New Hampshire’s Interagency Plan for Meeting the Needs of Service Members, Veterans, and their Families
**New Hampshire’s Interagency Plan**  
For Meeting the Needs of  
Service Members, Veterans, and Their Families

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New Hampshire is indebted to its military-veteran community and deeply grateful for their selfless service and sacrifice. As a network of government and non-government organizations, we are committed to ensuring that Granite State service members, veterans, and their families (SMVF) have access to the very best services and supports. SMVF are typically strong, resilient, and dedicated to helping others. They may not be comfortable asking for help, and sometimes when they do, they may feel that civilian providers cannot relate. Over the past decade, NH stakeholders have implemented an array of interagency projects, programs, commissions, and initiatives to strengthen the system’s capacity to meet the needs of SMVF. These projects have yielded impactful outcomes, and many Veterans have shared that the landscape of culturally-competent, accessible services across the state has improved considerably. Most recently, NH’s “Ask the Question” campaign resulted in a dramatic increase in the number and variety of service providers who deliberately identify and engage SMVF in the service delivery system.

While the availability and accessibility of care and support has improved, system gaps and barriers remain and key characteristics of NH’s SMVF population are ever changing. The sustainability of existing efforts and the implementation of effective new programs and system improvements depend upon the extent to which this collaborative progress can be harnessed and built upon through systematic planning and top-down leadership from NH State, VA, and military officials and broad support and engagement of diverse government and non-government entities.

This year, under the leadership of Governor Maggie Hassan and with in-depth guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA) SMVF Technical Assistance Center, the NH Department of Health and Human Services Bureau of Community Military Programs coordinated an interagency strategic planning initiative in order to achieve a shared vision: a sustainable, collaborative state model for continuous system improvements to meet the ongoing needs of NH’s SMVF. In May of 2016, Governor Hassan hosted a Leadership Briefing with SAMHSA representatives and NH state leaders including Major General Bill Reddel (Adjutant General, NH National Guard) and Jeffrey Meyers (Commissioner, NH Dept. of Health and Human Services). At this briefing, SAMHSA leadership applauded NH’s excellent work and recognized several of NH’s SMVF access and service initiatives as “national models.”

Building upon the Leadership Briefing, an Interagency Strategic Planning Session was held in Concord on September 21 & 22, 2016. The event was sponsored by the NH Charitable Foundation and planned in collaboration with the NH Military Leadership Team. Over 50 leaders from State, military, private sector, advocacy and community service provider systems participated in the event, including several high-ranking leaders from the Manchester NH and White River Junction VT VA Medical Centers. Three Priority Areas for strategic planning were established during the session:
The meeting culminated with a presentation to the Governor where attendees shared the key Priorities and corresponding Goals established during the session. Under the priority of Leadership, Infrastructure, and Sustainability, one critical goal was identified: To establish a high-level leadership entity dedicated to Interagency Support of SMVF that has both the authority and resources needed to implement new initiatives and programs. Other interagency goals identified in the Planning Session included improving system navigation, ensuring a broad range of service sectors are engaged in supporting SMVF, strengthening a “no wrong door” access model for SMVF, and developing and streamlined opportunities for SMVF in NH’s workforce. In communicating the value of respectful, patient outreach to SMVF, who may not initially trust or feel comfortable with civilian providers, a metaphor was made regarding the importance of “standing at the door, arms out, with the porchlight on.” The metaphor also applies to new government programs and interagency initiatives for SMVF, which require the same patient persistence.

In her response, Governor Hassan stated that she would recommend that the incoming Governor implement a Veterans Cabinet. Governor Hassan commended the group for its work, and urged the group to stay the course, stressing the importance of continuous, consistent, passionate advocacy. The priorities and goals established during the Planning Session serve as the beginning of a detailed New Hampshire SMVF Interagency Strategic Plan that will be completed and carried out by interagency stakeholders.

The documents that follow comprise a variety of materials developed before and during the Interagency Planning Session, including the initial elements of NH’s SMVF Interagency Strategic Plan. The NH interagency team will indeed stay the course, as Governor Hassan strongly recommended – with porchlights on. The interagency leadership team and multidisciplinary workgroups will continue to convene to implement and measure positive and substantial system improvements. We will work collaboratively and strategically, statewide and at all levels, to ensure we can provide NH’s SMVF with the services they need and deserve, now and in the future.
New Hampshire’s Interagency Plan
for Meeting the Needs of
Service Members, Veterans, and Their Families

BACKGROUND

New Hampshire Values Its Military and Veteran Community

NH service members, veterans, and their families (SMVF) are critical assets to our state and communities. They are our business leaders, first responders, and teachers. They are our classmates and coworkers, our neighbors, fellow parishioners, and community leaders. NH SMVF are strong and resilient, and as a whole, they thrive. According to the Department of Veteran Affairs’ 2015 Veteran Economic Opportunity Report, veterans earn more than non-veterans and are better educated. We look up to those who serve as the best example of leadership, patriotic service and selfless sacrifice. But segments of the veteran population experience barriers at some point in their transition from military to civilian life. Many do not like to ask for help, and when they do, sometimes the help they need is not readily available or accessible.

With nearly 115,000 veterans, New Hampshire has the 8th highest per-capita veteran population in the country. In addition to those who have served in the past, over 4,100 NH citizens currently serve in the NH National Guard or NH-based Reserves components, and over 1,100 more are in active duty.
Over the past decade, NH stakeholders have worked at the federal, state, regional, and local levels to implement an array of collaborative projects, programs, commissions, and initiatives to improve access to care and supports for NH SMVF. These efforts have had top-down leadership from NH State, VA, and military officials as well as the broad support and engagement of diverse government and non-government agencies, Veteran Service Organizations (VSOs), philanthropic groups, businesses, and communities. While the availability and accessibility of care and support has improved, the needs of NH SMVF continue, and are ever changing. Many factors challenge the current collaborative momentum in the provider system, reinforcing the need for deeper cross-systems planning and coordination that includes particular attention to:

