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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Appendix Section……

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…

This 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.

Catchfire Creative, Inc.
Dare Mighty Things
Gorham Family Resource Center
Easterseals NH Military & Veterans Services
Easterseals Veterans Count
Employer Support of the Guard and Reserve
Harbor Homes, Inc.
Manchester VA Medical Center
NAMI New Hampshire
NHCarePath
NH Commission on PTSD and TBI
NH Community Mental Health Centers
NH Department of Health and Human Services
NH Hospital Association
NH Justice Involved Veterans Task Force
NH Military Leadership Team
NH National Guard
NH National Guard's Care Coordination Program
NH State Office of Veterans Services
NH State Police
NH Vet Centers
NH Veterans Home
North Country Veterans Committee
North Country Justice Involved Veterans Team
Seacoast Veterans Conference Planning Team
ServiceLink Aging & Disability Resource Centers
State Veterans Advisory Committee
Veterans of Foreign Wars
White River Junction VA Medical Center

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.

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

With the majority of NH 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 VSMF 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 veterans, service members, and their families.
  - **Care capacity is needed in the private sector**: NH's VA accessibility, whether it be by proximity or capacity, is a chronic challenge facing NH's Veterans. This state-wide challenge was recognized at the federal level with a special exemption provided to NH's VA Enrolled Veterans accessing care via Veterans Choice, such that 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 3*

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 therefore may be

at a disadvantage when attempting to build rapport, diagnose and treat their patients whom 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
- Directors/Managers
- Cultural Diversity Leaders
- Marketing Managers
- Public Relations Managers
- Grant/Sponsorship/Charitable Fund Managers
- Information Technology Support

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

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 whom have ever served.

1) With regard to medical care and service delivery within your facility/organization a veteran is anyone whomever "signed on the line", "put on the uniform", "wrote that blank check". He or she whom 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 veteran benefits, VA care, and qualifications for veteran 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 *Appendix i* come into play. *Consider reviewing the VA Eligibility Form Appendix vi*

The bottom line is this: when serving those whom 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 whom have ever served, a more careful investigation into the nature of their service and discharge may be required. *See Appendix ii for a description of Discharge Status*

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, whom 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 Appendix xii*

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.

The 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 whom served, as well as their families, has existed longer than our nation. Despite the desire to serve those whom have served, the federal system has always struggled to meet the ever changing and increasing demand. Communities always have and always will fill the gap, care for their own, and embraced the moral imperative to serve those whom have served.

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 choses 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 from without 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 Health Care Provider Stigma Fact Sheet in Unit 4.*

Unit 2: 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, welcome them, and most of all care about what makes them unique.

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 whom are not veterans themselves but are family members or dear friends with someone who has served; or simply individuals whom express and demonstrate interest in serving veterans. A multidisciplinary team such as this will bring the needed diversity and passion to your initiative.

- How to 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. Please do not reply all- this information will not be shared without your expressed permission. As we develop our commitment to be more mindful of how we serve those whom have served, we hope to engage our employees in the task of presenting a more welcoming and friendlier environment for those veterans, service members, 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 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.

