# JOINT MILITARY TASK FORCE

## Governor's Commission on Alcohol and Other Drugs

| *Chair:* | *Co-Chair:* | *Vice-Co-Chair:* | *Advisor:* |
|---|---|---|---|
| ***Major General David J. Mikolaities*** | ***Dr. Andrew Breuder*** | ***Lt. Col Samon*** | ***Staff Sgt. Rick Frost*** |

Thursday, August 15th, 2019 – 9:30 AM-11:30 AM
Edward Cross Training Center (Room 222), Riverwood Drive, Pembroke, NH.

### Meeting Minutes

| | |
|---|---|
| **I. Welcome & Introductions (Jun. minutes approved)** | **Participants:** Amy Daniels, Andrew J. Breuder (MD), Athanasia Triantafyllou, Chris Chant, Elizabeth Duffy, Gary D'Amour, Linda Stone [on phone], Maj. Gen. David Mikolaities, Paul Kiernan, Richard Castrucci, Staff Sgt. Richard Frost, Rob O'Hannon. |

| Agenda Item | Discussion | Action Steps |
|---|---|---|
| **II. Leadership changes** | 1. Center for Excellence changes: Chris Chant stepping down as Support Admin > Paul Kiernan will replace. Katy Shea will no longer be Support Lead; Amy Daniels will take her place.<br>2. Lt. Col. Samon is now Vice-Co-Chair in place of Maj. Patterson. Staff Sgt. Frost is now Advisor for JMTF. | |
| **III. Introduce Advisory Council concept** | 1. Center for Excellence requesting feedback from all GC task forces (including JMTF) about the concept of an Advisory Council (AC). All feedback from TFs will be brought back to GC Chair, Patrick Tufts, and the rest of the TF chairs to review.<br>2. Idea is for Advisory Council to be composed of non-professionals impacted in some way by alcohol and/or drugs in NH.<br>3. Idea arose from questions and concerns from one of the TFs, which was trying to bring individuals with lived experiences to their meeting. Difficult because: meeting was during the day; expensive travel; TF composed of professionals > is this equitable?<br>4. Are important voices being heard? This concern was brought to Center for Excellence at a TF Chairs' meeting, and the idea of a "stipend bucket" for each TF was explored > available to those traveling.<br>5. Power equity was also discussed at Chairs' meeting > layperson in a room of professionals/experts > intimidating? | |

| | | |
|---|---|---|
| | 6. Target audience is not individuals in recovery, though some might be. The Recovery TF, for example, has individuals with recovery experiences.<br>7. Broader voices – those who might not normally have an avenue for speaking out – being sought for Advisory Council.<br>8. Advisory Council would have a clearer power structure, with similar equity to existing TFs.<br>9. Advisory Council has not been confirmed yet; hence the reason why feedback from GC TFs is being sought.<br>10. Ideally, around 20 or more individuals on AC, to get broad representation.<br>11. There will be a recruitment and application process with formal structure which GC will adopt.<br>12. Training could also be offered to those recruited for better participation in meeting setting.<br>13. Not monthly meetings, but definitely face-to-face meetings at least a few times a year, with phonecalls/virtual meetings to improve access and participation.<br>14. Structure will be important for the meetings, in order to make sure everybody has a chance to participate, and for meetings to be productive.<br>15. Maybe entry-level workers could be included (e.g., case managers, recovery workers) who experience problems first-hand.<br>16. JMTF agreed that Advisory Council is a good idea.<br>17. E. Duffy has heard from individuals (in focus group settings) who are now in a better place, recovery-wise, and want to be able to help/participate, but they've not been sure how > AC could, therefore, help with this.<br>18. JMTF recognizes that implementing AC is going to be complex and challenging. Center will dedicate staff to implementing/maintaining AC.<br>19. Steve Ahnen – Chair of the Data & Evaluation TF – from the NH Hospital Association has expertise managing similar groups. All hospitals have to have family and consumer advisory council, and there are best practices in place for recruiting, training. NHNA best practices can help inform development and maintenance of Advisory Council.<br>20. If approved by GC, next step will be to seek lessons learned from similar councils. | |

| | | |
|---|---|---|
| | 21. Chairs' meeting should be added as a recurring agenda item for JMTF meetings. Last Chairs' meeting in June didn't get through everything on agenda, and Dr. Breuder has notes he made about Advisory Council and also about how TFs can get on the Governor's Commission agenda, including how TFs can put through funding requests.<br>22. Major General Mikolaities (JMTF Chair) has expressed interest in requesting funding for JMTF. JMTF requested funding over a year ago for Military Liaison Coordinator, but was not awarded.<br>23. If JMTF does want to make recommendations to GC about funding, it's important to make sure recommendations match JMTF strategies in action plan.<br>24. At the GC Chairs' meeting, the process of *how* to apply for funding was covered.<br>25. Next GC Chairs' meeting is on 10/25. JMTF should retrieve last proposal to help inform possible new funding application.<br>26. The Center for Excellence will be sending out the template annual report. GC TFs will be included in this annual report. Strategies from action plan will be specified. Template will go out to Maj. Gen. Mikolaities, Dr. Breuder, Staff Sgt. Rick Frost for completion. Needs to be completed within following couple of weeks.<br>27. Final annual report is due October 1st.<br>28. JMTF thinks that maybe a military spouse could be ideal as a member of Advisory Council and/or somebody from Gary D'Amour's department. G. D'Amour will look into this.<br>29. Could be difficult to identify service member who would talk about experiences with substances. Military spouses, however, could be good participants.<br>30. Additional concern about differences in experiences between those in the northern counties vs. the southern counties. Could be under-representation of individuals from certain parts of NH. Greater number of obstacles per capita in North Country.<br>31. The idea is for the Advisory Council to be large enough to have as much diversity/representation as possible.<br>32. Advisory Council could invite members from other TFs and vice versa to ensure cross-communication. | ⇒ **Add GC Chairs' meeting as recurring JMTF agenda item.**<br><br>⇒ **Retrieve previous funding application to help inform possible new funding opportunity.**<br><br>⇒ **Add strategies to template annual report.** |

