

Ask The Question (ATQ) Education & Outreach Initiative

Core Report – Part 1

Easter Seals NH
Military & Veterans Services
March 2015 – June 2016



An Initiative of the NH Department of Health and Human Services
Supported by the NH Commission on PTSD and TBI

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Ask The Question (ATQ) Education & Outreach Initiative

Summary of Contract Accomplishments and Outcomes

INTRODUCTION & OVERVIEW

The Ask The Question (ATQ) campaign was a statewide education and outreach initiative of the NH Department of Health and Human Services (NH DHHS) with the goal of improving access to and quality of care for NH's service members, veterans, and their families (SMVFs). ATQ encourages service providers in all fields to better identify and engage SMVFs in order to provide more informed treatment planning, optimal care, and effective referrals. The ATQ movement continues beyond the end of the funded campaign as providers, Veteran Services Organizations, and advocates champion the cause for improved care for NH's SMVF community.

The impetus for ATQ arose from a survey conducted by NH's Commission on PTSD & TBI (COPT), which indicated that a key barrier to service members and veterans seeking care from civilian providers was that they didn't feel understood by those providers. The mission then was to reach out to service providers across the state and educate them about the importance and impact of asking about military service and experience when people come in for services and support. When providers ask the question, "***Have You or a Family Member Ever Served in the Military?***" conversations will open that will lead to better care.

The exact wording of the question is important. When those who serve are asked "are you a veteran?" they sometimes reply "No." For many reasons (e.g. length of service, discharge status, combat history), some who have served don't consider themselves 'veterans.' However, if they are asked if they've *served*, they more often will answer "Yes." Additionally, the question includes their family members, which opens other opportunities for conversation about overall needs for care. Educating providers about the difference between asking about *veteran status* and asking about *military service* was a key focus of this project.

A homeless man called 211 for housing assistance and was asked if he was a *veteran*. He replied 'No.' He was advised that the community shelters were full but asked to call back frequently (as is normal practice). Two more times he called over the weekend, was asked the same question, and each time replied 'No.' On his fourth call, a different 211 representative Asked The Question ("***Have you or a family member ever served in the military?***"), to which he responded 'Yes.' He was immediately connected to Easter Seals Military & Veterans Services who assisted with getting him sheltered that very day and connected to housing services for permanent housing.

Easter Seals NH Military & Veterans Services (ESNH MVS) was honored to be awarded this contract by NH DHHS, in partnership with NH CarePath. ESNH MVS's role included project design, overall project management (financial management, personnel/subcontractor management and program evaluation), coordination of provider outreach and education activities, and data collection and reporting. The contract ran from April 1 2015 to June 30 2016.

PROJECT DESIGN

Project Components

This project consisted of four components with the following goals:

1) Messaging

- Develop and implement a dynamic multi-media messaging campaign.
- Develop and disseminate various informational materials (print and web-based).

2) Direct Outreach and Awareness

- Identify and reach out to providers statewide to build awareness of the importance of Asking.
- Conduct meetings and presentations with providers in large and small groups.

3) Technical Assistance and Support

- Provide information and tools to increase provider competency and confidence in responding with next steps and referral resources when the answer to The Question is "Yes".

4) Data Collection, Assessment, and Reporting

- Assess change in provider intake practices.
- Provide monthly reports on progress.

Partnerships

ATQ was carried out through an interagency partnership model. This project was successful because of effective *collaboration* with subcontracting agencies and in synergistic relationships with other agencies and initiatives, and with the effective leveraging of these agencies' strengths. Project partners and their roles included:

Government Partners

- **NH DHHS, Bureau of Community Based Military Programs:** project direction and oversight.
- **NH DHHS, Balancing Incentive Program:** project funding and federal reporting.
- **NH Legislative Commission on PTSD and TBI:** ongoing overview and guidance.
- **Manchester and White River Junction Veterans Administration Medical Centers:** consultation on technical materials content, assistance with addressing social media commentary and questions.

Subcontracting Partner Organizations

- **CatchFire Creative:** a NH-based creative agency that specializes in branding, web design/development, and social media marketing- design and implementation of messaging and media including co-creation and co-management (with ESNH Development staff) of all collateral materials, website, and social media.
- **Family Resource Center at Gorham (FRC):** a non-profit social services organization that serves the needs of children and families in northern NH- coordination of provider outreach and education activities in the North Country.
- **ServiceLink Resource Centers (SLRC):** NH’s Aging and Disability Resource Centers which help individuals access and make connections to long term services and supports – conduct “Boots on the Ground” provider outreach and engagement (Provider Outreach Specialists), champion the cause/set the standard, co-supervision of local teams.
 - ServiceLink of Belknap and Carroll County (Lakes Region Partnership for Public Health).
 - ServiceLink of Coos County (Tri-County CAP).
 - ServiceLink of Merrimack County (Belknap-Merrimack CAP).
 - ServiceLink of Grafton County (Grafton County Senior Citizens Council).
 - ServiceLink of Hillsborough County (Easter Seals NH).
 - ServiceLink of Monadnock Region and Sullivan County (Monadnock Collaborative).
 - ServiceLink of Rockingham County (Crotched Mountain Community Care).
 - ServiceLink of Strafford County (Community Partners).

Military Access Partners

In addition to subcontracting partners, collaborative partnerships with other organizations and agencies were essential to the project. Critically, ATQ served as core to four interrelated NH DHHS military access contracts:

- **Military Culture Training Initiative** (Dare Mighty Things' (DMT)) - over 500 training referrals were funneled to DMT via the ATQ outreach team, and briefings on ATQ were coordinated with DMT training events.
- **Military Family Initiative** (NAMI NH) - military-veteran expertise was provided to help in the development of community-focused web content and assist with program marketing.
- **Military Liaison Initiative** (NH Community Mental Health Centers (CMHC)) - ATQ consulted on the phrasing of The Question on the CMHCs' universal intake form, and technical assistance was provided to staff on clinical screening tools and resources.

These collaborations were powerful and shared an emphasis on:

- **Accessing resources:** getting SMVFs connected to the VA and to civilian networks of care.
- **The importance of rapport building** with the SMVF population. More so than with civilians, there is a need for trust and understanding, and an expectation of follow-through.
- **Decreasing stigma:** addressing the unease civilian providers may have when first working with SMVFs, through education and opening doors to conversation.
- **The need for vet-to-vet support:** recognizing the impact of veterans spreading the message regarding asking about military service, and improving the military culture competency in their communities.
- **Enhancing the overall military cultural competency of NH's provider system.**

National Attention

The ATQ initiative, as a result of its successful partnership model, garnered nationwide attention from Central VA, White House Joining Forces, SAMHSA, Centers for Medicare & Medicaid Services, and Army One Source (among others) as a model for understanding the importance of identifying SMVFs when they seek services, for its focus on a broad range of providers (versus a focus just on medical providers), and for its commitment to improving these services by *making the connection between the impact of military experience and the unique and challenging needs of this population.*

Logo and Branding

This campaign demanded quintessential and compelling branding. Three images were seriously considered. One image, an eagle, was not selected because it visually aligned more with one branch of service (Air Force) than the other branches. The “chevron” logo (designed by CatchFire Creative) was selected and served as the consistent and recognizable ATQ brand throughout the campaign. This image not only aligned with all service branches, but was also recognizable to the general public as ‘military.’ Importantly, it also provided ‘arrow’ imagery that supported the ATQ message of how Asking The Question moves conversation and care forward. The logo appeared on everything- from billboards to bracelets, and on all hardcopy and electronic materials.



Outreach Model

In determining how to achieve the needed outreach, there needed to be a manageable way to slice up the work. ATQ organized service providers into 12 “Provider Sectors.” The sector model informed outreach strategies and established a marketing and delivery structure for military culture training (through DMT) across the state.

ATQ Provider Sectors:

- 1) Aging & Senior Services.
- 2) Children’s Services & School Systems.
- 3) Employment & Vocational Services.
- 4) Faith-Based Groups.
- 5) Health Care & Medical Services.
- 6) Higher Education & Adult Learning.
- 7) Housing & Homelessness Services.
- 8) Law Enforcement & First Responders.
- 9) Legal & Advocacy Services.
- 10) Mental Health & Substance Use Disorders Services.
- 11) Social Services – Federal/State/Local/Non-Profits.
- 12) Women’s Services & Crisis Centers.



Direct outreach was achieved through a coordinated dual-level communication plan that paired ‘boots on the ground’ connections with local providers to complementary ‘top-down’ connections with professional groups and associations.

Project Team Management

In partnership with the subcontracting agencies, a team of 8 regional Provider Outreach Specialists (POSs), was assembled and trained to conduct direct local outreach across the state. Project management included:

- A kickoff event in July 2015 for all team members, project leadership, military access project partners, and military and governmental stakeholders.
- Monthly team meetings where overall campaign direction and progress were shared. All team members contributed to the success of the campaign by regularly sharing their best practices, strengths and outreach strategies.
- Constant email, phone, and in-person communication to provide project direction and team support.
- Daily communication from the project’s Data Specialist who served as the hub for information and guidance as the team worked toward its outreach and reporting goals.

Gaps in outreach that arose were addressed by adding outreach staff who partnered with the POSs in provider briefings and assisted with state/association-level outreach. Members of the ESNH MVS Care Coordinator team helped spread the message and support the campaign as they interacted with providers during the course of their daily work with SMVFs. A geographically-focused approach created optimal productivity for team members with limited project time.

Data Collection and Reporting

ATQ’s goal was to increase the number of providers who Asked The Question. To measure that change, a set of data collection and reporting tools were created to capture, monitor, and report on information that gauged the depth and breadth of outreach and provider penetration across the state, and to assess behavior change regarding asking the question. This data proved indispensable in effectively managing the efforts and results of a state-wide project team. This data system included:

- **An outreach data collection tool** (using Survey Monkey) to capture daily direct outreach activity (phone calls, emails, mailings, meetings/presentations) from the provider outreach team.
- **A provider behavior assessment tool (see Appendix 1: Provider Assessment Tool)** used by the outreach team to gather information from providers regarding their

identification of SMVFs, their comfort in addressing their needs, and their level of connection to other military/veteran resources and services.

- **A database of over 3000 providers** that directed outreach focus, and served as the analytic and reporting tool for all the above outreach activity.

PROJECT DELIVERABLES

Media and Messaging

The following media and messaging techniques were employed to ensure a dynamic and persistent multi-media campaign that regularly reinforced the campaign's key messaging:

- **The ATQ website** (www.AskTheQuestionNH.com), dynamic and ever-expanding, served as the hub and backbone of the campaign and contained all project materials, easily accessible and printable. The ATQ website remains active and vibrant and includes: a page for every Provider Sector with sector-specific information sheets; a comprehensive military/veteran-specific resource list; links to additional educational resources/websites; and clinical tools. *The ATQ website had over 13,500 visitors during the course of the campaign.*



Dare Mighty Things - DMT is offering several military trainings designed to improve access to and quality of care for veterans, service members, and their families throughout the month of June! They are free and open to NH Service Providers! Learn more here: <http://bit.ly/1QNgQZF>



MILITARY CULTURE SCHEDULED TRAININGS



daremightythings.com

DAREMIGHTYTHINGS.COM

- **Daily social media posts** (Facebook, Instagram, and Twitter posts). *Facebook and Twitter grew to over 3,600 Lifetime followers.*

Faith-based organizations encourage communities to come together and help those in need. However, many military families are quiet and proud, and although they may participate in services, they may not always identify themselves. As a provider, there is only one way to find out: Ask! If the answer is 'yes,' a broader perspective of a family's issues and challenges can be explored. Along with other resources, you can learn more about this here: <http://bit.ly/1SIHej8>



- **Newspaper/Newsletter ads** were designed to educate and increase the awareness of providers, and the broader NH community about Asking The Question. These ads were placed over the course of the campaign in the Keene Sentinel, Portsmouth Herald, Foster's Daily Democrat, Concord Monitor, Laconia Citizen, Nashua Telegraph, Berlin Daily Sun, Laconia Daily Sun, Conway Daily Sun, Coos County Democrat, Berlin Reporter, Littleton Courier, as well as NHPA, NHMS, and other professional newsletters.