- Supporting the growing number of current era veterans and their families, many of whom have experienced multiple deployments and periods of reintegration
- Supporting the growing number of older veterans – some of whom are now facing the combined challenges of aging and the wounds of war
- Addressing stigma and military cultural competency in the provider system
- Supporting effective care coordination that promotes holistic support to care and support
- Expanding and coordinating services that address the opioid epidemic to ensure NH SMVF have access to effective treatment for substance abuse disorders
- Ensuring programs tap into SMVF’s resilience and strength, and promote self-sufficiency
- Continuing to collaborate through changes and shifts in organizational leadership
- Sustaining and building upon programs and initiatives that have been proven effective

Continued progress in serving NH SMVF depends on a long-term commitment to innovation and cross-system coordination that leverages diverse resources and integrates best new practices. We are committed to set a course for a shared vision:

**Vision:** A sustainable collaborative State model for continuous system improvements to meet the ongoing needs of New Hampshire’s service members, veterans, and their families.
NH stakeholders place a high value on assessing needs, gaps and opportunities by listening to NH SMVF and evaluating efforts to improve care. We have already learned many lessons about SMVF and our systems’ capabilities to meet their needs:

**The stressors of military service could impact quality of life.** Military life and military deployments – which may come with the risk of war wounds such as PTSD, TBI, and military sexual trauma (MST) – could have broad impact on quality of life for some SMVF. Concerns of those who seek help may include family stressors, mental health, legal issues, transportation, housing, financial needs, employment, substance abuse, caregiver support, and medical care needs.

**Stigma and lack of military cultural competency in the provider system are barriers to care.** In a 2012 statewide survey of 1200 NH veterans, the number one reason cited for not asking for help was shame or embarrassment about their challenges, and number two was not feeling understood by service providers. With fewer citizens serving than ever before (less than 1% of citizens currently serve in the armed forces compared to 12% during the WWII era), many civilian providers are unfamiliar with military culture. This is particularly the case in a state like New Hampshire that lacks major military bases. A 2015 survey at a Military Culture Training for mental health providers in NH overwhelmingly confirmed that providers did not feel comfortable engaging SMVF or addressing military-specific issues.

**The VA cannot do it alone.** The Veterans Administration is vital to our support of NH SMVF. The VA provides a host of healthcare and related services, but it does not and cannot work in a vacuum. Although participation has recently increased, only 30,000 of NH’s 115,000 veterans receive VA care, benefits, or services. Many cannot access VA service due to ineligibility or geography, and meeting whole-family social service needs is not within the VA’s mission. No single system or provider can deliver the full scope of medical, social, and community support services SMVF need.

**NH’s coordination efforts to date have made a difference.** Over the past several years, data produced by NH’s military-veteran Care Coordination programs highlight the relationship between a cross-systems, holistic approach to coordinated care and positive outcomes for SMVF related to suicide intervention, access to mental health care, effective linkages to community supports, housing stability, employment/financial self-sufficiency, and other critical indicators. Further, community providers who engage in military awareness/education activities indicate improved confidence, comfort and competency in working with SMVF.

The Value of Collaborative Service Delivery: SMVF-specific Care Coordination Programs report the following outcomes (over past 8 years):

- 2200+ SMVF linked to Mental Health care
- Stable housing for over 730 homeless SMVF households; homelessness prevented for over 915 at-risk households
- 870 SMVF obtained meaningful employment
- Over 10,200 “warm hand off” linkages to VA and community programs
In charting the course for further military-civilian system integration, it is important to build on the collaborative accomplishments of NH stakeholders over the past decade:

**Multi-Disciplinary Committees, Commissions, and Task Forces:** NH leaders in the National Guard, Dept. of Health and Human Services, and VA systems have held numerous conferences and summits to bring stakeholders together on SMVF issues. In addition, many military-civilian groups and legislative commissions convene regularly to examine issues, problem-solve, and set priorities with top-down leadership and cross-systems support that influences services available to SMVF. Some of these groups include:

- **Military Leadership Team (MLT)** – The MLT’s mission is to build partnerships and improve services for New Hampshire Veterans, Service Members and their Families. MLT includes senior leaders from the NH National Guard, the Manchester NH VA Medical Center, the White River Junction VT VA Medical Center, the NH Dept. of Health and Human Services, the State Veterans Advisory Committee, the Vet Center System, the NH State Office of Veteran Services, the Veteran Benefits Administration, NH Veterans Home, the NH Hospital Association, the NH Community Behavioral Health Association, and the Civilian Aide to the Secretary of the Army.

- **State Veterans Advisory Committee (SVAC)** – SVAC is actively involved in a wide range of statewide activities and advocacy on behalf of NH veterans. A key role of SVAC is to provide guidance and testimony on proposed legislation affecting veterans. SVAC is composed of representatives from 17 Veteran Service Organizations and 4 state legislators. Advisors include senior leaders of state agencies and other key government stakeholders. Its monthly meetings are attended by community service providers, Governor and Congressional Delegation representatives, and advocates.

- **Commission on Post-Traumatic Stress Disorder and Traumatic Brain Injury (COPT)** – the mission of COPT is to improve access to care and quality of care for veterans and service members who experience post-traumatic stress disorder and traumatic brain injury. Subcommittees of COPT focuses include Integrated Care, Stigma Reduction, Military Education & Awareness, and Legislation.

**COPT Study Highlights NH Veteran Needs:**
In January 2014, COPT published a report of its study of NH Veteran needs. Highlights included:
- Detailed geographic mapping of NH veterans with specific needs related to employment, housing, health care, deployment cycle support, resource linkage, and other key factors
- Results of a 2012 statewide COPT survey revealed that NH veterans’ top two barriers to getting help were feeling embarrassed/ashamed about need for services and not feeling understood by service providers. This led to interagency activities to reduce stigma and increase providers’ military cultural competency
Suicide Prevention Council (SPC) – Military & Veteran Subcommittee – SPC is a legislative council whose mission is to reduce the incidence of suicide in New Hampshire by raising public and professional awareness, addressing mental health and substance abuse needs, addressing the needs of those affected by suicide, and promoting policy change.

