community Response | 3.8 |
| From Implementation to Results | 3.7 |
| The Role of Data and Screening | 3.7 |

Concurrent Sessions

Seven workshops corresponding to the seven CDC strategies for suicide prevention were held concurrently. The speakers for each workshop were SMEs charged with presenting on the best practices within the CDC strategy. The city teams selected one or two persons to attend each workshop and report back to the larger group.

Table 6. Quality of Concurrent Sessions

| Concurrent Sessions | Mean |
|--|------------|
| Lessening Harm and Preventing Future Risk | 4.5 |
| Strengthening Economic Supports | 4.4 |
| Creating Protective Environments | 4.4 |
| Identifying and Supporting People at Risk | 4.3 |
| Promoting Connectedness | 4.3 |
| Strengthening Access and Delivery of Behavioral Health Care | 4.3 |
| Teaching Coping and Problem Solving Skills | 3.8 |

These sessions tended to be smaller (less than 25 persons), more informal, and allowed more time (20-30 minutes) for discussion. They were generally well received:

- I found out about funding opportunities and data collection and training options I was not aware of.”
- “I had not thought about those issues and the session helped me have a meaningful discussion with those who had the focus.”
- “The presentations were really wonderful and the post conversation was great.”
- “People were true experts.”
- “The breakout sessions provided assistance and extra answers off the side to assist.”
- “Workshop was well-organized with very knowledgeable subject matter experts.”
- “Good practical advice, good sound information.”
- “I liked that we had 30+ minutes at the end to openly ask questions.”
- “The real life examples of implementation experience was very helpful.”
- “Informal aspect made it conducive to open discussion.”

Most Helpful TA Received

What was the most helpful TA that you received during the Policy Academy?

Participants noted that the most helpful TA received during the Policy Academy was assistance with creating their action plan and presentations on data sharing and developing measurable outcomes. Below were responses to this open-ended question. Items without a number of responses were cited by only a single individual.

- Guidance on creating a plan; facilitator; scribe (N=12)
- Presentations on data sharing/HIPAA, epidemiology, data collection, logic models (N=9)
- Presentations on media, messaging and Prevention Resource Center toolkits (N=3)
- Learning about Columbia suicide screening tool (N=3)
- Strengthen economic supports presentation (N=2)
- Community partnerships presentation
- Learning about Tragedy Assistance Program for Survivors (TAPS)
- Lethal means presentation
- Hearing from Veterans on panels and in our teams
- Hearing about Montana state team successes with Medical Examiner
- Learning about the Veteran Crisis Line
- Speaker from a city department of veteran services (Sutton)
- Systems change presentation (Reed)

Post-Academy Follow-Up

Team members left the Policy Academy prepared for the next phase of the Mayor’s Challenge process, which includes the following:

- Holding a follow-up team meeting to continue working on the city’s action plan
- Attending a follow-up technical assistance call with SAMHSA’s SMVF TA Center staff
- Submitting an updated action plan to the SMVF TA Center within 2 weeks
- Planning and hosting a 2-day follow-up technical assistance site visit between mid-April and mid-June 2018
- Submitting outcomes reports at 6 weeks, 3 months, and 5 months.

Through the SMVF TA Center, city teams will have the opportunity to participate in additional phone consultations with SMEs, participate in webinars and learning communities, and engage with other cities in mentoring sessions. The design of these activities supports cities in the goal of enhancing systems and services to prevent suicide among SMVF.

Identified Technical Assistance Priorities

The city teams’ Policy Academy report-outs, preliminary action items, meeting evaluations, and follow-up communications were analyzed to learn more about the kinds of technical assistance the teams said would be most helpful.

Table 7 presents the CDC strategies that were addressed by each city team. All city teams indicated that they were addressing three key strategy areas: strengthening access and delivery of behavioral health care, promoting connectedness, and identifying and supporting people at risk.

