



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

New Hampshire Strategic Action Plan

Governor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families

PRIORITY 1: DEVELOP A COORDINATED, STATEWIDE SMVF SUICIDE PREVENTION EFFORT

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Need To Be Addressed:

A coordinated, comprehensive, statewide approach to suicide prevention efforts to benefit SMVF in NH. Elimination in the redundancy of services across the state and consistent communication to the SMVF population are needed to eliminate confusion about what is available for resources and services in NH for SMVF.

Summary of Strategies To Be Utilized:

Four strategies are outlined within the plan. Strategies include enhancing collaboration among key stakeholders and partners within the state, facilitating a common understanding and approach to suicide prevention efforts statewide, and creating a Military Cultural Competency Program to standardize military culture training across organizations. After assessing the landscape in New Hampshire with regards to suicide prevention efforts and implementing various strategies identified within the Action Plan, the Governor's Challenge Team will determine whether a recommendation should be made for New Hampshire to establish a State Suicide Prevention Office.

PRIORITY 2: ESTABLISH A CENTRALIZED, STATEWIDE RESOURCE & REFERRAL HUB FOR SMVF

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Need To Be Addressed:

NH has programs and resources for SMVF that span multiple sectors and services (Guard, VA, community, etc). Organizing these resources and sharing them with SMVF through clear pathways will help SMVF connect to the services they need when they need them.

Summary of Strategies To Be Utilized:

One strategy is outlined within the plan. The strategy is to explore existing models of hub & spoke systems and establish a model for NH SMVF that will leverage existing resources & deliver solutions to SMVF in a way that is seamless, transparent & consistent and in the communities where they live.

PRIORITY 3: STRENGTHEN ACCESS & DELIVERY OF SERVICES LEADING TO SUICIDE PREVENTION AND RECOVERY CARE FOR SMVF

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Need To Be Addressed:

SMVF need to have timely access to quality services--both prevention and postvention—when and where they need them. The social determinants of health need to be considered at all levels of service provision.

Summary of Strategies To Be Utilized:

Nine strategies are outlined within the plan. Strategies include re-launching the CMHC Military Liaison Program and replicating the program in NH hospitals, enhancing the content and availability of the state's postvention resource guide, increasing social connectedness for veterans in rural parts of the state, increasing availability of peer support programs for SMVF, and implementing a voucher program to remove barriers to mental health services.

New Hampshire Strategic Action Plan

Governor's Challenge to Prevent Suicide among Service Members, Veterans, and their Families

Need: A coordinated, comprehensive, statewide approach to suicide prevention efforts to benefit SMVF in NH. Elimination in the redundancy of services across the state and consistent communication to the SMVF population are needed to eliminate confusion about what is available for resources and services in NH for SMVF.

PRIORITY 1: DEVELOP A COORDINATED, STATEWIDE SMVF SUICIDE PREVENTION EFFORT

Intended Outcomes: Consolidation of groups/committees across state currently duplicating efforts to prevent suicide. SMVF will be knowledgeable about available resources & services to assist in times of need. Providers will more accurately identify SMVF at risk and refer to appropriate level of intervention. SMVF will experience better treatment outcomes in a more efficient network of care. Veteran-friendly communities and SMVF-competent businesses will be recognized in New Hampshire.

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
1:1 Enhance inter-agency collaboration across the care continuum. Target Population: State & military councils & task forces State & military decision-makers Identified coalitions and groups	Reduce # groups that are doing same work.	1) Evaluate existing state and Guard councils & task forces and make a recommendation to improve efficiency and eliminate redundancy.	<ul style="list-style-type: none"> A list of all existing state and Guard councils & task forces working on suicide prevention efforts in NH. # groups consolidated as a result of outreach Full inclusion of Gov Challenge work into SPC-MTF 	Heather C., Shamera S. Amy C.	March-April COMPLETE
	Ensure requirements of RSAs, Guard policies and other gov't agencies are maintained in process of collaboration/coordination.	2) Facilitate communication between leadership of groups that are doing similar work to identify opportunities for collaboration.		Amy C. All Team	ONGOING
	Align Gov Challenge work with other state groups, resulting in a plan for sustainability to keep work moving forward.	3) Facilitate discussions with the State Suicide Prevention Council — Military Task Force regarding a partnership.	Amy C. Beth A. Dale G.	June-July COMPLETE	
	Generate a list that can potentially be used at a later date.	4) Collect information during environmental scan about who and/or which agencies, can potentially enter into a MOU	Heather C., Shamera S. Amy C.	March-April COMPLETE	
Increase awareness about available resources for SMVF.	5) Share a quarterly Governor's Challenge e-newsletter with updates on statewide initiatives and resources available. <ul style="list-style-type: none"> Collect emails 	<ul style="list-style-type: none"> Quarterly newsletter template completed # registrants for newsletter 	Amy C. Kim Hillson	IN PROCESS First newsletter will be sent out 9/1/19	