Joint Military Task Force – Governor’s Commission on Alcohol and Drug Abuse, Prevention, Treatment & Recovery – the mission of this legislative group is to enhance awareness and advocacy as well as improve access to affordable, relevant alcohol and other drug related services for SMVF through education and collaboration. The Joint Military Task Force works closely with COPT to establish legislative priorities that support NH SMVF.

New Hampshire Justice-Involved Veterans (JIV) Task Force and the North Country JIV Team – the JIV Task Force’s mission is to support and promote the development of veteran centered programs for justice-involved veterans throughout the state. The North Country JIV team serves to expand and strengthen services to veterans by developing a uniform approach for JIV programs in the NH North Country. Several specialized court and diversion programs for veterans, leveraging justice, VA, and community organizations and resources, have been initiated in NH as a result of these collaborations.

New Hampshire MyVA Veteran Engagement Board (NHVEB) – NHVEB was established to raise awareness, increase collaboration, and increase education throughout NH regarding how we can better serve SMVF. The board is managed and co-chaired by community representatives and provides an opportunity for community stakeholders to develop a collaborative relationship with VA leadership while identifying ways to improve the veteran experience.

New Hampshire Veteran Housing Service Provider Network – this group, with representation from the VA and housing services providers, works with the congressional delegation and the Governor’s office to identify the needs of NH’s homeless and at-risk veterans, and ensure coordinated entry into the service system. The shared goal of the network is ending veteran homelessness.

Veterans Employment Collaborative (VEC) – the VEC is a group initiated by the Manchester VA Medical Center whose purpose is to help ensure a range of employment related services are available to veterans – particularly those who are at risk of homelessness - who are unemployed, underemployed, or at risk of unemployment by coordinating community-based and VA-based employment services. The collaborative includes a wide range of organizations, such as State Department of Labor, NH National Guard, Vocational Rehabilitation, and community employment services providers.
• **Military-Community Partners Steering Committee** – this committee includes representation from the NH National Guard, Reserves components, VA, Vet Center, and community providers. The group coordinates training and networking events to promote effective inter-referrals and collaboration among service providers.

• **North Country Veterans Committee and Seacoast Veterans Conference Planning Committee** – regional committees address issues and develop events that meet the needs of local veterans. Both groups coordinate major conferences that are attended by stakeholders throughout the state and region.

★★ **Military Access Projects Focused on Community and Provider Engagement:** Inspired by a COPT study that identified that stigma and discomfort with civilian providers were major access barriers for NH veterans, the NH Department of Health and Human Services initiated several Military Access contracts with community providers to increase the awareness and competency of providers and the community at large in meeting the needs of NH SMVF. These include:

• **Ask the Question (ATQ)** – NH’s ATQ campaign includes media messaging, outreach, and technical assistance to encourage service providers to ask the question “*Have you or a family member ever served in the military?*” in order to effectively identify and engage SMVF in community service systems. ATQ was carried out by multiple agencies, who connected directly with over 2100 NH service providers representing all provider sectors and regions. The 15-month outreach campaign garnered considerable national attention, and resulted in a significant change in number of providers who Ask the Question from 7% to 72%, and a significant increase in provider referrals to specialized SMVF care coordination programs.

• **Military Culture Training** – A comprehensive curriculum was developed and skilled trainers were engaged to deliver Military Culture trainings to service providers throughout the state. Over 50 military culture training events, including large conferences, were conducted for over 2000 attendees, reaching service providers in every county.
• **Community Mental Health Center (CMHC) Military Liaison Initiative** - NH established a “first in the nation” statewide CMHC Military Liaison initiative that created a statewide Military Liaison position and local Military Liaisons at each of the state’s 10 CMHCs. Together, the liaisons work to strengthen the CMHC system’s ability to identify military members, enhance military cultural competence, and partner with other organizations to improve service access. This initiative has resulted in a significant increase in TriCare use at CMHCs, and improved data collection regarding SMVF accessing the CMHC system.

• **Military Family Initiative** – This multifaceted project engages, educates, and empowers SMVF through focus groups, trainings in Mental Health First Aid, and inspirational story-telling, with a focus on the military family. Hundreds of military families have been engaged in this initiative through major expos and events.

★ **Service Coordination:** The system’s ability to provide well-coordinated care through multiple providers to NH SMVF has been directly impacted by many factors:

• **Leadership and Collaborative Role of VA Medical Centers** – NH’s VA leaders actively address barriers to integrating VA care in the statewide care systems, including promoting Veterans Choice and other non-VA care funding models, inter-referring with community providers, and serving key roles in NH’s military-civilian partnership initiatives. The number of NH veterans who receive VA care continues to increase along with increased cross-system collaboration. Although the system-access barriers are part of a deep-rooted national system, in NH we are starting to see the impact of improved coordination of community and VA systems.

• **NHCarePath – Building and Strengthening SMVF Access Points** – NH DHHS established NHCarePath to promote the no-wrong-door vision for access to the state’s Community Long-Term Services and Supports system. NHCarePath partners, which include ServiceLink Resource Centers, Community Mental Health Centers, Area Agencies for Developmental Disabilities, and DHHS District Offices have dedicated considerable attention to integrating VA and State care systems through activities such as establishing policies for working with veterans, military culture training, co-location with Office of Veteran Services staff to assist with veteran benefit issues, and work with providers in the VA and community systems to ensure veterans in need are screened for and linked to both VA and state assistance and care.
NH’s Care Coordination Programs for SMVF – NH implemented an innovative statewide model that provides care planning and service coordination, case management, crisis intervention, financial counseling, and emergency financial assistance in the context of a plan for self-sufficiency, as well as specialized services for deployment cycle support to activated service members and their families, treatment planning and coordination for justice-involved veterans, caregiver coordination and support for older veterans, wrap-around case management for veterans in substance abuse treatment, and housing/employment-focused services for homeless veterans. Services are free, confidential, and available to SMVF of all ages and eras through two providers with oversight from the NH National Guard and NH Dept. of Health and Human Services. The program helps SMVF navigate the system and get connected to the help they need. Since inception a decade ago the Care Coordination programs have engaged thousands of SMVF and resulted in considerable positive outcomes through over 10,000 linkages within the provider system.