Table 7. Post-Academy Technical Assistance by CDC Strategy

| CDC Strategic Approach | Albuquerque | Billings | Helena | Las Vegas | Los Angeles | Richmond | Houston | Phoenix |
|--|-------------|----------|--------|-----------|-------------|----------|---------|---------|
| Strengthen access and delivery of behavioral health care | X | X | X | X | X | X | X | X |
| Promote connectedness | X | X | X | X | X | X | X | X |
| Identify and support people at risk | X | X | X | X | X | X | X | X |
| Lessen harms and prevent future risk | X | X | X | X | X | | | X |
| Create protective environments | X | X | X | X | | | | X |
| Teach coping and problem solving skills | X | | | | | | | X |
| Strengthen economic supports | X | | | | | | | X |

To understand the kind of TA requests that the SMVF TA Center may be called upon to address, team members were asked to indicate the top technical assistance needs for their city as part of their final report out at the meeting and as part of their evaluation of the meeting. These 12 responses provide a preview of the technical assistance that may needed over the coming months.

- Developing measurable outcomes; logic models (N=14)
- Screening; Columbia Suicide Rating Scale (N=8)
- Data sharing templates or procedural guidance, data collection and HIPAA (N=8)
- Care transitions; service coordination for veterans; care coordination with HIPAA (N=6)
- Lethal means consultation (N=5)
- Learning more about Montana/others medical examiner/mortality data legislation (N=4)
- Veteran peer-to-peer-training and programs (N=4)
- Media/messaging support (N=4)
- Strengthening economic support (N=2)
- Action plan development (N=2)
- Tragedy Assistance Program for Survivors (TAPS) for post-vention (N=2)
- Continued understanding of SMVF population; needs assessment (N=2)

The following six topics were identified by a single team member:

- Rural/frontier EBPs
- Expanding access to health insurance (TriCare, state health care programs)
- Applications for collecting, sharing, and updating local resources for veterans
- Funding resources for suicide prevention
- SME on meta-analysis (University of Nevada, Las Vegas)
- Gatekeeper EBP

Conclusion

In this inaugural Mayor's Challenge, perhaps what was most striking about the eight city teams was not their genuine interest in the task at hand, but their relative lack of experience or focus on the topic prior to attending the Policy Academy. When asked what was the most important outcome for their team as a result of participation in the Policy Academy, team members from six of the eight city teams emphasized the importance of identifying veteran suicides as an important community issue they could address:

- "A beginning...to organize, plan and work across systems"
- "Identifying shareholders and collaborating with other community agencies"
- "Realizing the array of skills and connections that each member of our team has"
- "Personally, not being a veteran, I learned so much about veterans on many levels regarding this important issue"
- "Exposure of material to the first responders on our team"
- "Greater understanding of stakeholder resources, challenges, and opportunity for collaboration"
- "Taking the first and collaborative steps towards closing the gaps"
- "Getting to know each other and building these connections will start the ball rolling"
- "Learned more about what agencies did and available resources. Gained collective commitment to move forward."

Unlike their counterparts on the state and territory SMVF teams, most team members had not worked together before coming to the table for the Policy Academy and had no prior focus on suicide prevention, let alone suicide prevention for SMVF.

With the commitment of SAMHSA and VA to bringing additional communities into the Mayor's Challenge, this first Policy Academy sets the stage for new collaborations that will strengthen behavioral health at the local levels where SMVF live and work.

SAMHSA is grateful for the support of its Regional Administrators and planning partners: National Association of State Alcohol and Drug Abuse Directors; National Association of State Mental Health Program Directors; National Council for Community Behavioral Healthcare; National Guard Bureau; U.S. Department of Veterans Affairs; U.S. Department of Defense (Reserve Affairs and Defense Centers for Excellence for Psychological Health and Traumatic Brain Injury).