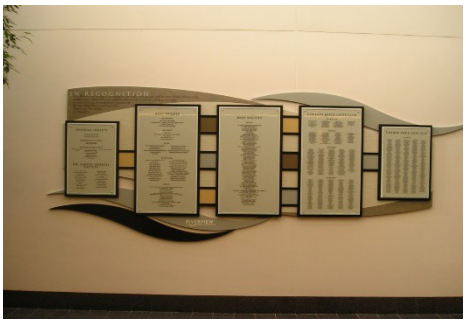
If this initial invitation fails to generate sufficient Team members, skip to Step 2: consider providing continuing education or a luncheon educational meeting about serving veterans, service members and their families to help stimulate interest and enthusiasm. Busy employees sometimes need to be reminded *Why* they want to take the time to participate in such an initiative. Initiate the invitation again immediately after the meeting, have a point-person available in the room to catch those whom show interest, resend the email that day, 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 drumming up interest by talking about the initiative and reminding their 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 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 whom choose to self-identify as having served to display their affiliation on their name badge/ID, or lapel, or with a lanyard, etc. For example, a mother of a Marine might wear a yellow ribbon pin with the Marine logo on it, a physician whom went to medical school with the Air Force might wear an Air Force logo on his/her ID card. Employees and staff whom 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 whom have served. *See Appendix iii for Flag Regulations and provide to staff/employees to avoid unintended improper use or display of the flag.* Observing displays of military service often results in veterans, service members, 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 that facilities choose to highlight employees and staff whom have served, or their family members whom 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 whom 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.
    - 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 subprojects will be pursued. Identify veterans and patriots with the skill sets and organizational insight to lead those subprojects. Have them form teams to execute assigned goals. Subprojects may evolve or dissolve as necessary to support the current direction of the project.

Examples of subprojects might be:

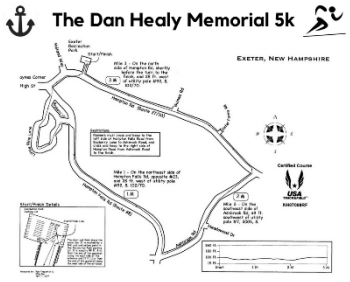
- 5K Running/Walking group organization (find events, registration, t-shirts, organization of group)
- Poster design and rotation of materials
- Email or Newsletter subgroup
- CE/CMEs opportunities
- Public relations

The importance of consistent messaging: Culture change requires consistency. For the initiative to be successful, the message around the Why and the What 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.

It is important to create relationships with local Guard and Reserve Components in NH 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.

- 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 veterans, military members, 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)
- Periodic senior/executive reports
- Facility participation/representation at regional veteran events (ie 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. The more Administrative participation in these types of events, the better.
- Frequent CE/CME opportunities for in-house trainings
- Engaging local schools/day care centers in letter writing, care package creations, art for display in your facility to support Troops & Veterans
- Posters and/or table tents about Ask the Question

Step 2: Educate your 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 whom have served receive their health care in their communities. Even those whom are VA-eligible 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 whom 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, etc. For example, your Main Entry greeters do not necessarily need to be familiar with the possible exposures experienced by an OIF Veteran, but they do need to know how to confidently and respectfully Thank a veteran for his or her service and engage in appropriate and warm small talk regarding the military when opportunities present (ie 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.

Military Culture Training, the basics; all employees no matter their 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 Why and What 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 are often the most rich with information and allow individuals to connect with the material. Web-based education is also widely available. *See Appendix iv for a list of education options and opportunities.*

Ideally, such a training would become part of your new employee orientation and would also be offered at least 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 for 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, Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), Chronic Pain, Marriage and Family Challenges, Caring for Caregivers, Use of Service Animals, Etc

Providing culturally informed care for veterans, service members, and their families will no doubt be closely aligned with your organization's mission, vision and values because it facilitates more equitable care, thus increasing quality of care.

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 whom you intend to serve.

Your staff may be educated and culturally aware, but if the veterans, service members and their families 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.

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 a 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 whom 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 veterans, service members, and their families.

Unit 3: 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 whom have worn the uniform to feel included in the inquiry. Not everyone whom 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 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 whom 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 any era, peace time or war, is of value and important to disclose.

In this Unit:

- **History of the Ask the Question campaign** and the inspiring story of **LtCol Stephanie Riley**'s personal mission to bring the importance of military service to the forefront of healthcare in NH.

- **What, Why & Who handout** intended for distribution and posting among employees and volunteers to aid in their understanding of the Ask the Question campaign. *This handout is NOT intended for distribution to patients, customers, or clients:* See FAQs

- **"Context Matters: Identifying veterans' needs"** a newspaper article (Union Leader 01/29/2018) sharing the story of a NH family and the importance of Ask the Question.

- **ATQ Impact Stories** sharing some life changing moments for NH Veterans because someone "Asked the Question".

