



MILITARY TASK FORCE

Governor's Commission on Alcohol and Drug Abuse, Prevention, Intervention, Treatment & Recovery

Chair:
Brigadier General David J. Mikolaities

Co-Vice Chairs:
Dr. Andrew Breuder; Staff Sgt. Rick Frost

Joint Military Task Force

18 October, 2018

9:00 AM - 11:00 AM

DHHS Brown Building, Room 460

The mission of the Joint Military Task Force is to enhance awareness and advocacy as well as improve access to affordable, relevant alcohol and other drug related services for military members and their families through education and collaboration.

Agenda/Notes

⇒ **Present:**

Brigadier General David J. Mikolaities (NHNG)
Dr. Andrew Breuder (MOAA)
Chris Chant (CHI/Center for Excellence)
Linda Stone (WRJ VA)
Robert O'Hannon (BDAS)
Dick Castrucci

Staff Sgt. Rick Frost (NHNG)
Nancy Triantafyllou (Broadleaf, Inc.)
Katy Shea (CHI/Center for Excellence)
Elizabeth Baker (South Central RPHN)
Maj. Mark B. Patterson (NHNG)
Bridget Taylor

⇒ **Welcome and introductions:**

Welcome, Major Mark Patterson, Amy Cook, and Katy Shea.

⇒ **Review of June's minutes > *Minutes need to highlight actions better.***

Priority Area	Lead(s)	Updates/notes
Direction of JMTF	JMTF	<p>⇒ ACTION: Gen. Mikolaities requested opinions from the group regarding potential inclusion of first responders as our target audience. (Joint Military / First Responder Task Force). Please submit your thoughts via email to Rick and he will compile them for future discussion.</p> <p>⇒ Recommendation from Jennifer Sabin regarding new membership. Establish protocol.</p> <p>⇒ LEA / FIRE</p> <p>⇒ Research VFR Sheena / Eric</p>
Ask The Question (ATQ) campaign	JMTF	<p>⇒ Request for GC funding denied.</p> <p>⇒ ACTION: Funding request will be published (by Rick) so committee can see what was requested.</p> <p>⇒ Action can be taken on any grants/funding opportunities arise. Not geared toward SAMHSA yet, but would make a good foundation if needed/applicable.</p> <p>⇒ Rob O’Hannon: ATQ provider one-pager latest revisions. Very positive response. Rick’s suggestion: rather than just BDAS-funded providers, could it be expanded to all providers? Elizabeth agreed; South-Central doesn’t have any BDAS-funded providers.</p> <p>⇒ ACTION: Rob O’H: Update one-pager to also reflect non-BDAS-funded providers. Finalize and send to Rick F for distribution among JMTF; talk about distribution strategy at next meeting.</p> <p>⇒ Can be made available/accessible to all providers > change needs to be made before circulation. Bring more materials to next meeting for distribution.</p> <p>⇒ ATQ website still running and ownership has been fully transferred to DHHS. Some functionality issues being reviewed/finalized still (due to transfer to new server). Protocol for ideas/suggestions about website – anything that would have gone to Jo can now go to Amy Cook.</p> <p>⇒ ATQ has gotten interest federally, and also from other states (New York, New Jersey, Texas).</p> <p>⇒ Care Coordination singled-out and specifies active duty - not correct (should be all actively serving members of any branch)</p> <p>⇒ ACTION: Maj. Patterson will support with re-wording care co-ordination section of ATQ one-pager offline</p>

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		<p>⇒ ACTION: Katy Shea to assist with development of evaluation plan for distribution of ATQ one-pager.</p> <p>⇒ Katy Shea – Any evaluation plan? KS could assist with this. CfEx has Service to Science program that this could maybe go through, using an expert panel that could convene with nationwide experts to provide consultation around program design and evaluation (evidence behind program, outcomes).</p> <p>⇒ Rob – Have we done any analytics on the website to see if distribution of info has an impact on traffic?</p> <p>⇒ Rick -- Website analytics vs. tracking outcomes of the actual services signposted by the website.</p> <p>⇒ Bruce Blainey tracks who Asks The Question because it is on WITS for BDAS providers. Can he also track non-BDAS? Depends if they are using the WITS system. If so, then yes.</p> <p>⇒ ATQ Toolkit for service providers Jo was working on is almost complete. Lots of people want to get involved and asking sustainability questions. Maybe put together a workgroup (comprised of JMTF members and others) to push the initiative forward. Lots of different stakeholders but no one has real ownership. Address questions in December meeting and discuss possible sub-committee.</p> <p>⇒ ACTION: Assemble workgroup (comprising JMTF members and others to push ATQ Toolkit) > December meeting.</p>
<p>Military Culture Trainings</p>	<p>JMTF</p>	<p>⇒ Gen. M: In January, Governor signed new Executive Order to merge office of Veterans’ Services with Adjutant General’s Department (state agency for military affairs). Family Assistance Coordinators integrated with VSOs to point military families toward needed services. Sought additional finances to bolster merge/capacity. Legislation did not pass. Hoping to find a legislator in the next session to sponsor a name change to Dept of Military and Veteran Affairs and become a ‘one-stop shopping agency’ for all military and veteran services.</p> <p>⇒ “Fort New Hampshire”: provide services for active, vets, families (in absence of large fort complex like other states have, e.g., Fort Hood).</p> <p>⇒ Dick: Is there a document that outlines military infrastructure in NH? Maj. P: There is something that outlines military facilities and locations but doesn’t include non-military support providers yet. App and website in development.</p> <p>⇒ ‘Fort NH’ as a concept has good marketing appeal; add as agenda item to discuss developing concept further.</p>

