

*New Hampshire's  
Next Phase of Ask The Question (ATQ)  
(NH ATQ 2025)*



**Granite State Service Members, Veterans and  
Family...Identified, Informed, and Meeting their  
Objectives**

**Resources and help, if and when you need them....  
Places to contribute**

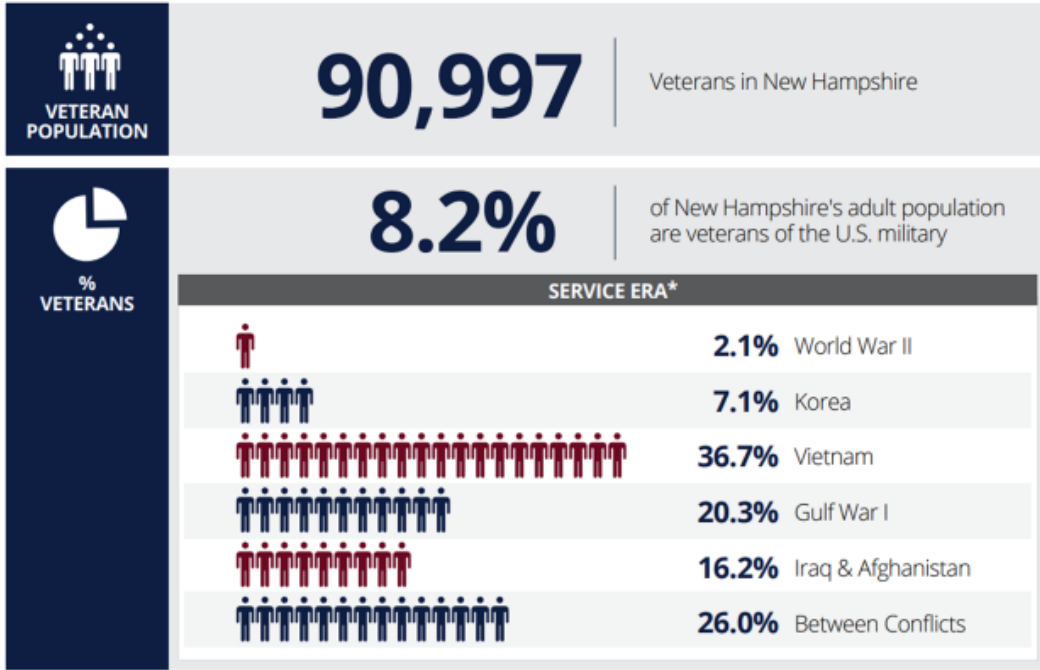
**NH ATQ 2025 Fall Forum**

**“Operationalizing Outcomes for Granite State SMVF ”**

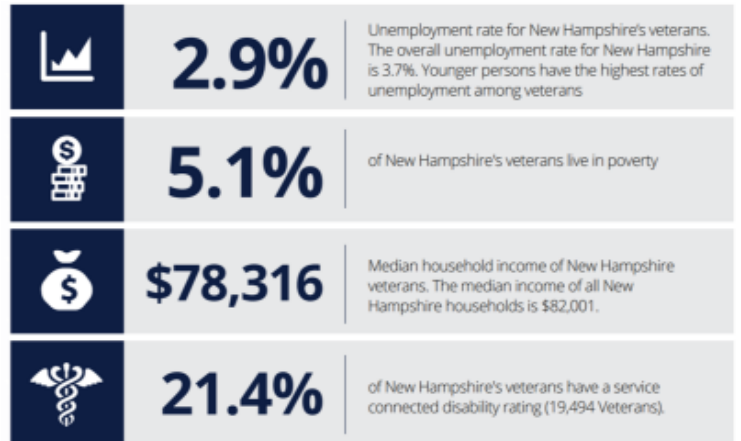