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>1:2 Enhance awareness related to recognizing & addressing signs of suicide risk. Do this through supporting common understanding and approach to suicide prevention efforts in NH for SMVF.</p> <p>Target Population: Behavioral health providers, primary care physicians, EDs, Hospitals, DHHS, VA, NHNG IDNS first responders correctional facilities HR</p>	<p>Widespread adoption of a standard, common language related to suicide prevention that will be utilized by providers across all sectors (VA, NHNG, community providers).</p>	<p>1) Coordinate Common Language Training for community providers.</p> <ul style="list-style-type: none"> • NG Center for Deployment Psychology <p>2) Create printed materials for distribution to community providers to educate about the benefits of common language.</p>	<ul style="list-style-type: none"> ▪ # of Community Mental Health Centers in NH educated ▪ # stakeholder organizations represented at a common language training ▪ # attendees at common language training 	<p>Terrie R. Amy F. Sheena B. Ed D. SFC Osborne Ty T. Vanessa S. Susan S. Colleen M.</p>	<p>IN PROCESS</p>
	<p>Further spread the adoption and utilization among VA, NHNG and community providers (institutional and individual) of a universal tool for suicide risk screening (PHQ3, CSSRs [safety planning]).</p> <p>Hospitals and CMHCs will begin utilizing the tool—all community providers should also adopt its use.</p>	<p>3) Learn about Columbia Screening tool and explore how its universal use can benefit SMVF in NH.</p> <p>4) Inventory where the Columbia is currently being utilized.</p> <p>5) Develop add'l steps on how to support education of stakeholder organizations on use of Columbia screening tool & how to engage the commitment of providers.</p>	<ul style="list-style-type: none"> ▪ Increase in # of providers who use Columbia screening tool 	<p>John P. Diane D.</p>	<p>IN PROCESS</p>
	<p>Increase the use & fidelity of ATQ campaign across stakeholder organizations by promoting new ATQ Toolkit, website and trainings.</p>	<p>6) Finalize the ATQ Toolkit</p> <p>7) Make ATQ Toolkit available online</p> <p>8) Increase outreach to distribute ATQ Toolkit, educate & engage new organizations</p> <p>9) Provide trainings on ATQ Toolkit</p>	<ul style="list-style-type: none"> ▪ # organizations trained ▪ # of providers who adopt elements of ATQ ▪ # professionals trained on how to utilize ATQ Toolkit ▪ # of agencies/providers accessing Toolkit ▪ #of trainings held ▪ #of materials developed ▪ %of SMVF asked/served 	<p>Amy C.</p> <p>Amy C.</p> <p>Amy C. Dr. Nicole Sawyer (COPT)</p>	<p>COMPLETE</p> <p>COMPLETE</p> <p>IN PROCESS</p> <p>Small trainings IN PROCESS—began June 2019 Large trainings Fall 2019, Spring 2020</p>