- **Dynamic videos** engaged providers and added real-life weight to the campaign. These videos were 3-5 minutes in length and were placed on YouTube for unlimited viewing. *YouTube views of the ATQ videos exceeded 150,000.*
 - **How It Helps (testimonials)**- featuring 4 SMVFs each describing their personal experience and the impact that being Asked had on the care they received.
 - **How It Works**- featuring 5 providers highlighting the profound impact that understanding a person's military service had on the quality of the services they provided and the connection they had with those individuals ("I Asked and it made a difference").

- **3 magazine ads**- NH Magazine, BNH Magazine, and NH Business Review.
- **Radio ads**- ads placed on radio stations around the state (including iHeart Radio, NHPR, WOKQ/WPKQ, WZID) that ran for several months.
- **Ongoing YouTube ads** and ads on Pandora music outlet.
- **4 press releases.**
- **4 billboards** -Ossipee, Swanzey, 2-Manchester.
- **12 monthly emails.**
- **Magnets, posters, and bracelets**- thousands distributed through outreach and mailings.
- **4 postcards** (see below example).

Outreach and Awareness

- **2000+ service providers from all 10 NH counties** and from all targeted service sectors received customized information and educational materials through direct outreach by the statewide provider outreach team. Outreach penetration of each service sector ranged from a minimum of 71% of the providers identified in the Women’s Services & Crisis Centers to 97% of providers identified in the Law Enforcement & First Responders (**see Appendix 2- Provider Outreach Penetration Data**).
- **25 state professional associations** (i.e. NH Police Chiefs Association) representing at least 7 provider sectors, received customized ATQ presentations (**see Appendix 3- Group Outreach**).
- **24 conferences and events** (i.e. Tri-State Summit on Aging) with hundreds of providers in attendance, received ATQ presentations and/or had ATQ resources tables (**see Appendix 3- Group Outreach**).
- **The ATQ outreach team championed military culture training** and were instrumental in marketing provider training opportunities and partnering with DMT to educate over 950 providers in 39 military culture trainings (**see Appendix 3- Group Outreach**).

HAVE YOU EVER SERVED IN THE MILITARY?
One question can make a big difference.

Children's Services & School Systems:
Help a Military Child Thrive in School

Billy's behavior was changing. A second-grader, he had always been an engaged and well-adjusted student, but recently he had become more withdrawn at school. He appeared angry at times and was getting in fights at recess. His teacher had not yet reached out to his parents to discuss the problem but was planning to.



One day in art, the assignment was to draw a picture of something you love. Billy drew a man with a BIG GUN in his hand. His teacher was very concerned and made a mental note to email his mom after school. That day in recess, Billy chased his buddies on the playground while "shooting" at them with an imaginary gun. The school has a zero-tolerance policy for violence and weapons, and the recess teacher shouted at Billy and whisked him off to the principal's office. The staff lectured Billy as he cried, and rattled him with questions.

But, there was ONE QUESTION NO ONE EVER ASKED – not then, and not when Billy's parents enrolled him in the school a year earlier. Billy's father served in the National Guard. It turned out that a month earlier, Billy's father, an infantry soldier, had left for a 10-month deployment to the Middle East. Billy's parents helped prepare Billy by reminding him that Daddy was a hero, his job was to keep America safe, and sometimes he needed to go far away. Billy was very proud of his father and missed him very much. No wonder he was withdrawn in school and no wonder he proudly drew a picture of his father in art.

Just think how Billy could have been supported by his school had someone simply "Asked the Question!"

ASK THE QUESTION:
"Have you or a family member ever served in the military?"
One question can make a big difference!

844-4ASKVET (844-427-5838) AsktheQuestionNH.com
An Initiative of the NH Department of Health and Human Services



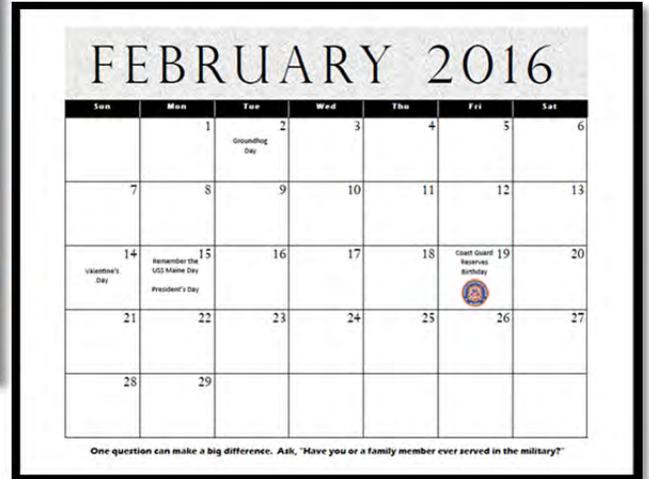
Technical Assistance and Support

All materials were available in both hardcopy and on the website

- **Customized Technical Assistance Briefs (TABs)**- sector-specific TABs were created for each sector to guide providers in asking follow-up questions about military service and to illustrate the impact of Asking (“Identify families in need of support during deployment,” “Identify a warrior’s transferable skills”). **See Appendix 4, Provider Sector Technical Assistance Briefs and Accompanying Vignettes.**
- **Customized vignettes**- sector-specific vignettes were created for each provider sector to illustrate how Asking the Question can make a difference in the care outcomes for SMVFs- these were replaced during the campaign with real-life Impact Stories gathered from the outreach team and through reaching out to providers to “Share Your Story” on the ATQ website.
- **Military/Veteran Resource list** – created for SMVFs, providers, and advocates, a comprehensive military/veteran-specific statewide, cross-sector tool (**see Appendix 5, Military/Veteran Resource list**).
- **Clinical Screening tool** – created for those provider sectors which would screen for PTS/TBI/MST and/or SUD (**see Appendix 6, Clinical Screening tool**).
- www.AskTheQuestionNH.com- the comprehensive hub for all technical assistance materials where visitors were encouraged to learn more, and were guided to other educational tools (i.e. BATTLEMIND) and training opportunities (i.e. webinars through MA General’s HomeBase program).
- **Provider toolkit**- an easy-to-print toolkit of the above materials was created for providers and made accessible on the website.
- **Email and toll-free number** available for further assistance- 58 emails/calls for technical assistance or direct service were received during the course of the campaign.
- **ATQ served as the catalyst for provider interest in military culture education.** 514 provider referrals were made from the outreach team to DMT.
- **Highly skilled ESNH Care Coordinators** provided technical guidance as the outreach team and providers connected with SMVFs in need.

Sample Vignette for the Children’s Services & School Systems Sector

- **2500 ATQ calendars** featuring a different provider sector each month and highlighting military/veteran resources and military memorial days and events, were mailed to providers- ensuring a monthly reminder to Ask The Question.



- **Providers from a variety of service sectors shared their stories** on the ATQ website, offering evidence of the improved access to and quality of service that result from Asking The Question. See below for one story shared by a home healthcare worker.

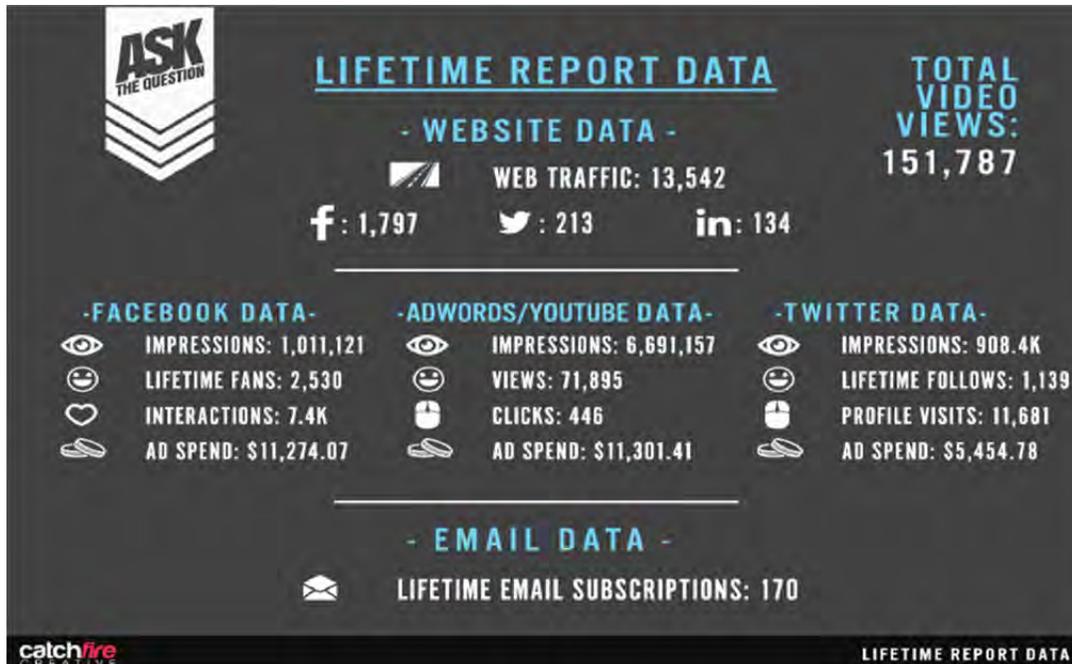
“During a home visit, I Asked The Question of a client on hospice care with lung cancer. Turns out he had served in the Navy for 10 years and been exposed to asbestos on the submarines. He had not applied for any disability compensation from the VA. I worked with a Service Link Coordinator to get this Veteran connected to the local Veteran Service Officer, who helped him file for VA disability benefits. After he died, his widow received a pension based on this disability.”

Data Collection, Assessment and Reporting

ATQ’s comprehensive data system ensured the accurate collection, analysis, and reporting of a robust set of data that provided critical information essential to the effective management of the

project, helped identify problems, and informed the need for change in project direction and implementation.

- **Detailed monthly qualitative and quantitative reports** on all project components were compiled and discussed with the project lead, NH DHHS, each month. These included:
 - a contract spreadsheet that tracked every quantitative deliverable.
 - CatchFire Creative’s media and messaging report that captured the attention received by and the growth of the social media campaign.



CatchFire Creative’s Final Monthly Report

- a narrative report that provided more descriptive and qualitative outcome data.
- an outreach detail report that captured all the direct provider outreach activity of the outreach team (see **appendix 7, Example of Monthly Data Report**).
- **3 presentations/updates** were given to COPT during the course of the campaign- updating and seeking guidance from the Commission on project progress, challenges, and plans.
- **ATQ was featured at NH’s first Military Access Summit** in June 2016, a full-day capstone event that highlighted the accomplishments and outcomes of the four DHHS projects. This summit achieved an attendance of over 300 providers, VSO leadership, and the SMVF community.