- **SCRIPT: Frequently Asked Questions (FAQs) about ATQ** *a script for employees and staff* to answer most commonly asked questions about the Ask the Question Campaign. *This is NOT a handout for patient, customer, or client distribution.*

- **Frequently Asked Questions (FAQs) about Military Health History** *a handout for patients in health care settings* that answers common questions about the importance of providing a Military Health History. Intended for wide-spread posting and distribution in facilities/organizations. *This handout is also found in Unit 4 in conjunction with the Military Health History Form.*

- **Operationalizing ATQ** the Military Liaison Initiative (MLI) in NH's Community Mental Health Centers

The History of ATQ in NH;

Lt. Col Stephanie Riley's Story

Lt. Col Stephanie Riley of the New Hampshire 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 of them 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 with 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 our service delivery system. She recognized the critical role that community service providers play in providing service and care to veterans, service members and their families.

Across our country, over two thirds of all veterans choose to receive care and services in the community, rather than at their VA.

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.

NH is working hard to keep our 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, 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 has operationalized the "Ask the Question" Campaign—as part of their successful efforts to support our military. Through "Ask the Question", we now know that 17% of clients served at the 10 NH Mental Health Centers are military-connected. This new data is helping 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.

The "Ask the Question" Campaign was recently highlighted at a 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 whom have served do not ask for help easily; military culture dictates self-sufficiency and sacrifice. Additionally, many don't 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 veteran, service member or their families.

Lt. Col Stephanie Riley died of 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 a photo of herself and her story on the NH Commission on PTSD and TBI's Facebook page:

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 [redacted] I explained to him about the uniform and the question. [redacted] 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...

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.

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.

What, Why, & Who

The goal of the New Hampshire "Ask the Question" (ATQ) Campaign, which began as an initiative of the Department of Health and Human Services (DHHS), is to improve access to and quality of services for veterans, service members, and their families (VSMF) 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 and the like, to Ask "Have you or a family member every served in the military" so that anyone whom has ever served in the military (regardless of their 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 whom have worn the uniform to feel included in the inquiry. Not everyone whom 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 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.

WHY do we need to identify everyone whom has ever served in the military and their families? : Military service comes with many unique experiences and 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 you to deliver more effective, comprehensive, and culturally competent care or services. You might even connect them with benefits or services they didn't 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, the Elderly, 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.

See FAQs for patients and clients about why we are Ask-ing the Question.

NEW HAMPSHIRE UNION LEADER

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."

swickham@unionleader.com

The Impact of Asking

The goal of the New Hampshire "Ask the Question" (ATQ) Campaign, which began as an initiative of the Department of Health and Human Services (DHHS), is to improve access to and quality of services for veterans, service members, and their families by encouraging providers to Ask the Question:

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

Real NH Stories of the Impact of Asking the Question

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

►After receiving an ATQ briefing, the Franklin Welfare Director Asked the Question of a homeless man coming for housing services, identified him as a veteran, and was able to connect him to Harbor Homes Supportive Services for Veteran Families, a military/veteran-specific housing program where he was successfully housed.

► The Coos County ServiceLink Asked the Question of an elderly woman (92), discovered SHE was a veteran, and referred her to the Veterans Independence Program - supported by the White River Junction VA Medical Center - to address her in-home care needs.

►During a home visit, a ServiceLink Coordinator Asked the Question of a client on hospice care with lung cancer. Tums out he had served in the Navy for 10 years and been exposed to asbestos on the submarines. He had not applied for any disability compensation from the VA. The ServiceLink Coordinator got this veteran connected to the local Veteran Service Officer who helped him file for disability benefits. After he died, his widow received a pension based on this disability. She is only 62 years old and this will help her for many years.

► 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 Question of an older woman, discovered she was a military widow, and helped her access health insurance coverage through the Manchester VA Medical Center, saving her a precious $300 a month.