Leveraging Public and Private Resources: Philanthropic initiatives such as Veterans Count, Rolling Thunder and the Chaplain’s Emergency Relief Fund solicit private donations, foundation grants, and corporate gifts resulting in local, private funds that improve our systems’ responsiveness to SMVF’s emergent needs for food, shelter, fuel, transportation, and other necessities. In addition to providing direct financial assistance (over $2.6 million since 2006), Veterans Count funds are further leveraged to fill public funding gaps in subsidized housing programs and service delivery, covering a portion of NH’s SMVF care coordination costs, substance abuse treatment fees, security deposits for HUD-VASH clients, and JIV case management.

Data Collection, Analysis, and Reporting: Many of NH’s military-civilian partnership initiatives and programs have conducted detailed data collection, analysis, and reporting to identify the needs of NH SMVF, inform program design, and measure the efficacy of different projects and service models. Data from a detailed COPT study informed the development of Ask the Question and other provider engagement and education activities. Data from the SMVF Care Coordination programs helps identify needs and gaps, and tracks linkages and outcomes. Data collected by the Governor’s Commission on Alcohol and Drug Abuse, Prevention, Treatment, and Recovery identified risks specific to military families. The CMHC and ServiceLink systems recently revamped
their data collection mechanisms to better identify SMVF. While many of NH’s informative data analysis efforts have resulted in system improvements for SMVF, achieving the vision of a sustainable model for continuous system improvements will require concerted coordination of data collection, analysis, and reporting efforts.
STATEMENT OF COMMITMENT

New Hampshire’s Interagency Plan for Meeting the Needs of Service Members, Veterans, and their Families

Over the past decade, New Hampshire stakeholders have implemented an array of collaborative projects, programs, commissions, and initiatives to improve access to and quality of care and supports for Service Members, Veterans, and their families (SMVF) in the Granite State. As a network of government and non-government stakeholders representing military, VA, and civilian organizations, we will continue to harness this collaborative momentum. We commit to engaging in a formal interagency planning process based on the shared vision, guiding principles, and broad goals outlined below:

**Vision:**
A sustainable, collaborative State model for continuous system improvements that meet the ongoing needs of New Hampshire’s Service Members, Veterans, and their Families.

**Guiding Principles:**

**Moral Obligation.** We have tremendous respect for our nation’s military veterans and see it as our moral duty to support SMVF.

**A Veteran is Anyone Who Ever Served.** We believe that our service systems need to be accessible and effective for all who serve or have served, regardless of discharge status or VA eligibility, age or era.

**Focus on Family.** We acknowledge that while service members volunteer to serve, their families are essentially “drafted.” We recognize the impact of military service on the family and strive for a service delivery system that supports the entire family.

**We Owe Our Best to Those Who Need The Most Help.** We believe it is our duty to dedicate resources and do whatever it takes on behalf of NH’s wounded warriors, their caregivers, families of the fallen including those who died by suicide, and other SMVF who struggle with problems related to their service.
Veterans Helping Veterans. We believe that many veterans are most comfortable getting help from another veteran. We encourage peer support initiatives and are committed to hiring veterans and military family members in positions that provide services and supports to SMVF.

Individualized Services. We believe that NH SMVF know what they need and we must listen to them. We endeavor to provide services that respect their honor and individuality.

“No Wrong Door.” We believe SMVF should be able to gain access to a full array of preventive services and timely crisis intervention whenever and wherever they go for help, including local access to support in a manner that facilitates linkages between programs and services, reduces red tape, and maximizes system responsiveness.

Public-Private Partnerships and Well-Managed Philanthropy. We understand that comprehensive, effective, sustainable systems rely on a mix of funding resources, through federal/state/local government as well as through private philanthropic sources such as foundations and corporate giving.

Cross-System Collaboration. We acknowledge that system gaps negatively impact SMVF, and that closing the gaps requires implementing innovative, collaborative solutions that may be difficult to achieve. We must work together, and in doing so, we must not reinvent the wheel, nor should organizations compete with each other in a manner that impedes progress.

Project Evaluation and Continual Quality Improvement. We will never “know it all;” we are constantly learning how to meet complex needs in a changing landscape. We are committed to carefully gathering relevant data and measuring outcomes to constantly evaluate and improve services for SMVF.

Broad Goals:

⭐ Develop public-private and interagency partnerships that leverage federal, state, local, and philanthropic resources for serving SMVF.
⭐ Promote coordination and integration of VA and State services and supports (through NHCarepath partners such as the ServiceLink Resource Centers and Community Mental Health Centers) to provide SMVF with maximum access to needed care and benefits.
⭐ Establish continued opportunities for Military Culture training to civilian providers.
⭐ Continue emphasis on “Ask the Question” to inspire civilian providers to better identify and serve SMVF.
⭐ Promote the accessibility of reimbursement programs such as Veterans Choice and other VA funding, TriCare, and Medicaid, as well as other sustainable funding streams, for clinical and case
management programs offered by community providers that effectively serve SMVF.

★ Promote peer support and advocacy through continued collaboration with Veteran Service Organizations and program models that highlight Vet-to-Vet connections.

★ Promote comprehensive efforts in suicide awareness, prevention, intervention, and post-vention.

★ Enhance awareness, advocacy, and access to effective substance abuse treatment and related services for SMVF.

★ Promote specialized programs for Justice-Involved Veterans

★ Coordinate access to housing and homelessness services

★ Promote employment, education and training programs that increase self-sufficiency and career opportunities for SMVF

★ Improve access to culturally competent care for female veterans, victims of MST, older SMVF, wounded warriors including those with PTSD or traumatic brain injury (TBI), those with Substance Use Disorders, homeless SMVF, justice-involved veterans, and other under-served SMVF populations with specific challenges and needs.

★ Ensure all veterans can access the services they need, regardless of VA eligibility.

★ Support efforts to create and execute a detailed work plan that engages cross-system providers and stakeholders to achieve measurable goals related to systems integration and improved access to care for NH SMVF.