# Department of Military Affairs and Veteran Services

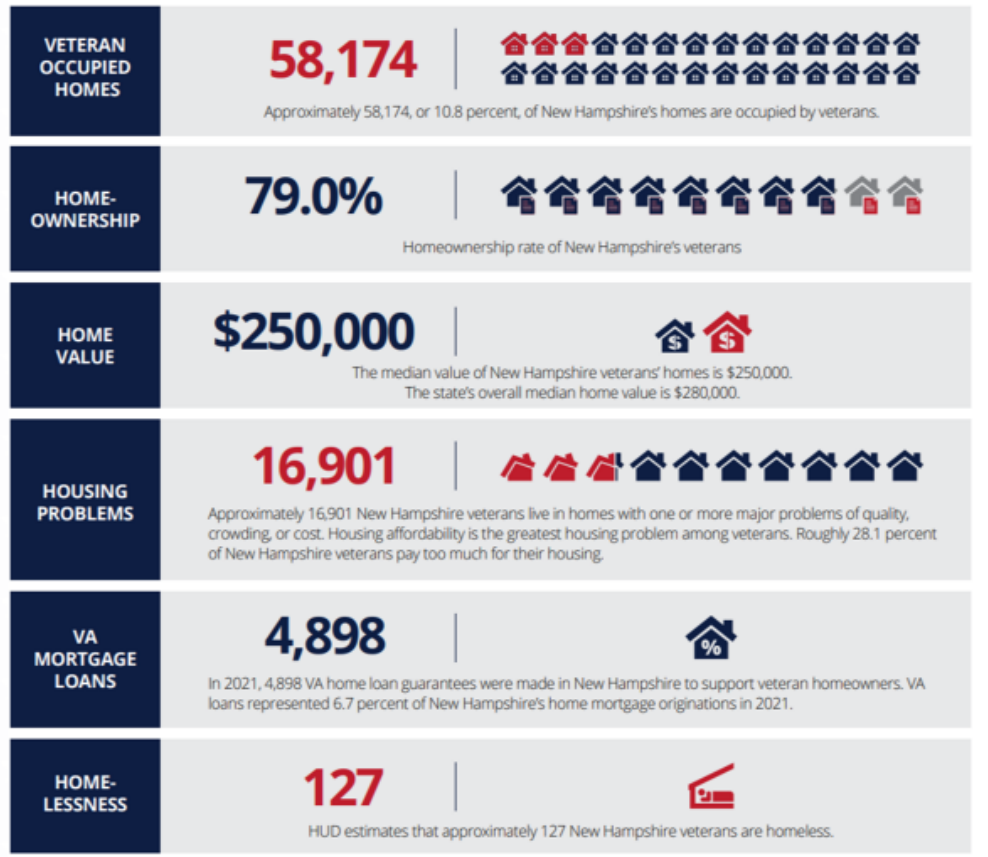
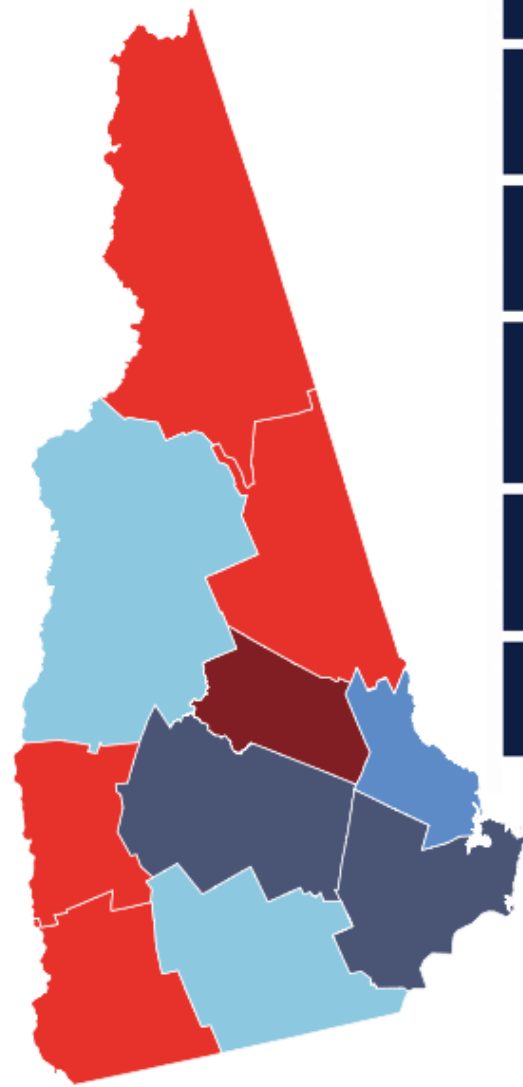
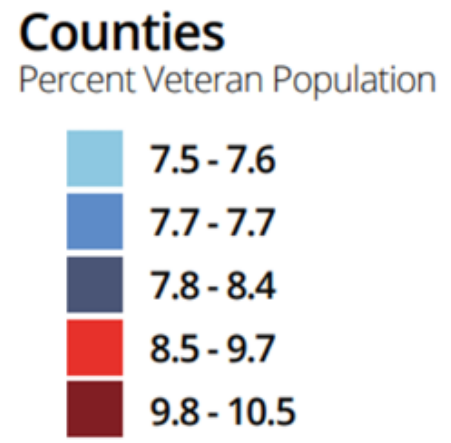
## Granite State Veterans by the Numbers



Source: Housing Assistance Council tabulations of the 2017-2021 American Community Survey (ACS PUMs used for certain estimates)  
 \* Totals may exceed 100%. Some veterans served in multiple eras.