Appendix I: Policy Academy Agenda



Policy Academy Agenda

Mayor's Challenge To Prevent Suicide Among
Service Members, Veterans, and their Families

Park Hyatt Washington
1201 24TH ST NW
Washington, DC 20037

March 14-16, 2018



Pre-Academy Work Day

Wednesday, March 14, 2018

| | | |
|------------------|---|--------------------------------|
| 11:00am – 1:00pm | Registration | Outside Gallery Ballroom |
| 1:00pm – 2:00pm | Welcome, Introductions, and Overview <i>A. Kathryn Power, M.Ed., Director (Acting), Center for Substance Abuse Treatment, Regional Administrator- Region I, Senior Executive Lead on SMVF Populations, Substance Abuse and Mental Health Services Administration (SAMHSA)</i> <i>Gregory Hughes, L.I.C.S.W., Director, Field Operations, Office of Mental Health and Suicide Prevention, Durham Veterans Affairs Medical Center</i> <i>Cicely K. Burrows-McElwain, L.C.S.W.-C., Military and Veteran Affairs Liaison, National Policy Liaison Branch, Division of Regional and National Policy/Office of Policy, Planning, and Innovation, SAMHSA</i> <i>Donna Aligata, R.N.C., Project Director, SAMHSA's Service Members, Veterans and their Families Technical Assistance Center (SMVF TA Center), Policy Research Associates, Inc.</i> | Gallery Ballroom 1-2 |
| 2:00pm – 2:15pm | BREAK | |
| 2:15pm – 2:45pm | The Role of Data and Screening <i>Terri Tanielian, M.A., Senior Behavioral Scientist, RAND Corporation</i> <i>Rajeev Ramchand, Ph.D., Senior Behavioral Scientist, RAND Corporation</i> <i>Kelly Posner Gerstenhaber, Ph.D., Director, The Columbia Lighthouse</i> | Gallery Ballroom 1-2 |



Pre-Academy Work Day

Wednesday, March 14, 2018

2:45pm – 4:15pm

Team Work Session 1: Assessing the Need

City Team
Rooms

| City Team | Room |
|-------------------------|----------------|
| Albuquerque, NM | Salon Room 2 |
| Billings and Helena, MT | Drawing Room 2 |
| Houston, TX | Salon Room 3 |
| Las Vegas, NV | Salon Room 1 |
| Los Angeles, CA | Salon Room 5 |
| Phoenix, AZ | Salon Room 4 |
| Richmond, VA | Drawing Room 1 |

4:15pm – 5:00pm

Better Together: Enhancing Suicide Prevention Coordination

Gallery
Ballroom 1-2

Moderator: *Gregory Hughes, L.I.C.S.W.*, Director, Field Operations, Office of Mental Health and Suicide Prevention, Durham VA Medical Center

Juliana Hallows, L.P.M.H.C., Suicide Prevention Coordinator, Montana Veterans Affairs Health Care System

Karl Rosston, L.C.S.W., Suicide Prevention Coordinator, Montana Department of Public Health and Human Services

Lieutenant Colonel William Ballinger, Montana National Guard

5:00pm

ADJOURN



Policy Academy Agenda

Thursday, March 15, 2018

| | | |
|-----------------|---|--------------------------|
| 7:30am – 8:30am | Registration | Outside Gallery Ballroom |
| 8:30am – 9:05am | <p>Presentation of Colors *Please rise for the presentation of the colors *</p> <p>Welcome and Opening Remarks A Call to Action: Communities Leading the National Effort to Prevent Suicide Among Service Members, Veterans, and their Families (SMVF)</p> <p><i>Moderator: A. Kathryn Power, M.Ed., Director (Acting), Center for Substance Abuse Treatment, Regional Administrator- Region I, Senior Executive Lead on SMVF Populations, Substance Abuse and Mental Health Services Administration (SAMHSA)</i></p> <p><i>Elinore McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use, SAMHSA</i></p> <p><i>Christopher Vojta, M.D., Principle Deputy Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs</i></p> <p><i>Lisa M. Pape, L.I.S.W., Acting Chief of Staff, Veterans Health Administration, U.S. Department of Veterans Affairs</i></p> <p><i>Keita Franklin, Ph.D., Director, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs</i></p> <p><i>Brigadier General Jessica Meyeraan, Vice Director, Manpower and Personnel (J-1), National Guard Bureau</i></p> | Gallery Ballroom |
| 9:05am – 9:15am | <p>Developing a Robust Community Response to the Needs of SMVF</p> <p><i>Brigadier General Loree K. Sutton, USA, Ret., Commissioner, New York City Department of Veterans Services</i></p> | Gallery Ballroom |
| 9:15am – 9:30am | <p>Introductions and Agenda Overview</p> <p><i>Cicely K. Burrows-McElwain, L.C.S.W.-C., Military and Veteran Affairs Liaison, National Policy Liaison Branch, Division of Regional and National Policy/Office of Policy, Planning, and Innovation, SAMHSA</i></p> | Gallery Ballroom |