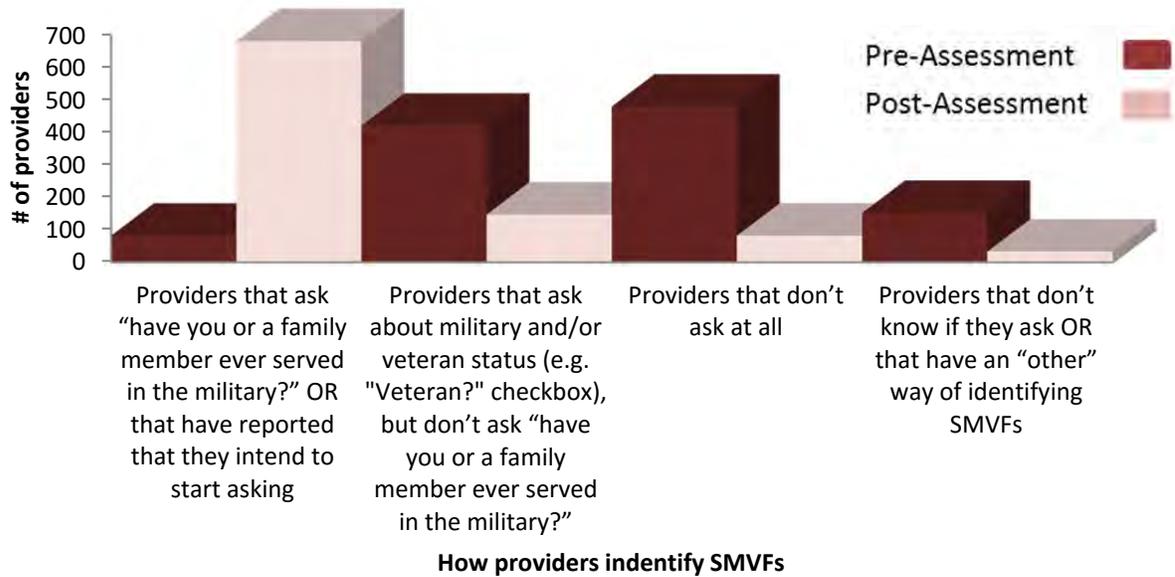
PROJECT OUTCOMES

There were significant improvements in provider awareness and outcomes. The combined efforts of the outreach team yielded a wealth of provider behavior data to analyze. Over 1100 providers were assessed during the campaign for their 'pre' campaign practices, and nearly 950 were assessed at the end. The analysis of this data, detailed below, shows change in provider behavior as it positively impacts SMVF access to and quality of care. The data shows an increase in the number of providers who are now Asking The Question and doing a significantly better job of identifying SMVFs. There were also significant increases in the comfort level of providers with the needs of this population and their knowledge of military-veteran resources in their communities and in the state.

- ★ **Providers are Asking The Question.** As the chart on page 18 illustrates, significant positive change, from 7% to 72%, was reported in providers assessed at the beginning and end of the campaign who ask or intend to start asking The Question. More providers are identifying SMVFs overall, with 88% of providers now reporting either asking the question or identifying SMVFs in some other way (see below- Provider Identification of SMVFs). Providers in ALL service sectors demonstrated buy-in and commitment. Eight of the twelve service sectors (including Healthcare & Medical Services and Mental Health & Substance Use Disorder Services) show *70% or more of their respective providers asking or intending to ask the question*. All sectors showed dramatic increases in asking the question (see **Appendix 2- Provider Identification of SMVFs by Sector and Region**).

The data shows a *dramatic increase* in the number of providers who are now Asking The Question and doing a significantly better job of identifying Service Members, Veterans and their Families.

Increase in Provider Identification of Service Members, Veterans and their Families



★ **Asking The Question is making a difference.** Not only are providers asking the question, but they are IMPACTING outcomes for SMVFs. Providers from almost every sector and from around the state reported asking the question and shared their stories of the difference this made in the services they provided to SMVFs (**see Appendix 8- Ask- Impact Stories**). See below for an example of an incident when a provider asked the question and it made a profound difference.

Shortly after an ATQ briefing at the Seacoast Fire Chief's Association meeting, a home burned down in one of their communities. A provider responding to the fire noticed the resident's veterans' license plate, Asked The Question, and called the local Vet-to-Vet Rep who went to the home immediately. He supported the veteran (who had also lost his service dog in the fire), drove him to the Manchester VA Medical Center to get his medications refilled, and connected him to Easter Seals Military & Veteran Services for additional support. The recovery team took extra care and was able to salvage all the veteran's service medals, ribbons and military uniforms.

- ★ **Providers are more competent & confident.** There was a significant increase (20%) in the number of providers who reported they were *Somewhat Familiar & Comfortable*, *Familiar & Comfortable*, or *Very Familiar & Comfortable* with identifying the needs of SMVFs and the resources available to them (see **Appendix 9- Provider Familiarity with Identifying Needs & Resources**). There was also a significant increase (24%) in the number of providers who reported they were *Somewhat Connected*, *Connected*, or *Very Connected* with military/veteran-specific services for SMVFs (see **Appendix 10- Provider Level of Interaction with Other Resources**).
- ★ **Increased access to care** through enhanced collaboration among the VA and civilian service providers. Evidence of improvement in effective referrals include local Veteran Service Officers reporting being 'booked solid' as a result of referrals from ServiceLink, and the ESNH MVS Care Coordination program seeing approximately 100 new case referrals directly attributable to ATQ. The Manchester VA has committed to continue to spread the message to providers and the veteran community, advocating for the importance of asking the question in order to get veterans connected to VA services. When providers change their behavior, SMVFs take notice.

**One military mother stated that the campaign brings
"hope to military families."**

- ★ **Veteran service organizations are advocating for Asking the Question.** The State Veterans Advisory Committee, State VFW and American Legion leadership, and Disabled American Veterans all committed to advocating for Asking the Question with providers and spreading the message of self-advocacy to their veteran brethren.

SUMMARY

No one agency can meet all the needs of NH's SMVFs. The ATQ campaign helped strengthen a network of care and reinforced the need for interagency collaboration. NH is invested in providing the best care possible to our SMVFs. ATQ, as evidenced by its outcomes, was an important part of creating *systemic change* that will stand the test of time.

Providers are Asking The Question, they are more confident in understanding the needs of their SMVF clients, and they are making more useful and effective referrals to the VA and to military service providers. The SMVF community has taken notice and experienced improvements in care, and other states have taken notice and are considering replicating this model.

Easter Seals NH Military & Veterans Services has been honored to manage the NH Ask The Question campaign on behalf of NH DHHS and in support of NH's military community. The success of this dynamic and significant project is reflective of the incredible level of statewide support, collaboration, and partnership demonstrated throughout the campaign, as well as the exemplary leadership of NH DHHS.

RECOMMENDATIONS FOR SUSTAINABILITY

- **Continue the Ask The Question website.** Through continuing DHHS support, the ATQ website remains active and allows providers to access the valuable toolkit of educational and resource materials.
- **Fill the outreach gaps.** Though the campaign reached over 3500 providers, there are many more that could be contacted. For those who were contacted, follow-up to ensure the adoption of the question, education of staff re military culture and resources, would be important.
- **Engage employers** (specifically, human resources departments). In addition to service providers, it is important for employers to know about the resources available to their SMVF employees and to encourage them to recognize their SMVF staff.
- **Build advocacy.** Continued collaboration with the VSOs, the VA, and SMVFs themselves is essential. The Manchester and White River Junction VAs have both expressed support and commitment to

spreading the ATQ message to providers with whom they collaborate for veteran care, as well as to the SMVF population itself.

- **Create a “Bureau of Champions.”** Identify and engage regional/sector-specific advocates who would meet regularly to keep the momentum going and significantly enhance sustainability.
- **Engage and support outreach by other military/veteran-specific service providers.** Continued support of NH National Guard Family Program and the two Care Coordination programs (ESNH MVS and Care Coordination Program NH-ProForce) is critical as they directly support SMVFs and interact with service providers daily. Other providers should be identified to serve this role.
- **Increase funding for direct service to SMVFs.** There is insufficient funding to address the increase in referrals to SMVF service providers that resulted from ATQ/military culture training and increased provider awareness/education.
- **Continue active social media.** Maintain Facebook page and posts to sustain the enthusiasm and interest in ATQ and direct interested parties and providers to the ATQ website and its wealth of information and resources.
- **Market & deliver more Military Culture training.** Coordinate training to reach a broader provider population, to educate more deeply those who attended fundamental trainings, and to continue marketing the existing stellar webinar series.
- **Distribute military/veteran-specific resource information.** ATQ resulted in excellent resources. Further dissemination of ATQ (and other) military/veteran-specific resource information to providers, employers, and SMVFs themselves is important, especially as staff changes and new providers come on the scene.
- **Continued Coordination with Military Access Initiative Partners.** Throughout the campaign, the goals of the ATQ initiative were supported and promoted through the Military Culture Training, Military Family Initiative, and CMHC Military Liaison Initiatives that NH DHHS implemented along with ATQ. As NH stakeholders work to sustain these important initiatives, continued emphasis on the collaborative interplay of the four initiatives is recommended to maximize opportunities for engaging service providers and further developing shared goals in support of NH’s SMVF.
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APPENDICES