Source: Housing Assistance Council tabulations of the 2017-2021 American Community Survey (ACS PUMs used for certain estimates)



Source: Housing Assistance Council tabulations of the 2017-2021 American Community Survey (ACS PUMs used for certain estimates), 2021 Home Mortgage Disclosure Act (HMDA) Data, 2022 HUD Point in Time Homeless Estimate (PIT)

**While most Veterans are doing well, doesn't mean there isn't area for improvement:**

- 5.1% Live in Poverty (1.395M in NH) or ~4,640 Veterans
- ~70% of Veterans NOT linked with the VA
- NH Veteran suicide rates, while not significantly different than national Veteran suicide rates, are significantly higher than the national and state general population



## What is Ask the Question?

The practice of ATQ is an initiative designed to encourage individual providers across NH to ask clients if they or a family member ever served in the military and to provide information and assistance to them on what to do if the answer is “Yes”.

## What is the current goal of ATQ in the Granite State?

To enable the follow-on discussion and open the door to culturally competent care, supporting referrals, and identifying earned benefits and resources for the Service Member, Veteran and Family Member that might not otherwise have been addressed

## Why is that so important?

Whether addressing a Veteran’s wellness (physical and mental) needs, finding the right Women’s Services, Child Services, attaining gainful employment, addressing the challenges of housing stability, navigating through a wide range of social services, leveraging earned educational benefits, managing interactions with law enforcement and emergency services, questions on substance use and crisis centers, questions on faith based support, seeking legal assistance, engaging town clerks and municipalities, finding applicable aging and senior services...

**Asking the Question enables a targeted response to the Veteran’s specific situation and operationalizes getting after the “What’s Next” to address the need.**

# “Ask The Question” – The Background

- ❑ NH Legislative Commission on PTSD and TBI in 2011 was established with goal aimed at stigma reduction, education and military-civilian integrated care.
- ❑ A statewide survey of veterans was conducted in 2012 to identify barriers to military-veteran populations accessing needed care. When asked why they were not getting the help they need, Veterans identified one of the biggest challenges was not feeling understood by the providers who serve them and a strong need to coordinate efforts between military and civilian providers while accessing care for military service.
- ❑ A survey of NH Veterans in 2013 asked Veterans “What are your barriers in accessing care?” (1,200 respondents)
  - ❖ Top barrier in accessing care – “stigma”
  - ❖ Second barrier in accessing care – “...do not feel understood by the providers...”
  - ❖ Third barrier in accessing care – “...don’t know where to go; nothing available for me; now one wants to help me; no one wants to help...”
- ❑ Lt Col Stephanie Riley of the NH Air National Guard worked in an emergency room in NH hospital in 2013, often witnessing individuals presenting with symptoms of headaches, dizziness, hearing loss... they were often diagnosed as migraines, when in actuality they were Veterans suffering with Traumatic Brain Injury.
- ❑ Later that same year, a Veteran who had been to three different healthcare facilities in NH met with Lt Col Riley. Not one of them asked if he had ever served in the military. By the time the Veteran reached out it was too late, they committed suicide.
- ❑ At that time, across the country - approximately 20 Veterans a day were dying by suicide. Of those 20, about 6 Veterans received their care from the VA and 14 did not – in NH, approximately XX Veterans were dying of suicide every 10 days and XX were not connected to the VA
- ❑ Lt. Col. Riley died of lung cancer in December of 2014, but her message and spirit were the catalyst for positive change across our State.