Policy Academy Agenda

Thursday, March 15, 2018

9:15am – 9:30am **Introductions and Agenda Overview Continued** Gallery Ballroom
Donna Aligata, R.N.C., Project Director, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

9:30am – 10:30am **Working Together Towards a Comprehensive Approach** Gallery Ballroom
 Moderator: *The Honorable Patrick Murphy*, Former Under Secretary of the Army
Angela Wright, J.D., Assistant Director, SAMHSA's SMVF TA Center (USAF Veteran and Caregiver's Perspective)
Stephen Graham, Project Associate, SAMHSA's SMVF TA Center (USMC Veteran's Perspective)
Donald Harris, M.B.A., Project Associate, SAMHSA's SMVF TA Center (USMC Veteran's Perspective)
Richard McKeon, Ph.D., M.P.H., Chief, Suicide Prevention Branch, Division of Prevention, Traumatic Stress, and Special Programs, Center for Mental Health Services, SAMHSA
Joseph Logan, Ph.D., Scientist, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services

10:30am – 10:45am **BREAK**

10:45am – 12:00pm **Team Work Session 2: Building Capacity** City Team Rooms

| City Team | Room |
|-------------------------|----------------|
| Albuquerque, NM | Salon Room 2 |
| Billings and Helena, MT | Drawing Room 2 |
| Houston, TX | Salon Room 3 |
| Las Vegas, NV | Salon Room 1 |
| Los Angeles, CA | Salon Room 5 |
| Phoenix, AZ | Salon Room 4 |
| Richmond, VA | Drawing Room 1 |



Policy Academy Agenda

Thursday, March 15, 2018

12:00pm – 1:30pm **LUNCH** On Your Own

1:30pm – 2:15pm **Team Work Session 2: Building Capacity** City Team Rooms

| City Team | Room |
|-------------------------|----------------|
| Albuquerque, NM | Salon Room 2 |
| Billings and Helena, MT | Drawing Room 2 |
| Houston, TX | Salon Room 3 |
| Las Vegas, NV | Salon Room 1 |
| Los Angeles, CA | Salon Room 5 |
| Phoenix, AZ | Salon Room 4 |
| Richmond, VA | Drawing Room 1 |

2:15pm – 2:30pm **BREAK**

2:30pm – 4:00pm **Concurrent Workshops**

Strengthening Access and Delivery of Behavioral Health Care Salon 1

Moderator: *Donna Aligata, R.N.C.*, Project Director, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

Safer Suicide Care through Systems Change

Jerry Reed, Ph.D., M.S.W., Senior Advisor, Suicide Prevention Resource Center, National Action Alliance for Suicide Prevention

Coverage of Mental Health Conditions in Insurance Policies

Alfred Ozanian, Ph.D., Assistant Deputy Director, Mental Health Operations, U.S. Department of Veterans Affairs

Reducing Provider Shortages in Underserved Areas

Steve Hirsch, Policy Analyst, Office of Rural Health Policy, HRSA, U.S. Department of Health and Human Services



Policy Academy Agenda

Thursday, March 15, 2018

2:30pm – 4:00pm **Concurrent Workshops Continued**

Creating Protective Environments

Salon 3

Moderator: *Stephen Graham*, Project Associate, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

Organizational Policies and Culture

Shannon McCaslin, Ph.D., Clinical Psychologist, National Center for PTSD, U.S. Department of Veterans Affairs

