Serving NH's Veterans, Service Members and their Families

A Toolkit for developing cultural competence in your health care/ service delivery setting

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ATQ Toolkit Version 3.0 2023

About the cover artist, Tracie Kiernan of stepbysteppainting.net:

Tracie was born in California but grew up in Arizona. She currently resides in Glendale, Arizona with her husband and three boys. She has a Bachelor Degree in Fine Arts and a post baccalaureate degree in Elementary Art Education. She worked as a K-8th grade Art Teacher for many years before becoming a stay-at-home mom after her second son was born. After her third son, she decided to hone her art teacher skills into the online world.

This flag painting is particularly special to her not only because her husband is a veteran, but her brother and sister are currently serving in the US Army. Tracie's husband, Alan Kiernan served five years in the US Navy. He was on the USS Enterprise CVN-65 stationed in Norfolk, VA for five years and went on multiple deployments in the Middle East. The couple met in high school, dated during his time in the service and eventually got married.

Tracie graciously offered her artwork for use as the cover of New Hampshire's Ask the Question Toolkit.

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ASK
THE QUESTION

Introduction

The information in this tool kit is provided as an informational resource only and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education and should not be used as substitute for professional diagnosis and treatment.

Thank you to our partners, supporters, and friends…

The original version of the toolkit reflects the cooperation, collaboration, and creativity of many organizations and agencies. This list includes the remarkable community that came together to make "transforming VSMF support systems" possible for the first version of the toolkit.

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NH National Guard
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Special thanks and appreciation must be extended to Jo Moncher, Bureau Chief, Community Based Military Programs of the NH Department of Health and Human Services. Without Jo's exceptional talent for dynamic engagement and coordination among all walks of community-based organizations and individuals, the Ask the Question Campaign would not have taken root. Her tireless commitment to the cause of serving NH Veterans, Service Members, and their Families (VSMF) far exceeded the call of her job title. Thank you Jo, for your service to this country and for your inspiring dedication to our State's finest citizens.

Additional thanks to Stephanie Higgs and Daisy Wojewoda, both of whom committed countless hours and stirring passion to the earliest days of the ATQ campaign.

This Toolkit is a product of composition and assembly efforts of Dr. Nicole L. Sawyer, Vice-Chair of the NH Commission on PTSD & TBI, and licensed clinical psychologist serving NH Veterans.

Version 2 (2022)

In the years since the first version of this toolkit was released and shared with providers across New Hampshire, many changes have occurred to the military & Veteran landscape in New Hampshire. In 2018, New Hampshire joined six other states to participate in a VA and SAMHSA-sponsored Governor's Challenge to Prevent Suicide among Service Members, Veterans and their Families. A team of approximately 35 individuals representing a variety of disciplines worked together for several years to implement strategies aimed at decreasing the rate of suicide among SMVF in the state. In 2019, all state programs serving military & Veterans were consolidated into one new state department. The NH Department of Military Affairs & Veterans Services (DMAVS) began operating in September 2019. In conjunction with the Governor's Challenge effort, the Joint Military Task Force under the Governor's Commission on Alcohol & Other Drugs sought, and was successful in securing, funding in 2020 to support further expansion of the Ask the Question campaign by the Division of Community Based Military Programs, DMAVS. As a result of that funding, the toolkit was updated and additional resources are being made available to those using the toolkit. A series of mini-training videos are being developed to supplement the content in the toolkit. When complete, they will be publicly available on the Ask the Question website.

In the years since first being released, feedback about the toolkit has been overly positive. It has also garnered the attention of national partners like the Veterans Administration and SAMHSA as well as multiple other states attempting to replicate the Ask the Question campaign in their own state. New Hampshire is very proud of its work and efforts and is honored to share this toolkit and its related resources with friends across the nation. You are encouraged to use the toolkit and its contents to best suit the needs of your organization, practice, group or state. Tools included in the kit that were the work of someone else are cited. Other tools can be edited to meet your needs.

Special thanks and appreciation are extended to Dr. Nicole Sawyer who has devoted countless hours to the development and implementation of the Toolkit. This resource would not be available to community providers without her expertise and dedicated time. Gratitude and appreciation are also extended to Rebecca Searles who has graciously devoted time to sharing her personal story and how Asking the Question can have a very important and real impact in the lives of military families.

If you have questions about the toolkit, please contact the Division of Community Based Military Programs, Department of Military Affairs & Veterans Services, 4 Pembroke Road, Concord, NH 03301; (603) 225-1360.

www.askthequestion.nh.gov

ASK THE QUESTION

Why should your health care/service delivery setting take special care with Service Members, Veterans and their Families (SMVF)?

With the majority of Veterans seeking their health care and services outside of the VA, it is paramount for civilian health care and service providers to be competent in caring for SMVF in a culturally responsive manner that both honors and appreciates their military service. Appreciating and understanding the unique culture, possible exposures, and common medical conditions of military service will place facilities, health care and service providers in the best position to provide the highest level of comprehensive services.

Other reasons to ensure cultural competence in your service delivery:

- **"It's the right thing to do"**: preparing your facility and your providers to deliver culturally competent and informed care is a way to thank those whom have served for their commitment and their sacrifice.
- **"If you bill it, they will come"**: If you accept Veterans Choice, TriCare and/or Martins Point, it is your responsibility as a facility to be prepared to provide competent and informed care to the individuals specifically associated with such coverage. This includes Service Members, Veterans, and their families.
- **Care capacity is needed in the private sector**: In many states, VA accessibility, whether it be by proximity or capacity, is a chronic challenge facing Veterans. In New Hampshire, for example, this state-wide challenge was recognized at the federal level with a special exemption provided to NH's Veterans enrolled in the VA and accessing care via Veterans Choice. They are able to use Veterans Choice in the community for their care with no restrictions based on proximity or availability of service at their nearest VA. Therefore, non-government health care facilities and service providers must be equipped to provide informed, competent care for their unique needs.
- **Clinical Awareness**: Those whom have served may exhibit symptoms that are difficult to understand without provider knowledge of past military experiences and exposures. These symptoms can go unacknowledged, undiagnosed, and untreated, leading to health care alienation, worsening conditions, and even permanent disability or death. *See Lt Col Stephanie Riley's Story in Unit 2.*

ASK THE QUESTION

How this Toolkit can help your healthcare/service delivery setting:

Veterans, and those whom have served in the military, represent a distinct group of patients with unique health care needs, disease patterns, and cultural backgrounds. Civilian health care and service providers are often unfamiliar with the nuances of this population; and, consequently, may be at a disadvantage when attempting to build rapport, diagnose and treat their patients who have served. This Toolkit is designed to aid in creating an environment within your setting that leverages opportunities to better identify and understand your veteran and military population and to create portals to provide better care and better outcomes.

This kind of culturally competent service delivery is aided by valuing the military service of your patients, recognizing their families, and capitalizing on the military experience of your staff members. This Toolkit will assist in identifying key stakeholders to execute best-practices for providing high-quality, culturally competent care. Your veteran-employees hold the key to this transformation; motivating and including them is foundational to the success of providing the highest quality care to all whom have served.

Target Audience:

The target audience for this toolkit is:

- Senior Management/Health Care Administrators
- Clinical Providers/Leaders
- Case Managers/Care Coordinators
- Directors/Managers
- Cultural Diversity Leaders
- Marketing Managers
- Public Relations Managers
- Grant/Sponsorship/Charitable Fund Managers
- Information Technology Support

For Your Toolbox

A variety of tools have been created and compiled for your use and reference. The content page for each unit identifies the tools are included at the end of the unit and related items in the Appendix. Notes are provided within the unit on how each tool or resource might be utilized in your setting. Tools and resources that are the work of another are cited appropriately. The tools created by the team in New Hampshire can be edited to serve your own purposes. Organizations and practices are encouraged to use them as-is or edit them to include your business name, logo, or information specific to your policies and procedures.

Unit 1: Who are Veterans, Service Members and their Families?

Unit 1

Who Are Veterans, Service Members And Their Families?

"Have you or a family member ever served in the military?"

For the purposes of this Toolkit, we are casting a wide net and are intending to include any person with a connection to military service within their immediate family. This includes active duty, all branches, all components, those who previously served for any length of time and their immediate family members. For the purposes of this Toolkit, "family members" are defined by the Service Member or Veteran—the individuals they identify as "family" and a significant part of their lives regardless of bloodline or legal status. However, it is important to recognize that each organization and program, including the Veterans Administration, has very specific definitions and eligibility criteria for services that may differ from the way we define Veterans, Service Members and their family members in the pages of this Toolkit.

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120 **Recommended Professional Development: Military Cultural Competence & Suicide Prevention Trainings**

Who is a “Veteran”?

Title 38 of the Code of Federal Regulations defines a “**Veteran”** as “a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.”

Other common definitions

Any, Any, Any

A military Veteran is *any* person who served for *any* length of time in *any* military service branch (Army, Navy, Air Force, Marines, Coast Guard); A **Veteran** is someone who, at one point in his/her life, wrote a blank check made payable to The United States of America for an amount of ‘up to and including my life’.

There are two important ways to consider the answer to this question when serving those who have ever served.

1. With regard to medical care and service delivery within your facility/organization, a Veteran is anyone who ever “signed on the line”, “put on the uniform”, or “wrote that blank check”. He or she who served for ***any*** length of time in ***any*** military service branch may have encountered exposures and experiences that make them medically and culturally unique, regardless of the conditions of their discharge or separation.

2. With regard to veterans benefits, VA care, and qualifications for veterans services outside of your facility, Title 38 requiring “discharge or release under conditions other than dishonorable”, as well as the details of the different types of military service as described in the Appendix, are considered. *Consider reviewing the VA Health Care and Disability Claim Eligibility information provided in the Appendix.*

The bottom line is this: when serving those who have ever served within your own facility/organization, follow the ***Any, Any, Any*** definition of a Veteran. When considering a referral to outside care or services for those who have ever served, a more careful investigation into the nature of their service and discharge may be required. *See Types of Military Discharges further in Unit 1.*

Who is a “Service Member”?

The term "**service member**" means a current **member** of the "uniformed **services**", consisting of the armed forces (Army, Navy, Air Force, Marine Corps, and Coast Guard). Much like the definition of a Veteran, with regard to medical care and service delivery within your facility/organization, a Service Member is anyone currently serving in any capacity, who puts on the uniform as required for duty or training. He or she, despite status as Active Duty, Guard, or Reserve may have encountered exposures and experiences that make them medically and culturally unique. *See Understanding the Difference Between Types of Military Service in Unit 1.*

Who is a "Family Member"?

The term "**family member**", as it applies to the Ask the Question (ATQ) initiative, can be anyone closely associated with a Veteran or Service Member, such that they have been touched or effected by the culture of military service, the effects of deployment and/or long term separation for service, and/or the after-effects of their loved one's experiences as a Veteran or Service Member. This can include children, parents, spouses, close friends, intimate partners, siblings, grandparents, etc. There is no limit to this definition, and your facility/organization should strive to be inclusive of all possible connections and the richness and value those connections can bring to your service/care delivery.

Understanding the Difference Between Types of Military Service

According to Military.com (https://www.military.com/join-armed-forces/us-military-branches-overview.html), the U.S. Armed Forces are made up of the six military branches: Air Force, Army, Coast Guard, Marine Corps, Navy and, most recently, Space Force.

There are three general categories of military people: active duty (full-time soldiers and sailors), reserve & guard forces (usually work a civilian job but can be called to full-time military duty), and Veterans and retirees (past members of the military).

Va.org offers the following, more detailed description of categories and components (https://www.va.org/what-is-a-veteran-the-legal-definition/):

Full-time
Active-duty service is simply full time. Active-duty members are available for duty 24 hours per day, 7 days a week, with the exclusion of *leave* (vacation) or *pass* (authorized time off). Active-duty members fall under the jurisdiction of the U.S. Department of Defense and can serve in the Army, Air Force, Navy, Marine Corps, or Coast Guard.

Part-Time
Performing duties one weekend per month, plus two weeks of training per year, members of the Reserves and National Guard are considered part-time, though, since the Gulf War in 1990, they have spent exponentially more time called to full-time active duties. In fact, National Guardsmen and Reservists generally spend two years of their six-year enlistment performing full-time active duty.

Reserves
The objective of the Reserves is to deliver supplementary support to active-duty forces, when obligated. All of the military services have a Reserve branch under the patronage of the Department of Defense: Army Reserve, Air Force Reserve, Navy Reserve, Marine Corps Reserve, and Coast Guard Reserve.

Though it does not count as active-duty time for most Veterans' benefits, when an individual joins the Reserves, they attend basic training and military job school full time. After completion of basic training and military job school, those considered Reserves resume civilian life, except for training called *inactive duty training* (IDT) which takes place one weekend per month. Reserves, however, do complete 14 days of full-time training once a year. The training is categorized as *active duty for training* (ADT). Neither IDT nor ADT counts toward service requirements for Veterans' benefits.

The President and Secretary of Defense can request those in the Reserves to active duty at any time in order to increase efforts on certain military projects. Approximately 65,000 Reserves are performing active duty in support of military contingency operations at any given moment.
This type of active duty counts toward Veterans' benefits.

National Guard
The principal difference between the National Guard and the Reserves is that the federal government is in charge of the Reserves, while the National Guard units predominately belong to individual states.

There are two National Guard types: the Army National Guard and the Air National Guard. National Guard members attend basic training and military job school full time under ADT (active duty for training), similar to the Reserves.

They resume daily civilian life but train one weekend per month (IDT) in addition to 15 full-time training days per year. This type of IDT/ADT time does not count toward Veterans' benefits.

State governors can call National Guard members to active duty if a state emergency arises. Such emergencies include relief or protection of property and people outside the authority of local law enforcement. This form of *state duty is* known officially as "Title 38 Call-up" and doesn't count toward Veterans' benefits either.

Like the Reserves, the President and Secretary of Defense can call upon the National Guard in provision of military contingency operations, known as "Title 10 Call-ups" or *federal duty*. This type of duty counts toward service requirements for Veterans' benefits.

In a given month, an estimated 40,000 members of the Air and Army National Guard are performing federal duty overseas.

Active Guard/Reserves

A program called the *Active Guard/Reserves* (AGR) includes members of the Reserves and National Guard that take part in full-time active duty. To make sure that National Guard and Reserve units are ready to mobilize at all times, AGR members provide daily operational support.

For Veterans' benefit service requirements, AGR duty is similar to full-time active-duty service.

Individual Ready Reserve

A military service contract spans a minimum of eight years total and the time that is not spent on active duty or in the Guard/Reserves must be spent in inactive reserves, known as the *Individual Ready Reserves* (IRR).

Generally, after serving four years, a member is transferred to the IRR for their remaining four years. IRR members do not take part in weekend drills or annual training, but unfortunately, they do not get paid either. IRR members can be recalled into active duty when necessary, in order to support military projects.

During IRR status, the time spent inactive does not count toward Veterans' benefits unless the member is recalled into active duty.

Roughly 15,000 IRR members have been recalled to active duty, largely for the Army and Marine Corps, every year since 2004.

Types of Military Discharges

https://themilitarywallet.com/types-of-military-discharges/

It is important to know your Veteran's discharge status before attempting to refer him/her to Veteran benefits, health care, or services.

Many civilians commonly assume that people "retire" from the military when they leave the service, which isn't always the case. Receiving a discharge, or separation, is not the same thing as military retirement. A military discharge is simply defined as a military member being released from their obligation to continue service in the armed forces. A discharge relieves the Veteran from any future military service obligations where as a retired reserve individual may be called back to active duty. A separation from the military can be voluntary or involuntary and may leave additional unfulfilled military service obligation that will need to be carried out in the Individual Ready Reserve. It's important to note that there are several types of military discharges, and these can have a profound impact on a Veteran's ability to receive Veterans' benefits, serve in government employment, reenlist in the military, and more.

Military discharge rating - types of military discharges. The type of military discharge a Veteran receives will be listed on his or her **DD-214** Military Discharge Paperwork. The following are a list of various types of military discharges:

Honorable Discharge

If a military service member received a good or excellent rating for their service time, by exceeding standards for performance and personal conduct, they will be discharged from the military honorably. An honorable military discharge is a form of administrative discharge.

General Discharge

A General military discharge is a form of administrative discharge. If a service member's performance is satisfactory but the individual failed to meet all expectations of conduct for military members, the discharge is considered a General Discharge, Under Honorable Conditions. To receive a General Discharge from the military there has to be some form of nonjudicial punishment to correct unacceptable military behavior or failure to meet military standards. The discharging officer must give the reason for the discharge in writing, and the military member must sign paperwork stating they understand the reason for their discharge. Veterans may not be eligible for certain Veterans' benefits under a General Discharge, including the GI Bill.

Other Than Honorable Conditions Discharge

The most severe type of military administrative discharge is the Other Than Honorable Conditions. Some examples of actions that could lead to an Other Than Honorable Discharge include security violations, use of violence, conviction by a civilian court with a sentence

including prison time, or being found guilty of adultery in a divorce hearing (this list is not a definitive list; these are only examples). In most cases, Veterans who receive an Other Than Honorable Discharge cannot re-enlist in the Armed Forces or reserves, except under very rare circumstances. Veteran's benefits are not usually available to those discharged through this type of discharge.

Bad Conduct Discharge (BCD)

The Bad Conduct Discharge is only passed on to enlisted military members and is given by a court-martial due to punishment for bad conduct. A Bad Conduct discharge is often preceded by time in military prison. Virtually all Veteran's benefits are forfeited if discharged due to Bad Conduct.

Dishonorable Discharge

If the military considers a service members actions to be reprehensible, the general court-martial can determine a dishonorable discharge is in order. Murder and sexual assault are examples of situations which would result in a dishonorable discharge. If someone is dishonorably discharged from the military, they are not allowed to own firearms according to US federal law. Military members who receive a Dishonorable Discharge forfeit all military and Veterans' benefits and may have a difficult time finding work in the civilian sector.

Officer Discharge

Commissioned officers cannot receive bad conduct discharges or a dishonorable discharge, nor can they be reduced in rank by a court-martial. If an officer is discharged by a general court-martial, they receive a Dismissal notice which is the same as a dishonorable discharge.

Entry Level Separation (ELS)

If an individual leaves the military before completing at least 180 days of service, they receive an entry level separation status. This type of military discharge can happen for a variety of reasons (medical, administrative, etc.) and is neither good or bad, though in many cases, service of less than 180 days may prevent some people from being classified as a Veteran for state and federal military benefits.

Some types of discharge can be challenged and/or appealed, even many years later. The VA has procedures in place to consider upgrading discharge status.

ASK THE QUESTION

Origins of Health Care for Service Members and Veterans

www.va.gov/opa/publications/archives/docs/history_in_brief.pdf

In his second inaugural address in 1865, President Abraham Lincoln called upon Congress

"to care for him who shall have borne the battle and for his widow, and his orphan."

This quote was later adopted as the motto for the Veterans Administration (VA).

When the Civil War broke out in 1861, the nation had about 80,000 war Veterans. By the end of the war in 1865, another 1.9 million Veterans had been added to the rolls. This included only Veterans of Union forces. Confederate soldiers received no federal veterans' benefits until 1958, when Congress pardoned Confederate service members and extended benefits to the single remaining survivor. The General Pension Act of 1862 provided disability payments based on rank and degree of disability, and liberalized benefits for widows, children and dependent relatives. The law covered military service in time of peace as well as during the Civil War.

The year 1862 also marked the establishment of the National Cemetery System, to provide burial for the many Union dead of the Civil War. The first national effort to provide medical care for disabled Veterans in the United States was the Naval Home, established in Philadelphia in 1812. This was followed by two facilities in Washington, D.C. -- the Soldiers' Home in 1853 and St. Elizabeth's Hospital in 1855.

The inclination and moral imperative to care for those who served, as well as their families, has existed longer than our nation. Despite the desire to serve those who served, the federal system has always struggled to meet the ever changing and increasing demand. Communities always have filled the gaps, cared for their own, and embraced the moral imperative to serve those who have served and, undoubtedly, they will continue do so in the future.

Stigma & Discrimination

Stigma and discrimination regarding an individual's military service is informed by the assumptions and perceptions that we hold about the ***Who*** and the ***Why*** motivating military service. ***Who*** do we think chooses to serve in the military? ***Why*** do we think they choose to serve? In related perceptions, ***what type of person*** do we think chooses the military? ***How*** do we think it effects them? Understanding your perceptions and assumptions is the first step to combating stigma and decreasing the potential for discrimination. Stigma exists within, in the form of shame and guilt over needs and deeds, and it is imposed externally in the form of assumptions and misperceptions about who a person is, based on the uniform. Education and exposure are your best defense. *See the Stigma Fact Sheet in Unit 4.*

NOTES

Unit 2: Ask the Question (ATQ)

Unit 2

Ask the Question (ATQ)

"Have you or a family member ever served in the military?"

It is important to appreciate that each word in this question has value and purpose. Do not ask "Are you a Veteran?" It is paramount that the question be asked in a manner that allows all who have worn the uniform to feel included in the inquiry. Not everyone who has served identifies as a "Veteran" because they do not feel comfortable with the term, their discharge status prohibits it, or because their service involved work with the National Guard or Reserves and they were never activated. This specific question also allows family members to respond in the affirmative if their loved one is actively serving or if he/she falls into one of the above categories. The word "ever" is important because we want anyone who has ever "signed on the line" to serve their country to feel included in this question even if the person was dishonorably discharged or was released before completing basic training. This word also makes clear that service of any era, peace time or war, is of value and important to disclose.

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20 **History of Ask the Question in New Hampshire**

23 **"Context Matters: Identifying veterans' needs"** (Union Leader, 01/29/2018)

26 **The Impact of Asking**

28 **Putting It Into Practice: An Example of Implementation of ATQ**

Unit 2 Toolbox:

30 **What, Why & Who**—This handout is intended for distribution and posting among employees and volunteers to aid in their understanding of ATQ and the importance of identifying Service Members, Veterans and their families. It can be transferred into an email or printed/distributed as a handout. *This handout is NOT intended for distribution to patients, customers or clients.*

31 **Frequently Asked Questions: Military Health History**—A handout for patients in healthcare settings that answers commonly asked questions about the importance of providing a Military Health History. Intended for wide-spread posting and distribution in facilities/organizations. Use this information as a handout with intake paperwork or make available in waiting or treatment rooms. Refer to Unit 4 Toolbox for example of a Military Service Health History form.

32 **Employee Script: Frequently Asked Questions about ATQ**—A script for employees and staff to answer most commonly asked questions related to identifying Service Members, Veterans and their family members. Consistent messaging from employees is important to build trust. Be sure employees have access to the Frequently Asked Questions: Military Health History handout to go along with these answers when asked. *This is NOT a handout intended for distribution to patients, customers or clients.*

Related Appendix Items:

66 **Ask the Question Website**

120 **Recommended Professional Development: Military Cultural Competence & Suicide Prevention Trainings**

The History of Ask The Question in New Hampshire: Lieutenant Colonel Stephanie Riley's Story

Lt Col Stephanie Riley of the New Hampshire Air National Guard worked in the emergency room of a NH civilian hospital in 2013. She frequently witnessed individuals presenting with symptoms of headaches, dizziness and/or hearing loss. Many were irritable and depressed, struggling in their jobs and in their relationships. Based on their presenting symptoms, these patients were often diagnosed with migraines, provided short-term medications, and sent on their way. Lt Col Riley began to notice, based on her own service experience, that many of these individuals might have served in the military, so she began to ask them. She discovered that many of the "migraine" patients were actually Veterans, possibly suffering from mild Traumatic Brain Injuries.