Appendix 1

Provider Assessment Tool

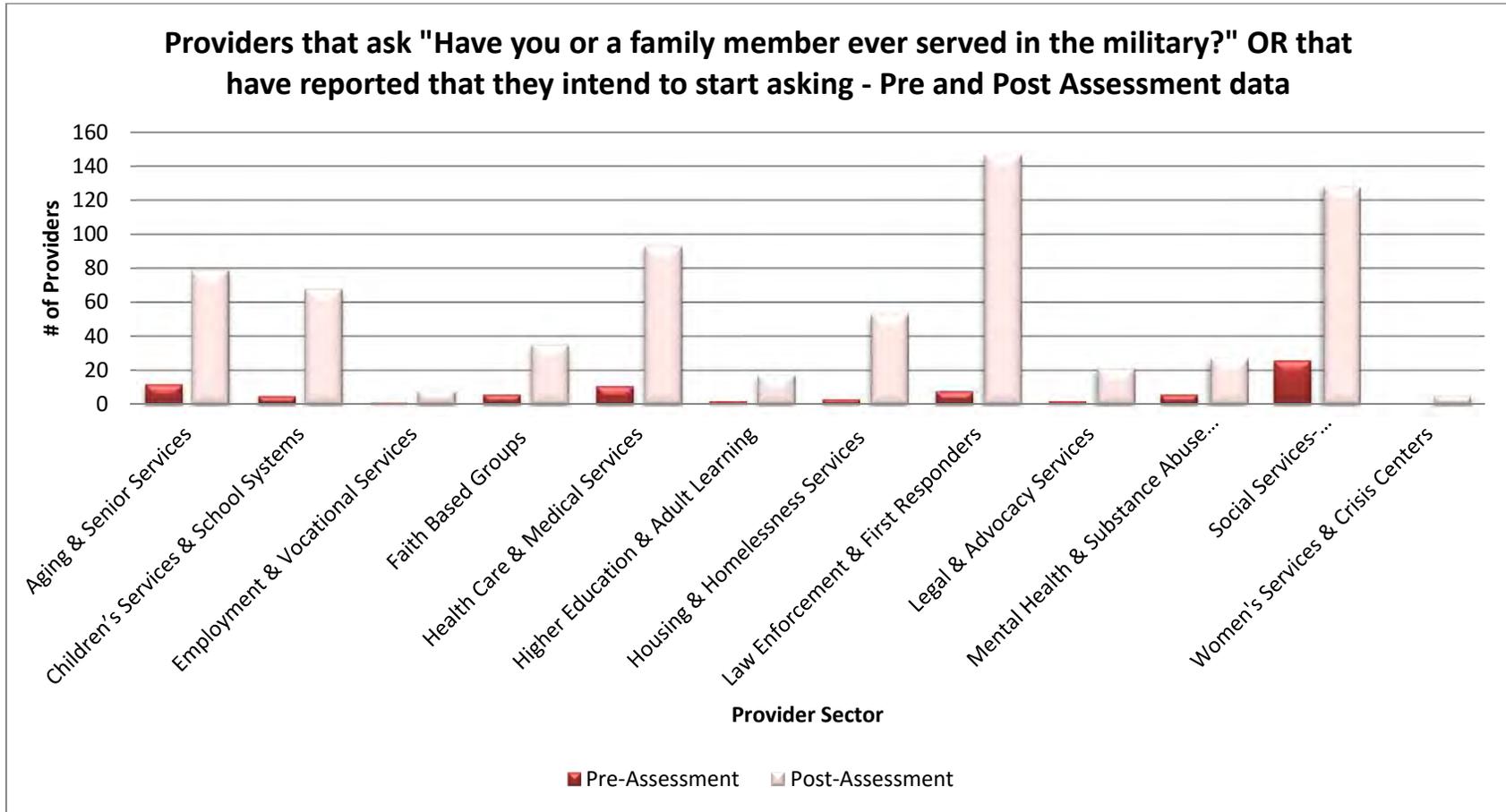
Part I: Basic Contact Information

| | | | |
|---|--|--|--|
| Provider/Organization Name: | | Date: / / | |
| Provider Sector: | | Housing & Homelessness Services <input type="checkbox"/> Law Enforcement & First Responders <input type="checkbox"/> Legal & Advocacy Services <input type="checkbox"/> Mental Health & Substance Abuse Services <input type="checkbox"/> Social Services- Federal/State/Local/Non-Profit <input type="checkbox"/> Women's Services & Crisis Centers <input type="checkbox"/> | |
| Aging & Senior Services <input type="checkbox"/> | | | |
| Children's Services & School Systems <input type="checkbox"/> | | | |
| Employment & Vocational Services <input type="checkbox"/> | | | |
| Faith-Based Groups <input type="checkbox"/> | | | |
| Health Care & Medical Services <input type="checkbox"/> | | | |
| Higher Education & Adult Learning <input type="checkbox"/> | | | |
| County: | | City/Town: | |
| Provider Address (Mailing Address or Street / Zip Code) : | | | |
| Contact Name: | | Contact Title: | |
| Contact Phone: () - | | Contact Email: | |

Part II: Provider Assessment

| Questions | Answers |
|---|---|
| 1. Estimated number of people you/your agency serve each year? (if it is not known, leave blank) | |
| 2. Do you/your agency have a way of identifying clients as service members, veterans, and/or military family members? | () 1 - Yes, I/We ask "have you or a family member ever served in the military?" () 2 - Yes, I/We ask about military and/or veteran status (e.g. "Veteran?" checkbox), but don't ask "have you or a family member ever served in the military?" (<i>Please specify below what you ask</i>) () 3- No, I/We don't ask at all () 4- I don't know () 5- Other (<i>Please specify below what you ask</i>) Details of what you ask (only fill out if you chose answers 2 or 5): _____ |
| 3. On a scale of 1-5, how familiar and comfortable are you/ your agency with identifying the needs of and corresponding resources for service members, veterans, and military families? | () 1- NOT AT ALL familiar and comfortable () 2- MINIMALLY familiar and comfortable () 3- SOMEWHAT familiar and comfortable () 4- FAMILIAR and COMFORTABLE () 5- VERY FAMILIAR and COMFORTABLE |
| 4. On a scale of 1-5, what is your/your agency's level of interaction/collaboration with other military and/or veteran-specific State and local resources? | () 1- NOT AT ALL connected () 2- MINIMALLY connected () 3- SOMEWHAT connected () 4- CONNECTED () 5- VERY CONNECTED |
| 5. Would you/your agency like to receive FREE military/veteran culture training? | () 1-Yes () 2- No |
| 6. Would you/your agency like to receive more information and education regarding resources and referrals for clients/customers who answer "yes"? | () 1-Yes () 2- No |

Provider Outreach Penetration Data (by region and by sector)



Group Outreach - Conferences and Events, ATQ Briefings at Military Culture Trainings, and State Associations and Organizations Outreach

ATQ Outreach - Conferences and Events

| Conference | Date | # of Attendees | Flyers Inserted on Conference Packets | Resource Table |
|--|----------------------|-----------------------|--|-----------------------|
| JIV | 9/25/2015 | 15 | No | No |
| Homeless Conference | 9/28/2015 | 250 | Yes | Yes |
| Domestic Violence Training | 10/30/2015 | 25 | No | Yes |
| Suicide Prevention Conference | 11/6/2015 | 225 | Yes | Yes |
| Caregivers Conference | 11/09/2015 | 300 | No | Yes |
| NH Municipal Association Conference | 11/19 and 11/20/2015 | 500 | No | Yes |
| Veterans State of Affairs & CLE Luncheon | 11/23/2015 | 20 | Yes | No |
| NH Behavioral Health Summit | 12/03 and 12/04/2015 | 150 | No | Yes |
| Tri-State Summit on Aging | 4/1/2016 | 300 | No | Yes |
| NHCT Conference | 4/4/2016 | 250 | Yes | Yes |
| NHAFP (Family Physicians) Conference | 4/9 & 4/10/2016 | 80 | Yes | Yes |
| Seacoast Veterans Conference | 4/9/2016 | 200 | No | Yes |
| Middle Aged Men and Suicide - A Troubling Trend /Training (The Mental Health Center of Greater Manchester) | 4/12/2016 | 30 | Yes | No |

ATQ Outreach - Conferences and Events (continued)

| | | | | |
|--|------------------|-----|-----|--------------------------|
| NAMI Family conference | 4/16/2016 | 200 | No | Yes/ Shared with NAMI NH |
| UNH Age of Champions Event | 4/23/2016 | 50 | No | Yes |
| EMS Conference | 4/30/2016 | 120 | No | Yes |
| NH Mental Health Symposium | 5/4/2016 | 200 | No | Yes |
| NHPS (Psychiatric Society) Conference | 5/4/2016 | 50 | Yes | No |
| Women's Conference | 5/9/2016 | 380 | No | Yes/ Shared with NAMI NH |
| American Legion Convention | 5/20 & 5/21/2016 | 100 | No | Yes |
| Crisis Hotline: Veterans Press 1 | 5/25/2016 | 75 | No | Yes |
| Public Safety Trade Show | 6/2/2016 | 200 | No | Yes |
| 12th Annual NH Emergency Preparedness Conference | 6/9/2016 | 800 | No | Yes |
| VFW Convention | 6/10-11-12/206 | 100 | No | Yes |

ATQ Briefings at Military Culture Trainings

| Provider Sector | Provider Name / Host | Location | # of attendees |
|--|---|-----------------|-----------------------|
| Multiple | ServiceLink | Plymouth | 12 |
| Multiple | ServiceLink | Concord | 16 |
| Multiple | ServiceLink and Community Partners | Rochester | 33 |
| Multiple | ServiceLink | Laconia | 23 |
| Multiple | NH DHHS Homelessness Conference | Concord | 35 |
| Multiple | ServiceLink | Tamworth | 20 |
| Multiple | NH Rehab Association annual conference | Hampton | 10 |
| Children's Services and School Systems | Easter Seals Children Services | Manchester | 40 |
| Multiple | Community Resource Network/Families First | Portsmouth | 37 |
| Multiple | ServiceLink | Keene | 43 |
| Multiple | UpReach Therapeutic Equestrian Center | Goffstown | 19 |

ATQ Briefings at Military Culture Trainings (continued)

| | | | |
|--|--|---------------|------------|
| Multiple | ServiceLink Littleton | Littleton | 15 |
| Multiple | ServiceLink Strafford | Rochester | 26 |
| Multiple | ServiceLink Plymouth | Plymouth | 11 |
| Mental Health and Substance Abuse | NAMI | Concord | 26 |
| Multiple | ServiceLink Lebanon | Lebanon | 18 |
| Social Services | North Country Veterans Committee | Berlin | 20 |
| Mental Health and Substance Abuse Services | Genesis Behavioral Health | Meredith | 22 |
| Mental Health and Substance Abuse Services | Greater Nashua Mental Health Center | Nashua | 36 |
| Social Services | Franklin Welfare | Franklin | 11 |
| Mental Health and Substance Abuse Services | Riverbend Community Mental Health | Concord | 29 |
| Mental Health and Substance Abuse Services | Greater Nashua Mental Health Center | Nashua | 27 |
| Social Services | North Country Veterans Committee | Berlin | 34 |
| Housing and Homelessness Services | Harbor Homes | Nashua | 90 |
| Multiple Sectors | DMT Hosted | Rochester | 10 |
| Social Services | NH Department of Health and Human Services | Rochester | 67 |
| Multiple Sectors | DMT Hosted | Concord | 19 |
| Social Services | ServiceLink Sullivan County | Newport | 23 |
| Cross Sector | Lane Memorial Library | Hampton | 17 |
| Cross Sector | Portsmouth Public Library | Portsmouth | 29 |
| Children's Services and School Systems | Nashua Community College | Nashua | 22 |
| Health Care and Medical Services | Compassus Hospice | Boscawen | 18 |
| Law Enforcement and First Responders | NH Department of Safety | Concord | 6 |
| Health Care and Medical Services | NH Hospital CME Event | Concord, NH | 22 |
| Health Care and Medical Services | Frisbie-Memorial CME Event | Rochester, NH | 21 |
| Cross Sector | Upper Connecticut Valley Hospital | Colebrook, NH | 10 |
| Health Care and Medical Services | Valley Regional Healthcare CME Event | Claremont, NH | 19 |
| Law Enforcement and First Responders | DMT Hosted | Concord, NH | 13 |
| Cross Sector | Bethlehem Public Library | Bethlehem, NH | 3 |
| Total | | | 952 |

Outreach to NH State Associations and Organizations

- NH State Police.
- NH Bureau of EMS.
- NH Fire Academy.
- NH Hospital Association.
- Home Care Association of New Hampshire.
- NH Academy of Family Physicians.
- NH Pediatric Society.
- NH Psychiatric Society.
- NH Medical Director's Association.
- NH Chapter of American College of Physicians.
- NH Society of Anesthesiologists.
- NH Association of Fire Chiefs.
- NH Association of Chiefs of Police.
- University System of New Hampshire.
- NH Police Standards and Training Council.
- Hillsborough County Prosecutors (Manchester and Nashua County Attorneys).
- NH Association of Counties.
- Community College System of New Hampshire.
- NH Sheriff's Association.
- NH Red Cross.
- Veterans of Foreign Wars (VFW).
- American Legion.
- Seacoast Fire Chiefs.
- NH Police Academy.
- NH Local Welfare Administrators Association.