Reducing Access to Lethal Means Among Persons at Risk of Suicide

Megan McCarthy, Ph.D., Deputy Director, Suicide Prevention Programs, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs

Community-Based Policies to Reduce Substance Abuse

Ajay Manhapra, M.D., Lead Physician, Advanced PACT Pain Clinic, Hampton VA Medical Center, Hampton, Virginia

Promoting Connectedness

Gallery
Ballroom 1

Moderator: *Michelle Cleary, M.A.*, Senior Project Associate, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

Community Engagement Activities

Kacie Kelly, M.H.S., Program Director, Veterans' Health and Wellness, Warrior Wellness Alliance, George W. Bush Institute

Community Partnerships

Thomas Winkel, M.A., L.P.C., Program Consultant, Veteran Representative, Arizona Coalition for Military Families

Peer Norm Programs

Emily Blair, Manager, Military, Veterans & Policy, National Alliance on Mental Health



Policy Academy Agenda

Thursday, March 15, 2018

2:30pm – 4:00pm

Concurrent Workshops Continued

Teaching Coping and Problem-Solving Skills

Salon 2

Moderator: *Angela Wright, J.D.*, Assistant Project Director, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

Developing our Workforce and Building Capacity

Marjorie Morrison, L.M.F.T., L.P.C.C., Chief Executive Officer/ Founder, Psych Armor Institute

Parenting Skill and Family Relationship Programs

Steven Schwab, Executive Director, Elizabeth Dole Foundation

Social-Emotional Learning Programs

Tracy Neal-Walden, Ph.D., Director, The Steven A. Cohen Military Family Clinic and Senior Vice President at Easterseals

Identifying and Supporting People at Risk

Gallery
Ballroom 3

Moderator: *Donald Harris, M.B.A.*, Project Associate, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

Gatekeeping, Intervention, and Treatment for Veterans at Risk

Richard McKeon, Ph.D., M.P.H., Chief, Suicide Prevention Branch, Division of Prevention, Traumatic Stress, and Special Programs, Center for Mental Health Services, SAMHSA

Crisis Intervention

Michael Hogan, Ph.D., Consultant, Policy Research Associates, Inc. | Executive Committee of the National Action Alliance for Suicide Prevention

The Columbia Scale: Identifying Risk and Preventing Suicide

Kelly Pasner Gerstenhaber, Ph.D., Director, The Columbia Lighthouse Project, The Research Foundation for Mental Hygiene, Inc.

VA Crisis Line

Matthew A. Miller, Ph.D., M.P.H., Director of the Veterans Crisis Line, U.S. Department of Veterans Affairs



Policy Academy Agenda

Thursday, March 15, 2018

2:30pm – 4:00pm **Concurrent Workshops Continued**

Lessening Harms and Preventing Future Risk

Drawing
Room 2

Moderator: Cicely K. Burrows-McElwain, L.C.S.W.-C., Military and Veteran Affairs Liaison, National Policy Liaison Branch, Division of Regional and National Policy/Office of Policy, Planning, and Innovation, SAMHSA

Safe Reporting and Messaging about Suicide

Adam Chu, M.P.H., Senior Project Associate, Suicide Prevention Resource Center

Suicide Prevention in Rural Communities

Nathaniel Mohatt, Ph.D., Rocky Mountain MIRECC, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs

Postvention

Kim Ruocco, M.S.W., Vice President of Suicide Postvention and Prevention, Tragedy Assistance Program for Survivors (TAPS)

Strengthening Economic Supports

Drawing
Room 1

Moderator: *Ben Barrowman, M.B.A.*, Project Associate, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

Strengthening Household Financial Security

Zach Huitink, Ph.D., D'Aniello Family Postdoctoral Research Fellow, Research and Evaluation, Institute for Veterans and Military Families at Syracuse University

Implementing Strategies in Las Vegas

Joshua Brown, M.S.W., M.P.A./M.H.A., L.C.S.W., Chief, Social Work Service, VA Southern Nevada Healthcare System