Later that same year, Lt Col Riley encountered a Veteran struggling with chronic head pain and other life difficulties. He had been to three different healthcare facilities in NH and not one asked if he had ever served in the military. By the time this Veteran encountered Lt Col Riley, it was too late; despite her efforts to help him get an accurate diagnosis and relevant treatment, the Veteran died by suicide.

Devastated, Lt Col Riley expressed her concern to many NH military and civilian leaders. She passionately advocated for the need to identify our Veterans and military family members as early as possible within the service delivery system. She recognized the critical role that community service providers play in providing service and care to Service Members, Veterans, and their families.

Across the country, over two-thirds of all Veterans choose to receive care and services in the community, rather than at their VA. And, while we know that the majority of our Veterans receive care in the community, we also know that many Veterans don't feel completely understood by health care professionals. The NH Legislative Commission on Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) conducted a survey of NH Veterans asking about barriers in accessing care. Survey results indicated that the top barrier identified was stigma--discrimination, embarrassment, and shame. The 2nd highest barrier to accessing care was "I do not feel understood by the providers who serve me." This survey data mirrors veteran survey data from across the country.

Lt Col Stephanie Riley passed away from cancer in December of 2014. When she began her treatments, she went to her appointments in civilian clothes. She became frustrated with her providers' lack of interest in the fact that she had served and any role that exposures during her deployments may have played in her illness. So, one day she posted her story on the NH Commission on PTSD and TBI's Facebook page, and so began the NH Ask the Question Campaign with the support of the NH Department of Health and Human Services and guidance from the NH Commission on PTSD & TBI.

Stephanie Murdough Riley ▸ **NH Legislative Commission on PTSD & TBI**

April 9, 2014 ·

Today I went to Dana Farber in Boston for my second opinion in my cancer diagnosis. Throughout this latest medical journey I have been on, noone in the medical community has asked me if I have ever served in the military, because to them I look like a civilian. I have served on this Commission for a couple of years and we have tried promoting medical services, or any community service for that matter, to start asking the question "Have you ever served in the military?" when doing an intake form. Don't ask if the person is a veteran, many folks don't identify with being a veteran despite serving in the military, so the question might not be answered correctly. If the response to military service is a yes...the person may be entitled to VA benefits and not know it (and NOT be an uninsured person), the person may be having symptoms related to a recent deployment (ex. migraines from an undiagnosed TBI from an IED explosion) so a correct diagnosis can be made during the medical visit, the person may not associate symptoms to a military injury and by asking the question it may remind them. Just one simple question can open up so many opportunities to help the person.

I am passionate about this cause because a few years ago I worked as the case manager for the NH Army National Guard. I worked with soldiers returning from deployments and tried to get them plugged into the VA for their care. Many service members do not go to the VA, instead they will go to their local community hospitals for care. One of my "kids" was going to different hospitals seeking help for his terrible migraines. He had been in IED explosions, had lost his roommate to one of the bombs, and was having a bad time adjusting back home. Because noone knew of his background he was not diagnosed properly...he was given pain meds for his migraines and sent home. When I became aware of this we got him into the VA but by this time he had been suffering too much and he chose to end his life. I have never been more devastated in my life and have tried to do something to change the system.

Because it is SO hard to have questions added to intake or triage forms (why that is is BEYOND ME!!!!!) I have decided to do what I can. I wore my uniform to Boston to give them a visual that I am in the military. At the end of my appointment with Dr I explained to him about the uniform and the question. He felt rather sheepish that he didn't ask. I told him that I had been deployed to Qatar in the past and maybe all the sand had done something to my lungs. I asked him to look into changing the forms at his facility. I'll follow up on that at my next visit. He's a great guy....maybe he will do something.

Would love if all of my medical friends would like this site and pass on this information!!

Write a comment...

LTC Stephanie Riley

LTC Stephanie Riley, NH Governor and NH Congressional Delegation

NH continues to work hard to keep Veterans safe and connected with the "Ask the Question" Campaign. The "Ask the Question" Campaign encourages all service providers to ask, "*Have you or a family member ever served in the military?*" This simple question can open the door to greater communication, and communication and understanding is at the heart of good care, services and connections.

HOW we ask the question is critical to engaging our military. Not all Veterans identify as a Veteran, so it is important to ask, "*Have you or a family member ever served in the military?*" Across the country, we are quickly learning that, to best serve our military, we need to first identify them. We need to identify them within our hospitals, mental health centers, senior centers, social service agencies, employment offices, law enforcement agencies, courts and schools.

NH's Community Mental Health Center (CMHC) Military Liaison Initiative is a powerful example of how one healthcare system in NH operationalized the "Ask the Question" Campaign—as part of their successful efforts to support our military. Through "Ask the Question", we now know that over 18% of clients served at the 10 NH Mental Health Centers are military-connected. This new data helped to create intentional strategies to serve our military by generating military culture trainings, coordinating client referrals with the VA, and providing greater supports for military families. The Mental Health Centers also created an internal Military Liaison in each of the 10 Centers to help move this initiative forward.

NH's "Ask the Question" Campaign was highlighted at the National Mental Health Summit organized by the Department of Defense, U.S. Department of Veterans Administration, and the U.S. Department of Health and Human Services. As a result of this discussion, the "Ask the Question" Campaign was approved to be included in National Suicide Prevention Planning documents.

Many of those who have served do not ask for help easily; military culture dictates self-sufficiency and sacrifice. Additionally, many do not ask for help because they want to save that help for a Veteran who "needs it more than I do". The "Ask the Question" Campaign puts the responsibility on the service provider, on ALL OF US, to identify possible needs, thus removing barriers for the Service Members, Veterans, or their families.

Thank you, Lt Col Riley, for your service to our State and your service to our Country. Your message proves to us, again and again, that one person can make a difference.

January 29. 2018

Context matters: Identifying veterans' needs

By SHAWNE K. WICKHAM
New Hampshire Sunday News

Rebecca Searles of Concord, pictured with her husband Daniel and their 4-year-old son David, says the Ask the Question initiative can make a huge difference in the lives of military families like hers. (COURTESY)

It was a simple idea.

Ask the question:

"Have you or any member of your family ever served in the military?"

The answer would give health-care providers, educators, police and others a better sense of what experiences and issues individuals might be dealing with, and how best to support them.

The federal grant that created the Ask the Question initiative ended 18 months ago, but the program has taken root across New Hampshire, according to Jo Moncher, bureau chief of community-based military programs at the state Department of Health and Human Services.

The grant money was aimed at strengthening community-based initiatives; New Hampshire was the only state that used its funding to support military programs, Moncher said.

There was a public awareness campaign to get providers to "ask the question," and "military culture" trainings to better prepare them to help those who answer "yes." Community mental health centers identified staff members to serve as military liaisons.

Moncher, a veteran, has shepherded the program from its start. And now, she said, "It's evolving."

She's heard the stories of the real impacts it is having on veterans' lives:

• A police officer who drove a veteran to the VA Medical Center for help after an encounter.

• An emergency responder who noticed a veteran's license plate at the scene of a house fire and took him on the spot to the VA to replace his medications.

• A congressional staffer who discovered that a veteran had never received the military pension he was due — and helped him get it.

Rebecca Searles of Concord never expected to use her social worker training in her own family. But after her husband returned from Iraq in 2011, she said, he was struggling with a traumatic brain injury and PTSD.

At the same time, their son was born with a medical condition that required open-heart surgery when he was just 8 days old.

"And even though I was going to a medical facility on a regular basis, nobody knew what we were living with because nobody ever asked," Searles said.

So she, as she puts it, swapped her "wife hat" for her "social worker hat" and got her husband the help he needed from the VA. He also now works at the Manchester medical center.

After her family's experience, Searles is passionate about promoting Ask the Question. She's worked with her employer to connect clients to services and benefits many didn't even know existed, she said.

"As military families, we take care of our own but we can't do it alone anymore," Searles said. "We need our community; we need our providers; we need to know we matter and that all we have sacrificed for hasn't gone unnoticed."

Advocate at hospital

Tracie Tankevich is a financial counselor at Frisbie Memorial Hospital in Rochester. She got interested in improving services for veterans when she was doing research into Veterans Choice, which allows veterans to seek medical care at civilian hospitals.

Now she's the veterans advocate at the hospital; there's a dedicated line that rings at her desk for veterans and military families to call.

Frisbie has started yoga and acupuncture programs for veterans and their families. And they "ask the question" as part of the registration process, she said.

"They put their life on the line for us and our country and our community," she said. "And veterans do not ask for themselves. So if I have that opportunity to help them in any way, I am grateful."

New ways of doing things

Just asking the question is giving state officials critical data, Moncher said. They've learned that 17 percent of the more than 20,000 clients served each month by the state's 10 community mental health services are veterans or military family members, she said.

That kind of knowledge leads to new ways of doing things, she said.

Patty Driscoll is director of adult services at Seacoast Mental Health Center in Portsmouth. She became the military liaison there when it was a grant-funded position, and has continued the work since the

funding ended.

“I’ve always had a passion and sense of obligation and respect for our military,” Driscoll said.

Ask the Question is part of all initial screenings, and staff members are trained to respond appropriately, Driscoll said. “We ask the question, and we can handle any answer that we get now,” she said.

Her agency has strengthened its ties with the VA, Driscoll said. And it now accepts Tricare, the military insurance program.

“We know if someone is ready to get help, you don’t want to have too many delays in that,” she said. “You want to be able to open the door right away.”

Educational benefits

Liz Pontacoloni, the assistant registrar at NHTI in Concord, is also the college’s certifying officer for veteran educational benefits. There are questions about military service and veterans benefits on the NHTI application, she said.

But it’s not just about financial aid, Pontacoloni said. Some students may have a hard time making the transition from military to civilian life.

“My personal opinion is that by asking that simple question, it opens the door for resources that these students ... aren’t aware of,” she said.

Pontacoloni didn’t serve in the military herself, but her dad and her husband did. She was able to go to college because of her father’s GI benefits, she said.

So her current work, she said, feels like coming “full circle.”

Moncher said she’s proudest of the partnerships among military, veterans and civilian organizations here. “We have a moral obligation to serve our military,” she said. “And Ask the Question provides an opportunity for all of us to participate.”

Now that the program has taken root, Moncher said the next step is to collect best practices to share with providers across the state.

What New Hampshire created has become a model for other states, she said. “And together we’re becoming a stronger country.”

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The Impact of Asking

The goal of the "Ask the Question" (ATQ) Campaign, which began as an initiative of the Department of Health and Human Services (DHHS) in New Hampshire in 2015, is to improve access to, and quality of, services for Service Members, Veterans and their families by encouraging healthcare and social service providers to Ask the Question: ***"Have you or a family member ever served in the military?***

Real stories of the impact of Asking the Question in New Hampshire

►Shortly after an ATQ briefing at the Seacoast Fire Chiefs Association meeting in New Hampshire, a home burned down in one of their communities. A provider responding to the fire noticed the resident's Veterans' license plate and asked the recommended question of “Have you or a family member ever served in the military?”. When the answer was “yes”, the provider called the local Vet-to-Vet Representative who went to the home immediately. He supported the Veteran (who had also lost his service dog in the fire), drove him to the VA Medical Center to get his medications refilled, and connected him to Easterseals 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.

►After receiving an ATQ briefing, the Franklin Welfare Director asked the recommended question of “Have you or a family member ever served in the military?” of a homeless man coming for housing services. When the Veteran identified himself as such, the Director was able to connect him to Harbor Homes Supportive Services for Veteran Families, a military/veteran-specific housing program where he was successfully housed.

► The Coos County ServiceLink asked the recommended question of “Have you or a family member ever served in the military?” of an elderly woman (92) and after discovering she was a Veteran, referred her to the Veterans Independence Program--supported by the VA Medical Center--to address her in-home care needs.

►During a home visit, a ServiceLink Coordinator asked the recommended question of “Have you or a family member ever served in the military?” of a client on hospice care with lung cancer. He confirmed he had served in the Navy for 10 years and been exposed to asbestos on submarines. He had not applied for any disability compensation from the VA. The ServiceLink Coordinator connected the Veteran to the local Veterans Services Officer who helped him file for disability benefits. After he passed, his widow received a pension based on this disability which will help her financially for many years to come.

► 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.

► The Belknap County ServiceLink asked the recommended question of “Have you or a family member ever served in the military?” of an older woman and discovered she was a military widow. The provider helped her access health insurance coverage to use services at the VA Medical Center, saving her a precious $300 a month.

Putting It Into Practice: An Example of the Implementation of ATQ

"1st in the Nation" Military Liaison Initiative (MLI)

Serving New Hampshire's Military Families

The mission of the Community Mental Health Center (CMHC) Military Liaison Initiative (MLI) in New Hampshire was to improve access to, and quality of, care for Veterans, Service Members and military families by:

- Strengthening systems for identifying military members being served in community-based organizations;
- Enhancing military cultural competence through education and training of employees, providers and staff; and
- Partnering with civilian-military organizations in the community.

Launched August 1, 2015, the CMHC Military Liaison Initiative created an internal Military Liaison in each of the 10 centers. While the contract concluded on June 30, 2017, the Centers and their Military Liaisons continued their work in various ways to serve and support NH's military families.

As of July 2018, of the 21,380 clients served on a monthly basis by the ten Community Mental Health Centers in the state, over 18% were identified as Veterans, Services Members, or Military Family Members.

MLI Accomplishments:

- Partnered with the Veterans Administration (VA), NH National Guard and NH Vet Centers on coordinating care for Veterans, Service Members and their families.
- Collaborated with the VA Community Clergy Training Program on training clergy, chaplains and faith-based leaders who support rural Veterans.
- Developed internal military teams (within CMHC agencies) to strengthen and broaden outreach to military families.
- Added Military Culture Education to new staff orientation.
- Created alliances with NH Humanities, New England College and National Suicide Prevention Lifeline.

ASK THE QUESTION

UNIT 2: TOOLBOX

What, Why & Who?

The goal of the Ask the Question (ATQ) Campaign is to improve access to, and quality of, services for Service Members, Veterans and their families by encouraging providers to Ask the Question:

"Have you or a family member ever served in the military?"

WHAT is the ATQ Campaign?
The ATQ Campaign is an initiative aimed at recruiting ALL services, facilities, organizations, providers to ask "Have you or a family member ever served in the military?" so that any person who has ever served in the military (regardless of discharge status, era or age) and their family members can be identified.

WHY do we need to ask the question in that way?
Do not ask "Are you a Veteran?". It is paramount that the question be asked in a manner that allows all who have worn the uniform to feel included in the inquiry. Not everyone who has served identifies as a "Veteran" either because they do not feel comfortable with the term, their discharge status prohibits it, or because their service involved work with the National Guard or Reserves and they were never activated. This specifically worded question also allows family members to respond in the affirmative if their loved one is actively serving or if he/she falls into one of the above categories.

WHY do we need to identify everyone who has ever served in the military and their families?
Military service comes with many unique experiences and occupational exposures, most of which civilians will never have. Understanding the culture from which the individual may be operating, knowing about possible variables in their health, and in their family situation will allow the provider to deliver more effective, comprehensive, and culturally competent care or services. You might even connect them with benefits or services they did not know they were entitled to! Additionally, knowing about one's service allows us to show our appreciation for the sacrifices they have made.

WHO should we ask?
Everyone! Men, women, children, older adults, young adults, those with disabilities…everyone! Even if you have been serving or treating the person for a long time, it is never too late to ask. You may be surprised at how many people say "Yes!". Let them know that you have recently learned that this information can sometimes be important to the delivery of your care or service; therefore, you have made a commitment to ask.

Frequently Asked Questions:
Why we ask about your Military Health History

Q: Why are you asking me for this information?

A: While we have always treated Service Members, Veterans and their families, we have since learned how important it is that any care, diagnosis or treatment we provide to you considers all possible exposures or unique experiences had during military service including during peace time, foreign or domestic. In doing so, we can provide you the best and most informed care.

For example, military service often comes with unique vaccinations, even if you never deployed, and other chemical exposures such as mustard gas or burn pit smoke. Depending on your health concerns, some of these possible exposures will be important for us to know about.

Q: Do I need to have been deployed or honorably discharged for my military service to be relevant?

A: Absolutely not! Our practice appreciates all those who have served! We also recognize that there are unique exposures and medical conditions that are relevant to military service that may not be deployment-related, such as vaccinations, training-related injuries and chemical exposures.

Q: Will my information be shared with the VA, DoD or other third party?

A: No. While we are very proud of the Veterans we serve, consistent with the Health Insurance Portability and Accountability (HIPAA) Act of 1996, we will safeguard your service status and will not share this information with any third party without your written consent. We hold your privacy sacred.

Q: How will this information be used?

A: Your history of military service will be captured in your medical record so that any provider in our system who has the opportunity to treat you will have access to all relevant information. Also, this information will be used to document the volume of Service Members, Veterans and family members for whom we provide care (just as we document the number of children, people with disabilities of people over the age of 65, etc) so we can consider our patient population when improvement efforts in our facility are made. Above all else, your health and well-being are our #1 priority. By knowing all there is to know about your health, we will be able to treat the “whole” you.

Q: What if I don’t want to provide this information?

A: You are under no obligation to report your military service. We will always strive to provide you with the best possible care.

Employee Script: Frequently Asked Questions about ATQ

Q: Why are you asking me for this information?

A: First, we ask because our practice truly values all those who have served in our military including their families. We like to take the opportunity to show our appreciation whenever we can. While we have always treated Service Members, Veterans and their families, we have learned how important it is that any care, diagnosis or treatment we provide you has considered all possible exposures or unique experiences had during military service so that we can provide you the best and most informed care.

EXAMPLE to offer if necessary:
For example, military service often comes with unique vaccinations, even if you never deployed; and other chemical exposures such as mustard gas or burn pit smoke. Depending on your health concerns, some of these possible exposures will be important for us to understand.

When responding to a family member:
A: We recognize that military service can sometimes be hard on families. To show our appreciation for that sacrifice, we want to know about any concerns or difficulties you may be experiencing so we have the opportunity to help if we can.

Q: Do I need to have been deployed or honorably discharged for my military service to be relevant?

A: Absolutely not! Our practice appreciates all those who have served! We also recognize that there are unique exposures and medical conditions that are relevant to military service that may not be deployment-related, such as vaccinations, training-related injuries and chemical exposures.

Q: Will my information be shared with the VA, DoD, medical treatment facilities or other third parties?

A: No. While we are very proud of the Veterans we serve, consistent with the Health Insurance Portability and Accountability (HIPAA) Act of 1996, we will safeguard your service status and will not share this information with any third party without your written consent. We hold your privacy sacred.

Q: How will this information be used?

A: Your history of military service will be captured in your medical record so that any provider in our system who has the opportunity to treat you will have access to all relevant information. Also, this information will be used to document the volume of Service Members, Veterans and their families for who we provide care (just as we document the number of children and elderly, or the number of people with disabilities that we serve, etc) so we can consider our patient population when improvement efforts in our facility are made. Above all else, your health and well-being are our #1 priority. By knowing all there is to know about your health, we will be able to treat the "whole" you.

Q: What if I don't want to provide this information?

A: You are under no obligation to report your military service. We will always strive to provide you with the best possible care.

ASK THE QUESTION

Unit 3: Implementation—Building a Team and Fostering a Culture

Unit 3

Implementation—Building a Team and Fostering a Culture

"Have you or a family member ever served in the military?"

Serving Service Members, Veterans and their families goes beyond simply identifying them. Identifying those connected to the military, educating and training staff and being familiar with available resources are components that need to be tied together in clearly defined and communicated policies and practices in order to be sustainable and effective. Once you understand why it's important and have determined how it can benefit the organization and the people you support, the information and tools in this unit will provide guidance on how to start.

In this Unit:

35 **Building a Team and Fostering a Culture**
44 **Rapport Begins at the Front Door**

Unit 3 Toolbox:

45 **Ask, Link, Collaborate: Starting & Sustaining**—A checklist designed for organizations to evaluate current readiness to most effectively serve Service Members, Veterans and their families.

Related Appendix Items:

67 **How to Honor & Display the American Flag**
120 **Recommended Professional Development: Military Cultural Competence & Suicide Prevention Trainings**

Building a Team and Fostering a Culture

Serving Veterans is about more than simply stating that your organization is "veteran/military friendly." To serve a population genuinely, it is imperative to know them (those you serve AND those you employ), welcome them, and most of all care about what makes them unique. A checklist "Ask, Link, Collaborate: Starting & Sustaining" is included in the Toolbox at the end of this unit for organizations to use as a guide to evaluating and planning how to build a team, foster a culture and operationalize Ask the Question within policies, practices and procedures.

Step 1: Identify and bolster stakeholders

While senior-level management ultimately has the responsibility for the culture of an organization, there are other interested and viable stakeholders throughout every level of the organization that should be actively engaged and that will help ensure success.

Obtaining commitment from the executive level and engaging Veterans in clinical and administrative management positions are important steps; it is equally important to involve colleagues, employees, and staff who are not Veterans themselves but are family members or dear friends with someone who has served; or simply individuals who express and demonstrate interest in serving Veterans. A multidisciplinary team such as this will bring the needed diversity and passion to your initiative.

Initiate the development of a team

Send a system-wide email: include everyone working (and volunteering) for your organization, from senior executives, to physicians, to custodial and maintenance staff. Ask the Question in the email, invite everyone to self-identify as having served in the military or as being a part of a military family. The email might say something like this:

Have you or anyone in your family ever served in the military? As [insert name of organization/facility] works to better serve those whom have served in our nation's military, we recognize that many of our employees have served too; whether it be active duty, in the Guard or Reserves or as a proud family member on the home front. With this in mind, please reply to this email with an answer to the question: Have you or anyone in your family ever served in the military?

[Insert name of facility] would like to have the opportunity to show our appreciation for your service and for your contribution to [inset name of facility]'s mission. <u>Please do not reply all- this information will not be shared without your expressed permission.</u> As we develop our commitment to be more mindful of how we serve those who have served, we hope to engage our employees in the task of presenting a more welcoming and friendlier environment for those Service Members, Veterans and their families that choose our facility/organization for their care/services. Upon receiving a "yes" to this question, we may follow up with you for ideas, personal insights, and possible ways you can choose to contribute and be involved in these efforts. Involvement, just as answering this question, is completely voluntary. Additionally, if you answer "no" to this question but would be interested in being involved in this initiative, please let us know!

The response to this email will provide you with the beginnings of a team. Getting this initial team together for a first introduction and brain storming session will be critical to generating the enthusiasm necessary to see "veteran champions" rise and evolve into your leaders. Share your vision for the initiative, get their ideas, and encourage them to recruit others.