NH State Associations and Organizations That Spread the ATQ Message

27 professional associations throughout the state were contacted to request their collaboration in reaching their membership and sharing ATQ information and materials. Of those associations that were contacted, 11 shared their membership lists (totaling more than 900 providers), and 16 agreed to collaborate by spreading the message to their membership (more than 5,000 members) in one or more of the following ways:

- Including ATQ information in their newsletter along with the link to the ATQ website.
- Sending ATQ information through email to their membership (including the link to the ATQ website).

- Posting ATQ information on their website and linking to the ATQ website.
- Including information in other social media resources such as Facebook.

Some associations/organizations that collaborated by spreading the message to their membership include:

- NH School Counselor Association.
- NH Hospital Association.
- Home Care Association of New Hampshire
- NH Pediatric Society.
- NH Nurse Practitioner Association.
- NH Medical Directors Association.
- NH Psychological Association (NHPA).
- NH Association of Social Workers.
- NH Psychiatric Society.
- NH Alcohol & Drug Abuse Counselors Association (NHADACA)
- NH Medical Society.
- NH Association for Marriage and Family Therapists.
- NH. Academy of Family Physicians.
- NH Chapter of American College of Physicians.
- NH Society of Anesthesiologists
- NH Association of School Psychologists.

Appendix 4

Military/Veteran Resource List (see next page)



HAVE YOU EVER SERVED IN THE MILITARY?

One question can make a big difference.

Military/Veteran-Specific Resources & Referrals

| | |
|---|--|
| <p>Manchester VA Medical Center 603.624.4366 • 800.892.8384 www.manchester.va.gov</p> <p>White River Junction (VT) VA Medical Center 802.295.9363 • 866.687.8387 www.whiteriver.va.gov</p> <p><i>Eligibility for VA Healthcare Services—</i> Manchester ext. 6799 White River Junction ext. 5118/6281</p> <p>Conway VA Community Based Outpatient Clinic 800.892.8384, ext. 3199</p> <p>Portsmouth VA Community Based Outpatient Clinic 603.624.4366, ext. 3199</p> <p>Somersworth VA Community Based Outpatient Clinic 603.624.4366, ext. 3199</p> <p>Tilton VA Community Based Outpatient Clinic 603.624.4366, ext. 3199</p> <p>Keene Community Based Outpatient Clinic 603.358.4900</p> <p>Littleton Community Based Outpatient Clinic 603.575.6700</p> <p>Veterans Choice Card www.manchester.va.gov/services/VeteransChoiceAccessandAccountabilityAct.asp Provides information for VA-eligible veterans regarding eligibility to receive health care services from non-VA providers</p> <p>State Military Archivist 603.225.1380 (for help with tracking down military discharge paperwork)</p> | <p>Caregiver Support Program Manchester ext. 6895 or 2524 White River Junction ext. 5364</p> <p>Chaplain Services Manchester ext. 6185 White River Junction ext. 5416 or 5417</p> <p>GI Bill—www.benefits.va.gov/gibill</p> <p>Group Therapies Manchester ext. 2504 White River Junction ext. 5760</p> <p>Homeless Veterans Manchester ext. 3622 or ext. 2701 White River Junction ext. 6939</p> <p>Home Based Primary Care White River Junction ext. 6200 Manchester ext. 5876</p> <p>Hospice and Palliative Care White River Junction ext. 5226 Manchester ext. 6037</p> <p>Intimate Partner Violence Manchester ext. 6932</p> <p>Lesbian, Gay, Bisexual and Transgender (LGBT) Manchester ext. 2777 White River Junction ext. 5886</p> <p>Mental Health and Substance Use Disorders Services Manchester ext. 6463 (SUD: 2203) White River Junction ext. 6132</p> <p>Military Sexual Trauma (MST) Coordinator Manchester ext. 6450 White River Junction ext. 5766</p> <p>Peer Support Services Manchester ext. 3621 White River Junction ext. 6932</p> <p>PolyTrauma/TBI Manchester ext. 6455</p> <p>Therapeutic and Supportive Employment Services White River Junction ext. 6132 Manchester ext. 6922</p> <p>Veterans Just Coming Out of the Service (OEF/OIF) Manchester ext. 6483 White River Junction ext. 5362</p> <p>Veteran Justice Outreach Manchester ext. 2296 White River Junction ext. 5681</p> <p>Vocational Rehabilitation—www.benefits.va.gov/vocrehab/</p> <p>Women Veterans Manchester ext. 6541 White River Junction ext. 6230</p> |
|---|--|

| | |
|---|---|
| <p>Veterans Benefits Administration (VBA) Manchester Regional Benefit Office 800.827.1000 www.benefits.va.gov/manchester</p> | <p>Provides veterans benefits information and determination</p> |
| <p>NH State Office of Veterans Services 603.624.9230 • 800.622.9230 www.nh.gov/nhveterans</p> | <p>Provides assistance to veterans and/or their dependents with securing all benefits to which they may be entitled</p> |
| <p>Berlin Vet Center 603.752.2571 • 877.927.8387 Keene Vet Center 603.358.4950 • 877.927.8387 Manchester Vet Center 603.668.7060 • 877.927.8387 White River Junction (VT) Vet Center 802.295.2908</p> | <p>Provides a broad range of counseling, outreach, and referral services for combat veterans, veterans who have experienced military sexual trauma, and their families.</p> |
| <p>Harbor Homes Supportive Services for Veterans Families (SSVF) Homeless Veteran Reintegration Program (HVRP) 603.882.3616 www.nhpartnership.org</p> <p>Veterans Inc. Supportive Services for Veterans Families (SSVF) 800.482.2565 • 603.717.1671</p> | <p>Provides housing and employment assistance for homeless veterans and their families</p> |
| <p>NH Employment Security—Priority of Service for Veterans 603.224.3311 • 800.852.3400 www.nhes.nh.gov/services/job-seekers/veterans/index.htm#eligible</p> <p>Office Locations & Contact Information www.nhes.nh.gov/locations/index.htm</p> | <p>Provides employment assistance—every NH Employment Security Office has a Veterans Representative on-site to assist veterans with employment needs</p> |
| <p>NH Alcohol and Drug Treatment Locator www.nhtreatment.org</p> | <p>Provides lists of providers offering treatment services for people experiencing problems with alcohol and other drug use</p> |
| <p>The Veterans Law Project—Legal Boots on the Ground (Veterans Foundation of New Hampshire Inc.) 603.716.8488 www.vfnh.org/what-we-do/the-veterans-law-project-online-repository-for-legal-information-for-veterans/</p> | <p>Provides legal representation for veterans</p> |
| <p>Justice Involved Veterans Mentorship Program 603.703.3288 • 603.624.4366 ext. 2592</p> | <p>Provides mentorship to veterans involved in the court system and links them to appropriate resources</p> |
| <p>NH National Guard Chaplain's Office: 603.227.1560 • 603.430.3456 (Portsmouth) Director of Psychological Health (DPH): 603.227.1433 Wing DPH: 603.430.3373 Service Member Family Services : 603.225.1329 State Family Program: 603.225.1215 Child & Youth Program: 603.715.3481 Education Service Specialist: 225.1312 Employment Support of the Guard & Reserve (ESGR): 603.225.1342 Hero to Hired: Employment Coordinator: 603.227.1485 Staff Judge Advocate General (JAG): 603.227.1472</p> | <p>Provides support for actively serving service members and/or their families</p> |

| | |
|---|--|
| Walter Reed Army Institute of Research www.ptsd.ne.gov/pdfs/WRAIR-battlemind-training-Brochure.pdf | Provides information in brochure/printable format regarding BATTLEMIND and a model for successful transition from combat-zone to home-zone |
| NH Veterans Home 603.527.4400 | Provides long-term care services for elderly and disabled veterans |
| UNH Cooperative Ext—Military Youth & Family Program 603.862.0876 www.nhmilitarykids.org | Supports and connects military-connected youth and families to enhance their well-being |
| School Liaison Officer 207.438.2466 | Serves as the liaison between schools, commanders, and military parents to address related to military children’s education |
| Veterans Crisis Hotline 800.273.8255 www.veteranscrisisline.net | Connects veterans in crisis and their families with qualified responders through a confidential toll-free hotline |
| Community Provider Toolkit US Department of Veterans Affairs www.mentalhealth.va.gov/communityproviders | Provides clinical providers with key tools to support the mental health services to veterans- information on connecting with the VA, understanding military culture and experience, and tools for working with a variety of mental health conditions |
| National Center for PTSD PTSD Consultation Program for Providers 866.948.7880 www.PTSDconsult@va.gov | Provides PTSD Consultation to providers treating veterans with PTSD |
| Red Sox Foundation and MA General Hospital HomeBase Program 617.724.5202 www.homebaseprogram.org | Provides clinical care and support services to Iraq and Afghanistan service members, veterans, and their families who are affected by deployment– or combat–related stress or traumatic brain injury |
| Brain Injury Association of NH 603.225.8400 Family Helpline: 800.773.8400 www.bianh.org ▪ www.nh-veteran.com | Provides information, support and resources to those who are experiencing an acquired or traumatic brain injury (TBI) |
| Care Coordination Program—NH (ProForce) Care Coordination—currently serving 603.573.1617 Easter Seals Military & Veteran Services Care Coordination—all eras 603.315.4354 | Provides direct support and referral services related to: healthcare, benefits, mental health, legal issues, employment, education, housing, transportation, childcare, substance abuse, financial management, disability services, emergency financial assistance |
| Veteran Education Services (Education Services Specialist) 603.271.8508 or 603.271.7861 www.education.nh.gov/highered/veterans/index.htm | Regulates & approves programs for eligible veterans and beneficiaries utilizing their GI Bill benefits |
| NHCarePath 866.634.9412 nhcarepath.org | Connects to information, assistance, and care for various needs so people can live at home or in their community |

For a more comprehensive list of resources:
www.easterseals.com/nh/our-programs/military-veterans-services/milt.pdf
If you need further assistance in serving veterans, please call Ask the Question: 1.844.427.5838
or visit our website at www.askthequestionnh.com.

Clinical Screening Tool (see next page)



HAVE YOU EVER SERVED IN THE MILITARY?

One question can make a big difference.

Post-Traumatic Stress/Military Sexual Trauma/ Traumatic Brain Injury/Substance Use Disorders Screening Questions & Referral Information

To screen for:

Post-Traumatic Stress

- Have you ever experienced a traumatic or stressful event which caused you to believe your life or the lives of those around you were in danger?
- Are you experiencing intrusive trauma-related thoughts or feelings?
- Having nightmares, vivid memories or flashbacks of the event?
- Feeling anxious, jittery, on-guard, easily startled?
- Experiencing a sense of panic that something bad is about to happen?
- Having difficulty sleeping or concentrating?
- Do you or have you felt numb or detached from others, activities, or your surroundings?

Blast Concussions/Traumatic Brain Injury

- During your service, did you experience . . .
Blast or explosion, IED (improvised explosive device), RPG (rocket propelled grenade), land mine, grenade, vehicular accident/crash (any vehicle, including aircraft), fragment wound or bullet wound above the shoulders, fall, blow to the head (head hit by falling/flying object, head hit by another person, head hit against something, etc.), other Injury to head?
- If yes, did you have any of these symptoms immediately and/or afterwards . . .
Loss of consciousness or being knocked out, being dazed or seeing stars, not remembering the event, diagnosis of concussion or head injury, nausea, balance problems, irritability, sleep problems, sensitivity to bright light, blurred vision, headaches, short-term memory problems, problem organizing?