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>1:3 Create a Military Cultural Competency Program (MCCP) that serves to encourage, standardize, enhance and recognize the implementation of military culture competency training across stakeholder organizations. Embed this program in a larger Recognition Program that serves to engage communities, businesses and providers in supporting military and veteran efforts.</p> <p>Target Population: Behavioral Health Providers Mental Health Providers Healthcare providers Businesses Human Resource Professionals Schools</p>	<p>Increase in awareness and knowledge among target audience providers about how to provide quality and effective care to the SMVF population.</p>	<p>1) Align with the JMTF which is currently working on developing a training that can be assigned CEUs.</p> <p>2) Provide input for training development.</p> <p>3) Embed ATQ Toolkit in MCT training</p>	<ul style="list-style-type: none"> ▪ # community organizations offering in MCT training ▪ # trainings held annually ▪ # professionals who complete training ▪ # organizations/businesses represented by attendees ▪ Results of pre and post training surveys to measure knowledge, attitude/beliefs & level of confidence in serving SMVF ▪ # organizations/businesses engaged in MCCP during year 1 ▪ % increase in new participants after implementation of competitive component (how effective is competitive component?) ▪ # organizations/businesses that complete MCCP in year 1 and earn recognition 	<p>Maj. Patterson Amy C. Sue Brown Chris C. (Center for Excellence) Sheena B. Heather C.</p>	<p>April – August COMPLETE</p> <p>April – June COMPLETE</p> <p>June COMPLETE</p>
	<p>Stakeholder organizations, community providers and businesses are provided a framework grounded in best-practices for educating their staff in military cultural competencies.</p> <p>Participation and level of engagement of stakeholder organizations, community providers, businesses and communities will be increased through annual recognition and fun, healthy competition.</p>	<p>3) Develop components of the MCCP</p> <p>4) Solicit commitment and endorsement of TAG/DMAVS, NH MLT</p> <p>5) Engage PsychArmor (or other) for implementation and data collection</p> <p>6) Develop metrics to be used in annual Recognition Program</p> <p>7) Identify marketing strategy/ branding for Recognition/MCCP Program</p> <p>8) Develop social media campaign to better engage participants</p> <p>9) Create/secure recognition and awards for participation</p>			<p>Amy C. Ben K. Dale G. DJ F. Gavin C. Shamera S. SFC Osborne Heather C. Sheena B. Pam S. Thom O. Ty T.</p>

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>1:4 Recommend and support the establishment of a State of NH Suicide Prevention Program Officer that targets all populations across the lifespan and is embedded in a state department such as DPHS or DBHS.</p> <p>Target Population: House Exec Depts & Administration Gov Office DPHS/DBHS Stakeholders</p>	<p>Establishment of a dedicated State Suicide Office will create greater visibility, official legitimacy and serve to coordinate all related statewide efforts. It will establish a clear pathway for seeking federal or state funding in addition to legislative support.</p> <p>Annual reporting requirements will help keep state efforts organized, accountable and on track.</p> <p>State Suicide Prevention Office will be advised by the State Suicide Prevention Council.</p>	<ol style="list-style-type: none"> 1) Collaborate with Suicide Prevention Council to put forth recommendation 2) Secure administrative support 3) Secure financial support 	<ul style="list-style-type: none"> ▪ Recommendation to Governor to create a State Office ▪ Seat at the table on 10-Year MH Plan Leadership Team to align with State’s MH Plan ▪ Budget established ▪ Position secured 	<p>NH Gov Challenge State Team</p> <p>NH Suicide Prevention Council</p>	<p>Review and re-assess this strategy as a final phase of the Governor’s Challenge work.</p> <p>January 2020</p> <p>Timeline of additional steps TBD</p> <p>ON HOLD</p>

Need: NH has programs and resources for SMVF that span multiple sectors and services (Guard, VA, community, etc). Organizing these resources and sharing them with SMVF through clear pathways will help SMVF connect to the services they need when they need them.

PRIORITY 2: ESTABLISH A CENTRALIZED, STATEWIDE REFERRAL & RESOURCE HUB FOR SMVF

Intended Outcomes: Providers in New Hampshire will be well-trained and better prepared to serve the SMVF community. A community-based, coordinated network of care for SMVF that addresses social determinants of health will result better treatment results and a higher level of satisfaction among SMVF.