Ideally, your team should have a senior sponsor who can keep executives and other senior leaders apprised of the effort and assist in key decision making. In a perfect world, both an operational and clinical executive would co-lead your efforts. When the clinical benefits are operationalized, the culture will transition more seamlessly. When your employees feel that, *"this is just how we do things here"* the initiative has been a success.

If this initial invitation fails to generate sufficient team members, consider providing continuing education or a luncheon educational meeting about serving Service Members, Veterans and their families to help stimulate interest and enthusiasm. Busy employees sometimes need to be reminded *why* they want to take the time to participate in such an initiative. Have a point-person available in the room to catch those who show interest, resend the email that day as an immediate follow up to the activity, follow up again in 3 days. Consider including what the time commitment will be and whether that time will be allowed to be taken during the work day or outside. Make sure managers and clinical team leaders are promoting the initiative by talking about it and reminding employees to respond to the email.

Developing your team and culture

After the initial email to introduce the concept of self-identifying, begin to include the question *"Have you or a family member ever served in the military?"* in the orientation for new employees so that self-identifying becomes a part of your facility/organization's culture. Your human resources department should be able to help you with the facilitation of this information gathering. Including a member of HR on your team is ideal and will aid in culture change. It is important to make clear that identification and involvement is voluntary.

Consider allowing/encouraging those who choose to self-identify as having served to display their affiliation on their name badge/ID, lapel, or lanyard, etc. For example, a mother of a Marine might wear a yellow ribbon pin with the Marine logo on it, a physician who went to medical school with the Air Force might wear an Air Force logo on his/her ID card. Employees and staff who didn't serve but want to be involved and show support might choose to wear an American flag pin. Encouraging displays of service, patriotism and support improves the morale of both employees and patients/clients who have served. *Refer to Appendix for How to Honor & Display the American Flag. Provide to staff/employees to avoid unintended improper use or display of the flag.* Observing displays of military service often results in Service Members, Veterans and their families choosing to self-identify, and generates the beginnings of a comfort and trust that may allow for greater disclosure of possible military related conditions, symptoms or needs.

Your facility/organization may also choose to provide such symbols of service as a way to further validate your appreciation for your military connected employees and staff. Examples might be: ID Tag holders, lanyards, or pins that indicate VETERAN status.

Wall of Honor is a popular way many facilities choose to highlight employees and staff who have served, or their family members who are actively deployed. If your facility would like to pursue this type of public display, here a few guidelines to consider:

- Permission MUST be granted by the individual who will be named or displayed on the Wall;
- When requesting permission, ask: *We would like to honor your service by … may we…?;*
- DO NOT ask: *Would you like to be displayed on our Wall of Honor?;*
- Inform the individual exactly where the *Wall* will be displayed;
- Inform them of exactly what you are requesting permission to display—name, photo, service information, etc;
- Allow them to decide exactly which photo, how their name is printed, what information about their service will be displayed, etc;
- Send them a proof of the whole display of themselves before it is mounted;
- Invite them to the unveiling of the *Wall*, make it an event, respect their choice to attend or not attend.

Bolster and create sustainability
Provide opportunities for veteran champions to inform and design the initiative. Their military experience and expertise can aid in the design of services, materials and culturally appropriate marketing approaches.

Establish the needs of your facility and decide what sub-projects will be pursued. Identify Veterans and patriots with the skill sets and organizational insight to lead those sub-projects. Have them form teams to execute assigned goals. Sub-projects may evolve or dissolve as necessary to support the current direction of the project.

Examples of sub-projects might be:

- 5K running/walking group (find events, registration, t-shirts, organization of group)
- Poster design and rotation of materials
- Email or Newsletter
- CE/CMEs opportunities
- Public relations

The importance of consistent messaging

Culture change requires consistency. For the initiative to be successful, the message around the *what* and *why* must be confidently and consistently delivered by those representing your team. Create a 30-second overview of the initiative (an "elevator speech") that can be shared with internal colleagues and external customers (within the time of a brief elevator ride). This message needs to consist of more than the "moral imperative". It needs to speak to the needs of the listener, such that they walk away understanding the importance of the initiative as it pertains to their role in your organization. Ensuring that all veteran champions are able to reiterate the elevator speech will aid in disseminating accurate and effective information about the initiative across your organization. Consistency of the message will help legitimize the project efforts.

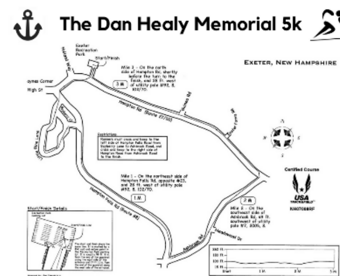
Consider utilizing the tools provided at the end of this unit and in the Appendix in order to ensure consistent messaging.

It is important to create relationships with local Guard and Reserve Components and other Veteran Service Organizations (VSOs). Identify a point of contact from a medical unit, a unit commander, or a readiness noncommissioned officer (NCO) to support your team. These contacts can assist in promoting the services offered by your facility and in educating and supporting your providers and employees. Invite them to attend a meeting of your team, include them in invitations to attend special veteran or military related events you might host or in which your organization might participate.

Sustainability--maintenance events

Generating and maintaining a culture that will support the initiative requires maintenance events that must be coordinated and incorporated into the larger program. These events keep Veterans and other interested employees in your organization connected and are an overt demonstration of your commitment to Service Members, Veterans and their families. These events also provide a means for soliciting innovative ideas, identifying issues/challenges, and sustaining organizational momentum. Below are examples of possible opportunities that will keep your program vibrant:

- Regularly scheduled team meetings (publicly posted and open to all);
- Regular senior/executive reports;
- Facility participation/representation at regional veteran events (i.e. have a booth/ banner/ float in Veterans Day and Memorial Day parades);
- Internal Veterans Day and Memorial Day ceremonies;



- Organizational wide emails that thank military-connected employees for their service by name (get permission every year prior to publication) at Veterans Day;
- Facility participation/representation at veteran and/or military related 5K walk/run events. Have a team of employees participate in the race, create t-shirts, post about it on your facility web-page or social media;
- Frequent opportunities for in-house trainings. Offer continuing education credits (CEUs) if possible;
- Invite local schools/day care centers to join your employees in letter writing and/or care package campaigns to support Troops & Veterans;
- Patriotic artwork displayed in facility—invite Veteran employees or all employees to express patriotism and appreciation of military service through artistic mediums;
- Posters and/or table tents informing employees about the Ask the Question campaign.

Step 2: Educate leadership, employees, and staff

Education about serving Veterans, Service members and their families is essential to ensure the delivery of high-quality, equitable health care. The vast majority of those who have served receive health care in their communities. Even those who are VA-eligible often choose to access much of their care and services via non-VA resources.

Statistically speaking, your facility is already serving Veterans, Service members and their families. Increasing provider awareness of the unique culture and clinical implications of military service will only improve the quality of the care and services you are already delivering.

It is essential that your facility, if aiming to become a more “veteran/military friendly” environment, familiarizes your employees and volunteers (from the greeter at the door, to the reception staff, to medical providers and administrators) in the culture of military service and the unique needs of those who have served and their family members.

The education and depth of cultural understanding required for your employees will vary depending on the expected professional engagement they have with your customers/patients/clients. For example, your main entry greeters do not necessarily need to be familiar with the possible exposures experienced by an Operation Iraqi Freedom (OIF) Veteran, but they do need to know how to confidently and respectfully thank a Veteran for his/her service and engage in appropriate and warm

small talk regarding the military when opportunities arise (i.e. upon engaging with an individual wearing a hat denoting his/her service). It is important to note, as with any first impression of your organization, this first in-person contact might be the most important opportunity to set forth a validating and trusting environment where the Veteran will feel understood and embraced.

Align the program design to your organizational goals of patient-centered experience and delivery of high-quality care. In this way, the initiative will be fully integrated into the mission and vision of the organization.

Consider using tools provided at the end of this unit and in the Appendix to educate staff and ensure consistent messaging.

Military Culture Training--The basics

All employees, regardless of the level of patient/customer engagement, MUST be introduced to the basics of military culture and service. This first training is an opportunity to lay the foundation for the *what* and *why* of Ask the Question; as well as affirming the initiative to become a more veteran/military-friendly organization.

In-person trainings are ideal because questions and discussion of the topics supplement the information, enrich the learning experience and allow individuals to connect with the material. Web-based education is also widely available. *See the next page for a recommended training for civilian professionals (Star Behavioral Health Providers) and the Appendix for a list of additional education options and opportunities.*

Ideally, such a training would become part of your new employee orientation and offered annually to all employees as a refresher. Again, lending to the *"this is just how we do things here"* culture of appreciating and serving military-connected individuals and families.

Other topics to consider educating staff about in order to achieve a more culturally competent care/service delivery system:

Stigma

Post-Traumatic Stress Disorder (PTSD)

Re-integration Challenges

Depression

Survivor Guilt

Suicide Prevention

Substance Use/Abuse

Moral Injury

Traumatic Brain Injury (TBI)

Military Sexual Trauma (MST)

Chronic Pain

Marriage and Family Challenges

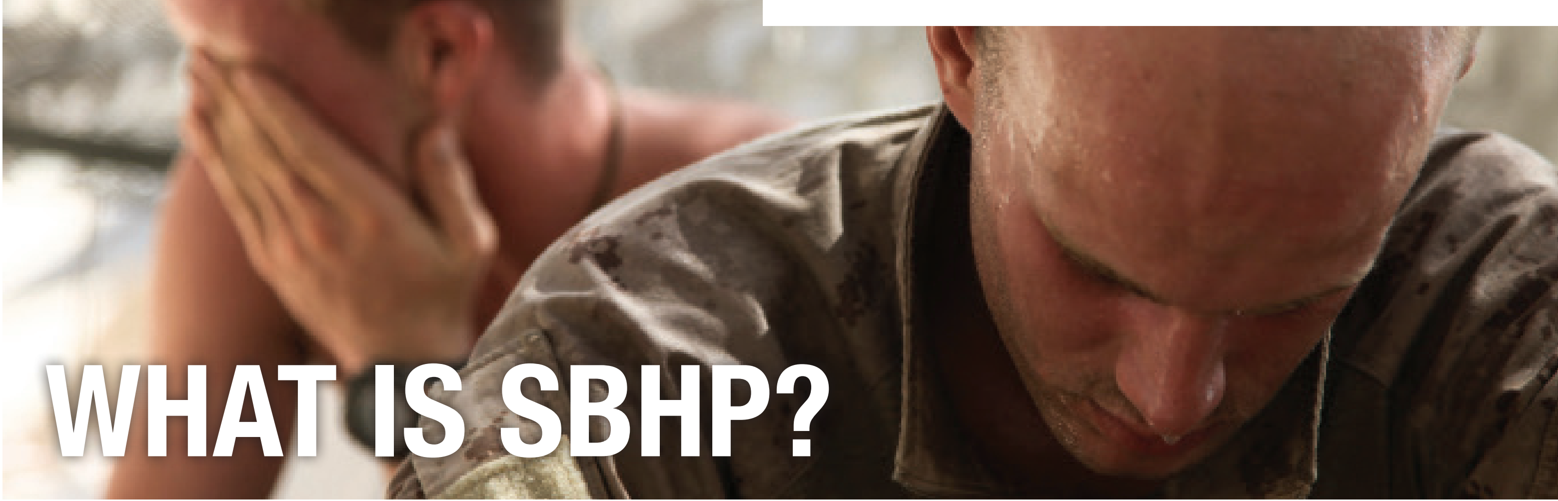
Caring for Caregivers

Use of Service Animals

Providing culturally informed care for Service Members, Veterans and their families, will, undoubtedly, be closely aligned with your organization's mission, vision and values because it facilitates more equitable care, thus increasing quality of care.

STAR BEHAVIORAL HEALTH PROVIDERS®

Civilian Professionals. *Military Sensitivity.*



WHAT IS SBHP?

Star Behavioral Health Providers (SBHP) is a system for improving the quality of and access to behavioral health services to service members, veterans, and the people that care for them. The SBHP system involves a two pronged approach:

1. Provide civilian behavioral health providers and other related professionals with training in evidence-based treatment options, as well as training which raises their awareness and sensitivity of the unique challenges faced by military affiliated people. This tiered training system includes:
   - **Tier One** provides an introduction to military culture and information about deployments.
   - **Tier Two** provides education about challenges and difficulties that may present and are often associated with military service.
   - **Tier Three** offers clinical skills that focus on specific evidence based treatments to address some of the deployment related behavioral health issues facing service members, such as PTSD, traumatic brain injuries (TBI), and suicide.
2. Enable military affiliated people to more easily locate the behavioral health resources they need by establishing and maintaining a registry of behavioral health providers which have received the SBHP provided training. Rather than a static and potentially outdated list of links, the provider information in the registry is periodically verified in order to provide a more accessible experience to the person seeking help.

Learn more at:
WWW.STARPROVIDERS.ORG

WHY IS IT NECESSARY?

The military affiliated population frequently relies on civilian providers for their behavioral health needs. The reasons for this vary by demographic, but regardless of the reason the challenges facing the military member remain the same. Civilian providers need training outside the regular curriculum in order to fully address the unique issues a military affiliated person brings to the table. Without a central agency providing verifiable training and access to qualified behavioral health providers, military affiliated people are left with the daunting task of finding an appropriate provider. SBHP provides both increased competency in the behavioral health provider market and increased visibility to the military member.

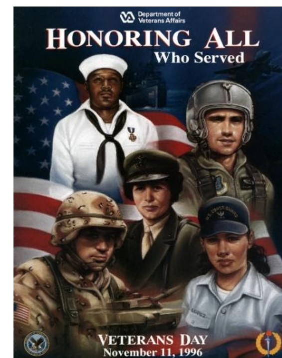
SBHP

The Star Behavioral Health Providers program was created by the Military Family Research Institute in collaboration with the Center for Deployment Psychology, Indiana National Guard, Indiana Family and Social Services Administration, and the National Guard Bureau Psychological Health program.

NOTES

Step 3: Educate your patients/customers/clients

Successful transformation into a more "veteran/military friendly" organization and delivery system requires that the system is effectively utilized by those you intend to serve.



Your staff may be educated and culturally aware, but if the Service Members, Veterans and their family members that walk through your lobby, hallways, or sit in your waiting rooms are not made aware of your initiative, or are not encouraged to disclose their military connections, the opportunity to provide more equitable care will be lost.

Consider using tools provided at the end of this unit and in the Appendix to inform military and Veteran clients/patients and ensure consistent messaging.

Posters, flyers, table tents and other visuals are imperative to successful transformation. Creating these visuals may be the task of your team, or they can be created by local students, clubs or groups seeking to contribute their talents and time to a worthy cause. Slogans and catch phrases are also helpful and may contribute to the dissemination of a consistent message across your delivery system. At the very least, the message conveyed must communicate your desire as facility/organization to know if they or a family member has ever served in the military.

Also, consider publicly advertising veteran or military related events being held at, or sponsored, by your organization/facility. On Veterans Day, take out ads in your local publication to thank by name (with explicit permission) your employees/staff who have served.

Education for the public at large not only aids in the dissemination of your intent and messaging, but also generates goodwill and public awareness of the needs of Service Members, Veterans and their families.

Refer to Appendix for How to Honor and Display the American Flag (DAV.org) describing how to properly honor and display the American Flag.

HAVE YOU EVER SERVED?™
www.HaveYOUEverServed.com
American Academy of Nursing
Tell your nurses if you or a family member have ever served in the military.
They need to know to serve you better!
Bob Woodruff Foundation
Chamberlain College of Nursing
Veterans Support Foundation

Rapport Begins at the Front Door

A simple rule for main entry greeters, receptionists, front desk staff and all others who may encounter patients/clients/customers as they enter your facility is to acknowledge warmly and with gratitude, everyone entering in uniform, as well as those individuals who display service or military affiliation on a hat, shirt, or in some other clear and positive way.

Eye contact is a must, hand shake is optional and you might say:

"Good morning, I noticed your hat, thank you for your service."

"Vietnam Veteran, wow, let me just say--Welcome Home!"

"I noticed your shirt--were you in the Navy?"

Despite your best intentions, **NEVER** say anything like: "I'm glad you made it home safe/okay/unharmed, etc." or "I hope you didn't have to kill anyone!".

Be sure to also ask those accompanying the individual displaying their service if they served too. For example, ask the elderly woman wheeling her elderly husband into your lobby **"Did you serve in the military as well?"** Remember that women serve too, and they always have.

Consider engaging children accompanied by a parent who is wearing a symbol of their service by making an exclamation such as, **"Wow, a Marine! You must be very proud of your Mom/Dad!"**

If you have a personal connection to the branch of service, do not be afraid to say so. Just keep it light and positive and be willing to accept gratitude in return if the individual chooses to thank *YOU* for your service or family connection.

Never insert or engage in political discussion or reference when greeting and/or showing appreciation to someone who has served. If the individual brings it up, politely decline/dodge/exit the conversation. Politics have no place in expressions of appreciation for service.

Make sure the lobby has an American Flag or the facility has one flying outside (or both). Be sure the flag is displayed correctly. *Refer to Appendix for How to Honor and Display the American Flag (DAV.org) describing how to properly honor and display the American Flag.*

Lobby, elevator, and waiting rooms are good places to have posters/flyers/table tents informing your patients/clients/customers that you want to know about their military connection.

ASK THE QUESTION

UNIT 3: TOOLBOX

MY NOTES

Ask, Link, Collaborate: Starting & Sustaining

Utilize this checklist to evaluate your organization's current readiness to most effectively serve Service Members, Veterans and their family members. Refer to the Ask the Question Toolkit, available at www.askthequestion.nh.gov, for more information, guidance and tools.

Prepare your facility and your providers to deliver culturally competent and informed care.

- [ ] Confirm senior-level management support for developing, enhancing and evaluating the organization's procedures for serving SMVF.

- [ ] Identify staff for a multi-disciplinary, internal team to evaluate and oversee the organization's approach to serving SMVF. Ideally, this team will consist of employees who are SMVF and those who are not.

Internal teams should consider and evaluate all of the following.

- [ ] **Before work begins:** How will the team operate and function? How will executive leadership & organization staff be made aware of the work? Who has decision-making authority?

- [ ] How are SMVF screened? Is the process operationalized in policies & procedures?Are all staff aware of the procedures? **Recommendation:** The first question asked at intake should be "Have you or a family member ever served in the military?". Define who that might be (self, partner, other household member, etc).

- [ ] After the initial question, consider what other information the organization will benefit from collecting and how that can be done in an effective way. Consider mapping the internal process of identifying SMVF and documenting the procedure for future reference by all staff.

- [ ] What is the organization's culture related to serving SMVF? How might this need to be changed? Align and fully integrate the initiative into the organization's mission and vision. When evaluating organizational culture, consider attitudes, level of knowledge, policies & procedures as well as the physical appearance of the facility. Consider a pre- and post-measurement to evaluate the success of the initiative and work.

For more information or technical assistance:
www.askthequestion.nh.gov

Page 2

Internal teams should consider and evaluate all of the following.

- [ ] Does the organization accept Veterans Choice, TriCare and/or Martins Point? Ensure the organization accepts forms of insurance common to military/Veteran families.

- [ ] Are staff required to complete Military Culture Training? Staff throughout every level of the organization (leadership, employees, volunteers) should be prepared and knowledgeable about serving the SMVF population. The role & responsibility of an employee will determine the type/level of training recommended. Education should include information about resources available and local networks supporting SMVF. Determine how this education can be ongoing.

- [ ] Do staff who make referrals have working relationships with the organizations/professionals to whom SMVF will be referred? Does the organization have an advisory relationship with the local Guard and Reserve Components or other veteran service organizations? Make personal connections between your organization's staff and those who they will be contacting on behalf of military/Veteran families.

- [ ] Are SMVF patients/clients aware of the organization's procedures to serve them? Educate patients/customers/clients about procedures so they are comfortable disclosing military connections and experiences and so they understand how the information collected will be used. If they are not aware, the opportunity to provide more equitable care will be lost.

Resources

Ask the Question Toolkit
A Toolkit for developing cultural competence in your healthcare/service delivery setting. This resource is designed for staff of all roles in service delivery organizations and provides a variety of educational material, scripts for staff, and tools to use in service delivery such as handouts for patients/clients. The Toolkit is a product of composition and assembly efforts of Dr. Nicole L. Sawyer and the NH Commission on PTSD & TBI.
www.askthequestion.nh.gov/documents/atq-toolkit.pdf

Ask the Question Website
Find a variety of resources related to screening Service Members, Veterans and their family members at New Hampshire's ATQ website. Multiple professional fields are highlighted so organizations of all types can determine the benefits to screening for their patients/clients.
www.askthequestion.nh.gov

Unit 4: When the Answer is "YES"

Unit 4

When The Answer Is "Yes"

If the answer is "yes", a more detailed military health history is necessary.

A significant number of Service Members and Veterans receive their health care in community-based practices by providers who may not be familiar with military culture or in screening for military service. As Lt Col Stephanie Riley in New Hampshire discovered (Unit 2), this increases the risk of serious health issues for the population as a result of being undiagnosed, misdiagnosed, or treated ineffectively. It is important for practitioners and providers to screen every patient/client for military service and ask important follow-up questions for those who answer in the affirmative. Further educating staff about military cultural competency and the unique experiences of Veterans is key to providing quality, evidence-based care. Recognizing when Veteran patients/clients require more or different services than you can provide and referring them appropriately for appropriate care and treatment is essential. (C.S. Selleck et al., The Journal for Nurse Practitioners 17 (2021) p.574-578)

In this Unit:

52 **Ask, Link, Collaborate**
54 **Stigma**
55 **Common Military Environmental Exposures**
56 **When to Consider Referral to VA**

Unit 4 Toolbox:

58 **Military Service Health History Form**—A sample of a basic military health history you could utilize in your organization.

31 **Frequently Asked Questions: Military Health History**— *Available in Unit 2 Toolbox.*
A handout for patients in healthcare settings that answers commonly asked questions about the importance of providing a Military Health History. Intended for wide-spread posting and distribution in facilities/organizations. Use this information as a handout with intake paperwork or make available in waiting or treatment rooms.

32 **Employee Script: Frequently Asked Questions about ATQ**— *Available in Unit 2 Toolbox.*
A script for employees and staff to answer most commonly asked questions related to identifying Service Members, Veterans and their family members. Consistent messaging from employees is important to build trust. Be sure employees have access to the Frequently Asked Questions: Military Health History handout to go along with these answers when asked. *This is NOT a handout intended for distribution to patients, customers or clients.*

Unit 4 Toolbox:

59 **When the Answer is "Yes"**—A script for employees and staff to use when speaking with Veterans or Service Members.

61 **When the Answer is "Yes"**—A script for employees and staff to use when speaking with a family member of a Service Member or Veteran.

Related Appendix Items:

65 **Suggested Reading For More Information**

71 **Understanding Your Client's Military Background** (Veterans Administration Health Care)

83 **Military History Checklist** (www.WeHonorVeterans.org) – An alternative checklist to the one provided in the Unit 4 Toolbox.