AskTheQuestionNH.com

Q. Why are you asking me for this information?

A:

- First, we ask because [name of facility] truly values all those whom have served in our military; including their families- and we like to take the opportunity to show our appreciation whenever we can.
- Second, while we have always treated veterans, service members, 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

EXAMPLES to offer if needed: 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! [name of facility] appreciates all those whom 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 unique 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 (HIPPA) 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 whom has the opportunity to treat you will have access to all relevant information.
- Also, this information will be used to document the volume of Veterans, Service Members, and their Families for whom 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.

Frequently Ask Questions about WHY we ASK Military Health History

Q. Why are you asking me for this information?

A. While we have always treated veterans, service members and their families, we have since learned how important it is that any care, diagnosis or treatment we provide to you has considered all possible exposures or unique experiences had during military service (even during peace time, foreign or domestic) so that 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! [name of facility] appreciates all those whom 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 unique vaccinations, training related injuries and chemical exposures.

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

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Operationalizing 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) is 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 continue their work to serve and support NH's military families.

As of July 2018, of the 21,380 clients served on a monthly basis, over 18% are Veterans, Services Members, or Military Family Members

MLI Accomplishments across New Hampshire:

• Partnering with the Veterans Administration (VA), NH National Guard and NH Vet Centers on coordinating care for veterans, service members and their families.

• Collaborating with the VA Community Clergy Training Program on training clergy, chaplains and faith-based leaders who support rural veterans.

• Developing internal military teams (within CMHC agencies) to strengthen and broaden outreach to military families.

• Adding Military Culture Education to new staff orientation.

• Creating alliances with NH Humanities, New England College and National Suicide Prevention Lifeline.

For more information on the MLI contact: Suellen Griffin sgriffin@wcbh.org

Unit 4: When the answer is "YES"

In this Unit:

- **Rapport Begins at the Front Door**
- **When the Answer is YES "Veteran/Service Member"** script and ensuing Steps to take. This document is intended as an outline to be adapted by a facility/organization based on the information needs relevant to the services or care provided. Some of these questions can be asked by the Registrar, upon Intake, during Triage, etc. Judgement for the appropriateness of the questions will be based on the flow of information in your facility and where certain information gathering takes place.
- **When the Answer is YES "Family Member"** script and ensuing Steps to take. This includes a Caregiver Questionnaire
- **Military Service Health History Form:** A medical history form to be completed by the veteran/service member (or on his/her behalf). (Print 2-sided) with **Military Service Health History FAQs** on the back. This form can be included in intake paperwork completed by patients at the time of their visit.
- **Common Military Environmental Exposures** reference guide for providers or handout for patients
- **Health Care Providers: Stigma Fact Sheet** handout for providers
- **When to consider referral to the VA**

YES.

Rapport Begins at the Front Door

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

You might say (eye contact is a must; hand shake is optional):

"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 whom is wearing a symbol of their service:

You might say: **"Wow, a Marine, you must be very proud of your Mom/Dad!"**

If you have a personal connection to the branch of service, don't 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 whom 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 that your lobby has an American Flag, or your facility has one flying outside (or have both). Be sure that your flag is displayed correctly *See Appendix iii for Flag Code*.

Lobby, elevator, 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.

Veteran/Service Member

When the Answer is "Yes"

The following is a series of Steps to be taken when encountering an individual whom 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 your program.

When speaking to or about the Veteran or Service Member:

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? (Or what 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 up 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 this series of Questions: If YES, ask: "Can you tell me more about that?"

1. **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, ask: Would you like information on eligibility to enroll or filing for compensation? *YES*: provide them with the hand-out: VA Enrollment, Compensation and Benefits *Appendix vi,vii,viii*

2. **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?**

3. **Is there any chance you were exposed to chemical or biological agents? Even during training?**

4. **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?**

5. **Did you experience any abuse or assaults, combat or otherwise, or any other traumas you want me to know about?**

If the answer is YES, ask: Would you like to be screened for PTSD or Depression (at your appointment)? *PCL-5 or PHQ-9 Appendix ix* Would you be interested in any information on supports or services that may be available? *Yes:* Provide resources handout *Appendix xi*.