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>2:1 Develop a resource & referral model for NH SMVF that will leverage existing resources & deliver solutions to SMVF in a way that is seamless, transparent & consistent and in the communities where they live.</p> <p>Target Population: NHNG DMAVS VA Veterans Service Office Community partners</p> <p>Continue...</p>	<p>Eliminate barriers to accessing services SMVF currently experience.</p> <p>Design a sustainable process and network that includes & supplements (does not replace) the VA, NHNG, and community organizations.</p> <p>Enhance quality of service delivery to SMVF through standardized processes & training.</p> <p>Create a community-based, coordinated network of care that addresses social determinants of health and delivers services to SMVF.</p> <p>Service members, veterans and their family members from all branches of military and all NH communities, regardless of status (ie. active, reserve, Guard, VA-eligible, non-VA-eligible, discharge status, etc.), will have access to the network.</p>	<p>1) Define a decision making process that will be utilized throughout the planning & implementation process for this Priority.</p>	<ul style="list-style-type: none"> Well-defined process for how decisions will be made and communicated during Design phase Well-defined vision for the model to be established that includes functions, requirements, scope & deliverables. 	<p>Amy C. Vanessa S. SFC Osborne Heather C. Dale G. Thom O. Ed D. Beth A. Katie T-P. Kelley C. Sheena B. Jen J. Susan S.</p> <p><i>Meaghan S.?</i> <i>Amy F.?</i></p>	6/14/19 COMPLETE
		<p>2) Learn about:</p> <ul style="list-style-type: none"> models utilized in other fields and states in order to identify pieces for the NH model; aspects of existing entities that might be able to perform duties of the hub and/or spokes [6 slide info] 			6/14/19 COMPLETE
		<p>3) Identify functions of the hub and spokes. [include in discussion how acute crisis will be addressed]</p>			July 2019 *after 6/28 meeting
		<p>4) Identify & define requirements of the "hub". [including tech requirements]</p>			6/28/19 COMPLETE
		<p>5) Identify & define requirements of the "spokes" that will make up the network. [including tech requirements]</p>			6/28/19 COMPLETE
		<p>6) Define scope & deliverables</p>			Aug 2019

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>Continued... 2:1 Develop a resource & referral model for NH SMVF that will leverage existing resources & deliver solutions to SMVF in a way that is seamless, transparent & consistent and in the communities where they live.</p>	<p>Hub will be established in such a way that it will have the ability to accept and utilize braided funding resources.</p>	<p>7) Define a streamlined process for communication between hub & spokes</p>	<ul style="list-style-type: none"> ▪ A final decision about the model to use. ▪ Persons responsible for implementation identified. 	<p>See above— P2 Team</p>	<p>Aug 2019</p>
	<p>Hub & spoke scope will be aligned to other existing hub & spoke models in NH in order to leverage existing resources.</p>	<p>8) Identify competencies & training needs for both hub employees and spoke partners</p>			<p>July COMPLETE</p>
		<p>9) Define selection criteria</p>			<p>Complete by 9/1/19</p>
		<p>10) Identify who/how/what for monitoring and program evaluation</p>			<p>August 2019</p>
		<p>11) Using all information collected and compiled, make a final decision about how to move forward (which entity will we use?)</p>		<p>Team Lead with Governor's Office approval</p>	<p>Notify team members of final decision by 9/27/19</p>
		<p>12) Complete a SWOT analysis in order to identify potential risks</p>		<p>P2 Team</p>	<p>Sept-Oct</p>
		<p>13) Identify a hub implementation committee that will identify next steps.</p>			<p>Identify committee by 9/1/19 so they can begin implementation planning starting 10/1/19</p>
<p>**Hub planning will be transferred to a Hub Implementation Committee after Key Tasks 1-12 are completed. The new group will create an implementation plan for the next phase that will be added into this master Action Plan.**</p>					

Need: SMVF need to have timely access to quality services--both prevention and postvention—when and where they need them.

PRIORITY 3: STRENGTHEN ACCESS & DELIVERY OF SERVICES LEADING TO SUICIDE PREVENTION AND RECOVERY CARE FOR SMVF

Intended Outcomes: SMVF will have access to appropriate level, high-quality care when & where they need it. At-risk SMVF in rural communities will feel more socially connected to others and will engage socially on a regular basis. New Hampshire citizens will more frequently recognize signs of suicide risk in others and feel confident in their ability to intervene and recommend services.

