



Thursday, December 17, 2020 – 9:00 AM-11:00 AM

**Meeting Minutes**

<p><b>Welcome, introductions, roll call, overview of stated missions and objectives</b> 9:00-9:05</p>	<p><b>Members:</b> Andrew Breuder (AB), Amy Cook (AC), Kristen Ferullo (KF), SSG Rick Frost (RF), Paul Lloyd (PL), Gen. David Mikolaities (DM), Christine Neiman (CN), Linda Stone (LS), Nancy Triantafyllou (NT), Justin Troiano (JT, Ad-hoc member), Eliza Zarka (EZ, Ad-hoc member)</p> <p><b>Non-Members:</b> Victoria Bagshaw (VB), Courtney Castro (CC), Paul Kiernan (PK), Dalton McLaughlin (DM) Craig Urquhart (CU)</p> <ul style="list-style-type: none"> <li>● Roll call</li> <li>● Dalton McLaughlin sitting in for Sheena Bice. Not sure if he is permanently replacing her.</li> <li>● Victoria Bagshaw sitting in for Andrea Christoffels.</li> </ul>	
<p><b>Agenda Item</b></p>	<p><b>Discussion</b></p>	<p><b>Action Steps</b></p>
<p><b>Review/approval of previous meeting minutes</b> 9:05-9:10</p>	<ul style="list-style-type: none"> <li>● Members who were on the call approved September meeting minutes, but under quorum to take vote.</li> </ul>	
<p><b>Reports from other tasks forces</b> 9:10-9:20</p>	<ul style="list-style-type: none"> <li>● Data and Evaluation TF - Meeting coming up next month, so AC will give an update at next JMTF meeting.</li> <li>● Treatment TF - Tasked on doing research on Involuntarily Civil Commitment (ICC). Spoke with medical, hospitals; vote passed to not support ICC for SUD. Caveats (core tenets) are posted on the Center’s website. Paul will share website.</li> <li>● Prevention TF - Looking to make funding recommendations to GC very soon. RF got input back from them, expressing interesting working with emerging adults (18-26 yo). Military audience did come up at last Prevention TF meeting. One of the TF members indicated that they had some data and anecdotal concerns about alcohol culture within the military. Another meeting in a couple of weeks and will continue this conversation. RF advised that anyone with ideas on these recommendations can contact him.</li> </ul> <ul style="list-style-type: none"> <li>● PK will share Center website re ICC.</li> <li>● KF will provide chaplain’s contact info to RF</li> </ul>	

	<ul style="list-style-type: none"> <li>o KF - Chaplain or people that may have direct correlation/contact with military service members might be able to provide feedback/thoughts on the topic of prevention where they may be having conversations related to alcohol use. Offered to provide chaplain's phone number to RF.</li> <li>o NT - Family Services Department is working on data around this, should be available soon.</li> <li>● Having redundant objectives between TF is good.</li> <li>● Healthcare TF - funding recommendation did get approved and will likely be put out as an RFP. Ask is to increase funding for Screening Brief Intervention Referral to Treatment (SBIRT). Alcohol usage has increased in the state.</li> <li>● In the future, other TF may be reaching out to JMTF to ask to endorse their initiatives</li> </ul>	
<p><b>Receive input from each member on programs and resources as well as trends and needs they are experiencing, especially items that impact our 7 stated objectives</b> 9:20-9:30</p>	<ul style="list-style-type: none"> <li>● AB - Finishing up semester at SNHU teaching. When teaching last fall, a couple of students who were veterans complained about having to attend the aviation program at SNHU due to the changes to the GI bill around private pilot's licenses. Looked into whether changes could be made to the law around this, but SNHU (?). No veterans in class now. Programs at other universities require students entering the aviation program to already hold a private pilot's license; this may be a way to resolve this issue at SNHU.</li> <li>● VB - Easter Seals wants to remind folks that for veteran and military services, additional CARES funds that expire at the end of the month. There is additional assistance right now to help with rental arrears, transportation, utilities, etc. (anything that has been impacted by COVID). Always have accounts for veterans financial assistance, but these are additional funds. This also goes towards unfunded treatment needs as well. If someone's substance use has increased due to anxiety around COVID, for example, can help with unfunded treatment costs. Even when these funds expire, can also help at Farnum Center with unfunded treatment. Additional funding not specific to Farnum Center also available for individuals seeking treatment for opiate and prescription medications. This is regardless of active status, length of duty, discharge status. For accounting purposes, requests must be submitted by the end of next week to process them properly.</li> </ul>	<ul style="list-style-type: none"> <li>●</li> </ul>