4:00pm – 4:15pm **BREAK**



Policy Academy Agenda

Thursday, March 15, 2018

4:15pm – 5:15pm **Team Work Session 4: Planning for Success II**

City Team
Rooms

| City Team | Room |
|-------------------------|----------------|
| Albuquerque, NM | Salon Room 2 |
| Billings and Helena, MT | Drawing Room 2 |
| Houston, TX | Salon Room 3 |
| Las Vegas, NV | Salon Room 1 |
| Los Angeles, CA | Salon Room 5 |
| Phoenix, AZ | Salon Room 4 |
| Richmond, VA | Drawing Room 1 |

5:15pm **ADJOURN**

Friday, March 16, 2018

8:00am – 9:00am **Team Poster Networking Session**

Gallery
Ballroom
1-2

9:00am – 10:00am **Bringing it Home: From Implementation to Results**

Gallery
Ballroom
1-2

Moderator: *Donna Aligata, R.N.C.*, Project Director, SAMHSA's SMVF TA Center, Policy Research Associates, Inc.

Terri Tanielian, M.A., Senior Behavioral Scientist, RAND Corporation

Rani Hoff, Ph.D., M.P.H., Director, Northeast Program Evaluation Center, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs

John McCarthy, Ph.D., M.P.H., Director, Serious Mental Illness Treatment Resource and Evaluation Center, U.S. Department of Veterans Affairs

10:00am – 10:15am **Break**



Policy Academy Agenda

Friday, March 16, 2018

10:15am – 11:00am **Team Work Session 5: Implementing Best Practices**

City Team Rooms

| City Team | Room |
|-------------------------|----------------|
| Albuquerque, NM | Salon Room 2 |
| Billings and Helena, MT | Drawing Room 2 |
| Houston, TX | Salon Room 3 |
| Las Vegas, NV | Salon Room 1 |
| Los Angeles, CA | Salon Room 5 |
| Phoenix, AZ | Salon Room 4 |
| Richmond, VA | Drawing Room 1 |

11:00am – 11:45am **Team Work Session 6: Evaluating Results**

City Team Rooms

| City Team | Room |
|-------------------------|----------------|
| Albuquerque, NM | Salon Room 2 |
| Billings and Helena, MT | Drawing Room 2 |
| Houston, TX | Salon Room 3 |
| Las Vegas, NV | Salon Room 1 |
| Los Angeles, CA | Salon Room 5 |
| Phoenix, AZ | Salon Room 4 |
| Richmond, VA | Drawing Room 1 |

11:45am – 1:00pm **LUNCH**

On your own

1:00pm – 3:00pm **Team Report-Outs and Wrap-up
Where We Go – Together – From Here**

Gallery
Ballroom 1-2

Keita Franklin, Ph.D., Director, Office of Mental Health and Suicide Prevention, U.S. Department of Veterans Affairs

A. Kathryn Power, M.Ed., Director (Acting), Center for Substance Abuse Treatment, Regional Administrator- Region I, Senior Executive Lead on SMVF Populations, SAMHSA

3:00pm **ADJOURN**



The Substance Abuse and Mental Health Services Administration and the United States Department of Veterans Affairs are grateful for the support of its federal planning partners: the Centers for Disease Control and Prevention, the Health Resources and Service Administration, and the National Guard Bureau.

A special thanks to each city team – Albuquerque, Billings, Helena, Houston, Las Vegas, Los Angeles, Phoenix, and Richmond – for your commitment to serving our Service Members, Veterans, and their Families.

And last, but not least, thank you to our faculty of speakers, subject-matter experts, facilitators, and scribes.



**Substance Abuse and Mental Health Services Administration/Veterans Affairs
 “Mayor’s Challenge to Prevent Suicide Among Service Members, Veterans, and
 their Families” Policy Academy
 March 14-16, 2018**

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Appendix III: Mayor's Challenge Policy Academy Fact Sheet



SAMHSA ★ **SMVF TA CENTER**
Service Members, Veterans, and their
Families Technical Assistance Center

Mayor's Challenge to Prevent Suicide Among Service Members, Veterans and their Families Fact Sheet

Since 2008, the Substance Abuse and Mental Health Services Administration (SAMHSA) has assisted states and territories to strengthen behavioral health service systems supporting service members, veterans, and their families (SMVF). To date, 49 states, four territories, and the District of Columbia have developed state/territory-wide strategic plans to address the behavioral health issues faced by SMVF. Recognizing the importance of addressing these needs at the local level, SAMHSA and the U.S. Department of Veterans Affairs (VA) are sponsoring the 2018 inaugural Mayor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families.