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>3:1 Re-launch the statewide CMHC Military Liaison Program and develop a collaborative & strong relationship between DMAVS, NHNG and the CMHC Military Liaisons.</p> <p>Target Population: DMAVS NHNG NHCBA CMHCs</p>	<p>CMHCs will:</p> <ul style="list-style-type: none"> • increase readiness to serve SMVF; • participate in the MCCP; • participate in the SMVF Hub Network when its developed; • train staff in military culture; • Ask the Question and collect relevant data during intake procedures. <p>Policies and procedures of the Military Liaison Initiative will be defined so the program can be replicated in other settings.</p>	<p>1) Gain support of active Liaisons to hold regular, in-person meetings for purposes of program and professional development</p>	<ul style="list-style-type: none"> ▪ Job description for Liaison ▪ Recommended policies and procedures identified ▪ Military Liaison Training added to MCCP ▪ # CMHCs in attendance at each meeting ▪ # SMVF who access services at CMHCs ▪ # CMHC staff who receive training related to SMVF culture & issues ▪ # CMHCs utilizing ATQ 	Amy C.	Mar-April COMPLETE
		<p>2) Develop meeting schedule and agenda</p>		Amy C. Liaisons	May COMPLETE
		<p>3) Seek available funding for sustainability and submit application</p>		Amy C. NHNG Others as applicable	COMPLETE IN PROCESS
		<p>4) Create well-defined policies & procedures including job description and training objectives</p>		Amy C. Ed D. Liaisons	IN PROCESS Will be completed at 9/23 meeting.
		<p>5) Identify program measures for data collection purposes</p>			
		<p>6) Facilitate Liaisons to identify goals for coming year—for Liaison group and each CMHC</p>			
		<p>7) Conduct outreach to educate and re-engage CMHCs</p>		Amy C.	Sept & ongoing
		<p>8) Present a program report update to Community Behavioral Health Association</p>		Amy C.	8/21/19

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>3:2 Expand the CMHC Military Liaison Program model to NH hospitals.</p> <p>Target Population: NH hospitals NHHHA Bureau of CBMP</p>	<p>The design of the Military Liaison Program model will garner the support of the NHHHA Board.</p> <p>Hospitals will:</p> <ul style="list-style-type: none"> • increase readiness to serve SMVF; • participate in the MCCP; • participate in SMVF Hub Network when its developed; • train staff in military culture; • Ask the Question and collect relevant data during intake procedures. 	1) Meet with Military Liaison at FMH to learn about their model.	<ul style="list-style-type: none"> ▪ # hospitals commit to participate ▪ # training hours completed for each enrolled hospital (related to MCT) ▪ # hospital staff who completed training ▪ # hospitals that ask the question ▪ # hospitals that complete MCCP in Year 1 ▪ # hospitals that access follow up/sustainability resources in year #2 post enrollment 	Amy C. Vanessa help schedule	By 9/1/19
		2) Complete a package of program, infrastructure, training and sustainability recommendations.		Amy C. <i>Military Liaison at FMH</i>	By 11/1/19
		3) Develop training curriculum and training schedule. [cross over with MCCP 1:3]		Amy C. <i>MCCP CMHC Military Liaisons</i>	By 11/1/19
		4) Present to NHHHA Board for commitment.		Vanessa S.	By 11/1/19
		5) Outreach to hospitals— educate about program, gain commitment to participate.		Vanessa S.	Nov-Dec
		6) Conduct training at each enrolled hospital.		MCCP staff/volunteers	Nov +
		7) Develop resources, tools and/or support for sustainability.		Amy C. Vanessa S.	July-Dec

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>3:3 Increase access for SMVF population to virtual care services (ie. Telehealth, VA Video Connect)</p> <p>Target Population: SMVF Telehealth professionals VA Community organizations</p>	<p>Gain an understanding of the barriers preventing SMVF in the North Country from accessing available Telehealth services.</p> <p>Removal of barriers to accessing Telehealth services for North Country veterans. Increase in # of veterans accessing care through Telehealth or VA virtual care app.</p>	<p>1) Through research (could include survey), identify top barriers veterans currently face with accessing Telehealth and other virtual care services.</p>	<ul style="list-style-type: none"> ▪ Research methods identified ▪ Survey method identified if being utilized ▪ Survey conducted if being utilized ▪ Research compiled ▪ List of barriers rural veterans face when wanting to access Telehealth ▪ List of potential strategies ▪ Additions for Action Plan based on strategies that will be implemented 	<p>Vanessa S. Ed D.</p>	<p>ON HOLD *Until VA comes out with their Telehealth Services</p>
		<p>2) Assess strategies that can be implemented to increase access</p>			<p>ON HOLD *Until VA comes out with their Telehealth Services</p>