Military Sexual Trauma

- During military service did you receive uninvited or unwanted sexual attention, such as touching, pressure for sexual favors or sexual remarks?
- Did anyone ever use force or threat of force to have sexual contact with you against your will?
- Was there ever anything that happened that you were not able to report at the time?
 - Most men and some women will say 'no' to an MST screen, and even with the explanation that includes sexual harassment, still only hear 'sexual assault'
 - While PTSD is often the outcome of MST for survivors, other mental health concerns (including substance use) and medical concerns may also be related (chronic pain, cardio-pulmonary problems related to obesity, pelvic pain, back pain, reproductive problems, migraines, IBS, dental problems)
 - MST survivors may be able to be seen at the VA for limited care that's related to MST even if they aren't otherwise eligible for care -the VA MST Coordinators are the point of contact to confirm eligibility

Substance Abuse Disorders

- *In the past year, how often have you used the following?*

Alcohol

| | | | | | |
|---------------------------------|-------|---------------|---------|--------|-----------------------|
| For men, 5 or more drinks/day | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
| For women, 4 or more drinks/day | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |

Prescription Drugs for Non-Medical Reasons

| | | | | |
|-------|---------------|---------|--------|-----------------------|
| Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|-------|---------------|---------|--------|-----------------------|

Illegal Drugs

| | | | | |
|-------|---------------|---------|--------|-----------------------|
| Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|-------|---------------|---------|--------|-----------------------|

| | |
|---|--|
| <p>Manchester VA Medical Center 603.624.4366 ▪ 800.892.8384 www.manchester.va.gov</p> <p>White River Junction (VT) VA Medical Center 802.295.9363 ▪ 866.687.8387 www.whiteriver.va.gov</p> <p><i>Eligibility for VA Healthcare Services—</i> Manchester: ext. 6799 White River Junction: ext. 5118/6281</p> | <p>Group Therapies Manchester ext. 2504 White River Junction ext. 5760</p> <p>Mental Health and Substance Use Disorders Services Manchester ext. 6463 (SUD: 2203) White River Junction ext. 6132</p> <p>Military Sexual Trauma (MST) Coordinator Manchester ext. 6450 White River Junction ext. 5766</p> <p>Peer Support Services Manchester ext. 3621 White River Junction ext. 6932</p> <p>PolyTrauma/TBI Manchester ext. 6455</p> <p>Women Veterans Manchester ext. 6541 White River Junction ext. 6230</p> |
| <p>Berlin Vet Center 603.752.2571 ▪ 877.927.8387</p> <p>Keene Vet Center 603.358.4950 ▪ 877.927.8387</p> <p>Manchester Vet Center 603.668.7060 ▪ 877.927.8387</p> <p>White River Junction (VT) Vet Center 802.295.2908</p> | <p>Provides a broad range of counseling, outreach, and referral services for combat veterans, veterans who have experienced military sexual trauma, and their families</p> |
| <p>Veterans Crisis Hotline 800.273.8255 www.veteranscrisisline.net</p> | <p>Connects veterans in crisis and their families with qualified responders through a confidential toll-free hotline</p> |
| <p>National Center for PTSD PTSD Consultation Program for Providers 866.948.7880 www.PTSDconsult@va.gov</p> | <p>Provides PTSD Consultation to providers treating veterans with PTSD</p> |

| | |
|--|--|
| Red Sox Foundation and MA General Hospital HomeBase Program 617.724.5202 www.homebaseprogram.org | Provides clinical care and support services to Iraq and Afghanistan service members, veterans, and their families who are affected by deployment– or combat–related stress or traumatic brain injury |
| Brain Injury Association of NH 603.225.8400, Family Helpline: 800.773.8400 www.bianh.org · www.nh-veteran.com | Provides information, support and resources to those who are experiencing an acquired or traumatic brain injury (TBI) |
| Substance Abuse & Mental Services Administration (SAMHSA) 877.SAMHSA.7 (877.726.4727) www.samhsa.gov | Programs and campaigns offer information, training, and technical assistance to improve the quality and delivery of behavioral health services |
| National Institute on Drug Abuse (NIDA) 301-443-1124 www.drugabuse.gov | Provides research results and technical assistance to improve prevention and treatment of drug abuse and addiction |
| NH Alcohol and Drug Treatment Locator www.nhtreatment.org | Provides lists of NH providers offering treatment services for people experiencing problems with alcohol and other drug use, including addiction |
| Care Coordination Program—NH (ProForce) Care Coordination—currently serving 603.573.1617 Easter Seals Military & Veteran Services Care Coordination—all eras 603.315.4354 | Provides direct support and referral services related to: healthcare, benefits, mental health, substance abuse, and other needed services |

If you need further assistance in serving veterans, please call **Ask the Question: 1.844.427.5838** or visit our website, www.askthequestionnh.com

Example of Monthly Data Report

**ASK THE QUESTION: PROVIDER OUTREACH & EDUCATION CAMPAIGN
Outreach Data Report**

SUBMITTED BY: Easter Seals NH Military & Veterans Services

June 2016

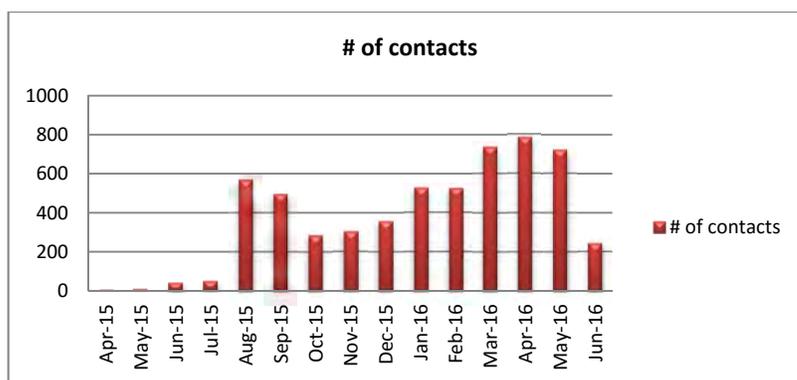
MEDIA/MESSAGING OVERVIEW*

| Item | This Month (#) | | To date (#) | |
|--|----------------|----|-------------|-------|
| Website (Web Traffic) | 785 | | 13,542 | |
| Social Media - Facebook/ YouTube/ Twitter – (Impressions/ Lifetime Fans) | 210,954 | 71 | 7,703,182.4 | 3,669 |
| Emails | 2,136 | | 14,698 | |
| Direct Mail | 2,704 | | 8,504 | |

* Refer to the “Report Data” at the end of the document for more information.

DIRECT PROVIDER OUTREACH SUMMARY

| Item | Total (#) |
|---|-----------|
| Contacts made during this month | 246 |
| Contacts made to date | 6,240 |
| New providers identified this month | 5 |
| Number of people served by providers (based on estimates from providers assessed to date) | 1,514,077 |



PROVIDER OUTREACH BY SECTOR

| Provider Sector | Contacts This Month (#) | Contacts To Date (#) | Distinct Providers Contacted To Date (#) | Distinct Providers Contacted to Date (in relation to the provider list) (%) |
|--------------------------------------|-------------------------|----------------------|--|---|
| Aging & Senior Services | 19 | 670 | 180 | 94% |
| Children’s Services & School Systems | 33 | 775 | 230 | 92% |
| Employment & Vocational Services | 2 | 68 | 22 | 79% |
| Faith Based Groups | 35 | 641 | 239 | 95% |
| Health Care & Medical Services | 30 | 766 | 320 | 72% |
| Higher Education & Adult Learning | 5 | 164 | 47 | 96% |

| | | | | |
|---|------------|--------------|--------------|--------------|
| Housing & Homelessness Services | 16 | 372 | 144 | 82% |
| Law Enforcement & First Responders | 61 | 1049 | 418 | 97% |
| Legal & Advocacy Services | 13 | 137 | 59 | 94% |
| Mental Health & Substance Abuse Services | 0 | 228 | 98 | 88% |
| Social Services- Federal/State/Local/Non-Profit | 31 | 1319 | 389 | 93% |
| Women's Services & Crisis Centers | 1 | 51 | 17 | 71% |
| TOTAL | 246 | 6,240 | 2,163 | ----- |

CONTACTS BREAKDOWN BY MODE

| Mode of Contact | Totals (#) | Totals (%) |
|--|--------------|-------------|
| Face to Face Meetings / Presentations | 1,561 | 25% |
| Email - Provided Sector Specific Educational Materials | 2,516 | 40% |
| Mail - Provided Sector Specific Educational Materials | 1,408 | 23% |
| Phone | 755 | 12% |
| TOTAL | 6,240 | 100% |

ASSESSMENT OF CURRENT PRACTICE

The following tables reflect the results of Outreach Specialist inquiries to providers regarding their current practices in identifying Service Members, Veterans, and/or Family members (SMVFs); their level of familiarity/comfort in identifying the needs of and corresponding resources for SMVFs, and their level of interaction/collaboration with other military and/or veteran (MV)-specific resources.

| Total Providers Assessed | Total (#) |
|-------------------------------|-----------|
| Providers assessed this month | 76 |
| Providers assessed to date | 1,135 |

| Provider Identification of SMVFs | | |
|--|------------|------------|
| Providers' way of identifying SMVFs | Totals (#) | Totals (%) |
| <ul style="list-style-type: none"> Providers that ask "have you or a family member ever served in the military?" | 82 | 7% |
| <ul style="list-style-type: none"> Providers that ask about military and/or veteran status (e.g. "Veteran?" checkbox), but don't ask "have you or a family member ever served in the military?" | 421 | 37% |
| <ul style="list-style-type: none"> Providers that don't ask at all | 480 | 42% |
| <ul style="list-style-type: none"> Providers that don't know if they ask | 115 | 10% |
| <ul style="list-style-type: none"> Providers that have an "other" way of identifying SMVFs | 37 | 3% |