85 **Military Health History Pocket Card for Health Professions Trainees and Clinicians** (Veterans Administration Health Care)

90 **Tricare Prime/Martins Point Health Insurance**

91 **VA Health Care**—Eligibility, Enrollment, Filing a Claim

87 **PTSD Screening Tool: PCL-5**

96 **Patient Health Questionnaire (PHQ-9) Depression Screening**

97 **ASSIST: Substance Abuse Screening**

99 **Alcohol Use Screening (AUDIT)**

Ask, Link, Collaborate

ASK

A significant number of Service Members and Veterans receive their health care in community-based practices by providers who may not be familiar with military culture or in screening for military service. As Lt Col Stephanie Riley in New Hampshire discovered (refer to Unit 2), this increases the risk of serious health issues for the population as a result of being undiagnosed, misdiagnosed, or treated ineffectively. It is important for practitioners and providers to screen every patient/client for military service and ask important follow-up questions for those who answer in the affirmative. Further educating staff about military cultural competency and the unique experiences of Veterans is key to providing quality, evidence-based care. Recognizing when Veteran patients/clients require more or different services than you can provide and referring them for appropriate care and treatment is essential. (C.S. Selleck et al. / The Journal for Nurse Practitioners 17 (2021) p.574-578—*Suggested Reading for More Information in Appendix*.)

Stigma has been identified in research nationwide as one of the reasons Service Members or Veterans may avoid seeking care or self-identifying as having served in the military. Refer to a later section of this unit for more information on stigma. Asking the question, "Have you or a family member ever served in the military?" shifts the responsibility of identifying from the client/patient to the professional and removes the pressure to self-identify.

When the answer is YES, more information may be required. If related to the services or treatment you provide, taking a comprehensive Military Health History can inform treatment and referrals. Read more about the importance of a military health history in the journal article listed in S*uggested Reading for More Information in the Appendix*--The Importance of Taking a Military History, A. Lucile Burgo-Black et al., Public Health Reports 131 (2016) 711-713. Common military exposures are described later in this unit.

Several tools related to using and communicating about a military health history are provided at the end of this unit and in the Appendix.

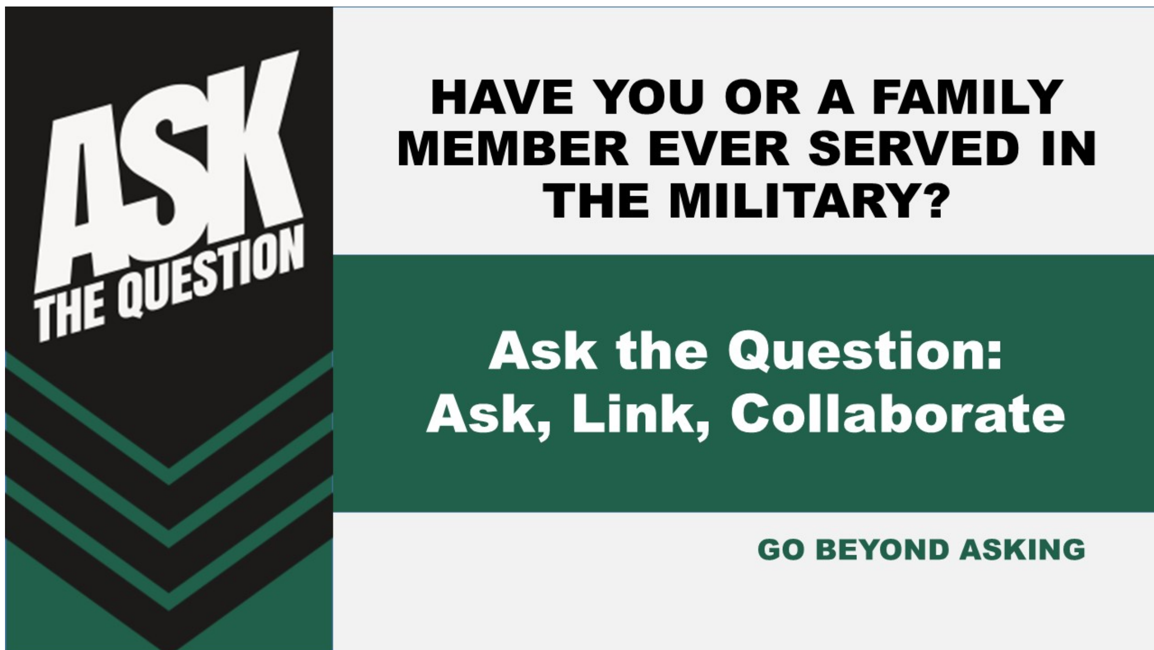
LINK

When the answer is YES, then LINK the military and Veteran client/patient to appropriate resources or treatment. This may include recommending that the client/patient seek treatment or services at a VA Medical Center. Not all Service Members or Veterans are eligible for care at the VA. If they are not already enrolled at the VA, refer them to a Veterans Services Officer in the state who can evaluate their eligibility and assist them with filing a VA claim and enrolling for care. Recommending that a client/patient seek the services you provide elsewhere can be awkward, but sometimes it might be the right course of action. To help you navigate this complicated and tricky situation, information about when a referral to the VA may be appropriate is included later in this unit. *Additionally, refer to the tools provided at the end of this unit and in the Appendix.*

COLLABORATE

Collaborate with other professionals in your state to ensure you continue to have a solid understanding and familiarity about the services and supports available to the military and Veteran population in your local area and state as well as those available nationally. Build relationships with the people, organizations, networks and resources that can inform your work.

Ask the question, link to the appropriate treatment or resource and collaborate with other professionals to sustain an effective community of practice to benefit the military and Veteran population.



Stigma *noun* stig·ma \ˈstig-mə

A degrading and debasing attitude that discredits a person or group because of an attribute (such as an illness, gender, gender identity, color, sexual orientation, nationality, religion, socioeconomic status, etc.). Can also result in ***discrimination****. The coping behavior of the affected person may result in internalized stigma. Self or internalized stigma is equally destructive, whether or not actual discrimination occurs. Stigma negatively affects a person's dignity; marginalizes affected individuals; violates basic human rights; markedly diminishes the chances of a stigmatized person achieving their greatest potential; and impedes pursuit of happiness and contentment.*

What does stigma have to do with military Service Members, Veterans and their families?

In research nationwide, stigma has often been identified as the #1 barrier to accessing healthcare. More specifically, many Veterans report feeling embarrassed or ashamed of their needs (internalized stigma) and this can be a primary barrier, as well as believing that providers will judge them negatively for having served (external stigma), or that their providers simply will not understand them.

The perception that healthcare providers do not understand Veterans stems from: 1) the fact that the vast majority of health care professionals have no military background and/or zero to minimal exposure to military culture, 2) the veteran/service member's fear/belief that a lack of understanding will result in stereotypes, pathologized interactions, misunderstandings, and over-glorification or negative judgments about their identity and experiences.

What does understanding military culture have to do with stigma?

When health care professionals and systems are responsive to their patients' cultural backgrounds, patients are more likely to receive appropriate care, show up to appointments, follow through with treatment plans, disclose necessary treatment information, and pay their bills. It's a win-win.

Combating stigma in your practice:
Consider the following when interacting with Service Members, Veterans, or their family members.

A good start

Make eye contact
You can say "Thank you for your service."
Offer a handshake
Remember—she serves, too!
Instead of "thank you", you might say "welcome home".
Show you care by asking "How has it been going for you since you've been home?".
Do ask, "Do you get any of your healthcare through the VA?".
Remember that many Veterans do not get healthcare though the VA and that's okay.
Believe the stories. War is hell.
Transitions are hard whether the transition is from a deployment to home or from military service to civilian life.

Just don't

Never insert politics into any conversation about someone's service. Don't join in if they start.
As well-meaning as you may be, don't say "I'm glad you made it home safe/okay/unharmed" or "Good thing you didn't have to go over there!"
"Did you kill anyone?"—Nope, NEVER. Just Do Not Ask!
Don't assume that one's military service has involved a deployment or that a military deployment has involved combat. Listen and ask.
Don't assume that one's military service is a factor in their presenting problem. Don't assume that it is not. Listen and ask.

Validate, Support, Accept, Refer

Common Military Environmental Exposures

www.publichealth.va.gov/exposures/

Burn Pits Smoke
Contaminated Water (benzene, trichloroethylene, vinyl chloride)
Endemic Diseases
Heat Stroke/Exhaustion
Hexavalent Chromium
Lead
Mustard Gas
Nerve Agents
Pesticides
Radiation
Sand, dust, smoke, particulates
TCDD & other dioxins

Other Hazards: Asbestos, Industrial Solvents, Fuels, PCBs, Noise/Vibration, Chemical Agent Resistant Coating (CARC)

Era or Region-Specific Exposures & Concerns

(1990-Present) Gulf War/Iraq/Afghanistan/Middle East*

Animal Bites
Chemical or Biological Agents
Munitions Demolition
Depleted Uranium
Dermatologic Issues
Malaria Prevention: Mefloquin-Lariam
Multi-Drug Resistant Acinetobacter
Oil Well Fires
Reproductive Health Issues

IMMUNIZATIONS: Anthrax, Botulinum Toxoid, Smallpox, Yellow Fever, Typhoid, Cholera, Hep B, Meningitis, Whooping Cough, Polio, Tetanus

INFECTIOUS DISEASES: Malaria, Brucellosis, Campylobacter Jejuni, Coxiella Burnetii, Mycobacterium TB, Nontyphoid Salmonella, Shigella, Visceral Leishmaniasis, West Nile Virus

*There is far more comprehensive exposure information available for those who served since 1990 due to better data recorded by the DoD and the VA.

WWII & Korea Era

- Cold Injury
- Chemical Warfare Agent Experiments
- Nuclear Weapons Testing Cleanup

Vietnam/Korean DMZ/ Thailand

- Agent Orange Exposure
- Hep C
- Cold Injury

Cold War Era

- Chemical Warfare Agent Experiments

Nuclear Weapons Testing Cleanup

When to Consider Referral to the VA

Many Veterans choose to receive their health care and other services outside of the VA system; however, there will be times, such as those outlined below, when it might be in the Veteran's best interest to take advantage of VA options.

Some Veterans are Not Required to Make Copays at the VA:

Some Veterans qualify for ***free healthcare and/or prescriptions*** based on special eligibility factors including but not limited to:

- Former Prisoner of War status
- 50% or more compensable VA service-connected disabilities
- Veterans deemed catastrophically disabled by a VA provider

Services Exempt from Inpatient and Outpatient Copays for all VA-Enrolled Veterans

- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for military sexual trauma (MST)
- Care that is part of a VA research project
- Care related to a VA-rated service-connected disability
- Readjustment counseling and related mental health services
- Care for cancer of head or neck caused by nose or throat radium treatments received while in the military
- Individual or Group Smoking Cessation or Weight Reduction services
- Care potentially related to combat service for Veterans that served in a theater of combat operations after November 11, 1998
- Laboratory and electrocardiograms
- Hospice care

Low cost or Free Prescription Medication

Free: Veterans service-connected 50% or more, former POWs, and for Veterans whose income is less than the established dollar threshold.

Also, Veterans receiving medication for the treatment of conditions related to Agent Orange, ionizing radiation, Persian Gulf, military sexual trauma, and certain cancers of the head and neck. Recent combat Veterans are exempt from medication copayments for two years following discharge when being treated for conditions related to their military service.

Low cost: Veterans meeting the low-income threshold may receive free or low-cost prescriptions

Note: VA provides medication to eligible Veterans who are receiving care from VA medical facilities, and to those Veterans authorized by VA to receive care from private physicians at VA expense. VA pharmacies cannot fill prescriptions written by a private physician unless the Veteran is specifically eligible.

See Appendix for handouts and information to provide to those who may want to consider enrolling in VA care or applying for compensation.

ASK THE QUESTION

UNIT 4: TOOLBOX

Military Service Health History

Please complete this brief health history if you have EVER served in the military.

Why are we asking for this information? Military service comes with some unique experiences and exposures, many that civilians would never have. Some of those experiences or exposures might affect your health, now or in the future. Knowing this can help us make sure we are aware of all possible factors when it comes to any health concerns you may have or diagnosis or treatments you may need.

BRANCH: ______________________________ Dates of service:____________________

Please circle **YES** or **NO**

1. YES NO Do you have a service-connected condition or are you rated at the VA for any injuries or experiences?

☐ CHECK if you are interested in learning how to file a VA claim.

2. YES NO Do you receive any of your healthcare at the VA?

☐ CHECK if you are interested in learning how to enroll in VA care.

3. YES NO Did you have any illness or injuries while in the service? (i.e. wounds, fevers, stomach bugs, animal bites) Do you have any scars or nagging aches/pains?

4. YES NO Is there any chance you were exposed to chemical or biological agents? Even during training?

5. YES NO Have you had any exposure to the following: explosions, blasts, radiation, bullet wounds or fragments, excessive heat or cold, vehicle or aircraft crash, excessive noise or vibration?

6. YES NO Did you get any tattoos or were you exposed to any needles (medical treatment, blood transfusion, or drug use) in a foreign country? OR, have you had contact with blood or bodily fluids of someone who did?

☐ CHECK if you would like to be screened for Hepatitis C or HIV

Thank you. We are very grateful for your service. We are honored to have been selected for your health care needs.

When the Answer is “Yes”

When speaking to a Veteran/Service Member

The following is a series of Steps to be taken when encountering an individual who self-identifies as having served in the military (Step 1 & 2 can be applied when encountering an individual wearing a service-related hat/shirt/pin, etc). These steps and questions are to be adapted by each facility or organization based on the information needs for the services or care provided. Not all steps or questions will be relevant or appropriate for every program.

Step 1

Show appreciation in whichever way you are most comfortable and whichever way seems appropriate for the given situation (i.e. say “Awesome!”, “Wonderful!”, “Thank you for your service!”, “Welcome home!”, “You are much appreciated”, “Very cool”). Eye contact is a must, handshakes are optional.

Step 2

Ask with curiosity and interest: “In which branch did you serve?”, “When did you get out?”, “Which years did you serve?”

You might also ask: “What made you choose the [insert Branch served]?” “What was your job?”

If he or she DECLINES to answer your follow questions OR asks WHY are you asking me about this?

Say: “I appreciate your service and am simply curious to know more about you.”

These next steps are intended for Care and Service level inquiry only. These are not casual questions and should not be asked outside of a professional setting.

Step 3

Ask: “Do you mind if I ask you a few health-related questions about your military service?”

If he or she DECLINES to answer questions OR asks WHY do you need to know about that?

Say: “Military service comes with unique experiences and exposures, many that civilians would never have. Some of those experiences or exposures might affect your health, now or in the future. Knowing about those things can help me make sure I am aware of all possible factors when it comes to any health concerns you may have or diagnosis or treatments you may need.”

EXAMPLES *to give if needed: breathing problems and chemical or particulate exposures, nerve sensitivity concerns and extreme cold exposure, memory or concentration issues and exposure to blasts or explosions, hearing issues and firearms use or explosions, certain unique vaccinations or medical interventions, blood borne exposures if you got tattoos in a foreign country*

If he or she still DECLINES to answer military-related questions, show your appreciation for their service again and STOP the military health inquiry.

Step 4

Ask the following series of questions:

Do you have a service-connected condition or are you rated for any injuries or experiences at the VA?
Do you receive any of your healthcare at the VA?

If the answer is *NO*: "Would you like information on eligibility to enroll or filing for compensation?" Provide them with the handout: VA Enrollment, Compensation and Benefits.

YES: "Can you tell me more about that?"
Examples of service-connected injury or experience prompts to gain more information:

- Did you have any illness or injuries while in the service (i.e. wounds, fevers, stomach bugs, animal bites)? Do you have any scars? Or, nagging aches/pains?
- Is there any chance you were exposed to chemical or biological agents? Even during training?
- Did you have any exposure to explosions or blasts? Radiation? Bullet wounds or fragments? Excessive heat or cold exposures? Vehicle or Aircraft Accidents? Excessive noise or vibration?

Did you experience any abuse or assaults, combat or otherwise, or any other traumas you want me to know about?
YES: "Would you like to be screened for PTSD or Depression (at your appointment)?" If *YES*, refer to *PCL-5 or PHQ-9 in the Appendix.*
"Would you be interested in any information on supports or services that may be available?" If *YES,* provide resources handout

Did you get any tattoos or were you exposed to any needles (medical treatment, blood transfusion, or drug use) in a foreign country? Or, have you had contact with blood or bodily fluids of someone who did?
YES: "Have you ever been screened for Hepatitis C or HIV? Would you like to be?" If *YES*, arrange for labs or make appropriate medical referral

If the individual answered YES to any of the above questions, remind him/her that they might qualify for compensation with the VA, offer more information on filing a claim for compensation or refer to a Veterans Services Officer who can assist with filing a claim.

Do you have any concerns about your housing?
YES: "Would you like information on some supports that may be available?" If *YES,* provide resources handout.

Have you ever had thoughts of suicide or homicide?
YES: "Are you feeling unsafe today? When was the last time you felt suicidal or homicidal?" If *YES,* follow your facility/organizational procedure for suicidal or homicidal ideation.

Do you have any concerns about substance use?
YES: "Would you like to be screened for a substance use disorder (at your appointment)?" If *YES*, refer to the *ASSIST or AUDIT* provided in the Appendix.
"Would you be interested in any information on supports or services that may be available?" If *YES,* provide resources handout.

*All **YES** responses and the relevant details should be recorded in the patient's **Problem List** in their medical record so that all medical encounters and associated providers will have the opportunity to consider the impact of the above exposures or needs on any presenting concern.*

Step 5

Thank the individual again for his/her service and remind them that you are honored they chose your facility for their health care needs.

When the Answer is “Yes”

When speaking to a family member of a Veteran/Service Member

The following is a series of steps to be taken when encountering an individual who self-identifies as having a family member who serves or has served in the military. These steps and questions are to be adapted by each facility or organization based on the information needs for the services or care provided. Not all steps or questions will be relevant or appropriate for every program.

Step 1

Show appreciation in whichever way you are most comfortable and whichever way seems appropriate for the given situation (i.e. say “Thank you for your service! We know that the family serves, too”). Eye contact is a must, handshakes are optional.

Step 2

Ask with curiosity and interest “In which branch did he/she serve?”, “When did he/she get out?”, “Which years did he/she serve?”. Show similar signs of appreciation as in Step 1. Add: “Thank you for the sacrifices you and your family have made.”

If he or she DECLINES to answer your follow up questions or asks WHY are you asking me about this?

Say: “I appreciate military service and am simply curious to know more about you and your family.”

These next steps are intended for Care and Service level inquiry only. These are not casual questions and should not be asked outside of a professional setting.

Step 3

Ask with respect and a positive attitude how military life/service has been for them and their family. Let the individual define for you what role (if any) the military plays in his/her family.

You might also ask “Have you moved around a lot? Has your family been through any deployments? How are your children doing with that?”.

Step 4

Does your Veteran need any caregiving?

If *NO:* Skip to Step 5.

If *YES*: **“**Are you the primary caregiver for your Veteran?”

> YES***: “*** Do you mind if I ask you a few questions about your caregiving role and responsibilities?”
>
> ***Ask:*** “Are you involved with Caregiver Supports at the VA? If not, “Are you interested in learning about some of the services that may be available? Provide a resources handout.

Ask the following questions to gain a better understanding of the caregiving situation:

a) How long have you been the caregiver for your [son, daughter, spouse, etc]?
b) Does he/she currently live with you?
c) How often do you provide caregiver support?
d) How much support do YOU get from others for your caregiver role?
e) Do you provide (or try to provide) help with:
   - Eating, bathing, walking, etc?
   - Hands-on care like wound care or physical therapy?
   - Household work, chores, meals, laundry, shopping?
   - Transportation to appointments?
   - Money management?
   - Coordinating his/her care?
   - Planning his/her social activities?
   - Emotional support?
   - Financial support (providing money for bills, etc)?
   - Other tasks?

f) Does your role as a caregiver make working, going to school, parenting, socializing, or managing your own home difficult or impossible?
g) How are you:
   - handling your own commitments and responsibilities?
   - sleeping/taking time to rest?
   - spending time with family and friends?
   - taking a break when you need to?
   - having a positive attitude?
   - handling stressful events when they occur?
   - handling your own anger?
   - staying healthy, both physically and mentally?
   - feeling like you're doing a good job as a caregiver?

Step 5

Are there any particular difficulties you're facing as a result of your family's military service (ie. financial, employment, educational or social difficulties, family member health concerns, self-care, child care or elder care difficulties, etc)?

YES: "Are you interested in learning about some supports or opportunities that may be available? If yes, provide a resources handout.

Step 6

Thank the individual again for their family's service and sacrifice and remind them that you are honored they chose your facility for their health care needs.

Appendix

Appendix

65 **Suggested Reading For More Information**

66 **Ask the Question Website**

This website was developed in New Hampshire to promote the Ask the Question Campaign, but the information and resources available on the site is designed to be relevant and useful in all states

67 **How to Honor & Display the American Flag** (DAV.org)

71 **Understanding Your Client's Military Background** (Veterans Administration Health Care)

83 **Military History Checklist** (www.WeHonorVeterans.org) – An alternative checklist to the one provided in the Unit 4 Toolbox.

85 **Military Health History Pocket Card for Health Professions Trainees and Clinicians** (Veterans Administration Health Care)

90 **Tricare Prime/Martins Point Health Insurance**

91 **VA Health Care Eligibility**

93 **How to Enroll in VA Care**

94 **Eligibility for a VA Disability Claim**

95 **How to File a VA Disability Claim**

87 **PTSD Screening Tool: PCL-5**

This form must be completed voluntarily. The Veteran or Service Member can complete this brief questionnaire during his/her appointment (or at home and online) and decide if he/she is willing or interested in getting help. This questionnaire does not represent a diagnosis of PTSD, but can identify associated symptoms and validate possible concerns. The screening should be documented where deemed relevant based on the results. This form can also be administered at follow up appointments to measure progress in treatment or symptom reduction.

96 **Patient Health Questionnaire (PHQ-9) Depression Screening**

The same notes as above for the PTSD Screening Tool (PCL-5) apply to this tool. This questionnaire does not represent a diagnosis of depression, but can identify associated symptoms and validate possible concerns.

97 **ASSIST: Substance Abuse Screening**

This form must be completed voluntarily. The ASSIST is a general substance abuse measure. The Veteran or Service member can complete this brief questionnaire during his/her appointment (or at home and online) and decide if he/she is willing or interested in getting help. This questionnaire does not represent a diagnosis of Substance Use Disorder, but can identify associated symptoms and validate possible concerns. The screening should be documented where deemed relevant based on the results.

99 **Alcohol Use Screening (AUDIT)**

The AUDIT is a tool used specifically to measure alcohol misuse. The same notes as above for the ASSIST apply to this tool. This questionnaire does not represent a diagnosis of Substance Use Disorder, but can identify associated symptoms and validate possible concerns.

120 **Recommended Professional Development: Military Cultural Competency & Suicide Prevention Trainings**

Suggested Reading For More Information

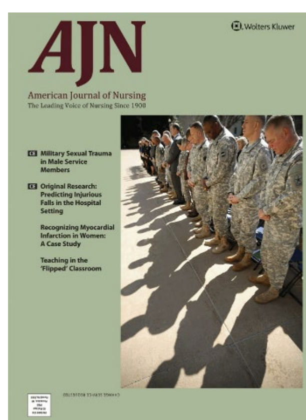
The following research articles, published books and videos provide more specific and detailed information about topics related to screening and identifying Service Members, Veterans and their families.