6. **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?**

If the answer is YES, ask: Have you ever been screened for Hepatitis C or HIV? Would you like to be? *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.<<

7. **Do you have any concerns about your housing?**

If the answer is YES, ask: Would you like information on some supports that may be available? Provide resources handout *Appendix xi*

8. **Have you ever had thoughts of suicide or homicide?**

If the answer is YES, ask: Are you feeling unsafe today? When was the last time you felt suicidal or homicidal? Follow your facility/organizational procedure for suicidal or homicidal ideation.

Veterans Crisis Line
1-800-273-8255 PRESS 1

9. **Do you have any concerns about substance use?**

If the answer is YES, ask: Would you like to be screened for a substance use disorder (at your appointment)? *ASSIST or AUDIT Appendix x* Would you be interested in any information on supports or services that may be available? *Yes:* Provide resources handout *Appendix xi*

>>>All ***Yes*** *responses and the relevant details should be recorded in the patients* ***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 given presenting concern<<<*

Step 5: Thank them again for their service and remind them that you are honored that they chose your facility for their health care needs.

Family Member

When the Answer is "Yes"

The following is a series of Steps to be taken when encountering an individual whom self-identifies as having a family member whom 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 your program.

When speaking to a family member of a Veteran or Service Member:

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? (Or what 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: ***Ask:*** Does your Veteran need any caregiving? *If NO, skip to Step 5*

Ask: Are you the primary caregiver for your Veteran?

If YES, ***Ask:*** Do you mind if I ask you a few questions about your caregiving role and responsibilities? (Caregiver Questionnaire)

Ask: Are you involved with Caregiver Supports at the VA? If NO ***Ask:*** Are you interested in learning about some of the services that may be available? If YES, provide resources handout *Appendix xi*

Ask:

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/managing your own home difficult or impossible?
g) How well 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: ***Ask:*** 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)

If YES, ***Ask:*** are you interested in learning about some supports or opportunities that may be available? If YES, provide resources handout *Appendix xi*

Step 6: Thank them again for their family's service and sacrifice- and remind them that you are honored that they chose your facility for their health care needs

PUBLIC HEALTH Reports

Public Health Reports
2016, Vol. 131(5) 71 1-713
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DOI: 10.1177/0033354916660073
phr.sagepub.com
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The Importance of Taking a Military History

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Keywords
veteran's health, military culture training, deployment health

The most important action a provider can take to ensure that a veteran receives optimal health care is perhaps the easiest and, ironically, the most neglected: asking if a patient has served in the military and taking a basic military history. In previously published articles, Jeffrey Brown[1] and Ross Boyce,[2] physicians with prior military service, reported that their own health care providers had rarely asked about their service. For Dr Brown, in the four decades since his combat service in Vietnam, he noted,

> It is only recently that I realized that although there had been dozens of medical encounters, without my prompt I had never been asked by ameilical student, resident, or attending physician if I had served in the military or if my deployment might be responsible for my medical symptoms. Infact, I am embarrassed to say, I had not given it much thought either.[1]

Dr Boyce adds, "Inthe decade between my first combat and my first visit to a psychologist, I had dozens of interactions with medical providers. However, few asked about my military service."[2] Dr Brown went on to describe his personal assumptions and internalized rationalizations related to this experience: "I believed that the likelihood of seeing patients who were veterans was small and that those with service-related conditions were already receiving attention at the Veterans Health Administration. Both assumptions were wrong."[1]

It is often assumed that veterans, National Guard members, and Reservists receive their medical care primarily through the US Department of Defense and the US Department of Veterans Affairs (VA) health systems. Of the approximately 22.3 million living veterans, only 9.3 million received services in 2013 through the VA.[3] Regardless of where a veteran receives his or her health care, Drs Boyce and Brown remind us that a veteran's military service is relevant to his or her health care status and needs. Regarding his own health care needs, Dr Boyce noted,