	<ul style="list-style-type: none"> <li>o Have Emergency Solutions Group Program. Additional CARES funding is good through September 2022. ESG program is not veteran specific. This has been designed specifically for veterans who can't be served by other military organizations. Can provide rental assistance for individuals who are homeless or at risk of homelessness. No income limit.</li> <li>o No psychiatrist or prescriber on staff, but can collaborate with other medical providers. Victoria and colleague (Stephanie Higgs) are trained in a therapy specific to PTSD (Cognitive Behavioral Therapy).</li> <li>o Contact information: 603-315-4354, <a href="mailto:mvsintake@eastersealsnh.org">mvsintake@eastersealsnh.org</a></li> <li>o Victoria Bagshaw 603-851-0260 re: counseling referrals and Cognitive Processing Therapy.</li> <li>● CN - Work closely with the hub at the VA in CT, and they have provided an additional 10 hours of addiction psychiatry. This has expanded the capacity to provide addiction treatment out at the seacoast/Somersworth area. Also hired a clinical pharmacist specialist that has addiction specialization. She will be working with addiction psychiatrists and addiction psychiatrists from the hub to serve the Conway area. Have piloted a program that works closely with primary and special care. multidisciplinary care team working with veterans who have been prescribed opioids for long periods of time. Intervention that takes into account the experience of chronic pain but works with people to reduce opioid use.</li> <li>● KF - If there are active duty or National Guard, or any family where their children are struggling (i.e., if there is a deployment or a temporary separation), there are deployment kits. Working directly with families to ensure they understand the importance of quarantine when coming from out of state to keep schools open and running. If anyone has questions or is in need of a spreadsheet, especially for the Navy school liaisons, can reach out to KF to provide that. <ul style="list-style-type: none"> <li>o Contact information: Kristen Ferullo, School Liaison Officer, <a href="mailto:Kristen.ferullo@navy.mil">Kristen.ferullo@navy.mil</a></li> </ul> </li> <li>● LS - White River is a full blown hospital (Level 3). Most of the clinics are open at this time (slowly reopened). Still doing a lot of virtual phone calls (telehealth) for mental health piece. That is going well. Able to do labs and some surgeries. Last week there</li> </ul>	
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	<p>were no active cases of COVID in the hospital. At September meeting, Residential Recovery Center had been open for 8 days. Had to go to a secure unit. Can't go off the unit unless staff are taking them outside. Program is mostly facilitated face to face, but are doing ~6 virtual groups in the programs using large TVs that are up in two places in the unit. Only one person has left because they couldn't smoke. Went from a 5 week program to a 3-4 week based on the needs of people. Now they have to have a COVID test once they're on campus; can't get into program unless they receive a negative test. Because of this, they are unable to take public transportation or get dropped off in case their test comes back positive. Also have to come in with housing in place in case of emergency shut down; need placement already established.</p> <ul style="list-style-type: none"> <li>● RF - If there is something that is critical, people should email him to put collaborations in place. Asked LS to send email to identify needs/gaps that the group may be able to help with.</li> </ul>	
<p><b>TriCare/Humana Letter - update on contact with legislative representatives and questions for Congressional delegation</b> 9:30-9:35</p>	<ul style="list-style-type: none"> <li>● Tabled, nothing to share.</li> </ul>	
<p><b>Purple Star and ATQ Initiatives; review implications/opportunities for other agencies</b> 9:35-9:40</p>	<ul style="list-style-type: none"> <li>● AC - GC approved funding to roll out the Ask the Question campaign, specifically for agencies that identify, refer, or treat individuals who are at risk for SUD. MOU has been drafted and is at Health and Human Services, so waiting to move forward. Will be a 12-month program for those agencies specifically. Will put together video training, conference-type training; will pay for guest speakers, video production company. These will be professional productions. Biggest part will be education and training piece, but each agency will have consultation and coaching to learn how to operationalize this in their procedures. The added focus beyond ATQ is not only how do you ask, but then how do you link and collaborate? This was done because some agencies may already ask the question, but they will now Updbe eligible to</li> </ul>	