"SMVF TA Center Webinar: Asking this Critical Question Can Make a Difference". YouTube, uploaded by Policy Research Associates, Inc., November 5, 2018, www.youtube.com/watch?v=DOazWBy4iNQ .

Burgo-Black, A. Lucile, Brown, Jeffrey L., Boyce, Ross M. and Hunt, Stephen C. (2016). The Importance of Taking a Military History. Public Health Reports, 131(5), 711-713. https://journals.sagepub.com/doi/pdf/10.1177/0033354916660073

Mohler, Kristin Michelle & Sankey-Deemer, Cyndee. (2017). Primary Care Providers and Screening for Military Service and PTSD. The American Journal of Nursing, 117(11), 22-28. https://nursing.ceconnection.com/ovidfiles/00000446-201711000-00024.pdf

Selleck, Cynthia S., McGuinness, Teena M., McGuinness, John P., Stanley, Glenda J., & Miltner, Rebecca S. (2021). Identifying Veterans in Your Practice: What Clinicians Need to Know. The Journal for Nurse Practitioners, 17, 574-578. https://www.npjournal.org/article/S1555-4155(20)30545-6/fulltext



Ask the Question Website

Need more resources related to Ask the Question? Find them on the website created in New Hampshire.

www.askthequestion.nh.gov

Information, resources and materials available at www.askthequestion.nh.gov:

- Why ask the question?
- Information and suggestions for a variety of professions and sectors
- About stigma
- Ask the Question Toolkit
- Military & Veteran Family Resource Guide and Educator Supplement (NH)
- Military Culture Training resources
- Resources to support military families
- And, more!

HOW TO HONOR AND DISPLAY

THE AMERICAN FLAG

When displaying the flag, it is important to remember to use the guidelines laid out by the U.S. Flag Code:

- When displayed or carried in a procession with other flags, the flag should be positioned to its own right.
- On a stage, the American flag should be placed to the speaker's right and all other flags placed to the left.
- When displayed from a staff projecting horizontally from a windowsill, balcony, or building, the stars of the flag should be placed at the peak of the staff unless the flag is at half-staff.
- When displayed with flags of states, localities, or societies, the American flag should be at the center and at the highest point of the group.

NATIONAL HEADQUARTERS
3725 Alexandria Pike
Cold Spring, KY 41076
859-441-7300
Toll Free 877-426-2838

NATIONAL SERVICE AND LEGISLATIVE HEADQUARTERS
807 Maine Avenue, SW
Washington, DC 20024
202-554-3501

TO GET HELP, VOLUNTEER OR DONATE, VISIT:

DAV.ORG

DISPLAYING THE FLAG

- When the flag is displayed vertically or horizontally against a wall, the stars should be placed at the top of the flag's right (the observer's left).
- When displayed across a street, the flag should be hung vertically, with the stars to the north or east.
- When the American flag is flown with flags of other nations, the flags should be on separate staffs of the same height and each should be of equal size. International law forbids the flag of one nation to be flown above that of another nation during times of peace.
- The flag is flown at half-staff by order of the President upon the death of principal figures of the United States government and the governor of a state, territory, or possession. In the event of the death of a present or former official of the government of any state, territory, or possession of the United States, the governor of that state, territory, or possession may proclaim that the national flag be flown at half-staff.
- When the flag is used to cover a casket, it should be placed with the stars at the head and over the left shoulder. The flag should not be lowered into the grave or be allowed to touch the ground.

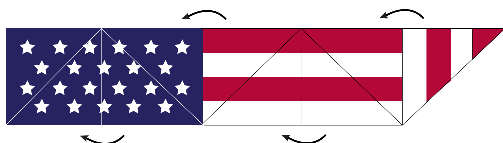
RESPECTING THE FLAG

No disrespect should be shown to the flag of the United States of America. According to the U.S. code:

- The flag should not be dipped to any person or thing, and can be flown upside down only as a distress signal.
- The flag should never be used as apparel, bedding, or drapery. However, bunting of blue, white, and red can be used for decorative purposes in place of the flag.
- The flag should never be fastened, displayed, used, or stored in such a way that would allow it to be easily torn, soiled, or damaged.
- The flag should never have any mark, insignia, letters, writing, or other designs of any kind placed upon it.
- The flag should never be used for advertising purposes. It should not be embroidered, printed, or otherwise added to such articles as cushions, handkerchiefs, paper napkins, boxes, or anything that is designed for temporary use. Advertising signs should not be fastened to a flag's staff or halyard.
- No part of the flag should be used as an element of a costume or athletic uniform. However, a flag patch may be worn on the uniform of military personnel, firemen, police officers and members of patriotic or other national organizations, such as the uniforms of veterans service organizations or Scout uniforms.

When lowering the flag, make certain that no part of it touches the ground. It should be received by waiting hands and arms. To store the flag, ceremoniously fold it lengthwise in half, then repeat with the blue field on the outside. Finally, while one person holds it by the blue field, another then makes a triangular fold at the opposite end, continuing to fold it in triangles until only the blue field shows.

How to fold the American flag



When a flag is in such a condition that it is no longer a fitting emblem for display, it should be destroyed in a dignified manner, preferably by burning.

FLYING OUR FLAG

"I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all."

It is proper to display the flag from sunrise to sunset on all days the weather permits. The flag may also be displayed at night if illuminated by a light. But it is even more important to display the flag on national holidays and days of importance, including:

- New Year's Day
- Inauguration Day
- Martin Luther King Jr.'s Birthday
- Lincoln's Birthday
- Washington's Birthday
- Easter Sunday
- Mother's Day
- Armed Forces Day
- Memorial Day (half-staff until noon)
- Flag Day
- Father's Day
- Independence Day
- National Korean War Veterans Armistice Day
- Labor Day
- Constitution Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day
- Election Day
- State Holidays
- State Birthdays
- Local Holidays

The information contained in this brochure is adapted from the United States Code (4 USC Chapter 1). For more details, visit: **uscode.house.gov/view.xhtml?path=/prelim@title4&edition=prelim**

THIS BROCHURE IS PROVIDED AS A PUBLIC SERVICE BY

UNDERSTANDING YOUR CLIENT'S MILITARY BACKGROUND

You may be surprised to know that military background is not always assessed by clinicians or spontaneously share by Veteran clients.

Asking if the individual in your office has served in the military is simple, quick, and can have important implications for available benefits and care. Assessing Veteran status is not something that is commonly included in traditional behavioral health screenings and it's not unusual for clinicians to report that they aren't sure how many of their clients may have served in the military. In addition, Veterans may not self-identify as a Veteran to the clinician.

ARE YOU SEEING VETERANS IN YOUR PRACTICE?

Asking your client whether he or she has ever served in the military will ensure that each Veteran will have the opportunity to access the network of healthcare and support services for which he or she may be eligible. Learning more about his or her military experiences can inform treatment planning and increase awareness of the extraordinary strengths that Veterans often possess, as well as unique challenges that they may face.

Military service can be a significant, if not central, piece of one's background. The military is a distinct culture – and each branch (Army, Marines, Air Force, Navy, Coast Guard) is represented by its' own unique symbols, values, and mottos. Even after separating from the military, Veterans often continue to feel a strong sense of affiliation with this culture. Deployment and combat experiences are also unique and can profoundly impact an individual's life. On this site we provide handouts and links to online trainings that can help you to learn more about military experiences and culture.

Additionally, many resources exist to support Service Members that can be accessed once a little more is known about his or her service. This includes not only access to VA healthcare but other resources through VA such as support services for college and employment.

The following are simple screening questions (suitable for both men and women) that, when asked with a stance of openness and respect, can be easily incorporated into a practitioner's usual intake process.

SCREENING QUESTIONS

Basic Questions:

1. Have you ever served in the military?
2. Did you serve in the National Guard, Reserves, Coast Guard or in any of the Active Duty Services?
3. Do you have a close family member who has served in the military?
   - Asking whether your client has close family members who have served in the military can, 1) lead to a deeper understanding of the client's family context, and 2) allow you to assess whether family functioning could benefit from connection with relevant resources.

Follow-up Questions:

1. What dates did you serve?
2. When did you separate from the military?
3. What branch and rank were you?

Additional Questions:

1. Where did you serve (e.g. in the US/where; overseas/where?)
2. What job/roles did you have when you were serving?
3. Were you ever deployed?
4. If so, where and when were you deployed?
5. Are there other things you would like to tell me about your military service?

KEEP IN MIND

1. The client may not consider him or herself to be a Veteran. To optimize understanding, interventions, possible referrals, benefits, and resources available, ask your client if he or she served in the military.
2. Use the sample questions above to guide your inquiry.
3. Ensure that you have enough time with the Service Member to allow them to expand on answers if desired.
4. The Service Member may not wish to discuss their experiences and the provider should respect this.
5. Convey a willingness to listen to the experiences if the Service Member wants to discuss them in the future.
6. If a Veteran has served in a combat theater, he or she may have experienced a range of potentially traumatic or stressful events including being under life threat, witnessing death and dying, and experiencing the loss of a fellow comrade. It can be helpful to become familiar with events commonly experienced in combat and potential reactions to this exposure.

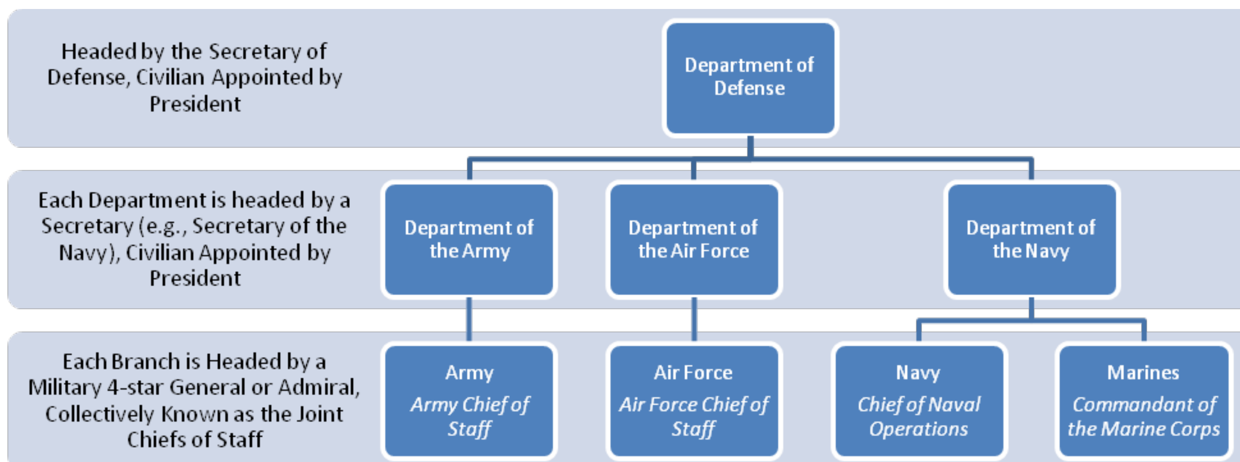
FINAL THOUGHT

You may also want to create and hang a simple sign that indicates to Veterans and Service Members that you would like to know if they have served.

STRUCTURE & BRANCHES

The U.S. military has five branches: the Army, Navy, Air Force, Marines, and Coast Guard. As shown in the graphic below, the Army, Navy, Air Force, and Marines are housed under the Department of Defense (DOD). The DOD is headed by the Secretary of Defense, a civilian appointed by the President. Each department within the DOD is headed by its respective Secretary (e.g., the Secretary of the Army), also a civilian appointed by the President. Each branch is headed by a military 4-star general or admiral (i.e., Army Chief of Staff, Air Force Chief of Staff, Chief of Naval Operations, and Commandant of the Marine Corps) and these individuals are collectively known as the Joint Chiefs of Staff.

The Coast Guard is housed under the Department of Homeland Security during peacetime and can serve as part of the Navy's force during times of war. Each branch of the military has a Reserve component. In addition, our nation is also served by the National Guard and the Merchant Marine.



Here are some brief descriptions of the branches.

ARMY

The Army defends the land mass of the U.S., its territories, commonwealths, and possessions. It does so through providing forces and capabilities for sustained combat and stability operations on land. The Army also provides logistics and support to other branches. The Army is the largest and oldest branch of the military.

NAVY

The Navy maintains, trains, and equips combat-ready maritime forces capable of winning wars, deterring aggression, and maintaining freedom of the seas. The Navy is America's forward deployed force and is a major deterrent to aggression around the world.

AIR FORCE

The Air Force provides a rapid, flexible, and when necessary, lethal air and space capability that can deliver forces anywhere in the world in less than forty-eight hours. It routinely participates in peacekeeping, humanitarian, and aeromedical evacuation missions. Air Force crews annually fly missions into all but five nations of the world.

MARINE CORPS

The Marine Corps maintains ready expeditionary forces, sea-based and integrated air-ground units for contingency and combat operations, and the means to stabilize or contain international disturbance. The Marine Corps is an immediate response force that can be used to overwhelm the enemy.

COAST GUARD

The Coast Guard provides law and maritime safety enforcement, marine and environmental protection, and military naval support. Activities can include patrolling our shores, performing emergency rescue operations, containing and cleaning up oil spills, and keeping illegal drugs from entering American communities.

Army

Navy

Air Force

Marines

Coast Guard

COMMON TERMS & LINGO

As with any large organization, the military has its own set of common terms and lingo. Here are some selected terms, acronyms, phrases, and slang terms that may be of use to you.

MEMBERS OF THE MILITARY ARE REFERRED TO DIFFERENTLY DEPENDING UPON THEIR SPECIFIC SERVICE

- ☐ Soldiers: Members of the Army
- ☐ Sailors: Members of the Navy
- ☐ Airmen: Members of the Air Force
- ☐ Marines: Members of the Marine Corps
- ☐ Coast Guardsmen: Members of the Coast Guard
- ☐ Reservists: Members of the Reserve
- ☐ Guardsmen: Members of the National Guard

OFFICIAL ACRONYMS

AWOL– Absent With Out Leave: not at one's place of duty and not authorized to be absent

CDR – Commander

CO – Commanding Officer

CONUS – CONtinental United States

COB – Close Of Business: the end of the day or duty shift

CoS – Chief of Staff

DD or DoD – Department of Defense

IAW – In accordance with

ICO – In case of, in care of

IED – Improvised Explosive Device

IRT – In reference to

GWOT – Global War On Terror

NCO – Non-Commissioned Officer: an enlisted person with command responsibility over soldiers of lesser rank

NCOIC– Non-Commissioned Officer In Charge

OEF – Operation Enduring Freedom: official name used for the War in Afghanistan

OIF – Operation Iraqi Freedom: official name used for the War in Iraq

OND – Operation New Dawn: new name for the War in Iraq starting in September 2010 to reflect reduced role of US troops

MOS – Military occupation specialty: job or career specialty (e.g., infantryman, intelligence analyst, operating room specialist, military police, etc.)

OCONUS – Outside the CONtinental United States

POC – Point Of Contact: the person to liaise with on a given matter

ROTC – Reserve Officer Training Corps (often pronounced "ROT-SEE")

R/S – Respectfully Submitted: used as an end greeting in written communication or email

SOP – Standard Operating Procedure: the routine manner of handling a set situation

TDY – Temporary Duty Yonder

V/R – Very Respectfully: used as an end greeting in written communication or email

PHRASES

Battle assembly – new term used for Army Reserve weekend drills, unit training assemblies, or multiple unit training assemblies

Boots on the ground – to physically be in a location (some may use this to say that they want “boots on the ground” for a particular project, which means they want everyone physically in the office, rather than having people call in.)

Drill – preparation of military personnel for performance of their duties through the practice and rehearsal of prescribed movements; members of the National Guard and Reserve are required to attend one weekend drill a month (sometimes starting Friday night until Monday morning)

Extended drill – extended time for drill in preparation for a deployment

Liberty – authorized free time ashore or off station, not counted as leave, also known as a "pass"

Ma'am – proper method of addressing female officers in particular and women in general

Sir – proper method of addressing male officers in particular and men in general

Tour of duty – time period during which a particular job or assignment is done (e.g., my tour of duty is 8am-5pm)

SLANG

Above my/your pay grade – expression denying responsibility or authority (indicating that the issue should be brought to higher-ranking officials)

Civvies – civilian clothing

Down Range – physically in a combat zone

In-Country – physically in a war zone

Quarters – (a) military family housing, or (b) doctor's direction to stay home from work (e.g., I'm confined to quarters.)

Say again (your last) – request to repeat a statement, question, or order, especially over a radio

Stay in Your Lane – stay within your boundaries; do your job as commanded and trust that you will know what you need to know when you need to know it

Wilco – Will comply

MILITARY RANKS

This handout provides information about the difference between types of rank (enlisted vs. officer) and the hierarchy of the ranks.

Each rank is listed from lowest to highest in the chain of command for each branch.

E	Enlisted	An enlisted member is one who has joined the military or "enlisted." A minimum of a high school diploma is required.
NCO	Noncommissioned Officer	An NCO is an enlisted member who has risen through the ranks by promotion. NCOs serve as the link between enlisted personnel and commissioned officers. They hold responsibility for training troops to execute missions. Training for NCOs includes leadership, management, specific skills, and combat training.
W	Warrant Officer	A warrant officer is a highly trained specialist. One must be an enlisted member with several years of experience, be recommended by his or her commander, and pass a selection board to become a warrant officer.
O	Commissioned Officer	A commissioned officer's primary function is to provide management and leadership in his or her area of responsibility. This level of command requires a bachelor's degree and later, as one progresses through the ranks, a master's degree for promotions. Specific commissioning programs exist (e.g., military academies, Reserve Officer Training Corps [ROTC]).

ARMY RANKS

Pay Grade	Title	Abbreviation
E-1	Private	PVT
E-2	Private 2	PV2
E-3	Private First Class	PFC
E-4	Specialist	SPC
E-4	Corporal	CPL
E-5	Sergeant	SGT
E-6	Staff Sergeant	SSG
E-7	Sergeant First Class	SFC
E-8	Master Sergeant	MSG
E-8	First Sergeant	1SG
E-9	Sergeant Major	SGM
E-9	Command Sergeant Major	CSM
E-9 Special	Sergeant Major of the Army	SMA
W-1	Warrant Officer	WO1
W-2	Chief Warrant Officer 2	CW2
W-3	Chief Warrant Officer 3	CW3
W-4	Chief Warrant Officer 4	CW4
W-5	Chief Warrant Officer 5	CW5
O-1	Second Lieutenant	2LT
O-2	First Lieutenant	1LT
O-3	Captain	CPT
O-4	Major	MAJ
O-5	Lieutenant Colonel	LTC
O-6	Colonel	COL
O-7	Brigadier General	BG
O-8	Major General	MG
O-9	Lieutenant General	LTG
O-10	General	GEN
Special	General of the Army	GA

AIR FORCE RANKS

Pay Grade	Title	Abbreviation
E-1	Airman Basic	AB
E-2	Airman	Amn
E-3	Airman First Class	A1C
E-4	Senior Airman or Sergeant	SrA
E-5	Staff Sergeant	SSgt
E-6	Technical Sergeant	TSgt
E-7	Master Sergeant	MSgt
E-8	Senior Master Sergeant	SMSgt
E-8	Senior Master Sergeant	SMSgt
E-9	Chief Master Sergeant	CMSgt
E-9	Command Chief Master Sergeant	CCM
E-9 Special	Chief Master Sergeant of the Air Force	CMSAF
O-1	Second Lieutenant	2d Lt
O-2	First Lieutenant	1st Lt
O-3	Captain	Capt
O-4	Major	Maj
O-5	Lieutenant Colonel	Lt Col
O-6	Colonel	Col
O-7	Brigadier General	Brig Gen
O-8	Major General	Maj Gen
O-9	Lieutenant General	Lt Gen
O-10	General Air Force Chief of Staff	Gen
Special	General of the Air Force	GOAF

NAVY/COAST GUARD RATES

Pay Grade	Title	Abbreviation
E-1	Seaman Recruit	SR
E-2	Seaman Apprentice	SA
E-3	Seaman	SN
E-4	Petty Officer 3rd Class	PO3
E-5	Petty Officer 2nd Class	PO2
E-6	Petty Officer 1st Class	PO1
E-7	Chief Petty Officer	CPO
E-8	Senior Chief Petty Officer	SCPO
E-9	Master Chief Petty Officer	MCPO
E-9	Command Master Chief Petty Officer	MCPOC
E-9	Fleet Master Chief Petty Officer	FLTCM
E-9	Force Master Chief Petty Officer	FORCM
E-9 Special	Master Chief Petty Officer of the Coast Guard	MPCOCG
E-9 Special	Master Chief Petty Officer of the Navy	MCPON
W-1	Warrant Officer	WO1
W-2	Chief Warrant Officer 2	CWO2
W-3	Chief Warrant Officer 3	CWO3
W-4	Chief Warrant Officer 4	CWO4
W-5	Chief Warrant Officer 5	CWO5
O-1	Ensign	ENS
O-2	Lieutenant, Junior Grade	LTJG
O-3	Lieutenant	LT
O-4	Lieutenant Commander	LCDR
O-5	Commander	CDR
O-6	Captain	CAPT
O-7	Rear Admiral (lower half)	RDML
O-8	Rear Admiral (upper half)	RADM
O-9	Vice Admiral	VADM
O-10	Admiral Chief of Naval Operations / Commandant of the Coast Guard	ADM
O-10 Special	Fleet Admiral	FADM

MARINE CORPS RANKS

Pay Grade	Title	Abbreviation
E-1	Private	Pvt
E-2	Private First Class	PFC
E-3	Lance Corporal	LCpl
E-4	Corporal	Cpl
E-5	Sergeant	Sgt
E-6	Staff Sergeant	SSgt
E-7	Gunnery Sergeant	GySgt
E-8	Master Sergeant	MSgt
E-8	First Sergeant	1stSgt
E-9	Master Gunnery Sergeant	MGySgt
E-9	Sergeant Major	SgtMaj
E-9 Special	Sergeant Major of the Marine Corps	SgtMajMarCor
W-1	Warrant Officer 1	WO1
W-2	Chief Warrant Officer 2	CW2
W-3	Chief Warrant Officer 3	CW3
W-4	Chief Warrant Officer 4	CW4
W-5	Chief Warrant Officer 5	CW5
O-1	Second Lieutenant	2ndLt
O-2	First Lieutenant	1stLt
O-3	Captain	Capt
O-4	Major	Maj
O-5	Lieutenant Colonel	LtCol
O-6	Colonel	Col
O-7	Brigadier General	BGen
O-8	Major General	MajGen
O-9	Lieutenant General	LtGen
O-10	General	Gen

Military History Checklist

"Identify, Honor, Serve"

Veterans may have experiences from their military service that present unique needs at the end of life. Because the unique needs of Veterans may require specific interventions, the first step to addressing these issues is to identify them as Veterans. The ***Military History Checklist*** is available to identify who is a Veteran, evaluate the impact of the experience and determine if there are benefits to which the Veteran and surviving dependents may be entitled.