# ATQ 2025 Outcomes



**Identify  
and  
Screen**

**Refer to  
Service and  
Support  
Opportunities**

**...and Set Conditions for the  
Future**

- 1. Identify and Screen Service Members, Veterans and Family members (SMVF) in order to facilitate access to earned benefits and resources, more culturally competent care, opening the conversation to more targeted referral of services, screening for mental health concerns**
  - ❑ Legislate NH State Department, Offices, Agencies, ... integrate ATQ in policies, procedures, hiring, onboarding, contracting ...
  - ❑ NH Hospital Association organizations implement a standardized set of identification and screening questions integrating ATQ
  - ❑ Facilitate all domains identification and screening for SMVF... ie Housing stability service organizations; NH Veteran-Friendly Businesses,...
- 2. Refer to Service opportunities in order to improve well being** ... “Whole Health” approaches (physical and mental) through more culturally competent care, service and support and; linking with “wrap around” services
  - ❑ **Emphasis on Veteran Enrollment with the VA** – A significant “Whole Health” multiplier for Veterans across a number of areas
  - ❑ Continue taking action to **reduce NH SMVF suicides** - Governor’s proclamation and Governor’s Challenge efforts, the NH Suicide Prevention Council’s Military and Veteran Committee’s initiatives, and Veteran Coalition maturation
  - ❑ Integrate Ask the Question as part of **NH’s Closed Loop Referral System** implementation
  - ❑ Identify **opportunities for SMVF** to participate in overcoming their own/other’s obstacles, pay it forward, and contribute to solutions
  - ❑ Increase **SMVF’s awareness** of available resources across the Granite State through training, sharing and developing a common operational picture of Veterans benefits and resources in the Granite State... **facilitate SMVF navigation** to attain earned benefits and required support
- 3. Set conditions for the next evolution of ATQ to address NH’s increasing aged Veteran population -** Establish a “**Maturing Veteran Task Force**” to assess the situation; identify and scope the challenges; develop approaches and solutions to overcome the gaps; develop and implement a strategic plan that includes actionable objectives and; adapt and shape the way ahead toward bridging to the future and the next phase of ATQ



# Department of Military Affairs and Veteran Services

## The Domains (Key Functions, Associations, Industry...) (1 of 2)

Domain	Organization	Initial Take on Contacts
Healthcare & Medical Services	NH Hospital Association, U.S. Department of Veterans Affairs (VA), VA Manchester Healthcare System, Bi-State Primary Care Association, NH Community Behavioral Health Association, NH Medical Society, NH Nursing Society, Federally Qualified Health Centers, Regional Public Health Network, Community-Based Outpatient Clinics, Foundations for Health Communities NH, Vet Centers	Mr. Steve Ahnen, President, NHHA; Mr. Kevin Forrest, Director, VA Manchester, Healthcare System; Ms. Tess Kuenning, President and CEO, Bi-State Primary Care Association; Mr. Roland Lamy, NH Community Behavioral Health Association. <b>Ms. Maria Boylan, President and Board of Directors, NH Medical Society; Ms. Carlene Ferrier, Executive Director, NH Nursing Association; Mr. Brendan Williams, President and CEO NH Health Care Association;</b> Mr. Bill Gaudreau, Chief, Division Veteran Services, DMAVS; Mr. Ken Christopher, Congressional Liaison and Ms. Lori Flynn, Public Affairs Officer, VA Manchester Healthcare System; Ms. Tammy Boucher, Director of Communications, NHHA
Mental Health and Substance Use Disorder Services	NH Suicide Prevention Council's (SPC) Military and Veteran Sub-Committee, NAMI NH, Community Mental Health Centers, Recovery Friendly Workplace, NH State Narcotics Anonymous, Vet Centers, Association of Licensed Social Workers	Ms. Amy Cook, Chair, NH SPC and Co-Chair Military and Veterans Sub-Committee and NAMI NH Director of Training; Mr. Justin Moeling, Co-Chair, SPC Military and Veterans Sub-Committee and VA Medical Center's Community Engagement and Partnerships Coordinator; Ms. Loren Gebo, Director, Mental Health, Manchester VA Health System; Ms. Jill Burke, Administrator of the Prevention Services Unit of the Bureau of Drug and Alcohol Services, DHHS; Ms. Kristie Curtis, NH Governor's Recovery Friendly Workplace
Oral Health Care	Northeast Delta Dental, NH DHHS, NH Dental Society, NH Oral Health Coalition, VAMC Manchester & White River Junction, NH Hospital Association; NH DMAVS, Maine Bureau of Veteran Services, Vermont Office of Veteran Affairs	Mr. Tom Raffio, President and CEO NEDD and Dr. Mitch Couret; Program Manager Veteran Oral Health Care; Executive Director and President and First and Second Vice Presidents, NH Dental Society; Director, NH Medicaid Dental, NH Department Health and Human Services (DHHS); Program Manager, Oral Health Program NH, DHHS; Director, Strategic Partnerships, Maine Bureau of Veteran Services; Director, Vermont Office of Veterans Affairs; Kevin Forrest, Director and Dr. Ray Tang, Chief Dental, VAMC Manchester; Gail Brown, Director, Oral Health Care Coalition; Steve Ahnen, President and Tammy Boucher, Public Affairs Director, NHHA; Director, NH Department of Military Affairs and Veterans Services' Community Based Military Programs and Grants and Resource Development Coordinator
Social Services (Federal, State, Local, Non-Profits)	The Department of Veterans Affairs, VA Veterans Benefits Administration, VA Medical Center Manchester and White River Junction, NH DMAVS, NH Department of Health and Human Services (DHHS), Easterseals NH, Harbor Care... NH Municipal Association, NH Local Welfare Administrators Association, NH Community Action Programs, National Association of Social Workers NH Chapter, Granite State Independent Living	Ms. Stephanie Higgs, Clinical Director, ESNH Veterans Count; Mr. Thom O'Connor, Community Based Programs, NH DHHS; Mr. Danny Santiago, Operations Manager, Harbor Care; Mr. Todd Marsh, President, NH Local Welfare Administrators Association
Aging and Senior Services	NH Commission on Aging, Bureau of Adult and Aging Services, NH Alliance for Health Aging, AARP, AMAC, Aging and Disability Resource Centers (reps in each county)	Ms. Rebecca Sky, Executive Director, NH Commission on Aging; Ms. Wendi Aultman, Chief, Bureau of Adult and Aging Services, DHHS; Ms. Joana Braley, Administrator, Bureau of Adult and Aging Services, DHHS; Mr. Christopher Dugan, NH Alliance for Healthy Aging;