	<p>participate because they've never been able to figure out what to do after they ask the question.</p> <ul style="list-style-type: none"> <li>● Purple Star - Received approval, and will have access to submit requests for funding on Monday (December 21). Hope is that schools will be identified and trained before 6/30/21 so kickoff can happen before next school year.</li> </ul>	
<p><b>Update on master list for current member initiatives</b> 9:40-9:50</p>	<ul style="list-style-type: none"> <li>● PK - Back and forth between PK, RF, CC trying to figure out the master list. Attendance had been an issue in the past, so the list was updated to ensure that members were able to commit. List has been firmed up. With Governor's Commission, meetings have to be run professionally and votes must be done legitimately. 21 members on the JMFT list.</li> <li>● Every member is allowed a proxy. Proxy must be approved prior to the meeting. After today's meeting, PK will send out a reminder that advises how to appoint a proxy. Proxies can carry votes, act as a member. The proxy list then needs to be approved by Gen. Mikolaities.</li> <li>● RF - If it is going to be a struggle to attend most of the meetings, please consider not being a voting member of the TF so that meeting quorum does not become an issue.</li> <li>● Not a lot of voting on this TF; most often the only vote is for the minutes.</li> </ul>	<ul style="list-style-type: none"> <li>● PK will send out email to ask members to assign a proxy.</li> </ul>
<p><b>Discussion on future funding recommendations, including wellness initiatives</b> 9:50-10:20</p>	<ul style="list-style-type: none"> <li>● Fact sheet was sent out and includes current objectives.</li> <li>● DM - Fact Sheet drives funding requests. 7 out of 10 veterans receive care from civilian providers. 15% of NH military youth more likely to show risky behavior including substance use. <ul style="list-style-type: none"> <li>○ 2021 - what are the facts that drive three lines of effort? Service members, military youth, veteran community</li> <li>○ In 2021, what are we seeking to fund? DM preference is wellness initiative.</li> <li>○ 2020 - Military Liaison Initiative (not funded); Purple Star (funded for one year)</li> </ul> </li> <li>● AB - Would like to continue ATQ and Purple Star programs. Reserve and active duty components in the state are small components. Only recent exposure to any veteran issues has been the issue with the GI Bill in regards to specific program. Are there other issues in the GI Bill that might be worth pursuing?</li> </ul>	<ul style="list-style-type: none"> <li>● RF will reach out to core individuals identified and start to firm up funding recommendations; will create a summary.</li> </ul>