What is the Military History Checklist?

- A short and simple one page form that can be used by hospice and palliative care staff and easily implemented within your organization.
- A tool which enables hospice staff to identify additional information about patients who are Veterans including branch of service, time of service, combat experience and possible VA benefits.

Why take the time to ask about military service?

- Identifying your patients as Veterans is the first step to honoring them for their service.
- Veterans may have issues related to their military service which their plan of care should address.
- Veterans may be entitled to benefits through VA.
- Hospice Volunteers who are Veterans may be able to provide valuable support to Veterans and their families.

Best Practices

- Use this tool as a ***conversation guide*** rather than a mandated checklist.
- Ask patients if they have served in the military rather than asking them if they are Veterans.
- Thank patients who have been identified as Veterans for their service with an honoring ceremony.

Successes

- "*Implementation of the military checklist, has given us a great understanding of how to care for the unique needs of our Veterans and their families*." - Hospice Professional
- "*He was deeply touched when the staff commented on his military history. The recognition and appreciation of his service meant a great deal to him*." - Family Member
- "*We obtained benefits for a patient who did not know he was eligible for VA benefits."* - Hospice Professional

Military History Checklist Resources

- Military History Checklist form
  - One page questionnaire to be added to admission packets or EMRs
- Military History Checklist Guide
  - Summary of Military History Checklist questions and their implications
- Military History Checklist Pocket Card for Clinicians
  - Pocket-sized resource to help health care providers initiate conversations with Veterans
- *We Honor Veterans* PowerPoint Presentations
  - *Service-related Diseases, Illnesses and Conditions*
  - *Veteran Benefits*
  - *Homeless Veterans*

https://www.wehonorveterans.org/resource-library/military-history-checklist/

For more information, visit www.WeHonorVeterans.org or contact Veterans@nhpco.org.

MILITARY HISTORY CHECKLIST

PATIENT DATA	Completed By:	
Patient's Name:	Date:	
Address:	Hospice Medical Record #:	Last 4 SSN:

VETERAN STATUS INFORMATION

1. Did you (or your spouse or family member) serve in the military?

1a. Patient ☐Yes ☐No	Did you serve on active duty?	☐Yes ☐No
	Did your service include combat, dangerous or traumatic assignments?	☐Yes ☐No
	Do you have a copy of your DD214 discharge papers?	☐Yes ☐No

1b. Did your spouse serve on active duty? ☐Yes ☐No
Comments:

1c. Do you have any immediate family members that served or are serving in the military? ☐Yes ☐No
Comments:

MILITARY BACKGROUND

2. In which branch of the military did you serve?

☐Army	☐Marines	☐Merchant Marines during WWII
☐Navy	☐Coast Guard	☐Other ___________________
☐Air Force	☐Reservist or National Guard member	

3. In which war era or period of service did you serve?

☐WWI (4/6/17 to 11/11/18) ☐WWII (12/7/41 to 12/31/46) ☐Korea (6/27/50 to 1/31/55) ☐Cold War	☐Vietnam (8/5/64 to 5/7/75 and 2/28/61 for Veterans who served "in country" (in Vietnam) before 8/5/64) ☐Gulf War (8/2/90 through a date to be set by law or presidential proclamation)	☐Peace Time ☐Afghanistan/Iraq (OEF/OIF) ☐Other Note: after 9/7/80, must have completed 24 months continuous active service, or the full period for which they were called or ordered to active duty.

4. Overall, how do you view your experience in the military?

5. If available would you like your hospice staff/volunteer to have military experience? ☐Yes ☐No

VA BENEFITS INFORMATION

6. Are you enrolled in VA? ☐Yes ☐No

6a. Do you receive any VA benefits? ☐Yes ☐No

6b. Do you have a service-connected condition? ☐Yes ☐No

6c. Do you get your medications from VA? ☐Yes ☐No

6d. What is the name of your VA hospital or clinic?

6e. What is the name and contact information of your VA physician or Primary Care Provider?

6f. Would you like to talk with someone about benefits you or your family might be eligible to receive? ☐Yes ☐No

https://www.wehonorveterans.org/wp-content/uploads/2020/02/Veterans_Military_History_Checklist.pdf

Military Health History

POCKET CARD FOR HEALTH PROFESSIONS TRAINEES & CLINICIANS

"Help me understand my medical condition."

"I had some unique experiences while serving our country, many that civilians would never have. Some of those experiences may be affecting my health, and that is why I am here at VA."

"Help me understand my medical condition, and please be patient with me. Some of my memories may be painful or difficult to discuss."

Asking the questions on this card will be helpful in understanding my medical problems and concerns.

Office of Academic Affiliations
www.va.gov/oaa/pocketcard/

Post-Deployment Health Services
www.publichealth.va.gov/about/postdeploymenthealth/

Veterans Health Initiative Independent Study Courses
www.publichealth.va.gov/vethealthinitiative/

War-Related Illness and Injury Study Center
www.warrelatedillness.va.gov

Information for Veterans: Compensation & Pension Benefits
www.benefits.va.gov/compensation/

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

General Questions

Would it be ok if I talked with you about your military experience?

When and where do you/did you serve and in what branch?

What type of work do you/did you do while in the service?

Did you have any illnesses or injuries while in the service?

If your patient answers "Yes" to any of the following questions, ask:

"Can you tell me more about that?"

- Did you see combat, enemy fire, or casualties?
- Were you or a buddy wounded, injured, or hospitalized?
- Did you have a head injury with loss of consciousness, loss of memory, *"seeing stars"* or being temporarily disoriented?
- Did you ever become ill while you were in the service?
- Were you a prisoner of war?

Compensation & Benefits

Do you have a service-connected condition?

Would you like assistance in filing for compensation for injuries/illnesses related to your service?

Call VBA at 1-800-827-1000

Sexual Harassment, Assault, and Trauma

Would it be ok to talk about sexual harassment or trauma that you might have experienced while serving in the military?

Have you ever experienced physical, emotional, or sexual harassment or trauma?

Is this past experience causing you problems now?

Would you like a referral for some help with that? Many people find it helpful to get some support.

Living Situation

Would it be ok to talk about your living situation?

Where do you live and who do you live with? Is your housing safe?

Are you in any danger of losing your housing?

Do you need assistance in caring for yourself and/or dependents?

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Veterans Health Administration
Office of Academic Affiliations

Ask all military service members and all Veterans

Exposure Concerns

Would it be ok if I asked about some things you may have been exposed to during your service?

What... were you exposed to?

- ***Chemical*** *(pollution, solvents, weapons, etc.)*
- ***Biological*** *(infectious diseases, weapons)*
- ***Psychological*** *(mental or emotional abuse, moral injury)*
- ***Physical***

Blast or explosion	*Radiation*	*Vehicular crash*
Munitions or bullet wound	*Shell fragment*	*Noise/Vibration*
	Heat	*Other injury*

What... precautions were taken? *(Avoidance, PPE, Treatment)*
How... long was the exposure?
How... concerned are you about the exposure?
Where... were you exposed?
When... were you exposed?
Who... else may have been affected? Unit name, etc.

Blood Borne Viruses (Hepatitis & HIV)

- Have you ever injected or snorted drugs, such as heroin, cocaine, or methamphetamine?
- Have you ever been screened for Hepatitis C or HIV?
- Would you like to be screened for these?

Post Traumatic Stress/Symptoms

- ***Would it be ok to talk about stress?***

In your life, have you ever had an experience so horrible, frightening, or upsetting that, in the past month you...

- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

Veterans Crisis Line 1-800-273-8255 (Press 1)

Common Service-Related Exposure Concerns

Military Environmental Exposures (Any Era)

Burn Pit Smoke
Cold Injuries
Contaminated Water (benzene, trichloroethylene, vinyl chloride)
Endemic Diseases
Heat Stroke/Exhaustion
Hexavalent Chromium
Mustard Gas
Nerve Agents
Pesticides
Radiation (Ionizing & Non-Ionizing)
Sand, Dust, Smoke, and Particulates
TCDD, herbicides, other dioxins

Occupational Hazards: Asbestos, Industrial Solvents, Lead, Radiation Fuels, PCBs, Noise/Vibration, Chemical Agent Resistant Coating (CARC)

Gulf War, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) & Operation New Dawn (OND)

Animal Bites/Rabies
Blunt Trauma
Burn Injuries (Blast Injuries)
Chemical or Biological Agents
Chemical Munitions Demolition
Combined Penetrating Injuries
Depleted Uranium (DU)
Dermatologic Issues
Embedded Fragments (shrapnel)
Malaria Prevention: Mefloquine – Lariam
Mental Health Issues
Multi-Drug Resistant Acinetobacter
Oil Well Fires
Reproductive Health Issues
Spinal Cord Injury
Traumatic Amputation
Traumatic Brain Injury
Vision Loss

Immunizations: Anthrax, Botulinum Toxoid, Smallpox, Yellow Fever, Typhoid, Cholera, Hepatitis B, Meningitis, Whooping Cough, Polio, Tetanus

Infectious Diseases: Malaria, Brucellosis, Campylobacter jejuni, Coxiella burnetii, Mycobacterium tuberculosis, nontyphoid Salmonella, Shigella, visceral Leishmaniasis, West Nile Virus

Vietnam, Korean DMZ & Thailand

Agent Orange Exposure
Cold Injuries
Hepatitis C

Cold War

Chemical Warfare Agent Experiments
Nuclear Weapons Testing or Cleanup

WWII & Korean War

Chemical Warfare Agent Experiments
Cold Injuries
Nuclear Weapons Testing or Cleanup
Biological Warfare Agents

Tell your patient about VA's www.myhealth.va.gov
Gateway to Veteran Health Benefits and Services

Find out more about military exposures www.publichealth.va.gov/exposures/

PTSD Screening Tool: PCL-5

This assessment can be self-administered online at:
www.myhealth.va.gov/mhv-portal-web/screening-tools

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being “super alert” or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

How is the PCL-5 scored and interpreted?

Respondents are asked to rate how bothered they have been by each of 20 items in the past month on a 5- point Likert scale ranging from 0-4. Items are summed to provide a **total severity** score (range = 0-80).

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

The PCL-5 can determine a **provisional** diagnosis in two ways:

- Treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the *DSM-5* diagnostic rule which requires at least: 1 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20).
- Summing all 20 items (range 0-80) and using cut-point score of 33 appears to be a reasonable based upon current psychometric work. However, when choosing a cut-point score, it is essential to consider the goals of the assessment and the population being assessed. The lower the cut-point score, the more lenient the criteria for inclusion, increasing the possible number of false-positives. The higher the cut-point score, the more stringent the inclusion criteria and the more potential for false-negatives.

If a patient meets a provisional diagnosis using either of the methods above, he or she needs further assessment (e.g., CAPS-5) to confirm a diagnosis of PTSD.

There are currently no empirically derived severity ranges for the PCL-5.

How might the PCL-5 help my patients?

Treatment Planning

When given at an intake or assessment session, the PCL-5 may be used to help determine the appropriate next steps or treatment options. For example:

- A total score of 33 or higher suggests the patient may benefit from PTSD treatment. The patient can either be referred to a PTSD specialty clinic or be offered an evidence-based treatment for PTSD such as Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT).
- Scores lower than 33 may indicate the patient either has subthreshold symptoms of PTSD or does not meet criteria for PTSD, and this information should be incorporated into treatment planning.

Keeping the goal of the assessment in mind, it may make sense to lower the cut-point score to maximize the detection of possible cases needing additional services or treatment. A higher cut-point score should be considered when attempting to minimize false positives.

Tricare Prime/Martins Point Health Insurance

Tricare Prime (HMO Type plan, using network providers & specialists)

- Active Duty Service members (care at the military treatment facility)
- Active Duty family members (including Guard/Reserve family members when sponsor is on active duty orders for more than 30 days)
- 20+ year Active Duty retirees & eligible family members
- 20+ year Guard/Reserve retirees & eligible family members after sponsor turns 60 years old

Tricare Prime Remote (HMO Type plan, using civilian network providers & specialists)

- Only available when Sponsor's home address & military duty assignment is 50+ miles from a military base

Tricare Select (Basic benefit, deductibles & cost share, self-managed plan)

- Active DutyfFamily members (including Guard/Reserve family members when sponsor is on active duty orders for more than 30 days)
- 20+ year Active Duty retirees & eligible family members
- 20+ year Guard/Reserve retirees & eligible family members after sponsor turns 60 years old

Tricare Reserve Select (Same as Tricare Select, with monthly premiums)

- Guard/Reserve members & their eligible family members when sponsor is not on active duty orders

Tricare Retired Reserve (Same as Tricare Select, with monthly premiums)

- Guard/Reserve retirees & eligible family members when the sponsor has not yet turned 60 years old

Tricare For Life

Sole Tricare benefit available after turning age 65. Medicare Part B is the Primary, Tricare is the supplement to Medicare. You MUST be enrolled in Medicare Part B to qualify.

Martins Point's US Family Health Plan (A Tricare Prime Option)

Large civilian network of providers & specialists available to beneficiaries living in Maine, New Hampshire, Vermont & most of New York.

- Active Duty family members (including Guard/Reserve family members when sponsor is on active duty orders for more than 30 days)
- 20+ year Active Duty retirees & eligible family members
- 20+ year Guard/Reserve retirees & eligible family members after sponsor turns 60 years old

VA Health Care Eligibility

Find out if you can get VA health care as a Veteran

www.va.gov/healthbenefits/apply/

Q. Can I get VA health care benefits?

You may be able to get VA health care benefits if you served in the active military, naval, or air service and didn't receive a dishonorable discharge.

Minimum duty requirements:

- If you enlisted after September 7, 1980, or entered active duty after October 16, 1981, you must have served 24 continuous months or the full period for which you were called to active duty.
- If you're a current or former member of the Reserves or National Guard, you must have been called to active duty by a federal order and completed the full period for which you were called or ordered to active duty. If you had or have active-duty status for training purposes only, you don't qualify for VA health care.

However, the minimum duty requirement may not apply to you if any of the following circumstances are true:

- You were discharged for a disability that was caused—or made worse—by your active-duty service;
- You were discharged for a hardship or "early out,";
- You served prior to September 7, 1980

Q. What should I do if I received an other than honorable, bad conduct, or dishonorable discharge?

If you received one of these discharge statuses, you may not be eligible for VA benefits. But, there are two steps you can take to appeal your eligibility status.

1. Apply for a discharge upgrade: www.vets.gov/discharge-upgrade-instructions/
2. VA Character of Discharge review process: www.vets.gov/discharge-upgrade-instructions/#other-options

Q. Is there anything that will make me more likely to qualify for benefits?

Yes. You may qualify for enhanced eligibility status (meaning you will be placed in a higher priority group making you more likely to get benefits) if you meet at least one of the following requirements.

At least one of these must be true:

You:

- receive financial compensation (payments) from VA for a service-connected disability;
- were discharged for a disability resulting from something that happened to you in the line of duty;
- were discharged for a disability that got worse in the line of duty;
- are a recently discharged Combat Veteran;
- get a VA pension;
- are a former Prisoner of War (POW);
- have received a Purple Heart;
- get (or qualify for) Medicaid benefits;
- served in Vietnam between January 9, 1962, and May 7, 1975;
- served in Southwest Asia during the Gulf War between August 2, 1990 and November 11, 1998;
- served at least 30 days at Camp Lejeune between August 1, 1953 and December 31, 1987.

If none of the above apply to you, you may still qualify for care based on your income. Learn more about how your family income can affect whether you qualify for VA benefits: www.nationalincomelimits.vaftl.us/ .

How to Enroll in VA Care

Documents you will need:

- Social Security number (required)
- Copy of your military discharge papers (DD214 or other separation documents)
- Financial information—and your dependents' financial information
- Most recent tax return
- Account numbers for any health insurance you currently have (such as Medicare, private insurance, or insurance from an employer)

ONLINE: www.vets.gov/health-care/apply/application/introduction

PHONE: Call the toll-free hotline at 1-877-222-VETS (1-877-222-8387), Monday through Friday, 8:00 a.m. to 8:00 p.m. (EST) to get help with your application

MAIL: Fill out an Application for Health Benefits (VA Form 10-10EZ) and mail to the following address.

Health Eligibility Center
2957 Clairmont Rd., Suite 200
Atlanta, GA 30329

IN-PERSON: Go to your nearest VA medical center or clinic. Bring the documents listed above and a completed Application for Health Benefits (VA Form 10-10EZ).

Eligibility for a VA Disability Claim

www.vets.gov/disability-benefits/eligibility/

Q. Can I get disability benefits from VA?

You may be able to get disability benefits if you have a current illness or injury (known as a condition) that affects your body or mind and you served on active duty, active duty for training, or inactive duty training.

And, at least one of the following must be true.

You:

- Got sick or injured while serving in the military—and can link this condition to your illness or injury (called an inservice disability claim);
- Had an illness or injury before you joined the military—and serving made it worse (called a preservice disability claim);
- Have a disability related to your active-duty service that didn't appear until after you ended your service (called a postservice disability claim).

Examples of conditions that may be covered by VA disability benefits*:

- Chronic (long-lasting) back pain resulting in a current diagnosed back disability
- Breathing problems resulting from a current lung condition or lung disease
- Severe hearing loss
- Scar tissue
- Loss of range of motion (problems moving your body)
- Ulcers
- Cancers caused by contact with toxic chemicals or other dangers
- Traumatic brain injury (TBI)
- Post traumatic stress disorder (PTSD)
- Depression
- Anxiety

*This list is not comprehensive.

Still not sure if you are eligible for VA disability benefits?

Answer a few questions at: www.va.gov/disability/file-disability-claim-form-21-526ez/start

How to file a VA Disability Claim

www.vets.gov/disability-benefits/apply/

Q. What documents do I need to apply?

For the first disability claim you file, please provide:

- Discharge papers (DD214 or other separation documents)
- Service treatment records

Order service records through the National Archives: www.archives.gov/veterans/military-service-records

For all disability claims, please provide:

- VA medical records and hospital records that relate to your claimed illnesses or injuries
- Private medical records and hospital reports that relate to your claimed illnesses or injuries

Q. How do I apply?

ONLINE:

www.va.gov/disability/file-disability-claim-form-21-526ez/introduction

MAIL:

Apply by mail using an Application for Disability Compensation and Related Compensation Benefits (VA Form 21-526EZ). Send it to the following address:

Department of Veterans Affairs
Claims Intake Center
PO Box 4444
Janesville, WI 53547-4444

IN-PERSON: Bring your completed application to a regional benefit office near you.

This assessment can be self-administered online at: www.myhealth.va.gov/mhv-portal-web/screening-tools

Patient Health Questionnaire (PHQ-9) Depression Screening

Patient Name:________________________________ **Date:** _______________

	Not at all	Several days	More than half the days	Nearly every day
1. Over the *last 2 weeks,* how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way.	☐	☐	☐	☐
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	☐ Not difficult at all	☐ Somewhat difficult	☐ Very difficult	☐ Extremely difficult

PHQ-9* Questionnaire for Depression Scoring

Scoring:

Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotal to produce a total score. The possible range is 0-27. Use the table below to interpret the PHQ-9 score.

Not at all (#)______x 0 =
Several days (#)______x 1 =
More than half the days (#) ______x 2 =
Nearly every day (#) _____ x 3 =

Total score: ____

Interpreting PHQ-9 Scores		Actions Based on PH9 Score	
		Score	**Action**
Minimal depression	0-4	< 4	The score suggests the patient may not need depression treatment
Mild depression	5-9		
Moderate depression	10-14	> 5 - 14	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment
Moderately severe depression	15-19		
Severe depression	20-27	> 15	Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment.

* PHQ-9 is described in more detail at the McArthur Institute on Depression & Primary Care website www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/

There is also an interactive version of this tool: www.myhealth.va.gov/mhv-portal-web/screening-tools

ASSIST: Substance Abuse Screening

Thank you for taking this brief screen about alcohol, tobacco products and other drugs. The following questions will ask you about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this screen, do not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription or taken them more frequently or at higher doses than prescribed, please answer the questions accordingly. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

Q1. In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY) Tobacco products, alcoholic beverages, cannabis, cocaine, stimulants, inhalants, sedatives/hypnotics, hallucinogens, opioids, and other drugs. Answers: No, Yes

If you answered "Yes" to any of these items, answer Question 2 for each substance ever used.

Q2: In the past three months, how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC)? Answers: Never, Once or Twice, Monthly; Weekly; Daily or Almost Daily

If you answered "Never" to all items in Question 2, skip to Question 6.

If you used any substances in Question 2 in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

Q3: During the past three months, how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)? Answers: Never, Once or Twice, Monthly; Weekly; Daily or Almost Daily

Q4: During the past three months, how often has your use of (FIRST DRUG, SECOND DRUG, ETC) led to health, social, legal or financial problems? Answers: Never, Once or Twice, Monthly; Weekly; Daily or Almost Daily

Q5: During the past three months, how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, ETC)? Answers: Never, Once or Twice, Monthly; Weekly; Daily or Almost Daily *Do not answer this question for tobacco products.*

Answer Questions 6 & 7 for all substances ever used (i.e. those answered "Yes" in Question 1)

Q6: Has a friend or relative or anyone else ever expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)? Answers: No, Never; Yes, in the past 3 months; Yes, but not in the past 3 months.

Q7: Have you ever tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC.)? Answers: No, Never; Yes, in the past 3 months; Yes, but not in the past 3 months.

How to score your answers

Now that you have answered all of the questions, you will need to score your answers.

For questions 2 - 5, each "Never" answer has a value of 0. Each "Once or Twice" answer has a value of 3. Each "Monthly" answer has a value of 4. Each "Weekly" answer has a value of 5. Each "Daily or Almost Daily" answer has a value of 6.

For questions 6 & 7, each "No, Never" answer has a value of 0. Each "Yes, in the past 3 months" answer has a value of 6. Each "Yes, but not in the past 3 months" answer has a value of 3.

Total all your answer scores to determine your screening result for each substance.

Results:

For alcohol, a score between 0 and 10 = Low Risk. A score between 11 and 26 = Moderate Risk. A score of 27 or more = High Risk.

For all other substances, a score between 0 and 3 = Low Risk. A score between 4 and 26 = Moderate Risk. A score of 27 or more = High Risk.

What do your scores mean?

Low: You are at low risk of health and other problems from your current pattern of use.

Moderate: You are at risk of health and other problems from your current pattern of substance use.

High: You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent.

This screen is not designed to provide a comprehensive assessment or diagnosis of substance abuse. Only a qualified physician or mental health provider can provide a complete assessment and diagnosis of substance abuse. Only a qualified physician or mental health professional can differentiate symptoms of substance abuse from other medical conditions. Only a qualified physician or mental health provider can prescribe appropriate treatment for substance abuse or other medical conditions.

If you are concerned about any illness, regardless of what the screening test shows, you should seek further evaluation from your physician. If you are concerned that you may have a medical emergency or are having thoughts of harming yourself or someone else, call 911, or go immediately to the nearest hospital Emergency Room for an evaluation.