★ Support the ongoing identification and analysis of SMVF needs, system gaps and opportunities, and best practices through comprehensive evaluation activities including SMVF surveys, community needs assessments, and outcomes-driven program reporting

We, the undersigned, commit to working towards a sustainable, collaborative State model for continuous system improvements that meet the ongoing needs of New Hampshire’s Service Members, Veterans and their Families
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Jo Moncher
Bureau Chief, Community Based Military Programs
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Ms. Moncher,

We owe our service members, our veterans—and their family members—a great debt, and part of meeting our obligations to them is ensuring that they have the support they need to succeed in civilian life. That is why I am inviting you to the first Interagency Planning Session for service members, veterans, and their families at the Holiday Inn in Concord on September 21-22, 2016.

This session will be facilitated by experts from the national Substance Abuse and Mental Health Services Administration (SAMHSA) and is funded through the support of the New Hampshire Charitable Foundation. The focus of this Interagency Planning Session is to improve access to and quality of care for New Hampshire’s service members, veterans, and their families, including mental health care, and also social determinants of health and well-being, such as education, employment, and housing.

This planning session builds on a leadership briefing on New Hampshire’s services and supports for service members, veterans, and their families that I hosted in May. At that gathering, where I was joined by Major General William Reddel, Adjutant General of the New Hampshire National Guard and New Hampshire Department of Health and Human Services Commissioner Jeffrey Meyers, SAMHSA leadership applauded New Hampshire’s excellent work in raising awareness of veteran issues, improving providers’ military cultural competency, and collaborating to improve access and quality of care. In fact, SAMHSA representatives recognized several of our New Hampshire’s military-veteran access and service initiatives as “national models.”

While we have accomplished a great deal, there is still more work for us to do together. With a rapidly growing population of older veterans, an increasing number of current-era veterans and military families facing the challenges of reintegration, a growing opioid epidemic, it is vital that we stay the course and continue to harness our collaborative momentum. Leveraging our strong foundation, we now need formal, integrated planning to create a framework that ensures New Hampshire’s service members, veterans, and their families will always have the very best care our state has to offer.

To ensure cohesive, effective results, I request that you or your designee participate in the two-day planning session in September. Please RSVP to Phoebe Axtman (phoebe.axtman@nh.gov)
in my office by Friday, September 16th confirming your attendance and/or indicating whom you are assigning to participate in this very important collaborative effort. An agenda and additional materials will be forwarded in advance of the gathering.

Thank you for playing a key role in New Hampshire's unflagging efforts to support our citizens who serve.

With every good wish,

Maggie Hassan
Margaret Wood Hassan
Governor
GOVERNOR’S INTERAGENCY PLANNING SESSION FOR NEW HAMPSHIRE SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES
Adaptation of SAMHSA SMVF Technical Assistance Center Report

The Substance Abuse and Mental Health Services Administration (SAMHSA) Service Members, Veterans, and their Families Technical Assistance Center initiated and facilitated NH’S 2-day Interagency Strategic Planning Session on September 21 and 22, 2016. The following is adapted from the Technical Assistance (TA) Report prepared by SAMHSA following the Session:

Dates of TA: September 21 & 22, 2016
Event Type: Onsite – Strategic Planning Session
Location: Holiday Inn – Concord, NH
Event Funding: Provided by NH Charitable Foundation

SMVF TA Center Team:
- **Facilitator:** Donna Aligata, Senior Project Associate
- **Scribe/Technical:** Don Harris, Project Associate

NH Team:
- **Team Lead:** Jo Moncher, Bureau Chief, Military Programs, NH Dept. of Health and Human Services
- **NH Team:** See Attendee List, Appendix 3

NARRATIVE OVERVIEW OF INTERAGENCY STRATEGIC PLANNING SESSION:

This Interagency Strategic Planning Session followed a Governor’s Leadership Team Meeting held in May, hosted by Governor Margaret Wood Hassan at the NH State House. With the support of the SAMHSA Service Members, Veterans, and their Families (SMVF) Technical Assistance (TA) Center team, the New Hampshire team sought to build upon previous interagency work, engage additional state-agency level leadership, and identify priorities and action items to initiate a formal strategic plan. The two-day Session was attended by over 50 leaders from the State, VA, military, private sector, advocacy, and community service provider systems, and culminated with a report to the Governor to recommend policy, regulatory, and resource changes needed to support these objectives.

The session began with a **Welcome and Call to Action:**

- Jo Moncher, team leader and Bureau Chief of Military Programs, emphasized the importance of building upon our collaborative progress on behalf of NH SMVF.
• Deputy Adjutant General Warren Perry stressed the varied needs of NH SMVF, and the importance of leveraging our interagency efforts thus far and build/strengthen partnerships to improve our ability to support SMVF of all eras and walks of life.

• Brad Mayes, Director of VA Regional Benefits Offices in MA, NH, and VT, described the “MyVA” initiative and emphasized that getting the community involved is at the heart of the MyVA effort. He also encouraged the group to keep its eye on the vision for NH described in the NH Draft Statement of Commitment that was developed prior to this planning session.

• Kathryn Power, Retired Captain of the U.S. Navy Reserve and SAMHSA Region 1 Administrator, provided a welcome to the meeting attendees and reiterated SAMHSA’s commitment to support state interagency collaboration in serving the SMVF population.

Early in the meeting, the SMVF TA Center staff delivered an Overview of the Strategic Planning Session, that briefly described the background on New Hampshire’s history with the SMVF TA Center, and the process and objectives of this session.

Ms. Moncher and Dr. Nicole Sawyer, Vice Chair of the New Hampshire Legislative Commission on PTSD and TBI (COPT), then provided a State Overview. The overview included a snapshot of the veteran population across the state, identified some of the ongoing barriers to increasing healthcare access for veterans, and highlighted Military Access initiatives that were implemented to address the needs that NH SMVF identified in a statewide survey conducted by COPT.

The SMVF TA Center staff presented on National and NH SMVF Population Characteristics and the behavioral health issues facing these veterans. The information delivered during this presentation prompted further discussion regarding New Hampshire’s veteran population makeup and the veteran segments and issues that were more apparent priorities across the state.