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		<p>⇒ ACTION: Add discussion of “Fort New Hampshire” to future agenda.</p> <p>⇒ Nancy: How does Fort NH relate to this group? If mission of group is to improve access to services for mil and families, is this beyond the scope of this taskforce? Rick: Access to healthcare is central to the concept of Fort NH.</p> <p>⇒ Bridget to help with military culture trainings. Had funding been approved, military liaisons would have delivered MCTs. Without funding, that is still a challenge.</p> <p>⇒ Bridget works with primary substance abuse training organization in state. Has been fundraising; obtained some, but has two grant apps still outstanding. Bridget anticipates curriculum being developed externally and provided to her. JMTF could assist/provide input. No funding available from NHADACA. Sue Brown (former JMTF) had a curriculum.</p> <p>⇒ Review Sue’s curriculum – will need updating due to changes in service providers. Could be used as a foundation. Must be universal.</p> <p>⇒ Ensure that training is accredited so providers have incentive to come for continuing education credits. There has been in the past through NHADACA.</p> <p>⇒ Emphasize link to opioids as well to encourage provider participation.</p> <p>⇒ Linda: Could there be a Military Culture training/presentation at National Association of Social Workers NH Conference (May 23rd, 2019)?</p> <p>Major Patterson can assist with providing a uniform. Bridget would appreciate feedback from that session.</p> <p>⇒ ACTION: Maj. Patterson to assist with providing a speaker for military culture training being delivered at National Association of Social Workers NH Conference (May 23rd, 2019).</p> <p>⇒ Major Patterson can speak to military culture side, but to a lesser extent to the service provider side.</p> <p>⇒ In-between meeting discussion to happen between Nancy, Bridget, Maj. Patterson, and Sue Brown regarding training content.</p> <p>⇒ Training should discuss which evidence-based treatment options military allows/what is accepted so that it is clear to providers (opportunity for inter-task force communication/work). Will be addressed further down the line of curriculum development. Another area where including first responders would add challenges. Other trainings have been very agency-specific; not universal enough.</p>

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		<p>⇒ Rick will be in touch with Bridget about what trainings will look like. Once crafted, funding can be discussed. Carrie McFadden (NHADACA Training Coordinator) covers more of the actual training content side, so she will be involved as well. CfEx does provide training and technical assistance. Mostly with BDAS, for their providers, also working closely with NHTI. CfEx could be involved in development of training materials, possibly under Service to Science.</p> <p>⇒ Major Patterson will get materials from Sue and distribute to whomever wants to be involved in development. That subgroup will define training objectives, have off-cycle meeting to prepare something for JMTF December meeting.</p> <p>⇒ Rob will develop framework to visualize objectives, actions, and progress that can be used/presented both internally and externally.</p> <p>⇒ Trainings (with credit attached) will get a lot more providers involved.</p> <p>⇒ ACTION: Nancy T., Sue Brown, Maj. Patterson, Katy S., and Bridget to meet/discuss offline development of MCT curriculum.</p> <p>⇒ ACTION: Add a “What’s new?” piece to future JMTF meetings.</p>
<p>Improving access to affordable healthcare</p>	<p>Letter to HUMANA</p>	<p>⇒ ACTION: Letter is complete and can now be reviewed by Governor’s Commission for final endorsement.</p> <p>⇒ All JMTF members present in favor of moving forward with letter.</p>
<p>Enhance awareness</p>	<p>YRBS data</p>	<p>⇒ Chris C. briefly presented findings from 2015 and 2017 YRBS data, essentially showing that those who stated they have actively-serving family members were more likely to misuse substances, compared to those who do not have an actively-serving family member. Similar findings were found across other YRBS questions (mental health, in particular).</p> <p>⇒ Caution must be exercised in using/presenting these data going forward, so as to not further stigmatize military populations.</p> <p>⇒ YRBS findings should be considered a foundation for discussion and a prompt for further investigation.</p> <p>⇒ ACTION: Rick F. to send out YRBS findings to Gen. M and Maj. P.</p>

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		⇒ ACTION: Chris C. to present YRBS findings in greater detail at December's JMTF meeting.

Our 2018 Meeting Schedule:

~~15 FEB, 2018~~

~~19 APR, 2018~~

~~21 JUN, 2018~~

~~18 OCT, 2018~~

20 DEC, 2018

All meetings will be held in the DHHS Brown Building, room 460, from 9:30 AM - 11:30 AM except for October and December, which will be 9:00 AM to 11:00 AM.

A call-in number will be provided at the top of each agenda.