	<ul style="list-style-type: none"> <li>o RF could bring this up with education liaison from the base. Will reach out to John Berube for anecdotal feedback.</li> <li>● RF - Wellness Approach is a proactive approach to addressing issues before they become a problem. There has been a lot of discussion about increasing access to better fitness opportunities; access to good fitness (especially during COVID) for service members. Access to fitness does not only provide proactive measures, but could also have a positive impact on individuals in recovery as well.</li> <li>● KF - Single military parents locally have struggled through COVID. Not really getting a break from remote learning, managing children and jobs, etc., which leads to a spike in stress. Is there an opportunity to fund childcare in some way for them to engage in those fitness activities, to engage in wellness behaviors, parenting courses that would help them to manage their stress, understand their resources, etc.? Has seen this specifically in newly single fathers who are unaware of the resources available to support them. At the shipyard, exist on a waitlist for the childcare program. Program meets Navy requirements, but always a waiting list. Huge need in local area for affordable childcare, and the ability for them to provide that self-care. Families First on the seacoast provides parenting programs and childcare during those programs. <ul style="list-style-type: none"> <li>o RF - A couple of months ago, received a request from PHN in the South Central region. Helped with data gathering for a grant. The PHN folks were able to secure a grant for \$25k; Londonderry YMCA will be providing childcare two weekends a month for the next year for specific service members (pilot program). Will do a sliding scale based on rank in the beginning of the program. This has created a potential partner with the YMCA. Spend down has to be gone by December 30th but the program will carry on for the next year.</li> <li>o LS - Is the YMCA providing childcare for people who are members of the YMCA? Are there restrictions? <ul style="list-style-type: none"> <li>▪ RF - Will provide childcare specifically for military members. On drill weekends, it is hard to find childcare. Will start with deployed service members and will add drill weekend service members.</li> </ul> </li> <li>o AB - How many potential families might they be able to serve?</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>▪ RF - Voucher system and looking at opening it to 50 families per month.</li> <li>▪ AB - Might be worthwhile to submit a funding request for this once the demand is known. If we can dovetail existing programs and supplement what's lacking, might be the best way to utilize funding requests.</li> <li>● NT - Increased awareness on alcohol misuse. Wellness program is taking nice shape. Wellness Program of the Guard has a new dietitian and fitness coach. Under the wellness umbrella and with data collection and increased awareness, thinking about education and prevention program. Prime for Life, a curriculum about prevention. How can we implement a specific evidence-based curriculum and delivery of the program? <ul style="list-style-type: none"> <li>○ RF - Focus on 3 different categories of people: universal (all service members), selective (those more at risk or have indicated a potential need), or indicated audience (individuals who have been referred to treatment). Have used Prime for Life for folks who are further down the path than we would like to see.</li> <li>○ NT - Proposing curriculum for the at-risk audience. Prime for Life is evidence-based, has been used successfully, so this is the recommendation.</li> <li>○ RF - This ties into SBIRT. Would like to see SBIRT coupled with curriculum. <ul style="list-style-type: none"> <li>▪ PK - Not aware of SBIRT being used in the military at all, but would like to see it used in this population. Prime for Life is associated with indicated prevention. GC Strategic Plan around drugs and alcohol is being updated/redone. Next strategic plan for GC will take shape based on the various task forces, so these conversations are timely.</li> </ul> </li> <li>○ CN - Needs to be a second year of funding for ATQ. Is there a way to add SBIRT to a second year of ATQ campaign? SBIRT could help provide next steps for ATQ.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>▪ AC - The way the pilot program was written for this round was focused solely on ATQ. The goal of this was not to educate the providers since they are the experts. It was more about how to operationalize the process of ATQ and connect them with other resources, because many civilian providers are not aware of resources available to veterans.</li> <li>▪ CN - SBIRT is really designed for providers who do not have expertise in substance use so that they have a way to ask questions and have a conversation.</li> <li>▪ RF - Platoon leaders might be able to be trained to do SBIRT screenings.</li> <li>▪ AB - SBIRT could be a standalone project or dovetail with ATQ.</li> <li>▪ CN, AC, and RF could summarize input so far and disseminate in the next couple weeks.</li> </ul> <ul style="list-style-type: none"> <li>● PK - Remember that we want to come from the perspective of prevention or treatment so that it falls within the purview of the committee.</li> </ul>	
<p><b>Review current fact sheet and discuss amendments for 2021 with a focus on service member initiatives</b> 10:20-10:50</p>	<ul style="list-style-type: none"> <li>● RF discussed continuum of care beginning with health and wellness, early intervention, and working down to access to care.</li> <li>● PK - Similar conversation as funding recommendation conversation above.</li> </ul> <p><b>2021 Goals</b></p> <ul style="list-style-type: none"> <li>● KF - <b>Increased promotion of resources available to families.</b> Families are unaware of all of the programs available to them. Would like to see an increase in communication/collaboration to assist families in understanding the programs available to them from a wellness perspective (what’s available for their children, available funding sources if they’re in a hard place, etc.). Information could be disseminated through social media.</li> <li>● LS - <b>Money management.</b> Especially with COVID, some people are working more hours, but many are not. Money management is one of the largest sources of problems in the household. <ul style="list-style-type: none"> <li>○ RF - One of the 8 dimensions of wellness as defined by SAMHSA is financial. Can make a note within the wellness category that financial wellness is included.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● RF will work with funding recommendations to determine 2021 goals. Will work with PK and CC to distribute the summarized goals to the group. Asked for feedback within the next couple of weeks.</li> </ul>
<p><b>New business or discussion</b></p>	<ul style="list-style-type: none"> <li>● No new business to discuss</li> </ul>	<ul style="list-style-type: none"> <li>●</li> </ul>



10:50-11:00		
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**Next Meeting: March 18, 2021**

**Call-In Information:**