Next, the team conducted a Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis of the statewide system for serving SMVF. (SWOT analysis notes are included in Appendix 1) Through the SWOT analysis, the team was able to recognize gaps and begin to identify priorities and potential strategies needed to engage key agencies missing from the table and structure new workgroup focus areas. The team acknowledged that one of their first steps was to decide how to lead and coordinate this work.

Leveraging the information gained through the guided conversations of the meeting, the SMVF TA Center team facilitated Workgroup Discussions to develop goals and strategies. The meeting attendees were divided into workgroups to focus on three key Priorities:

• Leadership, Infrastructure, and Sustainability – led by Matt Albuquerque, President, Next Steps Bionics and Prosthetics, Inc.
Increasing Access to Programs and Services – led by Major Ana McKenna, Program Lead, Care Coordination Program of NH
Expanding Workforce Capacity – led by Dr. Nicole Sawyer, Vice Chair, COPT

The large group reconvened for **Workgroup Report-Outs** on each workgroup’s progress in identifying strategies and action steps. Ms. Moncher led the group in deciding how to structure the objectives of the group, perceived obstacles, and recommendations in the briefing to Governor Hassan.

The second day’s events focused on **Refining Strategic Priorities** developed by the workgroups. The workgroups reconvened early on the second day to finalize their recommendations and share with the larger group. Specific Goals and recommendations for Action Steps were further honed when the large group reconvened. While not all goals/action steps were fully fleshed out, these initial recommendations will serve as the basis for the initial Strategic Action Plan.

**Priority Setting and Recommendations for Action Steps:** The following is a summary of the groups’ recommendations related to each of the three workgroup priorities:

**PRIORITY 1: LEADERSHIP, INFRASTRUCTURE, AND SUSTAINABILITY**

**Summary of Discussion:** Although there has been excellent collaboration and consensus among system leaders through the Military Leadership Team and other military-civilian leaders, NH’s SMVF service system lacks a formal leadership structure. The group agreed that in order to effectively coordinate information and action – and to initiate effective planning for infrastructure or sustainability goals – we first need to address the need for an effective leadership entity. Specifically, it was discussed that an effective leadership entity must have the **authority** and **access to resources** needed to make decisions and implement new initiatives and programs.

The group established **ONE key goal** related to the Leadership/Infrastructure/Sustainability Priority, and it was agreed that the following goal will be a first point of order for the Strategic Planning team and process.

**GOAL:** Establish a high-level leadership entity dedicated to Interagency Support of SMVF that has both the **authority** and the **access to resources** needed to implement new initiatives and programs.

**Potential Action Steps:**
- Access SAMHSA SMVF TA to review national best practices for establishing effective SMVF Interagency leadership entities
- Establish recommendations for scope of work/specific role of leadership entity
- Evaluate options with statewide committees, commissions, and groups focused on SMVF issues
- Create a new leadership entity at the State Commissioner or Director level...or
- Leverage an existing entity by endowing it with authority and resources

NOTE: In her comments at the end of the session, upon being presented with this Priority and recommended action steps, Governor Hassan stated that she will recommend to the in-coming Governor that he appoint a Veterans Cabinet for this purpose

**PRIORITY 2:** INCREASING SMVF ACCESS AND NAVIGATION OF PROGRAMS AND SERVICES

**Summary of Discussion:** This was the largest Workgroup with the broadest scope. The discussion covered a wide array of topics. Key themes included system navigation and the difference between resource/referral and in-depth care coordination. Discussion also focused on identifying key SMVF population groups such as aging veterans, and military children, and the need to rigorously include Senior Service and Children Service providers in interagency partnerships and promote increased military cultural competency among varied provider groups. The “no wrong door” concept was a recurring theme, and the group discussed the need for consistent policies and expectations for communicating and inter-referring within the provider system. People also discussed the need for clear eligibility policies (especially given that there are many SMVF who are not eligible for VA care) and the importance of coordinating between VA care and State care (e.g., Medicare, Medicaid services).

The team established **THREE broad goals** related to this priority:

**GOAL: Improve SMVF system navigation**

**Potential Action Steps:**

- Inventory all the different resource guides/lists available
- Determine best way to combine and continually update resource information
- Define – what is a “resource”
- Consider the value of designated one specific entity to direct SMVF to for system navigation (ServiceLink system? 211? Office of Veterans Services? Care Coordination provider/s?)
- Ensure any resource listings include specific eligibility criteria
- Explore feasibility of identifying a Veteran in every town to serve as a “Welcome Wagon” for SMVF moving into the town, who can assist with system navigation
- Identify funding to support formalized navigational tool or entity

**GOAL: Improve SMVF access to full range of provider sectors**
Potential Action Steps:

- Sustain Ask the Question messaging, outreach, and tools
- Engage Senior Service providers in Interagency Strategic Planning
- Engage Children’s Services providers in Interagency Strategic Planning
- Ensure representatives from the Military, VA, State Government, Veteran Service Organizations, Community Providers, and Private Businesses are included in Strategic Planning and leadership groups
- Continually inventory “who is missing from the table”
- Access SAMHSA TA to inventory national best practices for comprehensive support to SMVF

**GOAL: Improve access and consistency through effective “no wrong door” model**

Potential Action Steps:

- Explore the feasibility of a Universal Referral Form
- Establish Standard Operating Procedures for communicating and documenting “warm hand-off” referrals and follow-up to ensure seamless transitions and closing the loop
- Access SAMHSA TA to inventory national best practices for improving access/quality of care for SMVF and other No Wrong Door models
- Explore shared data models
- Establish official policies for maximizing coordinated access to VA and State services

**PRIORITY 3: EXPANDING WORKFORCE CAPACITY**

**Summary of Discussion:** The discussion centered on two related themes --- the need for a strong, military-culture-competent workforce to serve NH SMVF and the need to ensure that there are many effective career opportunities for NH SMVF. NH’s veteran population is decreasing and it is important that the state attracts SMVF; it was agreed that NH’s employment landscape should be one that is attractive and welcoming to veterans and families. The importance of peer support (vet to vet) was emphasized as well.