> Few took notice of the immunization history that included smallpox and anthrax. Few noted the scar on my back where a small piece of shrapnel had lodged. And no one ever asked me about my dreams, my isolation, or my guilt. Instead, I was a healthy young man with low cholesterol levels and a resting heart rate in the 50s. Everything was normal. I am quite certain that I would seem like an ordinary patient to most physicians. But I also know that I carry the psychological imprint of my Vietnam experience and that I am at increased risk for developing medical complications from constant exposure to the dioxin-containing defoliant known as Agent Orange.[2]

Reports by the Institute of Medicine and RAND emphasize that after more than a decade of combat in Iraq and Afghanistan, the number of veterans with physical, mental health, and psychosocial needs is rising. Reserve and National Guard personnel and their families often face additional readjustment and transition challenges with potentially less support given that they have separated from their military community.[4,8]

It is important that clinicians in all settings are aware of the frequent co-occurrence of posttraumatic stress disorder, traumatic brain injury, chronic pain, and substance use disorders.[9-13] Deployment is associated with higher rates of cardiovascular disease, including obesity,[14] sleep disturbances, and elevated suicide risk.[15] Additionally, veterans

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may have questions about potential health sequelae resulting from environmental or toxic chemical exposures, such as Agent Orange during the Vietnam War, oil well fires and numerous other toxic exposures during the 1990-1991 Gulf War, and burn-pit exposures in Iraq and Afghanistan.[16] These concerns can be appropriately addressed only if the individual's military service and deployment history is known. As Dr Brown noted, "The 63-year-old man who presents with multiple myeloma, the 41-year-old-woman who presents with chronic fatigue and myalgia, and the 30-year-old patient with memory loss and panic attacks might all have conditions related to deployments in Vietnam, Iraq, or Afghanistan."[1]

Despite the well-documented risk factors associated with deployment, an Internet-based survey of rural mental health and primary care providers found that 563 do not regularly ask their patients about military service, and only 163 of providers had served in the military.[17] Optimal health care for veterans requires integrated, patient-centered services delivered by culturally competent teams that are able to address veterans' complex co-occurring health concems.[18] Unfortunately, as Dr Brown noted, "Like most physicians, I was never trained to routinely ask patients if they were veterans or taught how to take a military health history."[1]

In fact, only 203of medical schools provide training in military culture.[19] The importance of such training is increasingly acknowledged and being addressed in the academic medical community.[4] Lee et al[20] offer a number of recommendations, such as adding military health history sections to electronic health records and health care textbooks and adding questions related to veterans' health on licensing and board certification examinations. The Joining Forces initiative has taken steps to raise awareness among the public about the unique experiences and strengths of America's service members, veterans, and their families to encourage integration of services for veterans as well as engage academic institutions and professional societies to commit to educating their trainees and members in military health issues.[21]A popular and widely distributed teaching tool for taking military history is a pocket card developed through the VA Office of Academic Affiliations.[22] The clinical expertise of the VA and military health systems should be leveraged to support the community and academic institutions in expanding training opportunities on topics related to veterans' health.

Although taking a patient's military history may in some ways seem quite simple, it can be quite complex for a veteran. As Dr Boyce recalls,

> The only way I could protect myself was to keep those secrets hidden away. Iconcealed the most important moments of my life from those closest tome. Even in suffering,including occasional thoughts of suicide, I held back. I did not want to expose others to the horror I had experienced. I would rather let the poison kill me than infect others. "Don't ever let 'em get too close," I had been told on my first day in Iraq. I've often wondered how I would have responded to such questions. I suspect that, most of the time, I would have retreated to the usual lines of defense, making quips to deflect further examination.[2]