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
3:4 Promote opportunities for social connectedness among veterans living in rural areas of NH. Target Population: Rural NH Veterans— North Country Lakes Region	Develop a collaboration with <i>Together With Veterans</i> to support the implementation of their program in the rural areas of NH. Establish a TWV program in a rural NH community will: <ul style="list-style-type: none"> Increase levels of social connectedness for veterans in rural communities; Decrease incidents of suicide among SMVF in rural communities 	1) Meet with <i>Together With Veterans</i> to learn about their program and assess NH's interest. 2) Conduct outreach to leaders in the rural NH veteran community to assess interest. 3) Coordinate TWV visit to northern NH to propose program and gain commitment. 4) Identify additional key tasks after 6/29/19 TWV meeting with NH North Country Veterans, Inc.	<ul style="list-style-type: none"> # veterans engaged to participate in, and lead, a <i>Together With Veterans</i> program # strategic initiatives completed by rural NH TWV program in Year 1 # suicide events in the geographic area covered by the TWV program in Year 1 	Meghan Snitkin Ed Drury Gavin Cherry Ben Kaler Katie Tovar Beth Alves	Feb – May 2019 COMPLETE
	Enhance levels of social connectedness and advocacy efforts of veterans in the Lakes Region of NH by establishing a formalized veteran network in the area.	5) Identify leaders to initiate the development of this effort. 6) Design and submit proposal for funding to support the creation of a Community Action Board for veterans in the Lakes Region. 7) Establish a CAB for the veteran population in the Lakes Region. 8) Identify opportunities to publicize to the community about the Community Action Board of the project (Ed) 9) Expand the visibility of the Manchester VA in the community by participating in community events (Ed, Amy F., Ben) 10) Start developing a list of contacts (Ed & Ben)			<ul style="list-style-type: none"> # veterans participating in Lakes Region CAB development # veterans participating in CAB during Year 1 # strategies or programs initiative by CAB in Year 1

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>3:5 Continue to support NH efforts to address lethal means.</p> <p>Target Population: SMVF gun owners Firearm retailers in NH</p>	<p>TBD after assessment, but examples could include increase in:</p> <ul style="list-style-type: none"> ▪ participation in Project ▪ awareness of program awareness about resources in NH for safe storage of firearms during times of high risk 	1) Assess current state of Gun Shop Project.	<p>To be determined after assessment, but examples might be:</p> <ul style="list-style-type: none"> • Additional Gun Shop Project participants • Additional marketing campaign materials to educate SMVF 	Beth Alves	May-June 2019 COMPLETE
		2).		<i>Beth Alves?</i>	TBD
		3)			
		4)			

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>3:6 Increase public awareness to educate service members, veterans, SMVF families and those in the community who support SMVF to recognize signs of risk & know what is available for resources and support.</p> <p>Target Population: Active service members & family members Veterans & family members Employers Veterans agencies Community providers Schools Faith-based organizations</p>	<p>A statewide Awareness Campaign will result in an increased awareness of the signs of suicide risk and a decrease in the suicide rate for SMVF in NH.</p> <p>A supportive, useful, effective, consistent message will be developed and shared with a broad audience.</p>	<p>1) Identify categories of providers/organizations and individuals (active service members, veterans, etc.) that should receive information.</p> <p>2) Inventory national resources & support programs in existence to create a list that can be utilized when directing target audiences to resources.</p> <p>3) Create communications toolkit of public health awareness- print online educational materials for distribution that will educate about how to recognize risk factors in the veteran population</p> <p>4) Identify funding opportunities (i.e. foundation \$) for printing materials</p> <p>5) Identify methods and channels of distribution ways in which information can be disseminated effectively— To: non-profits, businesses, general population, veteran population What: workshop, info session, website, educational material, etc</p>	<ul style="list-style-type: none"> ▪ # strategies utilized to disseminate info ▪ # partners employed in info dissemination ▪ Track # of distribution sites 	<p>Vanessa</p> <p>Vanessa Amy F. Beth Meaghan</p> <p>Susan</p> <p>Vanessa Ben Amy C. DHHS NG VA & NG PAO</p>	<p>November 1, 2019</p> <p>August 31, 2019</p> <p>Ongoing</p> <p>November 1, 2019</p>