The team established **TWO broad goals** related to this priority:

**GOAL: Strengthen the workforce in the service delivery system to ensure it can meet SMVF needs**

**Potential Action Steps:**

- Increase access to Military Culture training throughout service delivery system
- Inventory system/personnel gaps
Promote hiring veterans (see goal below)
Implement peer-to-peer training
Include veterans in all employment-related commissions and committees

**GOAL:** Increase opportunities for SMVF in NH Workforce

**Potential Action Steps:**

- Adapt Military Culture training curriculum to address cultural competency in private business/industry
- Add “Private Industry” as a sector of focus for further Ask the Question messaging and outreach
- Establish ways to streamline certifications for Veterans based on transferable training and skills gained in military service
- Ensure private industry is represented in Interagency Strategic Planning on behalf of SMVF
- Highlight incentives to employers of hiring Veterans

SMVF TA Center staff emphasized the importance of reviewing **National Best Practices** and actions taken by other interagency state teams related to their priorities, including options and definitions for leadership structure, team infrastructure and team agency membership. Facilitation and information provided by the TA Center staff helped the group to organize their ideas and form consensus on the content to be delivered to the governor.

The final segment of the two-day event focused on **Shared Goals – Presentations & Discussions** and culminated in a Presentation to the Governor. The tone for this segment was set by presentations from two key leaders in NH’s SMVF service delivery system:

- **Major General Bill Reddel,** Adjutant General, NH National Guard discussed the importance of working together to maximize limited resources in order to effectively serve all NH SMVF. He shared an audio recording of a WTPL radio interview of currently deployed Command Sergeant Major Victor May conducted by Peter St. James. In the interview, CSM May described the challenges faced by service members and families when the service member is deployed.

- **Al Montoya,** Director of the White River Junction VA Medical Center, addressed the group, stressing the value of collaboration and coordination between the VA and civilian provider system. He also emphasized the need for veterans to connect with one another. He shared a video of a veteran-led yoga group that takes place at the Medical Center, and its impact on the health and well-being of participants.
Governor Hassan arrived at the end of day two for a Presentation to the Governor on the issues facing SMVF, gaps in the system, and the Priorities and recommended Action Steps that resulted from the discussions and TA conducted during this Interagency Strategic Planning Session. Following a welcome and overview from Jo Moncher, the workgroup leaders presented to the Governor:

- MAJ McKenna outlined the priority of Increasing SMVF Access and Navigation of Programs and Services, including goals related to improving system navigation, ensuring all types of services are available to SMVF, and strengthening NH’s “no wrong door” model by closing the loop of communication within the provider system. She included comments about her own past and imminent military deployments and the impact of a robust family and community support system for SMVF.

- Dr. Sawyer discussed the priority of Expanding Workforce Capacity, including goals related to strengthening the existing workforce and increasing opportunities for SMVF in NH’s workforce. She stated that NH should be a place that Veterans want to settle in – and ensuring workforce opportunities is critical. Dr. Sawyer asked the Governor to ensure that veterans are represented on any workforce development or employment committees. She emphasized that SMVF may take time to trust and feel comfortable with new providers, and the importance of staying the course as we work to engage SMVF in new service initiatives. She included a compelling metaphor that she had shared earlier in the session related to the need for all providers to stand patiently ready to serve those who serve by “leaving the porch light on.”

- Mr. Albuquerque closed the presentation to the Governor by sharing the priority of Leadership, Infrastructure and Sustainability. He explained that the team’s primary goal is to identify an existing structure or develop a new centralized point of leadership that has authority and access to resources needed to implement sustainable system improvements. Mr. Albuquerque talked about his father’s military service, its impact on his life, and his lifelong commitment to supporting service members and veterans.

Remarks from Governor Hassan – Recommendation to Establish a Veterans Cabinet:

After the presentation, the group welcomed remarks from the Governor. Governor Hassan thanked the group for its work and its commitment to NH’s veterans, emphatically stressing the importance of consistent, continuous, passionate advocacy. She reflected on several SMVF related action items that she enacted during her tenure and her upcoming recommendations, including the following:

- Recommending to the incoming governor the establishment of a Veterans Cabinet to address SMVF issues
- Announced budget increase for an additional (25) beds within the state Veterans Home
- Established a permanent Commission on Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (COPT)
- Seeking new approaches to address the military-to-civilian skills translation gap
TA REQUESTED/RECOMMENDED:

The **SMVF TA Center’s Next Steps** include:

- Provide TA to NH Military Leadership Team and key stakeholders regarding next steps to support the development of a leadership entity or Veterans Cabinet
- Provide examples of national best practices related to other states’ approaches to service delivery, leadership, planning, and team infrastructure for reporting and communication
- Provide TA related to the implementation of strategic action steps after further development of the strategic plan
- Work with the New Hampshire Interagency Planning team to ensure it is connected to existing commissions that address the high priority of opioid misuse among service members and veterans across the state
- Provide the team with best practices and TA to assist with accomplishing objectives in the following areas:
  - Facilitate and foster interagency collaboration and partnership across military and civilian agencies and service systems
  - Increase system capacity for a broad range of services to SMVF
  - Develop shared ownership for the SMVF state plan, including workgroup stakeholders in the development of action steps and removal of barriers
  - Conduct TA call to discuss learning activities and foster continuous dialogue with key agency decision makers and stakeholders to ensure the team incorporates “best policies and practices”
  - Continue to leverage relationships initiated during the Governor’s Briefing event
APPENDIX 1: SWOT ANALYSIS FROM SAMHSA INTERAGENCY PLANNING SESSION

Strengths

- Intense sense of collaboration - Must be guided
- Ever-widening network
- Support of local communities and state leadership
- Finances for support of homeless veterans
- Foundation of collaboration across public and private agencies
- Engaged stakeholder group across state – good sense of the need
- Best practices already in place
- Success of Veteran Treatment Courts
- Sea of goodwill among the population/private sector
- Messaging correct – asking the question
- Care coordination available to all SMVF
- Strong sense of patriotism
- Active veteran service organizations
- Commitment among agencies
- Focused message
- Forward looking group