# Department of Military Affairs and Veteran Services

## The Domains (Key Functions, Associations, Industry...)

Domain	Organization	Initial Take on Contacts
Women's Services and Crisis Center	NH National Guard Wellness Division, NH Coalition Against Domestic & Sexual Violence, Bureau of Women Services.	COL Richard Oberman, Director, NHNG Wellness Division; Ms. Emily Provencher, Prevention Specialist represents Coalition on several statewide committees to further coalition mission;
Housing & Homelessness Services	NH Veterans Steering Committee on Ending Homelessness in NH, VA Medical Center Manchester, the Continuum of Care/Balance of State Veteran Subcommittee, NH Council on Housing Stability, Housing and Homelessness Working Group, Harborcare, Easterseals NH, NH Housing, NH Municipal Association, NH Local Welfare Administrators Association	Ms. Melissa Hatfield, Director, DHHS and NH Council on Housing Stability; Ms. Mandy Reagan, Bureau of Homeless Services, DHHS; Mr. Daniel Santiago, Operations Manager, Veterans Services, Harbor Care; Ms. Katie Tovar-Paciulan, Program Manager, Harbor Care; Mr. Michael Turmelle, Harborcare; Ms. Emily Reisine, VA Medical Center Manchester, Homeless Outreach Coordinator; Ms. Leslie Mendenhall, Program Manager, Easterseals, NH; Ms. Dee Pouliot, Managing Director, Assisted Housing Division, NH Housing; Ms. Angela Doyle, Rental Assistance Manager/Housing Liaison, NH Housing; Ms. Patte Ardizzoni, Balance of State Executive Committee; and Ms. Caroline Conlin, Council on Housing Stability
Employment and Vocational Services	NH Employment Security, U.S. DoL-Vets; NH Office of Professional Licensure and Certification, NH Veteran Friendly Business Network, Business and Industry Association –NH's Chamber of Commerce, NH Department Business & Economic Affairs	Ms. Sarah Morrissey, Director, Employment Service Bureau / Operations, NH Employment Security (NHES); Ms. Donna Nobrega, U.S. Department of Labor-Veterans; Ms. Katie Lapierre, Asst Director, Employment Service Bureau, NHES; Ms. Heather Kelley, NH Office of Professional Licensure and Certification; Ms. Erica Webb, NH DMAVS NH Veteran-Friendly Business Network Program Lead; Mr. John Larsen, Employment and Training Case Manager – HRVP, Veterans Inc
Law Enforcement and First Responders	NH Department of Safety (DoS), NH Department of Corrections, County Sheriffs, County Jail Superintendents, NH Police Academy, NH Fire Academy and EMS, NH Ambulance Association, State Fireman's Association	Ms. Megan Hoskins, Assistant Director, Homeland Security and Emergency Management; Kimberly McCullough, Recruitment and Retention Coordinator, Fire Standards and Training & Emergency Medical Services; Ms. Debbie Bray, Chief, Operations, NH DoS; Mr. Brandon McGorry, Chief Administration, NH DoS; Mr. Robert Lussier, Assistant Director and Mr. Mark Doyle, Director, Emergency Communications; Mr. Robert Buxton, Homeland Security and Emergency Management; Mr. John Marasco, Director, Department of Motor Vehicles; MAJ Russell Conte, NH DoS, NH State Police; Trooper Seth Gahr, Captain Matthew Amatucci, and LT Irwin Malilay, Commander, Recruiting and Training, NH State Police