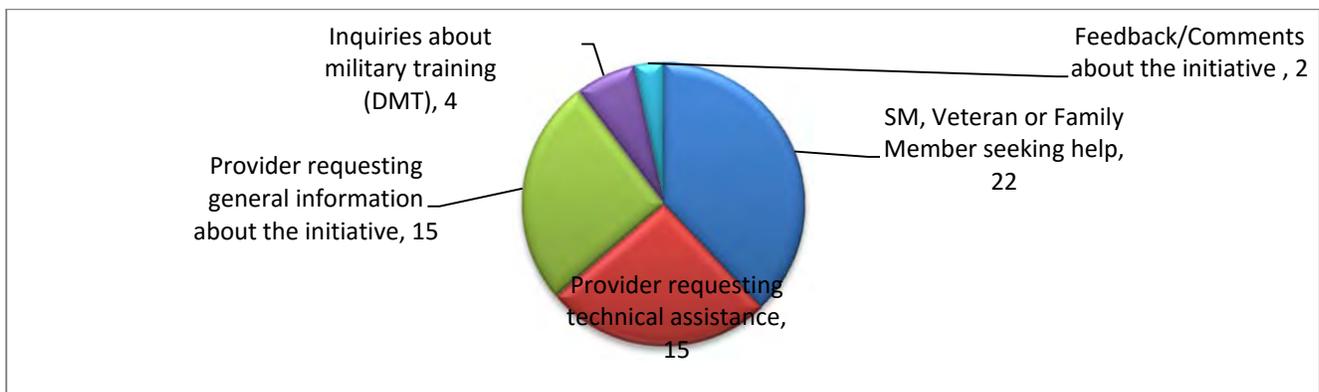
| Provider Familiarity with Identifying Needs & Resources | | |
|--|-------------------|-------------------|
| Providers' level of familiarity and comfort identifying the needs of and corresponding resources for SMVFs | Totals (#) | Totals (%) |
| • NOT AT ALL familiar and comfortable | 92 | 8% |
| • MINIMALLY familiar and comfortable | 418 | 37% |
| • SOMEWHAT familiar and comfortable | 415 | 37% |
| • FAMILIAR and COMFORTABLE | 146 | 13% |
| • VERY FAMILIAR and COMFORTABLE | 64 | 6% |

| Provider Level of Interaction with Other Resources | | |
|---|-------------------|-------------------|
| Providers' level of interaction/collaboration with other military and/or veteran (MV)-specific State and local resources. | Totals (#) | Totals (%) |
| • NOT AT ALL connected | 132 | 12% |
| • MINIMALLY connected | 451 | 40% |
| • SOMEWHAT connected | 391 | 34% |
| • CONNECTED | 118 | 10% |
| • VERY CONNECTED | 43 | 4% |

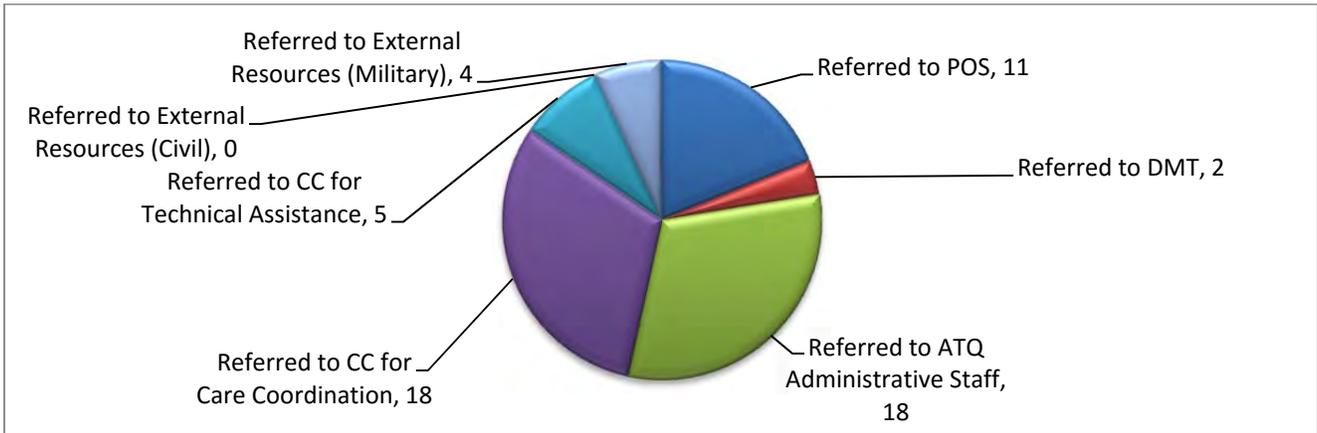
TECHNICAL ASSISTANCE

| | This Month (#) | To date (#) |
|-------------|-----------------------|--------------------|
| Phone Calls | 5 | 34 |
| Emails | 4 | 24 |
| Totals | 9 | 58 |

PURPOSE OF EMAIL OR PHONE CALL (TO DATE) *



ACTION TAKEN (TO DATE) *



* The above charts reflect phone calls and emails directly received to the ATQ hotline and ATQ email account.

| | This Month (#) | To date (#) |
|---|-----------------------|--------------------|
| Referrals to ESNH Military & Veterans Services for Care Coordination Services | 8 | 32 |

TRAINING REFERRALS TO DARE MIGHTY THINGS

| | To date (#) |
|---|--------------------|
| Providers referred to DMT for military culture training | 514 |

Ask- Impact Stories-Cumulative

The Impact of Asking Cumulative Stories- By Sector

First, some feedback from those who served and their families:

- *A mother who attended an Ask The Question (ATQ) presentation approached the presenter in tears, expressing her appreciation of this support for her veteran son and the NH military community. She said that the ATQ Campaign brings “hope to our military families”.*
- *At an ATQ presentation, an elderly veteran thanked the ATQ Provider Outreach Specialist for the work she was doing and gave her his veteran’s cap!*
- *After an ATQ presentation at the Lakes Region Rotary, a veteran from the Vietnam era shook the ATQ Provider Outreach Specialist’s hand and thanked her for the work the ATQ initiative was doing. He stated that he (and others) feel forgotten, especially from his era, and he was really appreciative of the ATQ initiative.*

Aging & Senior Services

- After meeting with the local ATQ Provider Outreach Specialist, the director of a local senior center in Nashua recruited several volunteers to be trained in military culture and be available to support and explore benefits and services with veterans at the center.
- A staff member at Compassionate Care Hospice in Londonderry was working with an older man who had significant mental health issues which needed to be treated. The staff member Asked The Question and discovered this patient was a veteran, and was not connected to any veteran resources. The veteran was uneasy about identifying himself as a veteran to gain access to resources. However, the staff member talked with him about his veteran status and was able to support him through the process of getting connected to the VA, where he was able to start receiving the mental health care he needed.

Children’s Services & School Systems

- At her outreach visit to a children’s day care center in Manchester, the ATQ Provider Outreach Specialist gave an example of how a parent being deployed might affect a child’s behavior in school. The director was stunned, and stated that she had just sent a young boy home (a first for her) because of his obsession with guns and his “acting out.” Though he wasn’t a military child, the director stated her new understanding of the importance of exploring other possible reasons for this type of behavior in the future.

Ask- Impact Stories-Cumulative (continued)

- While meeting with the local ATQ Provider Outreach Specialist, an administrator in the Manchester School District stated that though he “thought [he] knew a great deal about supporting military families,” this initiative opened his eyes to “many other opportunities.”
- A Head Start program Asked the Question of a disabled parent, identified him as a veteran, and connected him to the Family Resource Center for additional services and benefits.
- After an ATQ presentation, a leader from Sununu Youth Services Center (SYSC) stated that he was very moved by what was shared, and was hoping to update their intake form to add The Question. He said he was happy to learn of resources for families, including Easter Seals Military and Veterans Services care coordination programs and the programs at NH National Guard that support families. He stated that he really understood the importance of asking The Question.

Healthcare & Medical Services

- The Core Physicians and Convenient MD healthcare chains reported an intention to integrate Asking into their intake process *countrywide*.
- The North Conway Memorial Hospital is now Asking the Question of all patients and recently identified an elderly man as a veteran. By referring him to the Veterans Independence Program– supported by the White River Junction VA Medical Center- he was able to be released to appropriate in-home care and avoided re-admittance for recurring health concerns.
- A doctor in a local hospital shared that by not understanding and appreciating military culture relative to the learning needs of a veteran-student in their medical program, his hospital had lost the student to another program in another state. This student had been a medic in Iraq and the hospital's medical training program did not appropriately recognize his experience. The veteran became frustrated by not being able to work as an EMT when he had seen and done far more as a medic. He ended up leaving the program. This doctor felt they lost a potentially very good physician because of the lack of military culture competency in their training program.
- Upper Connecticut Valley Hospital in Colebrook, while meeting with the ATQ Provider Outreach Specialist, realized they were not connected to any veteran resources in the area. The Outreach Specialist helped get the hospital connected to the local Vet Center in Gorham, as a start.
- While visiting a man receiving in-home care, a nurse Asked The Question and found out the patient had many in his family who had served and that he had grown up in a strong military environment. She reported using this piece of information as part of her triage; understanding that this part of the patient’s family history could impact his family dynamics.

Ask- Impact Stories-Cumulative (continued)

- After a Military Culture Training (by Dare Mighty Things) and an ATQ briefing during a Family Physicians Conference, participants were asked about what they would do differently from now on. Some responses included: “Will ask about military involvement”; “Taking histories of military service”; “Will Ask the Question”; “I am going to work on changing our office practice to Ask the Question on intake.”

Higher Ed & Adult Learning Services

- A post-9/11 combat veteran attended a Veterans Orientation at the University of New Hampshire. Because he had met other veterans at this orientation (where students were asked to self-identify), he was able to find fellow veterans in his classes and, knowing they ‘had [his] back,’ was able to push through his panic attacks and stay in the classroom for the duration of his classes. He is currently on track to graduate.
- A professor at Southern New Hampshire University Asked The Question of her students, and made a customized plan for course completion to help an overwhelmed student- a military spouse whose husband was deployed.
- The Veterans Club Coordinator at NH Technical Institute assisted a newly-identified veteran-student with car repairs (and saved him from having to drop out of school) by referring him to Easter Seals Military & Veteran Services for financial assistance. At this same school, another veteran-student was referred to the local VFW which assisted him with rent and prevented his eviction. Yet another identified veteran and his family of 4 were helped when they had no money for food and were referred by the Veterans Club Coordinator to Liberty House, a local veteran shelter and food bank, where they were provided with food for a week, enough to get them through to the family’s next paycheck.

Housing & Homelessness Services

- A Resident Services Coordinator at the Laconia Area Community Land Trust was able to help a homeless man by Asking The Question. The situation of the man seemed grim until the Services Coordinator remembered to Ask The Question and identified that he had served in the military. The veteran was then referred to Harbor Homes Supportive Services for Veteran Families, a military/veteran-specific housing program, where he was helped in applying for a VA housing voucher.
- A homeless man came into ServiceLink (Carroll County) and was asked if he had served in the military and was identified as a veteran. Immediately he was given contact information for a local case manager for the Supportive Services for Veteran Families military/veteran-specific housing program. He received help in applying for subsidized housing in the area, and with his veteran status giving him priority, he got an apartment within two days.

Ask- Impact Stories-Cumulative (continued)

- A homeless man called 211 for housing assistance and was asked if he was a veteran. He replied 'No.' He was advised that the community shelters were full but asked to call back frequently (as is normal practice). Two more times he called over the weekend, asked the same question, and each time replied 'No.' On his fourth call, a different 211 representative Asked The Question, to which he responded 'Yes.' He was immediately connected to Easter Seals Military & Veterans Services who assisted with getting him sheltered that very day and connected to housing services for permanent housing.
- After receiving an ATQ briefing, the Franklin Welfare Director Asked The Question of a homeless man who came in for help with housing, identified him as a veteran, and was able to connect him to Harbor Homes Supportive Services for Veteran Families, a military/veteran-specific housing program where he was successfully housed.
- A homeless veteran saw an Ask The Question billboard and called the ATQ hotline seeking help. He was referred to Military & Veterans Services at Easter Seals NH where he was connected to the Supportive Services for Veteran Families (SSVF) Program. Thanks to the Ask the Question billboard and subsequent referral, he was successfully housed within 5 days.