World Health Organization, Department of Mental Health and Substance Dependence

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There is also an interactive version of this tool: www.myhealth.va.gov/mhv-portal-web/screening-tools

Alcohol Use Screening (AUDIT)

The following questions are a screening focusing on symptoms of alcohol dependence. Please read each question carefully, then select the appropriate answer. Instructions on scoring and interpreting your results are located after the final question.

Select your gender.

- ○ Female
- ○ Male

How often do you have a drink containing alcohol?

- ○ Never
- ○ Monthly or Less
- ○ Two to four times a month
- ○ Two to Three Times a Week
- ○ Four or more times a week

How many drinks containing alcohol do you have on a typical day when you are drinking?

- ○ Never
- ○ 1 or 2
- ○ 3 or 4
- ○ 5 or 6
- ○ 7 or 8
- ○ 10 or More

How often do you have six or more drinks on one occasion?

- ○ Never
- ○ Less than Monthly
- ○ Monthly
- ○ Weekly
- ○ Daily or almost daily

How to score your answers

Now that you have answered all of the questions, you will need to score your answers.

For question two a *"Never"* answer has value of zero. A *"Monthly or Less"* answer has a value of one. A *"Two to four times a month"* answer has a value of two. A *"Two to three times a week"* answer has a value of three. A *"Four or more times a week"* answer has a value of four.

For question three a *"1 or 2"* answer has value of zero. A *"3 or 4"* answer has a value of one. A *"5 or 6"* answer has a value of two. A *"7 or 8"* answer has a value of three. A *"10 or More"* answer has a value of four.

For question four a *"Never"* answer has value of zero. A *"Less Than Monthly"* answer has a value of one. A *"Monthly"* answer has a value of two. A *"Weekly"* answer has a value of three. A *"Daily or almost daily"* answer has a value of four. Total all your answer scores to determine your screening result.

Read this if you are a woman with a result between 0 and 2, OR you are a man with a result between 0 and 3.

Your screen results indicate that you have few or no symptoms of alcohol dependence. This screen is not designed to provide a comprehensive assessment or diagnosis of alcohol dependence. Only a qualified physician or mental health provider can provide a complete assessment and diagnosis of alcohol dependence. Only a qualified physician or mental health professional can differentiate symptoms of alcohol dependence from other medical conditions. Only a qualified physician or mental health provider can prescribe appropriate treatment for alcohol dependence or other medical conditions.

If you are concerned about any illness, regardless of what the screen shows, you should seek further evaluation from your physician. If you are concerned that you may have a medical emergency or are having thoughts of harming yourself or someone else, call 911, or go immediately to the nearest hospital emergency room for an evaluation.

Read this if you are a woman with a result between 3 and 7, OR you are a man with a result between 4 and 7.

Your screen results are consistent with minimal symptoms of alcohol dependence. If these symptoms are distressing to you or are distracting you at work, or home, you may benefit from seeing your physician or a qualified mental health professional for a complete evaluation, as soon as practical. Although many veterans/individuals cope well with symptoms like yours, effective treatments for alcohol dependence are available to help reduce your symptoms and improve your quality of life. A mental health professional or your physician can advise you about whether you can benefit from treatment and describe different treatment alternatives.

This screen is not designed to provide a comprehensive assessment or diagnosis of alcohol dependence. Only a qualified physician or mental health provider can provide a complete assessment and diagnosis of alcohol dependence. Only a qualified physician or mental health professional can differentiate symptoms of alcohol dependence from other medical conditions.

Only a qualified physician or mental health provider can prescribe appropriate treatment for alcohol dependence or other medical conditions.

If you are concerned about any illness, regardless of what the screen shows, you should seek further evaluation from your physician. If you are concerned that you may have a medical emergency or are having thoughts of harming yourself or someone else, call 911, or go immediately to the nearest hospital emergency room for an evaluation.

Read this if your result is between 8 and 12.

Your screen results are consistent with many of the symptoms of alcohol dependence. **You are advised to see your physician or a qualified mental health professional immediately for a complete assessment.** Although many veterans/individuals cope well with symptoms like yours, effective treatments for alcohol dependence are available to help reduce your symptoms and improve your quality of life. A mental health professional or your physician can advise you about whether you can benefit from treatment and describe different treatment alternatives.

This screen is not designed to provide a comprehensive assessment or diagnosis of alcohol dependence. Only a qualified physician or mental health provider can provide a complete assessment and diagnosis of alcohol dependence. Only a qualified physician or mental health professional can differentiate symptoms of alcohol dependence from other medical conditions. Only a qualified physician or mental health provider can prescribe appropriate treatment for alcohol dependence or other medical conditions.

If you are concerned about any illness, regardless of what the screen shows, you should seek further evaluation from your physician. If you are concerned that you may have a medical emergency or are having thoughts of harming yourself or someone else, call 911, or go immediately to the nearest hospital emergency room for an evaluation.

The Alcohol Use Disorders Identification Test is a publication of the World Health Organization, © 1990

NOTES

Recommended Professional Development: Military Cultural Competency & Suicide Prevention Training

New Hampshire Division of Community Based Military Programs, Department of Military Affairs & Veterans Services

Supported by the New Hampshire Suicide Prevention Council—Military & Veterans Committee

SMVF = Service Members, Veterans and their Families

Priority Recommendations

Training Area	For those who work with:	Training	Mode/Access	Staff to be trained	% of Staff Trained	Frequency of Training	Notes	Competencies/Outcomes
Military Cultural Competency (MCC) ***Introductory***	**SMVF Employees** **Children & Families** **SMVF in clinical or healthcare settings**	**Star Behavioral Health Provider Training (SBHP)** Tier 1 of three tiers **Tier One** provides an introduction to military culture and information about the deployment cycle. Recommended for all.	SBHP trainings are typically held in-person; however, they have switched to all virtual instruction until further notice. View dates and register for trainings at: https://starproviders.org/providers/states/new%20hampshire/training-dates-locations-page-id-16	All staff, including leadership and administration should have one introductory MCC training. SBHP Tier 1 training would meet this recommendation.	100%	At Hire/Annual Updates	**Course Description:** Star Behavioral Health Providers (SBHP) is a training, dissemination and referral system aimed at expanding access to trained behavioral health providers for SMVF. The SBHP initiative works with course content created by the Center for Deployment Psychology (CDP). It is a three-tiered training program, with each training tier building upon knowledge from the previous tier. Tier One is taught by SBHP trained staff from NH. Tier Two and Tier Three will be taught by special teams from CDP. **Total Time:** 6 hours per Tier **Cost**: Free Free APA CEs available for each tier.	**Competencies:** **Tier One** provides an introduction to military culture and information about the deployment cycle. Open to all service providers and community members. For more clinical training refer to Tiers 2 & 3. **Outcomes:** Documentation of completed staff trainings. An Increase in identification of military personnel, veterans, and their families.
Military Cultural Competency (MCC) ***In-Depth*** ***(Clinical focus)***	**Children & Families** **SMVF in clinical or healthcare settings**	**Star Behavioral Health Provider Training** Tiers 2 & 3 of three tiers	SBHP trainings are typically held in-person; however, they have switched to all virtual instruction until further notice. View dates and register for trainings at: https://starproviders.org/providers/states/new%20hampshire/training-dates-locations-page-id-16 For a more general training refer to SBHP Tier 1.	All **clinical service providers** working directly with SMVF should participate in the SBHP Tiers 2 & 3 trainings.	To be determined by individual agencies. Consider: Clinical service providers working directly with SMVF	To be determined by individual agencies.	**Course Description:** Star Behavioral Health Providers (SBHP) is a training, dissemination and referral system aimed at expanding access to trained behavioral health providers for service members, veterans and their families. The SBHP initiative works with course content created by the Center for Deployment Psychology (CDP). It is a three-tiered training program, with each training tier building upon knowledge from the previous tier. Tier One is taught by SBHP trained staff from NH. Tier Two and Tier Three will be taught by special teams from CDP. *Tier 1 is a prerequisite for Tier 2.* *Tiers 1 & 2 are prerequisites for Tier 3.* **Total Time:** 6 hours per tier **Cost:** Free Free APA CEs available for each tier.	**Competencies:** Tier Two provides education about specific challenges and difficulties that are often associated with military service. Tier Three provides clinical skills that focus on evidence-based treatments to address some of the behavioral health issues facing service members, veterans and families. **Outcomes:** Documentation of completed staff trainings.

Recommended Professional Development: Military Cultural Competency & Suicide Prevention Training

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Training Area	For those who work with:			Training	Mode/Access	Staff to be trained	% of Staff Trained	Frequency of Training	Notes	Competencies/Outcomes
Priority Recommendations:										
Suicide Prevention ***Introductory & In-Depth***	**SMVF Employees**	**Children & Families**	**SMVF in clinical or healthcare settings**	**LivingWorks Applied Suicide Intervention Skills Training (ASIST)** Evidence-based, 2-day face-to-face workshop (15 hours)	LivingWorks ASIST is presented in-person only. Find training dates available locally: https://legacy.livingworks.net/training-and-trainers/find-a-training-workshop/ For those who need an online version, refer to LivingWorks Start.	All professionals across sectors learn how to recognize signs of suicide risk in others and know how to address the risk.	100%	At Hire, then refresh every 3-4 years	**Course Description:** LivingWorks ASIST is a two-day face-to-face workshop featuring powerful audiovisuals, discussions, and simulations. At a LivingWorks ASIST workshop, participants learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Two knowledgeable, supportive trainers will guide participants through the course, ensuring comfort and safety. **Total Time:** 15 hours **Cost:** Contact a local trainer to inquire.	**Competencies:** 1. To recognize the signs of suicide risk in others. 2. To demonstrate how to provide a skilled intervention. 3. To demonstrate how to develop a safety plan to keep someone alive. **Outcomes:** Documentation of completed staff trainings. An increase in staff comfort level addressing conversations about suicide risk. An increase in hope and reduction in suicidality.
Alternative and Additional Recommendations										
Training Area	**For those who work with:**			**Training**	**Mode/Access**	**Staff to be trained**	**% of Staff Trained**	**Frequency of Training**	**Notes**	**Competencies/Outcomes**
Military Cultural Competency (MCC) ***Introductory***	**SMVF Employees**	**Children & Families**	**SMVF in clinical or healthcare settings**	**Center for Deployment Psychology and Veterans Affairs** - 2 hour MCC overview training (in 8 modules).	Online https://deploymentpsych.org/Military-Culture-Enhancing-Competence-Course-Description	All staff, including leadership and administration, have one introductory MCC training. This course meets that recommendation.	100%	At Hire/Annual Updates	**Course Description:** This interactive online training course provides an overview of military culture to include organizational structure, rank, branches of service, core values, and demographics as well as similarities and differences between the Active and Reserve components. It is intended to assist civilian providers in better understanding, communicating and effectively interacting with Service members and their families. **Total Time:** 2 hours **Cost:** Free course (APA CE credits available for $15.00)	**Competencies:** 1. To explain the military rank structure and organization and distinguish the primary mission and core values of each branch of service. 2. To describe differences and similarities between Active and Reserve components. 3. To discuss demographic characteristics of Service members. 4. To recognize general and deployment-related military terms. **Outcome:** Documentation of completed staff trainings. An Increase in identification of military personnel, veterans, and their families.

Recommended Professional Development: Military Cultural Competency & Suicide Prevention Training

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Training Area	For those who work with:			Training	Mode/Access	Staff to be trained	% of Staff Trained	Frequency of Training	Notes	Competencies/Outcomes
Alternative and Additional Recommendations:										
Military Cultural Competency (MCC) ***Introductory***	**SMVF Employees**	**Children & Families**	**SMVF in clinical or healthcare settings**	**Psych Armor MCC trainings** – Multiple training options divided into 10-60 min self-paced online segments: **15 Things Veterans Want You To Know*** (16 min) **Veteran 101 - DoD** (20 min) **Veteran 101 - Service Branch Overview** (20 min) **Veteran 101 - Military Culture** (30 min) **Veteran 101 - Laws and Regulations** (10 min) **Veteran 101 - Officer vs. Enlisted** (35 min) **Veteran 201 - Military Lingo & Discharges** (20 min) **Veteran 201 - Timeline of Wars** (45 min) **Veteran 201 - Profession vs. Occupation** (35 min) **Veteran 201 - Veterans** (20 m) **Veteran 201 - Military Families** (60 min)	Online https://psycharmor.org/military-culture-school/	All staff, including leadership and administration, have one introductory MCC training. This series of trainings meets that recommendation.	100%	At Hire/Annual Updates	**Course Description:** Free, requires online user registration for access. CE credits available for some PsychArmor trainings (cost associated). Refer to website for more information. PsychArmor has a variety of entry level trainings addressing specific military-related topics. Organizations can identify topic-specific trainings for employees based on professional responsibilities. **Total time:** Varies **Cost:** Free with no CE credits. CE credits may have a cost. *Healthcare Providers should view **15 Things Veterans Want You To Know for Healthcare Providers** (33 min)	**Competencies:** 1. To take a look inside to the lifestyle of service members and their families. 2. To learn about the historic culture and ingrained values of the U.S. Armed Forces. 3. To gain exposure to the latest research and trends on veteran specific issues. 4. To learn from nationally-recognized subject matter experts. **Outcome:** Documentation of completed staff trainings. An Increase in identification of military personnel, veterans, and their families.
Military Cultural Competency (MCC) ***In-Depth, Topic Specific***	**SMVF Employees**	**Children & Families**	**SMVF in clinical or healthcare settings**	**Psych Armor** MCC trainings with more in-depth information on specific topics for healthcare providers and others including: caregivers, employers, nonprofits, community organizers etc.	Online https://psycharmor.org/healthcare-providers/	Direct services staff working with military, veterans, and their families including (but not limited to) medical program staff, emergency services staff, peer staff, case managers, and clinicians complete more in-depth training in MCC.	To be determined by individual agencies.	To be determined by individual agencies.	**Course Description:** Free, requires online user registration for access. CE credits available for some PsychArmor trainings (cost associated). Refer to website for more information. Psych Armor has an extensive training library including in- depth trainings for healthcare providers, caregivers and families, employers, volunteers, and educators. *Veteran 101 and 201 courses are recommended as prerequisites for the in-depth courses.* **Total time:** Varies **Cost:** Free with no CE credits. CE credits may have a cost.	**Competencies:** 1. To take a look inside to the lifestyle of service members and their families. 2. To learn about the historic culture and ingrained values of the U.S. Armed Forces. 3. To gain exposure to the latest research and trends on veteran specific issues. 4. To learn from nationally-recognized subject matter experts. **Outcomes:** Documentation of completed staff trainings. An Increase in identification of military personnel, veterans, and their families.

Recommended Professional Development: Military Cultural Competency & Suicide Prevention Training

New Hampshire Division of Community Based Military Programs, Department of Military Affairs & Veterans Services

Supported by the New Hampshire Suicide Prevention Council—Military & Veterans Committee

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Training Area	For those who work with:	Training	Mode/Access	Staff to be trained	% of Staff Trained	Frequency of Training	Notes	Competencies/Outcomes
Alternative and Additional Recommendations:								
Military Cultural Competency (MCC) ***In-Depth***	**SMVF in clinical or healthcare settings**	**Center for Deployment Psychology and Veterans Affairs** - 8 hour (4 module) training. Module 1: Self- Assessment and Introduction to Military Ethos; Module 2: Military Organization and Roles; Module 3: Stressors and Resources; Module 4: Treatment Resources and Tools.	Online http://deploymentpsych.org/military-culture-course-modules	Direct services staff working with military, veterans, and their families including (but not limited to) medical program staff, emergency services staff, peer staff, case managers, and clinicians complete more in-depth training in MCC.	To be determined by individual agencies.	To be determined by individual agencies.	**Course Description:** The primary audience for the curriculum is mental health professionals employed by the VA or DoD, but the curriculum is intended to benefit any health care professional who serves members of the military, Veterans, or members of their families, regardless of setting. This includes physicians (including psychiatrists'), psychologists, nurses, social workers, and counselors.	**Competencies:** 1. To identify factors that shape opinions about the military and military service. 2. To analyze potential prejudices and biases that you may hold related to military culture, Service members, and/or Veterans. 3. To evaluate the possible impact of military culture and military ethos on a Service member's, Veteran's, and/or Family member's sense of self, others and worldview. 4. To assess how military ethos impacts clinical presentation and interactions you have had with Service members, Veterans, and their families. 5. To describe how military ethos may contribute to stigma, help seeking, and health behaviors. **Outcomes:** Documentation of completed staff trainings. An Increase in identification of military personnel, veterans, and their families.

Recommended Professional Development: Military Cultural Competency & Suicide Prevention Training

New Hampshire Division of Community Based Military Programs, Department of Military Affairs & Veterans Services

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Training Area	For those who work with:			Training	Mode/Access	Staff to be trained	% of Staff Trained	Frequency of Training	Notes	Competencies/Outcomes
Alternative and Additional Recommendations:										
Suicide Prevention ***Introductory***	**SMVF Employees**	**Children & Families**	**SMVF in clinical or healthcare settings**	**S.A.V.E. (PsychArmor)** 25-minute online course developed in collaboration with the Department of Veterans Affairs and presented by Dr. Megan McCarthy, Former Deputy Director, Suicide Prevention.	Online https://psycharmor.org/courses/s-a-v-e/ A 1-hour in-person or virtual training may be available through your local VA Medical Center Suicide Prevention Team. Please use VA's resource locator to contact your local team to inquire more: www.VeteransCrisisLine.net/ResourceLocator.	All professionals across sectors learn how to recognize signs of suicide risk in others and know how to address the risk.	100%	At hire, then refresh every year	Free, requires online user registration for access. S.A.V.E. can be taken in a group setting or individually. It was designed to be watched as a group to allow for greater discussion of the topics and video. **Total time:** 25 minutes **Cost:** Free A 1-hour in-person or virtual training may be available through your local VA Medical Center Suicide Prevention Team. Please use VA's resource locator to contact your local team to inquire more: www.VeteransCrisisLine.net/ResourceLocator. This training is beneficial for anyone who interacts with Veterans, including first responders, crisis line volunteers, law enforcement, members of clergy, individuals working in the justice system, health care employees, faith leaders, and community members.	**Competencies:** 1. Develop a general understanding of the problem of suicide in the United States. 2. Understand how to identify a Veteran who may be at risk for suicide. 3. Know what to do if you identify a Veteran at risk. **Outcomes:** Documentation of completed staff trainings. An increase in staff comfort level addressing conversations about suicide risk. An increase in hope and reduction in suicidality.
Suicide Prevention ***Introductory***	**SMVF Employees**	**Children & Families**	**SMVF in clinical or healthcare settings**	**LivingWorks Start** 1-hour online course designed for any person 13 years or older	Register and access the course online: https://www.livingworks.net/start	All professionals across sectors learn how to recognize signs of suicide risk in others and know how to address the risk.	100%	At Hire, then refresh every 3-4 years	**Course Description:** In just one hour online, LivingWorks Start teaches trainees to recognize when someone is thinking about suicide and connect them to help and support. LivingWorks Start teaches valuable skills to everyone 13 and older and requires no formal training or prior experience in suicide prevention. The in-person ASIST training is preferred, but this online course is for those who are not able to attend the in-person training. **Total Time:** 1 hour **Cost:** $30	**Competencies:** 1. To demonstrate understanding of a four-step model to keep someone safe from suicide. 2. Gain knowledge about safety resources and supports available. **Outcomes:** Documentation of completed staff trainings. An increase in staff comfort level addressing conversations about suicide risk. An increase in hope and reduction in suicidality.

NOTES

Appendix:
Resources & Tools for New Hampshire

Resources & Tools for New Hampshire

111 **New Hampshire's Veterans**—Snapshot of demographics related to Veterans in NH

112 **Supporting New Hampshire's Veterans**—Services and resources available to Veterans in NH

113 **New Hampshire's Commitment to Serving Veterans**—brochure created by the NH Military Leadership Team to provide information about the federal and state resources available to Veterans in the state.

115 **Resources for Military & Veterans in New Hampshire**

118 **Assistance to Enroll in VA Care or Apply for Benefits**

119 **NH's Online Training Portal**—available to community partners for training of staff and employees.

120 **Recommended Professional Development: Military Cultural Competency & Suicide Prevention Trainings**—this list of recommended trainings is a full list containing both the recommended trainings in the Appendix and trainings only available in New Hampshire.

NEW HAMPSHIRE DEPARTMENT OF MILITARY AFFAIRS AND VETERANS SERVICES

New Hamsphire's Veterans

POPULATION

94,508 Veterans **1,123 Active Duty**

5,751 National Guard & Reservists

Veteran Population[1,2]	New Hampshire
Number of Veterans	93,866
Percent of Adult Population that are Veterans	8.5%
Number of Women Veterans	7,370
Percent Women Veterans	7.9%
Number of Military Retirees[2]	9,584
Percent of Veterans that are Military Retirees[2]	10.78%
Number of Veterans Age 65 and Over	49,357
Percent of Veterans Age 65 and Over	52.9
Age Distribution[1]	**New Hampshire**
75 years and over	25.3%
65 to 74 years	27.2%
55 to 64 years	19.8%
35 to 54 years	20.3%
18 to 34 years	7.3%
Period of Service[1]	**New Hampshire**
World War II	2.1%
Korean War	6.5%
Vietnam era	37%
Gulf War I	17.0%
Gulf War II	18.5%
Household Income[2]	**New Hampshire**
200k or more	6.0%
100K to 199.9k	25.0%
50k to 99.9k	34.0%
25k to 49.9k	23.0%
less than 25k	12.0%
Educational Attainment[1]	**New Hampshire**
Some college or Associate degree	32.1%
Bachelor's or higher	30.6%
VA Healthcare and Benefits[2]	**New Hampshire**
Number of Veterans Receiving Disability Compensation	20,243
Number of Veterans Receiving Pension	834
Number of Dependency & Indemnity Comp Beneficiaries	1,641
Number of Education Beneficiaries	10,234
Number of Enrolls in VA Healthcare System	45,100
Number of Unique Patients Treated	30,748

Sources of data: Multiple sources were used to compile this snapshot. Most use a Point in Time or an average count. For that reason, some numbers will not add up exactly to the total Veteran count shown. All numbers should be considered approximate and serve to provide an overall snapshot.
Veterans Data Central, www.veteransdata.info; US Dept of Veterans Affairs, www.datahub.va.gov/stories/s/svwp-s4cw; US Census Bureau, 7/1/22, www.census.gov/quickfacts/NH; DoD Defense Manpower Data Center, 12/31/22; ACS 2017-21 5-Yr Nat'l Estimates Veterans Select Demographic Data; National HUD Nat'l Point in Time Homeless Count Data, 2022; U.S. Bureau of Labor Statistics, 2022

ECONOMIC WELL BEING

2.3%
2022 Veteran unemployment rate in NH was slightly higher than the overall 2.1% unemployment rate for NH.