# Department of Military Affairs and Veteran Services

## The Domains (Key Functions, Associations, Industry...)

Domain	Organization	Initial Take on Contacts
Higher Education and Adult Learning	NH Department of Education, Working Group on Military and Veterans Education (SNHU, PSU, UNH, KSC...), Community College System of NH	Mr. Steve Appleby, Director, Division of Educator Support and Higher Education, NH Department of Education; Mr. James Lindsey, Military Employer Relations Partner, Career Services, SNHU; Ms. Jacqui Nelson, Military Historian, Teaching Lecturer, Interim Coordinator of Military Services, Plymouth State College; Ms. Kalyn Ryll, Director, Military and Veteran Services, UNH; Mr. Ben Whelihan, NH State Approving Agency, NH DMAVS
Children Services and School Systems	DCYF, YMCA, School Military Liaisons, NH School Administrators Association, NH Association of School Principals, NH School Boards Association, National Education Association NH, NH Children's Health Foundation, DHHS Child Development and Head Start Collaboration, Military Interstate Children's Compact Commission (MIC3)	
Faith Based Groups	Chaplain, NH National Guard (NHNG)	Chaplain, NHNG
Legal & Advocacy Services	NH Bar Association, VA Veterans Justice Outreach, Veteran Treatment Courts and Sequential Intercept Mapping	Mr. Alex Casale, Coordinator, NH Treatment Courts; Ms. Jill O'Neill, a founding member of Veterans Legal Project and Executive Director of NH Lawyers Assistance
Transportation	NH State Coordinating Council for Community Transportation, NH Transit Association, NH Motor Transport Association, Transport NH	Steven Workman, Director, Transport NH; Jesse Lore, Chair, SCC





# Department of Military Affairs and Veteran Services

## Steerage and Other Potential Contributors

### 23 February – All Domain Leadership

#### Steerage

- ✓ NH Military Leadership Team
- ✓ NH State Veteran Advisory Council
- DHHS Leadership
- ✓ Leadership from across the Domains
- G&C

#### Additional Key Stakeholders

- 211
- 988
- Doorways – foundation for healthy community
- ✓ NH State Departments and Offices
- ✓ NH Veteran Friendly Business network
- ✓ Closed Loop Referral

### 6 March – NH SPC Military and Veterans Committee

- ✓ **Steerage:** NH State Departments and Agencies

#### Additional Stakeholders

- Service Link
- ✓ Aging and Disability Resource Centers (reps in each county)
- No Wrong Door

### 17 April – Executive Steering Group

#### Additional Stakeholders

- ✓ U.S. Veterans Benefits Administration (VBA)
- ✓ Regional Veterans Coalitions
- ✓ VFW and American Legion
- Division of Veterans Services
- NH Governor's Challenge
  - ✓ Priority Area 1: Identifying SMVF and Screening for Suicide Risk
  - ✓ Priority Area 2: Promoting connectedness and improving care transitions
  - Priority Area 3: Increasing Lethal Means Safety and Safety Planning
- U.S. Veterans Affairs and PACT Act expansion
  - Eligibility office
  - Software interoperability with DoD
  - Patient Guide



# Department of Military Affairs and Veteran Services

The Domains (Key Functions, Associations, Industry...) (1 of 2)

## DMAVS & Closed Loop Referral Key Stakeholders

### Priority Partners

- VA Manchester Healthcare System
- VA White River Junction VA Medical Center
- NH Hospital Association members
- Bi-State Primary Care Association
- NH Community Behavioral Association
- Foundation for Healthy Communities
- Regional Public Health Network
- Community Mental Health Centers
- Easterseals NH Veterans Count
- Harbor Care
- Partnership for Public Health
- National Alliance on Mental Illness NH
- 988
- Doorways – foundation for healthy community
- Aging and Disability Resource Centers