Law Enforcement & First Responders

- A NH town Police Chief pulled over a car for a traffic violation. One of the questions he asked the driver was The Question. The driver was identified as a veteran and because of their discussion of some of this veteran's needs, he was able to provide help immediately.
- Shortly after an ATQ briefing at the Seacoast Fire Chief's Association meeting, a home burned down in one of their communities. A provider responding to the fire noticed the resident's veterans' license plate, Asked The Question, and called the local Vet-to-Vet Rep who went to the home immediately. He supported the veteran (who had also lost his service dog in the fire), drove him to the Manchester VA Medical Center to get his medications refilled, and connected him to Easter Seals Military & Veteran Services for additional support. The recovery team took extra care and was able to salvage all the veteran's service medals, ribbons and military uniforms.

Legal & Advocacy Services

- By Asking the Question during his court proceedings, Justice Leary from District Court in Nashua, identified a young veteran and worked with all parties to get this veteran into an alternative sentencing track (Nashua Veterans Track) that involved mental health treatment at the VA instead of incarceration. This veteran successfully completed the VA program and stayed out of jail. Justice Leary reports Asking The Question of all who come into his court.

Ask- Impact Stories-Cumulative (continued)

Mental Health & Substance Use Disorders

- A mental health clinician had a client who had been in and out of counseling for years. He had had a number of failed relationships and wanted to change that pattern. The clinician Asks the Question on her intake form and noticed that he had been a Marine who had served in the late 60s. During the first appointment the clinician simply asked, "Vietnam?" and the veteran burst into tears. He had experienced a significantly traumatic event while deployed that he had never talked about. This was critical information for the clinician to have.
- A clinician working in a mental health center was working with a client on his depression. It wasn't a case where there was any obvious military connection. During the initial portion of the client's intake, the clinician hadn't Asked The Question, but the client luckily used the term 'ruck march.' The clinician then thought, 'now we are on to something!' The client is the spouse of a veteran and the majority of her adult life had be spent as a proud military spouse living on or around active duty installations. Her family had struggled with multiple stressors since her spouse's discharge, including employment and financial challenges. Having this additional information, the therapist and client were then able to explore various military-veteran specific services and resources available through a local civilian provider, the VA, and the Vet Center. Since that day, they have been connected to a veteran employment program which provided resources to assist both she and her spouse in advancing their education, transferring military skills to civilian employment, and finding stable jobs. Referring them to additional resources was helpful, but the therapist reported that most importantly, it gave them a common language and had she not Asked The Question, she would have 'missed the boat.'
- A client, in treatment for years to work on her pattern of relationships with men whom she felt she needed to 'rescue,' was Asked by her therapist and, upon disclosing that her father had been a Vietnam veteran who had struggled for years after his service and never sought help, realized that her feelings of helplessness toward her father had impacted how compelled she felt in her current relationships to help. She realized this pattern was unhealthy for her and this new information was critical to the direction of the therapy from then on.

Social Services

- Granite State Independent Living in Littleton now Asks The Question. However, there was discomfort about knowing where to go when the answer was "Yes". After an ATQ briefing by the local ATQ Provider Outreach Specialist, they have been able to refer many of their clients to military-specific supports and services. They state that it is "amazing" how many folks they have been able to help because they now know where to find the help for them.
- A military spouse attending an ATQ briefing approached the presenter and sat with her for an hour, exploring the resources on the ATQ website and finding contact information for services and supports she hadn't been aware her family was eligible to receive.

Ask- Impact Stories-Cumulative (continued)

- A couple went to the Carroll County ServiceLink office where the husband was identified as a veteran. The wife needed health insurance and they discovered that his VA disability had been erroneously calculated as part of their income. By correcting that, the wife was able to find coverage through NHHPP, saving them \$200/month. The wife was so excited that she cried.
- During a home visit, a ServiceLink Coordinator Asked The Question of a client on hospice care with lung cancer and discovered he had served in the Navy for 10 years and been exposed to asbestos on the submarines. He had not applied for any disability compensation from the VA. The ServiceLink Coordinator got this veteran connected to the local Veteran Service Officer who helped him file for disability benefits. After he died, his 62 year old widow began receiving a pension based on this disability.
- A Coos County ServiceLink employee Asked The Question of an elderly woman (92), discovered she was a veteran, and referred her to the Veterans Independence Program – supported by the White River Junction VA Medical Center - to address her in-home care needs.
- A ServiceLink staff (Carroll County) had an appointment with an older woman. She asked the question and the lady was so proud of her service that she began to tell her all about her experiences. She was an airplane mechanic in the Navy, in fact, she was involved in a team of other woman and they took care of the planes by themselves. She explained how hard it was to be a woman in the military, but was so proud of her service to our Country.
- A young couple sought help from the local ServiceLink when the wife needed hip replacement surgery, the husband was laid off, and they are struggling financially. They were referred to their local Veteran Services Officer to explore VA benefits after the husband was identified as a veteran. He was not receiving any benefits related to his military service. The couple was given resources immediately and they report being hopeful about his eligibility for VA benefits.
- An employee from ServiceLink Resource Center (Carroll County) met with an older gentleman who was caring for his wife who suffered from Alzheimer's. He was Asked The Question and stated that he was in the Navy for two years. He met with the local Veteran Services Officer who helped him receive a VA caregiver grant.
- The ATQ Provider Outreach Specialist in Rockingham County Asked The Question of a cantankerous older man who came in for services. He acknowledged he had served but was clear that he wouldn't go to the VA or seek any help through veteran resources. Using the information she has from the ATQ campaign, she asked more questions about his service, built an amicable rapport, and eventually worked with this veteran to schedule an appointment with the local Veteran Services Officer to explore VA benefits and services!
- The Veteran Services Officers in Strafford and Carroll Counties both reported significant increases in referrals since the inception of ATQ!

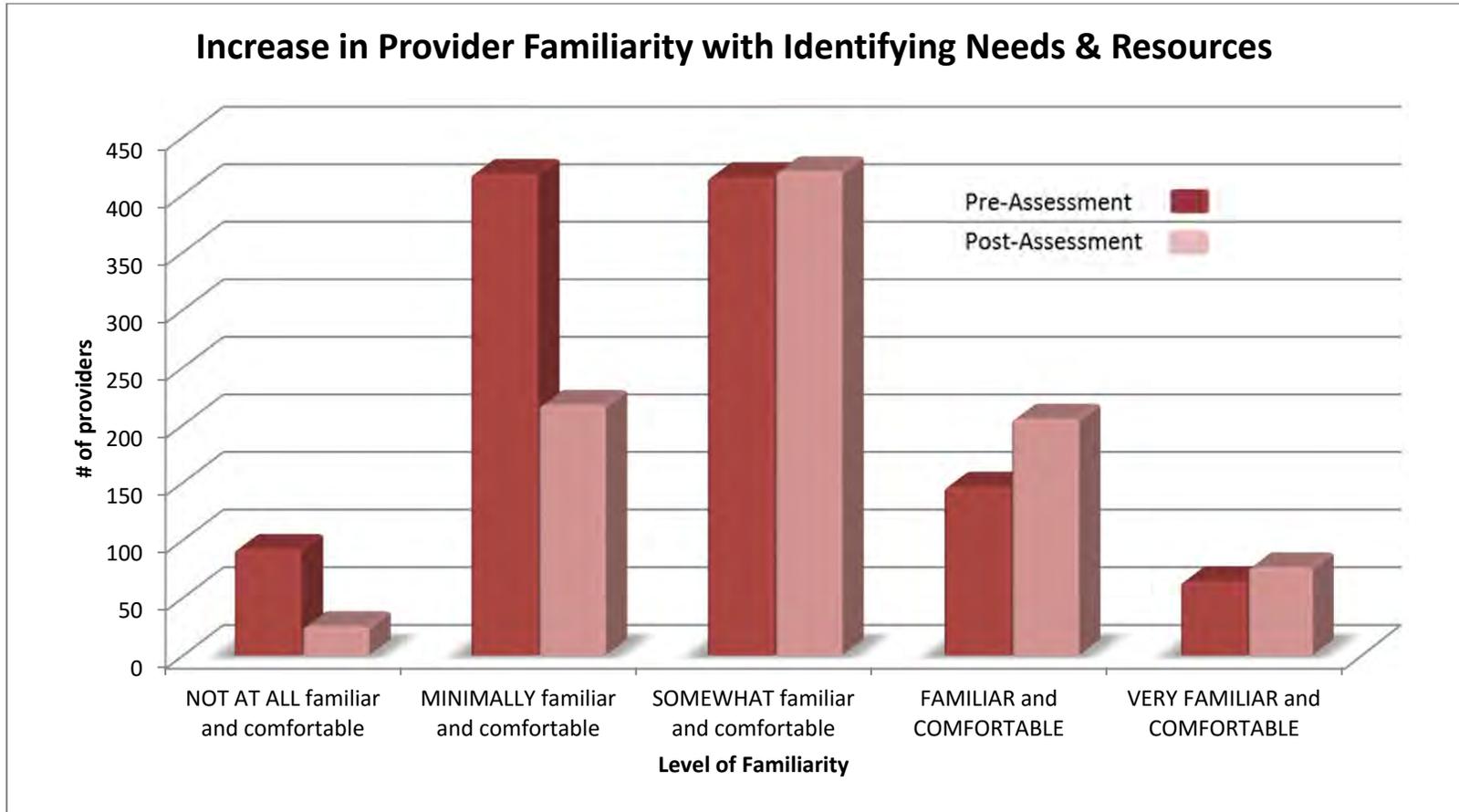
Ask- Impact Stories-Cumulative (continued)

- An elderly woman contacted the ServiceLink office in crisis over the recent death of her husband. She was facing numerous financial challenges with the loss of his income, as well as dealing with her grief. During the conversation she was Asked The Question and she answered “Yes, my husband.” This one simple question allowed her the opportunity to meet with the local Veteran Services Office to understand and access the benefits she was eligible for through her husband’s service.
- The NH Care Path Eligibility Coordinator for Sullivan County Asked The Question of a client and discovered that the client’s father had served. His father was wheelchair-bound, not connected to the VA for any services, and was struggling with many challenges and in great need of help. The client was given numerous resources including Easter Seals Military and Veterans Services.
- A spouse called the local ServiceLink seeking resources for financial assistance with the cost of medication for her husband who was undergoing cancer treatment. He did not have a prescription drug plan and the cost for the life-saving medications were in excess of \$1000/month. The spouse was Asked The Question and reported that her husband had served in the Navy. She was immediately connected to the local Veterans Service Officer who helped them navigate the application process for prescription assistance through the VA.
- A supervisor at a local social service agency reported that when she Asks The Question she is able to gain the trust of veterans and service members. Recently she Asked a woman who had served in the Air Force, and through discussion, uncovered that she was eligible for many benefits she didn’t think was eligible for.
- An elderly woman saw an ATQ brochure in a local ServiceLink office and inquired about it. She reported her husband having served and was thankful to learn of the program and possible services and resources.
- The Belknap County ServiceLink Asked The Question of an older woman, discovered she was a military widow, and helped her access insurance coverage through the Manchester VA Medical Center, saving her a precious \$300 a month.

VSOs/Volunteer Groups

- After a presentation to a local Lion’s Club, the ATQ Provider Outreach Specialist received 4 phone calls from people inquiring about direct services to veterans.

Provider Familiarity with Identifying Needs & Resources



An Initiative of the NH Department of Health and Human Services
Supported by the NH Commission on PTSD and TBI

Provider Level of Interaction with Other Resources

