



MILITARY TASK FORCE

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

Chair:
Brigadier General David J. Mikolaities

Co-Vice Chairs:
Victoria Bagshaw; Staff Sgt. Rick Frost

Advisor:
Dr. Andrew Breuder

Joint Military Task Force
15 February, 2018
9:30 AM - 11:30 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:**

Jo Moncher (DHHS)

Dr. Andrew Breuder (MOAA)

Chris Chant (CHI/Center for Excellence)

Sheena Bice (VFR Healthcare)

Linda Stone (WRJ VA)

Gary D'Amour (NH Army National Guard)

Victoria Bagshaw (Easter Seals)

Staff Sgt. Rick Frost (NHNG)

Nancy Triantafyllou (Broadleaf, Inc.)

Eric L. Golnick (VFR Healthcare)

Elizabeth Baker (South Central RPHN)

Sarah Ward (New Futures)

Amy Pepin (CHI/Center for Excellence)

⇒ **Welcome and introductions:**

Welcome, Sarah Ward and Gary D'Amour!

⇒ **Leadership changes:**

Dr. Andrew Breuder will now serve as advisor for JMTF

⇒ **December minutes approved**

⇒ **Updates from Priority Areas/old business:**

Priority Area	Lead(s)	TF Tasks/Other	Updates/notes
<p>Report to Governor's Commission</p>	<p>Jo M.</p>		<p>8 task forces under Governor's Commission.</p> <p>Full GC meets every other month on a Friday morning would be good for JMTF members to attend, promote our work/agenda. Adjutant General of NHNG (chair of JMTF) attends those meetings. Chair Tym Rourke stepping down as chair of full GC after 8 years. Annette Escalante from BDAS new chair – Rob has worked with her.</p> <p>Jo presented on behalf of TAG at last meeting. Can't serve military population unless we identify them by asking the question. Promoting this with the various agencies. Hoping to partner with providers connected to BDAS. Recognize the importance of military intake and military cultural training.</p>
<p>JMTF fact sheet/one-pager</p>		<p>Complete edits to the Fact Sheet and disseminate to membership for final consideration</p>	<p>⇒ TAG provided feedback on one-pager. Statement of Problem: third bullet down talks about military wives – TAG questioned whether that's a big issue in NH.</p> <p>⇒ 2017 goals – TAG said mission statement noted advocacy and awareness and asked if goals should be re-ordered to reflect that. Also commented on substance misuse disorder graph (Dr. Bruder will serve as adviser for this).</p> <p>⇒ Changes to be made (Chris):</p> <ul style="list-style-type: none"> - Chair: Gen. Mikolaities - Co vice-chairs. Staff Sgt. Rick Frost and Victoria Bagshaw - Replace Jo's name with Dr. Breuder - Change 2017 to 2018 - Suggested new goals <p>Goal 1: Inform and educate providers Goal 2: reduce stigma Goal 3: ask the question</p> <ul style="list-style-type: none"> - Order as suggested by TAG, but replace numbers with bullets <p>Comments:</p> <p>⇒ Sarah (re Goal 5): additional local data needed re Medicaid/beneficiaries to reflect need to get on top of systems changes this year. 1 in 10 vets rely on Medicaid, but data need to provide veteran voices.</p> <p>⇒ Nancy: Engaging more providers to improve uptake of military patients. No goal specifically addresses access.</p> <p>Action plan from last year includes more specific steps toward achieving these goals. Victoria will incorporate Sarah's and Nancy's notes into specifics</p> <p>⇒ Victoria: Commission has retreat in March to finalize action plan for the year. Increasing number of treatment providers who will accept veterans' insurance is definitely important goal.</p> <p>⇒ Nancy: Patients needing care have nowhere to go.</p> <p>⇒ Amy: Training resources and insurance access: higher level goal? Regarding</p>

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			<p>total preparedness of providers? Hard for providers to get Tricare approved and paneled, regardless of their desire/intention to.</p> <p>⇒ Eric: Access, co-pays are also problems in addition to reimbursement rates. Lines of effort should be below general goals on one-pager(?).</p> <p>⇒ Rob: Easiest to follow if mission, goal, and actions are linked for clarity.</p> <p>⇒ Nancy: Goal 4 add: increase willingness of provider participation.</p> <p>⇒ Victoria: is willingness the issue though? Or more process/meeting criteria?</p> <p>⇒ Jo: When 10 mental health centers had military culture training, number of Tricare providers went from 2 to 9, so having embedded reps does have a track record of having an impact.</p> <p>⇒ Gary: Is there a subcommittee to look at goals/actions? Discussion is going well beyond agenda task of approving edits to factsheet.</p> <p>Co vice-chairs will establish how best to establish/update goals while also sticking to meeting agendas.</p> <p>⇒ Rick: Stigma and Ask the Question fall within/under Awareness Statement of Problem: any issues?</p> <p>Keep military wives issue in Deputy TAG had concern with term “significant” (ambiguous) – remove term.</p> <p>⇒ Rob: some data not necessary in this context.</p> <p>⇒ Jo: Bullet 3: remove two parenthetical areas 67.8 vs 53 and 31.5 vs 52.</p> <p>⇒ Graph: Dr. Bruder: TAG’s comment was that there was a drop in 2016. Are there more current data? One point doesn’t make a trend. Keep as-is, unless there are more current data.</p> <p>⇒ Jo: Title is incorrect: should be “Title + according to VA data”. Add something to header to that effect. These data only includes vets who received treatment from the VA.</p>
<p>JMTF membership and recruitment</p>	<p>JMTF</p>	<p>Email formal Action Plans to the group for consideration by members of potential roles in the task force. I think it</p>	<p>⇒ Rick: Engagement with potential new members and external contacts should consider need/benefit. Give them a reason to be here.</p> <p>⇒ Amy: Re structure/participation. Task Force meetings are open to public. Members are recommended by task force to chair, who then approves them. Normally annually in Dec/Jan. Commission will be finalizing its State Plan this year, and task force members are listed in that document, so that is a point of recruitment for agencies that would want to be represented in that document by</p>