### Tier 1 (Whole Health)

- Mental Health & Substance Use Disorder Services
- Health Care and Medical Services
- Social Services – Federal, State, Local, & Non-Profits

### Tier 2 (ATQ 2025 – Granite State Priorities)

- Housing and Homelessness Services
- Employment and Vocational Services
- Aging and Senior Services

### Tier 3

- Women Services and Crisis Centers
- Children’s Services and School Systems
- Law Enforcement and First Responders
- Oral Health Care

### Tier 4

- Faith Based Groups
- Higher Education and Adult Learning
- Legal and Advocacy
- Transportation

### Community Engagement

- NH Military Leadership Team
- NH State Veteran Advisory Council
- NH Hospital Association leadership
- NH Suicide Prevention Council Military and Veterans Committee
- NH DHHS
- NH OPLC
- VFW
- American Legion
- VA/SAMHSA Governor’s Challenge
- Veteran Benefits Administration
- VA Community Engagement Coordinators
- Recovery Friendly Workplace of NH
- NH Medical Society
- NH Nursing Society
- NH State Narcotics Anonymous
- Association of Licensed Social Workers



# Department of Military Affairs and Veteran Services

## Governor's Challenge Innovation Summit, 11-13 June – ATQ Observations

- ✓ Assess leveraging the use of a Governor's proclamation or an Executive Order as part of NH's 10th anniversary reinvigoration of ATQ
- ✓ As part of the recurring theme of value added proposition of "partnering",... "public/private"... "local, state, and national"... assess establishing an ATQ 2025 Task Force that builds from and upon the NH ATQ Executive Steering Group and the NH ATQ All Domain Leadership. The composition of the Task Force based on the 2025 ATQ vision, goals and outcomes with roles and responsibilities directly tied to the desired outcomes.
- ✓ The National Strategy for Suicide Prevention includes both a strategy and a specific Action Plan. NH's ATQ should include both a strategy and an Action Plan that operationalizes the solution, turning the activity into action.
- ❑ Indiana has a strategic messaging/marketing approach for "IN" (INtro, INspire, INterpret, INvest), perhaps something similar for NH ATQ.
- ❑ Review Indiana's approach to funding that leverages state general admin funds, federal resourcing, grants, outside government community of practice resources...Indiana state funding for Veteran license plates and decals goes to a Veteran grant fund –NH's revenues from Veteran decals goes to NH DMAVS Division of Veteran Service.
- ✓ Websites... perhaps as part of going forward in ATQ, while there will be an overarching state website managed by NH DMAVS, we encourage the respective domain owners to also have a website. The statewide website would link to the domain's website
- Update ATQ QR card
- ❑ Assess situation with respect to NH's underserved *equities*, - are we sufficiently addressing "women Veteran services", "families", the "18-24 Veteran population", the growing "aged population, "LGTBQ... within a specific outcome/objective or as a foundational approaches that address all Veterans
- ✓ As indicated through numerous forums the last 10 month's, based on the 10 years since the last major ATQ survey, it is time for another formal survey of Service Members, Veterans and their Families in NH. See the approaches highlighted from the Developing a Needs Assessment Survey Workshop
- ✓ Leverage Virginia's VISR and VISR 2.0 lessons learned and best practices for integration in NH's ATQ 2025 (Engagement 1-2 August)

# Governor's Challenge Site Visit, 1-2 August

## Regional Veteran Coalition Culminating Highlights – ATQ 2025 linkages

### Ask The Question

- Implement outreach and marketing
- Conduct outreach at unlikely locations
- Provide ATQ 101
- Provide ATQ 201 – “What’s Next”
- Include language that is relatable to youth
- Focus on medical groups, hospitals, dentists, (T) Insurance coverage organizations

### Connecting to Resources

- Partner with 211 – address accuracy of website
- 988 / NH rapid response – mobile crisis and crisis centers... linkage to VCL and VA?
- Use of social media to “join groups”... “musicians on call” as an organizational example
- **Findhelp.ORG**
- Leverage use of multi-pronged, multi-media approaches (FB, LinkedIn, Instagram...)
- Conduct more “Outreach”: 1v1s, regional Veterans Conferences (Seacoast Expo, Monadnock Region Veteran Fair, annual standown...)
- Raise awareness on youth programs – ie. military scholarships

Gold Text = Planned for ATQ 2025...