The Mayor's Challenge will bring together small interagency teams from up to seven cities on a first come, first served basis to develop and implement a strategic action plan to improve local suicide prevention efforts for SMVF. Teams will work intensively to determine optimal ways to implement best practices and define success indicators.

Key Objectives of the Mayor's Challenge

- Build an interagency military and civilian team of leaders from your city and state that will develop and implement a strategic action plan to prevent and reduce suicide attempts and completions at the local level
- Acquire a deeper familiarity with the issues surrounding suicide prevention for SMVF
- Increase knowledge about the challenges and lessons learned in implementing strategies by utilizing city to city sharing
- Employ promising, best, and evidence-based practices to prevent and reduce suicide attempts and completions at the local level
- Define and measure success, including defining assignments, deadlines, and measureable outcomes to be reported

Mayor's Challenge Process

Orientation Meeting. When a city accepts the Mayor's Challenge invitation, an Orientation Meeting will be scheduled via conference call with the appointed Team Leader to provide more information and to offer guidance in selecting additional team members for the Mayor's Challenge work. The Team Leader is the point of contact for SAMHSA's SMVF Technical Assistance (TA) Center throughout the Mayor's Challenge process, and is responsible for coordinating the formation of the interagency team that will participate in the Mayor's Challenge. The one-hour Orientation Meeting is expected to take place during the first two weeks of January 2018.

Challenge Preparation. All teams are required to participate in Challenge Preparation, which includes a web-based meeting facilitated by the SMVF TA Center. The web-based meeting, to be held no later than March 2, 2018, ensures that all team members understand the goals of the Mayor’s Challenge and are prepared for the work ahead. A preliminary Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis will be facilitated by the SMVF TA Center during the Challenge Prep session. Homework will also be assigned at the close of the web-based meeting to prepare the team for the work of the Challenge Academy.

Challenge Academy. The Mayor’s Challenge features a two-and-a-half-day Policy Academy on March 14-16, 2018, in the Washington, D.C. metro area. Participants at this event will include interagency teams from up to seven cities, representatives from SAMHSA and other federal partners, subject matter experts, experienced facilitators, and SMVF TA Center staff. During the meeting, team members will have the opportunity to participate in facilitated, multi-city TA sessions, learn about innovative strategies for implementing their strategic priorities, identify outcome measurement strategies, share best practices with other participating teams, and receive targeted TA from subject-matter experts.

Follow-Up TA and Outcomes Reports. Following the Policy Academy, each participating team will receive follow-up TA via TA phone call(s) and a two-day site visit scheduled between mid-April and mid-June, 2018. In addition, teams will report on outcome measures determined during the Academy. The Team Leader is responsible for submitting outcomes reports to the SMVF TA Center at six weeks, three months, and five months post-Academy. Each team’s achievements will be announced on the SMVF TA Center’s website and featured in the SMVF TA Center e-newsletter.

| Mayor’s Challenge Process | | | |
|---|-----------------------|-----------------|---|
| Event | Required Participants | Time Commitment | Dates |
| Accept the Invitation | Mayor’s Office | Varying | Respond by December 8, 2017 |
| Attend an Orientation Call | Team leader | 1 hour | January 1-12, 2018 |
| Form Your Team (Select, invite, and register) | Team leader | 1 week | January 8-February 5 (travel registration due February 12) |
| Attend a Web-based Preparation Session | All team members | 2-3 hours | February 5-March 2 |
| Attend the Policy Academy in Washington, DC | All team members | 2.5 days | March 14-16 |
| Attend a Follow-up Site Visit in Your City | All team members | 2 days | April 16-June 15 |
| Submit Your Outcomes Reports | Team leader | Varying | 6 weeks (May 4) 3 months (June 22) 5 months (August 24) |

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Appendix IV: About SAMHSA's SMVF TA Center

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

SMVF TA Center Fact Sheet

SAMHSA's Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center works with states and territories to strengthen their behavioral health systems serving service members, veterans, and their families (SMVF). This initiative provides support through the provision of technical assistance and the promotion of ongoing interagency collaboration.