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		<p>would be helpful to allow individuals to enter information onto the Action Plans regarding what they think they could do to assist in the implementation of the plans.</p> <p>Contact SEOW Task Force member and educate them as to the needs of our task force. Invite them to review our goals as indicated on our fact sheet, as well as review our Action Plans when they are complete, both to determine how we can measure our progress.</p>	<p>sending a representative. List of official members must be finalized to send to Gen. Mikolaities, then Annette.</p> <p>Any letters being sent externally must be first approved by the Commission. (e.g., Humana Letter). Must ask Annette to add to agenda for Commission meeting.</p> <p>⇒ Anyone from Data and Evaluation Task Force? Or someone from JMTF to Data? Sharing our data gathering needs with them.</p> <p>Official appointment of JMTF members: Rob: No Chris, Gary: Need to check contracts All others present: Yes</p> <p>⇒ Rick will pass list to TAG.</p> <p>⇒ Victoria: Possible representation from providers (but have tried before; staffing capacity makes it difficult)</p> <p>⇒ Sarah: NH Providers Association shares office space with New Futures. Will reach out.</p> <p>⇒ Granite Pathways? CMC? Safe Stations?</p>
Ask The Question	JMTF	<p>Review and maintenance of ATQ website.</p> <p>Sheena and Rob will work together on one-sheet for providers. Aim of producing a card of guidelines. Other members will help to</p>	<p>⇒ Sheena: Reviewed website with Nancy, having not seen it before. Smooth to navigate; did not look at it on phone. Liked it. Training aspect – could it be incorporated into the military culture training so providers know how to use the website with clients?</p> <p>⇒ Jo – Presented at NHMed Assoc Meeting with new VA director. Part of presentation was Ask The Question as a success factor. Used Frisbee Hospital as an example. Also had conversations with Sen. Shaheen’s office regarding connecting VA and ATQ on a federal level. Will be meeting with DHMC leadership re operationalizing ATQ.</p> <p>⇒ Need to be able to go further when the answer is “Yes” now that the program is becoming established.</p>

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		<p>disseminate this information, once completed.</p>	<p>⇒ Rob: Possibility of introducing ATQ/program on the website. (Why is it important/how to implement/what to do with results/resources) Like SBIRT. Step-by-step program for practitioners.</p> <p>⇒ Rick: Must be careful that we follow new laws about gathering non-academic information in schools.</p> <p>⇒ Rob: Screening tool for SAP to identify that risk factor in students. Looking to develop series of steps to follow after initial question.</p> <p>⇒ Victoria: There could potentially be a lot of different 'cards' needed – how universal/specific will this be, because next steps very much depend on individual contexts/circumstances/needs?</p> <p>⇒ Rick: Do we have a feedback option on website if it doesn't have what people need? Emails go to Jo. Site is currently not compliant with DoIT standards. Site may still change as part of transition from Easter Seals.</p> <p>⇒ Rob – could be training for BDAS-funded providers to introduce procedural guide. They could then pass that on more widely.</p> <p>Partnership for Drug-Free NH – any money earmarked for military? Funding to be explored.</p> <p>⇒ Rick: What is our measure of effectiveness/ultimate goal for ATQ? Do we know how many are being identified? Using the resources?</p> <p>⇒ Jo: 10 health centers have been using ATQ for nearly 10 years. Out of 20,000 they serve monthly, 17% have answered "Yes". Awaiting further data to find out what services those 17% are seeking/using. Providers want to know what's in it for them.</p> <p>⇒ Dr. Breuder – Some sort of annual award?</p> <p>⇒ Linda: benefit for hospitals would be being able to send patients to VA residential center for aftercare.</p>

⇒ **New business:**

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<p>Encourage multisystem changes in federally-funded insurance programs to ensure parity.</p>	<p>JMTF</p>	<p>Draft letter regarding Tricare will continue to be developed. Eric will provide draft to Rick who will review from an objective (AP) writing standpoint so that we may consider both for effectiveness.</p>	<p>⇒ Nancy and Eric worked with John Reid on this. Two issues: Low reimbursement rate for providers, and, with transition to Tricare East, increases in beneficiary co-pays. There is also a backlog to get into the Tricare (efficiency issue). So three main issues: DHA pays the bill, Humana has the contract. Send letter to Humana and cc to DHA? CC Co-Del. Address to highest level possible, it will get passed down.</p> <p>⇒ Jo’s comments: Wording – get Gov. Sununu’s name in there, but it’s not part of the commission name. Make edit to clearly state three concerns. Define acronyms. Do we actually want meeting/opportunity to present, or should the concerns be clearly enough stated to just ‘await response’.</p> <p>⇒ Nancy: Can we get co-signers or get other stakeholders to also write letters to strengthen case? Multiple committees on same letter, or develop great template and pass it to anyone else who may share concerns? →Template</p> <p>⇒ Social media campaign? concise message/hashtag</p> <p>⇒ Rick – would this hold more weight if we made it sound more objective (rather than ‘one of the biggest’ use harder facts). Use stats rather than “hit hard”.</p> <p>Rick can make suggestions for re-phrasing. Eric will also re-work based on this discussion.</p>

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*.

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