Weaknesses

- Need for thorough multimodal and consistent communication and education
  - Need to know demographic that we’re engaging
- Need a basic knowledge of available resources and services for veterans (no wrong door)
- Communication barriers across eras of veterans (technology/method of communicating)
- Transportation issues (particularly North country)
- Better understanding that families and community are also impacted by interface with veterans
  - Stigma (veteran and veteran families witnessing lack of connection)
- Funding for legal services – not sustainable
- Lack of military cultural competence among lawyers working with veterans
- More warm handoffs needed (communication breakdowns)
- Succession planning for engaged leadership participation
- Assuming that all veterans need or want help
- Deployment cycle support programs
  - Lack of sustainable funding for the program
- Culture of NH (“bootstraps” state)
- Insurance coverage / financing of care and treatment
- Involvement/Inclusion of private sector (partnership with business and industry)
- Eligibility for accessing programs and services
- Reengaging veterans after they become disenfranchised
Opportunities

- Listserv
- Bring support into balance. Precisely targeting the needs of veterans
- Bringing about whole person and family services
- Educating community partners
- Collaborative momentum with clearly defined roles and timeframes
- Operationalize No Wrong Door
- DOL – WIOA (Workforce Innovation Opportunity Act)
- GI BILL – state universities
- Continue to increase access points
- Increase military cultural trainings
- Leverage resources (federal, state, private resources)
- Engaging charitable organizations
- Expanding veteran BH tracks
  - Do a better job identifying veterans entering the justice system
- Coordination of messaging

Threats

- Civilian/Military divide –
  - Veteran population is shrinking while overall population is increasing
  - military/veteran has obligation to understand reintegration
  - “over valorize” service (enabling)
- Reduction of interest after current operations have waned
  - Need to maintain tempo even after operations have ceased
  - Cutting programs that serve veterans due to perception that problems do not exist
- Public becoming complacent with veteran issues
- Lack of public education on VA ability to serve veterans
- Number of psychiatrists across country close to retirement – capacity issues
- Structure of U.S. healthcare system regarding mental health financial sustainability
- Competition for funding
- Addressing growing female veteran population
- Recognize the risk that reduction in programs may be a result of increasing efficiency
APPENDIX 2: IMAGES OF WORKGROUP NOTES FROM SAMHSA INTERAGENCY PLANNING SESSION

Leadership, Infrastructure and Sustainability Workgroup:

Increasing SMVF Access to Programs and Services Workgroup:
Expanding Workforce Capacity Workgroup:

**Priorities:**
- Expand abilities, culture, beyond, health care
- Sustain program, benefits of being
  - Schools
  - Employment
  - Access
  - College
  - Legal
  - PR
  - Community

**Main Support**
- Needs, supports, capacity for access, communication, skills, training, etc.
- Where do we end up?
- What are we doing to provide?
- Support
- How does this align?
APPENDIX 3: ATTENDEE LIST

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| Establish a high-level leadership entity dedicated to Interagency Support of SMVF that has both the authority and the access to resources needed to implement new initiatives and programs | - Access SAMHSA SMVF TA to review national best practices for SMVF leadership entities  
- Evaluate options with statewide committees, commissions, and groups focused on SMVF  
- Evaluate the effectiveness of leveraging and existing entity vs. establishing a new position or entity (ie, Dir/Commissioner level...or Veterans Cabinet as per Governor recommendation) | - Convene leadership meeting to initiate this planning and form Strategic Planning Leadership team  
- Develop scope of work/specific role of leadership entity | Jo Moncher  
Strategic Planning Leadership team | | 12/15/16 |
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| Improve SMVF system navigation | • Inventory resource guides/lists currently available  
• Determine best way to update info  
• Determine value of designating one specific entity for SMVF navigation (ServiceLink? 211? OVS? CC programs?)  
• Clarify eligibility criteria for common programs/providers  
• Explore feasibility of identifying a Veteran in each town to serve as a “welcome wagon” who can assist with system navigation  
• Identify funding to support formalized navigational tool or entity | • Form **System Navigation workgroup** to hone strategies, define actions, and carry out plan.                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Improve SMVF access to full range of provider sectors | • Sustain Ask the Question messaging, outreach, tools  
• Engage Senior Service providers in interagency strategic planning  
• Engage Children’s Services providers in interagency strategic planning  
• Engage representatives from military, VA, State Gov’t, VSOs, community providers and private businesses in strategic planning  
• Continually inventory “who’s missing from the table”  
• Access SAMHSA TA to inventory national best practices for comprehensive support to SMVF | • Form Provider Engagement workgroup to hone strategies, define actions, and carry out plan. |                                     |                     |                             |
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| Improve access and consistency through “no wrong door” model        | • Explore feasibility of universal referral form  
• Establish SOPs for communicating and documenting warm-hand-off referrals and follow up to ensure seamless transitions and closing the loop  
• Access SAMHSA TA to inventory national best practices for improving access/quality of care for SMVF and other No Wrong Door models  
• Explore shared data models  
• Establish official policies for maximizing coordinated/blended access to VA and State-funded care and services | Form **No Wrong Door – Seamless Transition Workgroup** to hone strategies, define actions, and carry out plan.                                                                                                                                                                                                                                                  |                                                                                                                                             |                      |                        |                          |
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| Strengthen the workforce in the service delivery system to ensure it can meet SMVF needs | • Increase access to military culture training  
• Inventory workforce gaps  
• Promote hiring veterans  
• Implement peer-to-peer training  
• Include veterans in employment-related committees | Form **Strengthening Workforce Workgroup** to hone strategies, define actions, and carry out plan.                     |                                                      |                     |                             |
| Increase opportunities for SMVF in NH Workforce                       | • Adapt mil. Culture training for businesses  
• Add “employers” as ATQ sector  
• Establish ways to streamline certifications for Veterans  
• Include business/industry reps in SMVF Strategic planning  
• Highlight incentives to employers of hiring Veterans |                                                      |                                                      |                     |                             |
<p>| PRIORITY 4: TBD |  |
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<p>| PRIORITY 5: TBD |  |
|---|---|---|---|---|</p>
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<th>Goals</th>
<th>Strategy (ies)</th>
<th>Action (s)</th>
<th>Responsible Person Primary/ Secondary</th>
<th>Measurement/Outcome</th>
<th>Timeline Scheduled/ Completed</th>
</tr>
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