| | | | |
|---|---|---|---|
| | | 33. Further questions about Advisory Council can be directed to Amy Daniels (Center for Excellence). | |
| **IV.** | **Review progress of Military Culture Trainings** | 1. Next training scheduled for Friday, August 16th (Laconia).<br>2. Last training was canceled because not enough people enrolled. Time of the year possibly a factor.<br>3. What evaluation is in place? At the end of every training, NHADACA gives out evaluation forms > participants can then claim continuing education credits.<br>4. MCT is still in early phases; will continue to evolve.<br>5. Another MCT scheduled for September with a speaker from Massachusetts.<br>6. Is there too much of a focus on active duty in the presentation, and not enough on veterans, veterans' resources, etc.?<br>7. Significantly more veterans than active duty in NH.<br>8. Statistics on veterans could be added to advertising of training events.<br>9. Because JMTF subcommittee developed the curriculum, maybe content could be reviewed by remainder of JMTF (also use evaluation data).<br>10. Application for funding could factor in training support.<br>11. Feedback gathered from already-conducted MCTs mentions a need to include more content regarding veterans.<br>12. A need to differentiate between types of veterans in MCT content.<br>13. Could MCT be mandatory training for State employees/contractors/service providers?<br>14. Who would ultimately pay for this training? Some collaboration between GC and DHHS?<br>15. Contract between BDAS > Center for Excellence > Training Institute (subcontract). List of trainings that have to be provided every year, or whichever frequency. MCT could be added(?).<br>16. Keep momentum of training > could be offered to colleges who train providers/students. Tailor content for specific populations. | ⇒ **Add MCT to future JMTF agenda as standing item.** |
| **V.** | **Review progress of "Ask The Question" website** | 1. Could analytics be pulled from website to look at number of clicks, as well as other metrics?<br>2. Could be a TA request to Center for Excellence. | |

| | | | |
|---|---|---|---|
| | | 3. Still an issue of what to ask after the initial question. Possible resistance from providers if they don't know what to ask after the initial question.<br>4. Could there be an effort to add this to electronic medical records? Very difficult to implement and roll out on many systems.<br>5. State-contracted providers ask about military status as part of intake process; has been added to WITS system, but there is not a follow-up.<br>6. Amy Cook has been developing ATQ toolkit. Could elements of toolkit be given to providers?<br>7. ATQ is very dynamic > lots of question variations, depending on individual circumstances.<br>8. What is the next product for JMTF to develop? What can JMTF work on next? Something achievable, measurable.<br>9. Amy Cook will have more to report about progress of ATQ. | ⇒ **Center for Excellence to look at ATQ analytics as a TA request** |
| **VI.** | **Discuss need to identify new goals for FY 19** | 1. JMTF one-pager needs to be updated to include 2019 goals. Still outstanding goals.<br>2. ATQ and Military Culture Trainings are stable products to focus on, but what next?<br>3. Statement of Problem needs to be updated.<br>4. Does military wives statistic still need to be included?<br>5. Should there be a prevention focus?<br>6. Factor in veterans for NH. What are their issues? This should be focal point for JMTF.<br>7. Should be better integration with other TFs.<br>8. Could JMTF meet less frequently, engage more in other TFs in between, and then reconvene to discuss what other TFs are doing.<br>9. Could funds be leveraged for JMTF through GC?<br>10. Other states are coming up with wellness programs for their service members; could JMTF pitch something similar? However, this would be for ~3,000 people in NH.<br>11. Something that would work for the majority.<br>12. Military Culture Training, ATQ > into Treatment Task Force > back to providers(?). Also across Prevention, Recovery, etc.<br>13. No specific rule about meeting frequency. | ⇒ **Make adjustments to and update JMTF one-pager.** |

| | | |
|---|---|---|
| | 14. Data might not be necessary as a main factor for the one-pager.<br>15. Redefine problem statements. What are they going to accomplish? Medium- and long-term goals.<br>16. Why wellness program? How do we get those who leave NG enrolled for benefits, access to services? Wellness program for service members to ensure they are well in both mind and body – is this the next step?<br>17. Discussions have been had before regarding Life of an Athlete program > is something along these lines suitable for a military audience? LoaA is curriculum taught to coaches. Military members are currently within LoaA.<br>18. Platoon leaders, for example, could be taught as coaches > LoaA for a military audience.<br>19. Instead of focusing on problems, focus on wellness. Eight dimensions of wellness.<br>20. Is there potential for a 24/7 mobile crisis team for military members? Forts have a base chaplain. | |

**Next meeting:** **Thursday, 17th October, 2019 (9:30 AM – 11:30 AM).**

Edward Cross Training Center
Riverwood Drive, Pembroke, NH.