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>3:7 Expand on the foundation of postvention activities already in existence in NH in order to ensure survivors, their family and members of their support network have access to readily available resources and services after experiencing a suicide attempt or loss. Additionally, develop more effective collaborations between the VA, state government and the NHNG in order to ensure productive protocols are in place that can lead to effective evaluations.</p> <p>Target Population: NAMI State Departments VA NHNG Active service members Veterans Families</p>	<p>An increase in collaboration and sharing of information.</p> <p>A more effective evaluation of policies, procedures and protocols which will lead to a decrease in the active service member rate of suicide in NH.</p> <p>Existing postvention resource guide will be enhanced to include information from NHNG and other SMVF-relevant information.</p>	<p>1) Ensure postvention resource guides provided to SMVF loved ones include information relevant to SMVF population.</p> <p>2) Develop sustainable ways the postvention resource guide can be available to all family members or interested parties.</p> <p>3) Provide online access to postvention resource guide.</p>	<ul style="list-style-type: none"> ▪ # partners committing to participate in developed protocol ▪ # of ways postvention resource guide is made available ▪ # military-specific resources added to postvention resource guide <ul style="list-style-type: none"> ▪ Average # per year of NHNG families informed about postvention activities and protocols. 	<p>Susan S. Ann Duckless Heather C. <i>VA (Beth, Amy and/or Meghan)</i></p>	<p>May – Sept IN PROCESS</p>
	<p>The promotion of resilience and the reduction of risk of SMVF affected by suicide will be achieved through: availability of postvention resource guide for any person desiring one in the aftermath of a loved one’s suicide;</p>	<p>4) Develop postvention protocol containing elements of data sharing that can be agreed upon, and committed to, by applicable state departments, NHNG and the VA.</p>		<p><i>Heather C. Ann D. VA (Beth, Amy and/or Meghan) Terrie R.</i></p>	<p>Sept-Oct IN PROCESS</p>
	<p>The development and availability of educational materials related to suicide prevention and postvention activities for the target population.</p> <p>A well-defined protocol will be followed by all partners so valuable information can inform program evaluation and necessary future changes.</p>	<p>5) Educate currently serving families about postvention activities and the importance of evaluating the information available in order to better serve Guard families in the future.</p>		<p><i>Heather C. Dale G. Terrie R. Ann D.</i></p>	<p>Sept +</p>

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>3:8 Implement Barriers to Care Voucher Program to reduce barriers SMVF face when attempting to access mental health services.</p> <p>Target Population: NGB SMVF Community mental health providers</p>	<p>SMVF will know how to request and obtain vouchers in order to access timely mental health services during times of high risk.</p> <p>The SMVF Hub will have this additional resource to assist individuals who do not currently have health insurance or the financial means to access immediate care.</p> <p>Decrease incidents of suicide among SMVF in NH by reducing the barriers to accessing mental health treatment during times of high risk.</p>	<p>1) Develop program outline.</p>	<ul style="list-style-type: none"> ▪ # of ways in which voucher program is communicated to SMVF population ▪ # vouchers utilized on monthly basis ▪ # vouchers utilized in barrier categories to show where need is highest ▪ Estimate of amount saved from higher cost services if MH had not been available 	<p>Amy C. Terrie R. Col. Oberman</p>	<p>March 2019 COMPLETE</p>
		<p>2) Identify opportunities for funding and submit applications.</p>		<p>Amy C.</p>	<p>March 2019-ongoing COMPLETE IN PROCESS</p>
		<p>3) Explore possible alternatives to implementing this strategy without funding.</p>		<p>TBD</p>	<p>TBD</p>
		<p>3) Outreach to potential network providers to educate about program. Gain commitment in order to note in future funding applications.</p>		<p>Amy C.</p>	<p>July 2019 - ongoing</p>
		<p>4) Provide education to SMVF about how to access Vouchers.</p>		<p>TBD</p>	<p>TBD</p>