### Training

- Identify “best” or “recommended” training for Coalitions... a semi-standardized list
- Identify list of “certified” care providers and services across NH – similar to NH Veteran Friendly Business network...
- Develop a centralized list of “Veteran Friendly” military cultural trained providers
- Tailor ATQ training to different community stakeholders (Amy/Alicia ATQ101)
- Micro-credentials are forward facing, things that people put on their profiles
- MOT BiT – see COL Oberman, NHNG
- Training on “Resources available and how to access... consistent with the mission”
- Substance Use Disorder / Co. occurring disorder training since it frequently accompanies suicide
- Elevate MTC in SPC!

### Other

- **“Postvention” at coalitions** for communities and survivors of suicide loss with service connections
- **How reach the ~70% of Veterans not connected with the VA**
- **Support for coalitions:**
  - Building memberships
  - Event planning
  - Communication and marketing
- “Upstream” actions by the coalitions, inform Alzheimer’s Screening
- Connect NH Veteran-Friendly Business network with Childcare Bridges (Joeyln Drennan at G UW)
- Connect with NH Firearm Safety Coalition – gunshop project and CALM (trainers)
- Spread message on who is a Service Member and Veteran
- MM access – look at comm. access plans at organizations... ASL, Closed captioning at meetings, interpreters...





# ATQ 2025 Fall Forum Goals

## Identify & Screen

- Review Draft NH State ATQ legislation
- Sharing ATQ Best Practices
- Review/Refine Intake Form(s)
- Identify/Prioritize Screening Tool(s)
- Ideas on a “What’s Next” tool
- NH Regional Veterans Coalitions optimization (Mission, action connected to strategy, plan)
- NH Veteran Friendly Business network integrates “ATQ” on job seeking applications
- Institutes of Higher Learning Coding (DB, Banner)
- NH’s Continuums of Care integrate ATQ across shelter intake
- Integrate ATQ in the Ending Veteran Homelessness in NH

## Refer

- Increasing enrollment with the VA –best practices
- Actions to reduce SMVF Suicides
  - ❑ Governor’s Challenge and Governor’s September 2023 proclamation for mental health:
    - ❖ Strong as Granite
    - ❖ Veterans Crisis Line 998/Suicide and Crisis Lifeline
    - ❖ NH Rapid Response
    - ❖ Training (Applied Suicide Intervention Skills Training; Connect Online )
    - ❖ 10 year mental health plan
    - ❖ NH Suicide Prevention website
    - ❖ NH Suicide Prevention Council’s Military and Veteran Committee
    - ❖ Federal Programs
    - ❖ Non-Profits...
- Training Approaches to reduce SMVF Suicide
  - ❖ NH’s ATQ Toolkit and videos
  - ❖ Non-Profits Training – NAMI’s ASIST, Connect...
  - ❖ Training the Trainer with VFWs, American Legion...
  - ❖ Training engagements by the NHNG
- Integration of SMVF equities in NH’s Closed Loop Referral
- Opportunities for Veterans to give back, pay it forward
- Increase SMVF Awareness
  - ❑ NH’s ATQ website
  - ❑ NH SMVF resource guide
  - ❑ ATQ 2025 “What’s Next?” Tool
  - ❑ ATQ 2025 QR code Card
  - ❑ NH Housing: Statewide List of Landlords and available apartments
  - ❑ Common Operational Picture and Navigator (RFP)

## Future

- Setting conditions for the next evolution of ATQ to address NH’s increasing aged Veteran population - Establishing a “Maturing Veteran Task Force”
- Assessing the situation on the implications of an increasingly aged Veteran population...
- Gaps and resources
- Working toward outlining a project charter/plan addressing the way ahead
  - ❑ Endstate, Key Tasks
  - ❑ Mission
  - ❑ Organizations
  - ❑ Key Dates and Milestones
  - ❑ Challenges and Decision Points
  - ❑ Opportunities

## ATQ 2025 Near Term Way Ahead



- Continue to **build upon products that already exist**
- Develop and Implement **ATQ 2025 Project Charter** – Strategy, a Program of Action and Milestones, challenges, decision points, key engagements...
- Set conditions for raising awareness**
- Improve **communications across all Domains**
- Implement Battle Rhythm/Institutionalized steering meetings**