This initiative builds on SAMHSA's 2008, 2010, 2011, 2012, 2013, and 2016 SMVF Policy Academies, through which 49 states, 4 territories, and the District of Columbia have established operational, interagency teams that (1) developed strategic plans to accomplish the above goal and (2) committed to sustaining and expanding the teams and implementing and enhancing the plan. Since 2011, the SMVF TA Center has provided technical assistance to the 54 Policy Academy graduates, facilitating plan implementation, interagency collaboration within teams, and state-to-state information exchange. The SMVF TA Center works with the Policy Academy state and territory team, as well as with states and territories that are interested and engaged in receiving support for this work.

The target audiences for SAMHSA's SMVF TA Center are state and territory interagency teams that have graduated from one of SAMHSA's SMVF Policy Academies. Within those teams are senior-level representatives from governors' offices and tribal leaders; senior-level representatives from state/territory/tribal agencies responsible for mental health, substance abuse, veterans affairs, housing, labor/employment, Medicaid and/or Social Security, and criminal justice; the National Guard; the U.S. Department of Veterans Affairs; statewide initiatives (e.g., Joining Community Forces, Community Forces, and Community Blueprint); and other stakeholders (including, but not limited to, veteran service organizations, military and veteran family support organizations, and providers) who are working with states, territories, and tribes to improve behavioral health systems for SMVF.

Key objectives for the SMVF TA Center include the following:

- Providing a centralized mechanism for states and territories to utilize when they have questions about strengthening their behavioral health systems for SMVF;
- Increasing awareness of and promoting integrated responses to the behavioral health needs of SMVF among agencies, providers, and stakeholders in the states and territories receiving technical assistance;
- Increasing awareness of and access to resources and programs that strengthen behavioral health care systems for SMVF;
- Increasing the number of states and territories that implement promising, best, and evidence-based practices in suicide prevention, mental health, substance use treatment, peer recovery support services, homelessness prevention, and employment;

- Strengthening ongoing collaboration at the state and territory level among key public and private agencies and stakeholders concerned with the behavioral health needs of SMVF; These include agencies responsible for and experts in mental health, substance use, emergency and crisis services, primary care, veterans affairs, labor/employment, housing/homelessness, children and families, and criminal justice; National Guard and Reserves; Medicaid and/or Social Security benefits; the U.S. Department of Veterans Affairs; Veterans Integrated Service Network (VISN); veterans service organizations; and veterans (including Reserve components) and their families; and
- Providing a platform for state and territory behavioral health systems to learn, connect, and share with experts and peers.

The SMVF TA Center facilitates peer consultation and supports peer involvement in technical assistance activities, such as: promoting the adoption of promising, best, and evidence-based practices in suicide prevention, mental health, and substance use treatment; veteran jail diversion; homelessness prevention; workplace/employment; interagency data sharing; telepsychiatry; outreach to the National Guard and Reserves; coordinating diverse public and private organizations that are reaching out to SMVF; optimizing financing mechanisms to increase system capacity; improving data-sharing across agencies; training community behavioral health providers in military culture and evidence-based, trauma-informed care; and other critical issues related to the behavioral health needs of SMVF.

The SMVF TA Center provides training and technical assistance to states, territories, and tribes, and supports state-to-state peer sharing and knowledge transfer through activities such as:

- Webinars
- Learning communities
- Telephone and on-site individualized consultation, technical assistance, and/or training
- Policy Academies
- Resource provision (e.g., publications, fact sheets, etc.)



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Appendix V: City Team SWOTs