Strategies	Evaluation Measures	Key Tasks	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>3:9 Improve access and availability of crisis care for SMVF</p> <p>Target Population: NH Law Enforcement NH First Responders VSOs Active service members Community Providers “Gatekeepers” for referrals Mayor’s Challenge team SMVF</p>	<p>A higher number of SMVF will have access to behavioral healthcare compared to years past.</p>	<p>1) Support expanded provision of NAMI’s Crisis Intervention Team Training to additional law enforcement and first responders in NH</p>	<ul style="list-style-type: none"> ▪ Increase in # of law enforcement trained to deal effectively with mental health crises 	<p>Susan S. Seth G.</p>	<p>TBD</p>
	<p>Gatekeepers will be trained to recognize signs of risk and will be knowledgeable in how to support showing signs of risk.</p>	<p>2) Make Mental Health First Aid or SAVE training (or other similar gatekeeper training) available to VSOs and other identified gatekeepers.</p>	<ul style="list-style-type: none"> ▪ Increase in # of first responders trained to deal effectively with mental health crises 	<p>Amy C. Jaime C. (VSO)</p>	<p>Fall 2019 IN PROCESS</p>
	<p>A specific plan for expanding access to peer support services will be developed.</p> <p>Decrease incidents of suicide among SMVF in NH will occur as a result of increased access to services during a time of crisis.</p>	<p>3) Expand access to peer support services</p> <ul style="list-style-type: none"> • Inventory existing peer support programs • Leverage use of web-based peer connectivity • Leverage VA peer support w/local VSOs and Peers • Implement Peer Navigators into Hub (Priority 2) design • Access Technical Assistance provided by SAMHSA to learn about other examples of statewide peer support programs 	<ul style="list-style-type: none"> ▪ 100% of VSOs trained in Mental Health First Aid or other similar training ▪ Pre and post surveys of gatekeepers assessing an increase in knowledge and level of confidence ▪ Increase # of peer support services available to SMVF population 	<p>TBD</p>	<p>TBD</p>
		<p>4) Support the plan developed by Mayor’s Challenge Crisis Intercept Mapping Workshop</p>		<p>Amy C. Beth A. Vanessa S.</p>	<p>IN PROCESS Crisis Mapping meeting 8/15-8/16</p>
		<p>5) Invite stakeholders to participate in meeting to problem-solve barriers to VA referrals (so veterans are not sent out of state for acute care)</p>		<p>Beth A. Amy F.</p>	<p>TBD</p>

Governor’s Challenge Communication Strategy

Strategies	Evaluation Measures	Program Activities (best practices & action items)	Program Outputs & Measures	Responsible Person(s)	Timeline
<p>Develop a Statewide Communications Strategy that reflects all Gov Challenge Priorities & efforts.</p> <p>Target Population: Gov Challenge State Team members SMVF Stakeholders</p>	<p>Communicate and highlight the Gov Challenge efforts and accomplishments to stakeholders & the general public through an effective & coordinated public messaging campaign.</p>	<p>1) Review finalized Action Plan to determine communications needs for each strategy.</p>	<ul style="list-style-type: none"> ▪ Plan for overall messaging ▪ Registered #tags ▪ Social media plan ▪ Identified target audiences for each specific strategy ▪ Public release date of Gov Challenge efforts 	<p>Vanessa S. Amy C.</p>	<p>IN PROCESS</p>
		<p>2) Develop a comprehensive, public health messaging campaign.</p>		<p>Vanessa S.</p>	<p>July-Aug *after Safe Messaging Conference</p>
		<p>3) Plan for a public release (by Gov office?) of the Gov Challenge</p>		<p>Vanessa S.</p>	<p>After Safe Messaging Conference</p>
		<p>4) Design e-newsletter to update stakeholders on Gov Challenge efforts. [crossover with 1:1(3)]</p>		<p>Amy C.</p>	<p>September</p>