$78,316 Median household income of NH Veterans is $78,316 which is below the NH median of $83,449. 69% of Veterans make more than $50,000/year.
1,876 Veteran households receive food stamps. 5.1% NH Veterans live in poverty. 7/1/22

HOUSING & HOMELESSNESS

127
Out of the 127 Veterans experiencing homelessness in NH, 115 are sheltered in emergency or transitional housing. 12 remain unsheltered.*

*2022 HUD Point in Time Homeless Data Count

79%
Homeownership rate of NH Veterans. 7/1/22

16,901
Approximately 16,901 NH Veterans live in homes with one or more major problems of quality, crowding or cost. Housing affordability is the greatest housing problem among NH Veterans. 7/1/22

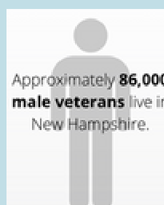
VETERAN DISTRIBUTION & DIVERSITY

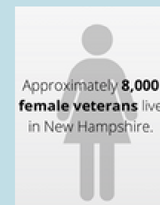
VETERAN POPULATION

1. **Hillsborough, NH** (25,790 veterans)
2. **Rockingham, NH** (20,676 veterans)
3. **Merrimack, NH** (10,592 veterans)
4. **Strafford, NH** (9,408 veterans)
5. **Grafton, NH** (6,421 veterans)
6. **Cheshire, NH** (6,171 veterans)
7. **Belknap, NH** (5,362 veterans)
8. **Carroll, NH** (4,193 veterans)
9. **Sullivan, NH** (3,500 veterans)
10. **Coos, NH** (2,386 veterans)

21.4% NH Veterans have service-connected disability rating

2.5% of NH's Veteran population identifies as Hispanic.





NEW HAMPSHIRE DEPARTMENT OF MILITARY AFFAIRS AND VETERANS SERVICES

Supporting New Hamsphire's Veterans

STATE GOVERNMENT

DEPT OF MILITARY AFFAIRS & VETERANS SERVICES

Division of Veterans Services
Division of Community Based Military Programs
NH State Veterans Cemetery
State Veterans Council
NH Military Leadership Team

NH VETERANS HOME

Located in Tilton, NH, the NH Veterans Home strives to provide the best quality of life for NH Veterans with dignity, honor & respect.

NH SUICIDE PREVENTION COUNCIL--MILITARY & VETERANS COMMITTEE

This committee merged with the NH Governor's Challenge to Prevent Suicide among SMVF team. Info about committee on Suicide Prevention Efforts DMAVS webpage.

INITIATIVES & NEEDS

Initiatives

Suicide Prevention
NH Veteran-Friendly Business Network
Ask the Question
Military/Veteran Family Support

Needs

Coordinated/centralized resource & referral assistance with customized support
Affordable housing
In-home aging services
Increase VA enrollment

VETERANS AFFAIRS

VA Medical Centers

Manchester VA Medical Center
White River Junction VA Medical Center

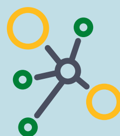
Community Based Outpatient Clinics: Conway, Keene, Littleton, Portsmouth, Somersworth, Tilton
Wide variety of specialists available. VA care has positive health outcomes and is often more accessible.

Vet Centers

Vet Centers and Outstations: Berlin, Keene, Manchester, Portsmouth

Veterans Benefit Administration

$417,784,000 into NH Veterans pockets in 2020



COMMUNITY PARTNERS & RESOURCES

There are a variety of groups, coalitions and organizations serving Veterans statewide to meet needs in a variety of areas and more are in development. The Department of Military Affairs & Veterans Services has representation on, involvement in and/or a partnership with the following:

State Veterans Advisory Committee
North Country Veterans Committee
Seacoast Veterans Committee
Justice Involved Veterans Task Force
NH Veteran-Friendly Business Network
Lakes Region Veterans Coalition
Community Behavioral Health Association
Governor's Commission on Housing Stability
Alliance for Healthy Aging
NH Military Interstate Compact Commission (MIC3)
Servicelink
2-1-1

www.dmavs.nh.gov

U.S. DEPT OF VETERAN AFFAIRS--VETERANS BENEFIT ADMINISTRATION (VBA)

VBA is responsible for administering the Department's programs that provide financial and other forms of assistance to veterans, their dependents, and survivors.

275 Chestnut St, Norris Cotton Federal Building 6th Floor, Manchester, NH 03101
1-800-827-1000
https://benefits.va.gov/benefits/

VA MEDICAL CENTERS

Two VAMCs serve NH veterans. The VAMCs focus on whole health, primary and mental health care and offer a full range of specialty care within the VA healthcare system. Eligible Veterans can access VA health care services nationwide at VAMCs or Connected Care (Telehealth). Veterans enrolled in VA health care can also use community care benefits when eligible.

Manchester VA Medical Center
718 Smyth Rd, Manchester, NH 03104
(603) 624-4366 Ext. 6056
www.manchester.va.gov

White River Junction VA Medical Center
215 North Main Street,
White River Junction, VT 05009
(802) 295-9363 or 1-866-687-8387
www.whiteriver.va.gov

NH MILITARY LEADERSHIP TEAM

In 2019, Senate Bill 208 established the NH Military Leadership Team (MLT) to serve as an advisory body providing guidance to the Department of Military Affairs & Veterans Services regarding the delivery of services to veterans, military service members and their families. The MLT consists of representatives from the agencies listed in this pamphlet as well as those listed below--they work to promote partnerships that will benefit the veteran community.

Additional MLT Members: New Hampshire Hospital Association, Next Step Bionics and Prosthetics, NH Veterans Council, State Veterans Advisory Committee, Civilian Aide to the Secretary of the Army, A Military/Veteran Family Member/Spouse

NEW HAMPSHIRE DEPARTMENT OF MILITARY AFFAIRS AND VETERANS SERVICES

NEW HAMPSHIRE'S COMMITMENT TO SERVING VETERANS

NEW HAMPSHIRE DEPARTMENT OF MILITARY AFFAIRS AND VETERANS SERVICES

DEPARTMENT OF MILITARY AFFAIRS & VETERANS SERVICES

The Department of Military Affairs and Veterans Services consists of the following divisions positioned to meet the needs of service members, veterans and their families throughout the course of their lives:

Division of Veterans Services (DVS)
Formerly NH Office of Veterans Services
Veterans Service Officers assist with benefit eligibility, claims and appeals.
275 Chestnut St, Norris Cotton Federal Building, Room 517, Manchester, NH 03101
(603) 624-9230 or 1-800-622-9230

NH State Veterans Cemetery
110 Daniel Webster Highway Route 3, Boscawen, NH 03303
(603) 796-2026

Division of Community Based Military Programs
4 Pembroke Road, Concord, NH 03301
(603) 225-1360

Find all of the above at:
www.dmavs.nh.gov

NH NATIONAL GUARD--WELLNESS DIVISION

The Wellness Division has a variety of programs that can assist service members and their families across all branches and components to meet their needs through services, support, resources & referrals. Each program has specific eligibility criteria.

Resource & Referral Line: 1-877-598-0666

DEPARTMENT OF EDUCATION

Veterans Education Services--
Charged with the responsibility for overseeing state education/training programs for veterans to utilize their Montgomery GI Bill education benefits.

(603) 271-8508
www.education.nh.gov/highered/veterans/index.htm

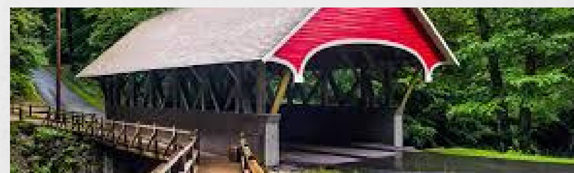
Bureau of Credentialing--
For service members/spouses relocating to NH or veterans/spouses recently separated from military service. Educational Consultants provide 1:1, expedited service to navigate the credentialing process and help determine if/how credentials and unique service, training & life experiences can be transferred into an educational career to benefit New Hampshire students.

(603) 271-2408
www.education.nh.gov/certification/index.htm

PORTSMOUTH NAVAL SHIPYARD

Retired Activities Office--
Veterans can access Commissary and Exchange, Tirante Tavern, MWR, Naval Clinic, & ID Cards.

Code 866 Bldg 22, Portsmouth, NH 03804
Main phone: (207) 438-1000
Base Directory:
www.basedirectory.com/portsmouth-naval-shipyard-directory



NH VETERANS HOME

Serving New Hampshire veterans since it was founded in 1890, the NH Veterans Home is long-term care community dedicated to person-centered care. A full array of services are provided daily by highly qualified professionals. Plan ahead for continuity of care--make an appointment to learn more.

139 Winter Street, Tilton, NH 03276
(603) 527-4400
www.nh.gov/veterans

NH EMPLOYMENT SECURITY

NHES helps people succeed throughout their lives by supporting employment and training needs. Veterans and eligible spouses receive access, on a priority of service basis, to the full range services. Contact your nearest NHES office and identify yourself as a veteran.

(603) 229-4407 or (603) 228-4083
www.nhes.nh.gov

Not sure where to start?

211 is a statewide, comprehensive, information and referral service. Dial 211 or visit the website to get information on services in NH. Identify yourself as a Veteran!
www.211nh.org
2-1-1

Servicelink offers a statewide resource & referral service. Options Counselors are familiar with veteran-specific resources and will give you personal attention to address your concern.
www.servicelink.nh.gov
1-866-634-9412

Resources for Military & Veterans in New Hampshire

These resources and many others can be found in the New Hampshire Veterans' Resource Directory compiled and updated annually be the NH Department of Military Affairs & Veterans Services and NH Employment Security. The Resource Guide is available online at:
https://www.dmavs.nh.gov/sites/g/files/ehbemt401/files/inline-documents/sonh/resource-directory2.pdf

**denotes organizations that will aid ALL those whom have served, regardless of discharge status*

General Resources for Veterans and their Families

Manchester VA Medical Center
Ph: (800) 892-8384
Website: www.manchester.va.gov

White River Junction VA Medical Center
Ph: (866) 687-8387
Website: www.whiteriver.va.gov

Veterans Benefits Administration (VBA)
Ph: (800) 827-1000
Website: www.benefits.va.gov/manchester

***ServiceLink Resource Center:** Call 1-866-634-9412 to link to information and support services within your community (housing, financial, health, elder services, long-term supports, etc).

NH Division of Veterans Services assists NH Veterans and/or their dependents in securing benefits and other resources Ph: 1-603-624-9230 x301

New Hampshire Veterans' Resource Directory:
https://www.dmavs.nh.gov/sites/g/files/ehbemt401/files/inline-documents/sonh/resource-directory2.pdf

New Hampshire Military & Veteran Family Resource Guide:
https://www.askthequestion.nh.gov/documents/resource-guide.pdf

New Hampshire Department of Military Affairs & Veterans Services
www.dmavs.nh.gov

Substance Use/Misuse or Mental Health Treatment

In addition to the Manchester VA and White River Junction VA, the following resources are available to those who need assistance and support with substance use or misuse or mental health services.

***Community Mental Health Centers**—there are 10 CMHCs in New Hampshire covering 10 regions. Most accept TriCare.

***NH Addiction Crisis Line**: 1-844-711-HELP (4357)

NH Vet Centers: Vet Centers provide a range of counseling (group and individual), outreach, and referral services to Combat Veterans and their families, and to Veterans who have experiences Military Sexual Trauma (MST). All services are FREE and CONFIDENTIAL. Walk-in or call to enroll.

Berlin Vet Center: (603) 752-2571
Hooksett Vet Center: (603) 668-7060
Keene Vet Center: (603) 358-4950
White River Jct VT Vet Center: (802) 295-2908

***Forge VFR**: Forge Veterans and First Responder Health Care located in Manchester, NH.
Website: https://forgehealth.com/vfr/

Health Insurance Coverage

TriCare Health Care Program www.tricare.mil/

Martin's Point Health Care and **US Family Health Plan**: for active-duty family members & military retirees and their families www.martinspoint.org

Veterans Choice: Allows NH Veterans to receive health care in their communities by private providers, paid for by the VA. Restrictions apply. Contact your local VA for information and eligibility.

Caregiver Supports

VA General : www.va.gov/geriatrics and/or www.caregiver.va.gov/?utm_source=geriatrics_left_menu

Manchester VA: https://www.manchester.va.gov/services/caregiver/index.asp

White River Junction VA: www.whiteriver.va.gov/services/caregiver/index.asp

***NH CarePath**: www.nhcarepath.dhhs.nh.gov/caregivers/

***ServiceLink Resource Center**: www.servicelink.nh.gov/caregivers/index.htm

Elder Supports

***ServiceLink Resource Center:** 1-866-634-9412 Aging & Disability Resource Center

NH Veterans Home
Ph: (603) 527-4400
Website: www.nh.gov/veterans/index.htm

***NH Department of Aging & Elder Services**: www.caregiverlist.com/New-Hampshire/departmentonaging.aspx

Burial/Funeral/Cremation

NH State Veterans Cemetery
Ph: (603) 796-2026
Website: http://www.nhsvc.com/
Email: info@nhsvc.com

Care Coordination

***Easter Seals Military & Veterans Program**- for those no longer serving.
www.easterseals.com/nh/our-programs/military-veterans-services/

Employment Counseling
Emergency Financial Assistance
Mental Health Issues
Deployment Support
Substance Abuse
Quit Smoking Now

Care Coordination Program- for those actively serving.
http://www.ccpnh.com/

Financial Counseling and Education
Housing Assistance
Deployment Support
Family Conflict
Substance Abuse Counseling and Resources
Employment Assistance
Child and Youth Resources
Education Assistance
Legal Resources
Individual and Family Counseling Resources
Crisis Intervention and Emergency Assistance
Referral services

Employment

National Guard and Reserves Employment Support: www.nhesgr.com/

***NH Employment Security**: https://www.nhes.nh.gov/services/job-seekers/veterans/index.htm

NH State Benefits

This online list outlines state benefits available to New Hampshire residents who have served in the military.

https://www.dmavs.nh.gov/veterans-services/nh-state-benefits-veterans

Assistance to Enroll in VA Care or Apply for Benefits--New Hampshire Residents

Trained Veterans Services Officers (VSOs) are available in New Hampshire to assist those who have served with enrolling in VA Care, applying for benefits and filing claims. The Division of Veterans Services at the NH Department of Military Affairs and Veterans Services has VSOs that cover all parts of the state and help those who have served and their families access the benefits they are eligible for due to their military service.

PHONE: Call 603-624-9230 x301to schedule an appointment with the VSO in your area.

ONLINE: Get more information and helpful forms at https://www.dmavs.nh.gov/veterans-services

Helpful forms and information are available on the NH DMAVS website for Veterans and their families including a **NH State Benefits Guide** (https://www.dmavs.nh.gov/sites/g/files/ehbemt401/files/inline-documents/sonh/nh-state-veterans-benefits_1.pdf).

NH'S ONLINE TRAINING PORTAL

MILITARY CULTURE & SUICIDE PREVENTION TRAININGS

For those who work with Veterans!

FREE!
CEUs may be available (fee may apply)
Web-based & Self-Paced
Single point of entry to learn best practices!

https://psycharmor.org/sign-up/governors-challenge-portal/?gid=359945&unf3T4BGF1tSw

register as a NH Governor's Challenge Team member

- 15 Things Veterans Want You To Know for Healthcare Providers
- Suicide in Military Members & Veterans
- Connecting with the VA
- Women Who Serve
- Finding Stability After Suicide Loss
- Myths & Facts About Wounded Warriors
- Postvention: Healing After Suicide
- Inner Conflict & Survivor's Guilt
- S.A.V.E. and S.A.V.E. II
- Communication Skills with Veterans
- Substance Use Disorder in Military & Veteran Populations
- Crisis Response Plan for Healthcare Providers: Introduction & Assessment
- Crisis Response Plan for Healthcare Providers: Intervention
- Postvention: Healing After Suicide
- VHA Train: Skills Training for Evaluation & Management of Suicide
- VHA Train: Lethal Means Safety Training
- EDC: Counseling on Access to Lethal Means

Additional training for Employers looking to Recruit Veterans into the workforce:
Contact Dept of Military Affairs & Veterans Services to learn more!

To learn more:

Amy Cook, NH Department of Military Affairs & Veterans Services
Co-Chair, Suicide Prevention Council--Military & Veterans Committee
www.dmavs.nh.gov/about-us/councils-and-committees/suicide-prevention-efforts
Amy.M.Cook@dmavs.nh.gov

Recommended Professional Development: Military Cultural Competency & Suicide Prevention Training

New Hampshire Division of Community Based Military Programs, Department of Military Affairs & Veterans Services

Supported by the New Hampshire Suicide Prevention Council—Military & Veterans Committee

SMVF = Service Members, Veterans and their Families

The following Priority Recommendations are specific to New Hampshire and should be considered in addition to the training recommendations provided in the general Appendix.

Training Area	For those who work with:	Training	Mode/Access	Staff to be trained	% of Staff Trained	Frequency of Training	Notes	Competencies/Outcomes
Military Cultural Competency (MCC) ***Introductory***	**SMVF Employees** **Children & Families** **SMVF in clinical or healthcare settings**	**Ask the Question: Ask, Link Collaborate** Multiple training, orientation and consultation options that can be customized and tailored to organization and staff needs.	Trainings, orientations or consultations can be held virtually or in-person. Length is tailored to need. Contact: Amy Cook, NAMI NH acook@naminh.org	NH Department of Military Affairs & Veterans Services recommends all social service, healthcare organizations and educational institutions learn about the benefits of identifying clients/patients/students/families that have served in the military.	To be determined by individual agencies. Consider: Leadership & administration, gatekeepers to services, those responsible for intake and data collection procedures	To be determined by individual agencies. Consider: Initially to develop effective procedures, then an annual review to evaluate effectiveness of procedures.	**Course Description:** This training educates organizations about the importance of identifying SMVF, how to do that effectively and the benefits that can be realized by doing so. It is designed for a team that will be responsible for developing and implementing policy & procedural changes related to identifying SMVF, linking them to appropriate resources and collaborating with the network of resources available to the SMVF population. **Total Time:** customized **Cost:** Free	**Competencies:** 1. To recognize the importance and benefits of identifying SMVF in a specific organization. 2. To identify spaces within organizational policies & procedures where asking, linking and collaborating can make a positive impact. **Outcomes:** Documentation of completed staff trainings. An Increase in identification of military personnel, Veterans, and their families.
Military Cultural Competency (MCC) ***Introductory***	**SMVF Employees** **Children & Families** **SMVF in clinical or healthcare settings**	**Star Behavioral Health Provider Training (SBHP)** Tier 1 of three tiers **Tier One** provides an introduction to military culture and information about the deployment cycle. Recommended for all.	SBHP trainings are typically held in-person; however, they have switched to all virtual instruction until further notice. View dates and register for trainings at: https://starproviders.org/providers/states/new%20hampshire/training-dates-locations-page-id-16	NH Department of Military Affairs & Veterans Services recommends that all staff, including leadership and administration, have one introductory MCC training. SBHP Tier 1 training would meet this recommendation.	100%	At Hire/Annual Updates	**Course Description:** Star Behavioral Health Providers (SBHP) is a training, dissemination and referral system aimed at expanding access to trained behavioral health providers for SMVF. The SBHP initiative works with course content created by the Center for Deployment Psychology (CDP). It is a three-tiered training program, with each training tier building upon knowledge from the previous tier. Tier One is taught by SBHP trained staff from NH. Tier Two and Tier Three will be taught by special teams from CDP. **Total Time:** 6 hours per Tier **Cost**: Free Free APA CEs available for each tier.	**Competencies: Tier One** provides an introduction to military culture and information about the deployment cycle. Open to all service providers and community members. For more clinical training refer to Tiers 2 & 3. **Outcomes:** Documentation of completed staff trainings. An Increase in identification of military personnel, veterans, and their families.
Military Cultural Competency (MCC) ***In-Depth*** ***(Clinical focus)***	**Children & Families** **SMVF in clinical or healthcare settings**	**Star Behavioral Health Provider Training** Tiers 2 & 3 of three tiers	SBHP trainings are typically held in-person; however, they have switched to all virtual instruction until further notice. View dates and register for trainings at: https://starproviders.org/providers/states/new%20hampshire/training-dates-locations-page-id-16 For a more general training refer to SBHP Tier 1.	NH Department of Military Affairs & Veterans Services recommends that all **clinical service providers** working directly with SMVF participate in the SBHP Tiers 2 & 3 trainings.	To be determined by individual agencies. Consider: Clinical service providers working directly with SMVF	To be determined by individual agencies.	**Course Description:** Star Behavioral Health Providers (SBHP) is a training, dissemination and referral system aimed at expanding access to trained behavioral health providers for service members, veterans and their families. The SBHP initiative works with course content created by the Center for Deployment Psychology (CDP). It is a three-tiered training program, with each training tier building upon knowledge from the previous tier. Tier One is taught by SBHP trained staff from NH. Tier Two and Tier Three will be taught by special teams from CDP. *Tier 1 is a prerequisite for Tier 2.* *Tiers 1 & 2 are prerequisites for Tier 3.* **Total Time:** 6 hours per tier **Cost:** Free Free APA CEs available for each tier.	**Competencies:** Tier Two provides education about specific challenges and difficulties that are often associated with military service. Tier Three provides clinical skills that focus on evidence-based treatments to address some of the behavioral health issues facing service members, veterans and families. **Outcomes:** Documentation of completed staff trainings.

Recommended Professional Development: Military Cultural Competency & Suicide Prevention Training

New Hampshire Division of Community Based Military Programs, Department of Military Affairs & Veterans Services

Supported by the New Hampshire Suicide Prevention Council—Military & Veterans Committee

SMVF = Service Members, Veterans and their Families

Training Area	For those who work with:			Training	Mode/Access	Staff to be trained	% of Staff Trained	Frequency of Training	Notes	Competencies/Outcomes
Suicide Prevention ***Introductory & In-Depth***	**SMVF Employees**	**Children & Families**	**SMVF in clinical or healthcare settings**	**LivingWorks Applied Suicide Intervention Skills Training (ASIST)** Evidence-based, 2-day face-to-face workshop (15 hours)	LivingWorks ASIST is presented in-person only. Find training dates available locally: https://legacy.livingworks.net/training-and-trainers/find-a-training-workshop/ For those who need an online version, refer to LivingWorks Start. The NH National Guard offers the training on a regular basis at NHNG facilities (no charge to participants). Organizations can also schedule their own trainings--$39.95 per participant. Contact: Dale Garrow, dale.e.garrow.ctr@mail.mil	NH Department of Military Affairs & Veterans Services recommends all professionals across sectors learn how to recognize signs of suicide risk in others and know how to address the risk.	100%	At Hire, then refresh every 3-4 years	**Course Description:** LivingWorks ASIST is a two-day face-to-face workshop featuring powerful audiovisuals, discussions, and simulations. At a LivingWorks ASIST workshop, participants learn how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Two knowledgeable, supportive trainers will guide participants through the course, ensuring comfort and safety. **Total Time:** 15 hours **Cost:** Free if participant attends training hosted by NH National Guard. $39.95 per participant if organization schedules their own training.	**Competencies:** 1. To recognize the signs of suicide risk in others. 2. To demonstrate how to provide a skilled intervention. 3. To demonstrate how to develop a safety plan to keep someone alive. **Outcomes:** Documentation of completed staff trainings. An increase in staff comfort level addressing conversations about suicide risk. An increase in hope and reduction in suicidality.