Each veteran's motivation for enlistment and experience in uniform is unique. Military service is a life experience that generally contributes to personal growth and development. In one survey of 1853veterans, 963of Iraq and Afghanistan veterans felt proud of their service,933felt that they became more mature as a result of their service, and 903developed more self-confidence while in uniform. Even with these positive responses, 443of returning veterans experienced readjustment difficulties, 483noted a strain on family life, 473 reported outbursts of anger, 493reported posttraumatic stress symptoms, and 323experienced some degree of loss of interest in daily activities.[23]

For those asking about military service, it may be as simple as saying, "I want you to know that I appreciate your service." Asking is not about "checking a box," it is not because "we should find out," it is not even to "get information." Asking is about building a relationship with the veteran, showing you care, and learning more about a very important aspect of the veteran's life that often has relevance to his or her health care.

Serving in the military involves immersion in a unique culture with distinctive dress, language, values, social organization, and behavioral norms. In this sense, taking a military history is enhancing our cultural sensitivity to allow us to provide more effective health care. For those of us asking the question, we are saying, in essence, "Your military service means something to me, and I want to be as understanding,knowledgeable, and informed as I can be to be a better health-care team member for you."

The way that we asa nation can best enhance the care that we provide for our veterans is simple: Ask, listen, and learn. All health care professionals and trainees should ask about military service as part of the psychosocial and/or occupational history in all initial health assessments. The question, "Have you or has someone close to you ever served in the military?" should be asked in the course of all initial health assessments given that partners, dependents, and family members of veterans may also be affected by the veteran's service and potentially eligible for resources or benefits. A checkbox approach to the occupational history will fail to capture the complex and very personal nature of experiences associated with military service, including the health risks incurred during deployment. It is important to understand as fully as possible what a veteran's military service has involved and what it has meant to him or her.

Basic approaches to taking a military history have been described.,[4 18]

and this practice should be encouraged from the first day of clinical training and should continue throughout one's health care career. To achieve this goal, veterans' health topics must be incorporated into textbooks, trainings, clinical templates, and medical records. And above all, we must always remember to ask the question. In the words of

Dr Boyce, "There were days where I was hurting and I just might have reached out. There is no way to know. I was never given the chance."[2]

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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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 or 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.

Frequently Ask Questions about WHY we ASK Military Health History

Q. Why are you asking me for this information?

A. While we have always treated veterans, service members and their families, we have since learned how important it is that any care, diagnosis or treatment we provide to you has considered all possible exposures or unique experiences had during military service (even during peace time, foreign or domestic) so that 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! [name of facility] appreciates all those whom 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 unique vaccinations, training related injuries and chemical exposures.

Q. Will my information be shared with the VA, DoD or other third parties?

A. No. While we are very proud of the veterans we serve, consistent with the Health Insurance Portability and Accountability (HIPPA) 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 whom has the opportunity to treat you will have access to all relevant information. Also, this information will be used to document the volume of Veterans, Service Members, and their Families for whom 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.

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 Burnetiid, Mycobacterium, TB, Nontyphoid Salmonella, Shigella, Visceral Leishmaniasis, West Nile Virus

*There is far more comprehensive exposure information available for those whom 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

Ask the Question: Have you or a family member ever served in the military?

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 veterans, service members and their families?

Stigma was identified by NH Veterans as the #1 barrier to accessing healthcare. More specifically, NH Veterans identified feeling embarrassed or ashamed of their needs (internalized stigma) as a primary barrier, as well as believing that providers will judge them negatively for having served (external stigma), or that their providers simply did not understand them.

The perception that healthcare providers do not understand veterans stems from: 1) the fact that the vast majority of NH 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:

Considerations for interacting with veterans, service members, or their family members…

A good start:

- Make eye contact
- You can say "*Thank you for your service*"
- Or a hand shake
- 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 <u>most</u> NH Veterans do NOT get health care through the VA, and that's ok.
- 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.

Validate, Support, Accept, Refer

Just don't:

- <u>Never</u> 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, etc" 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 service is a factor in their presenting problem. Don't assume that it isn't. Listen and Ask.

When to consider referral to the VA

Most NH Veterans choose to receive their health care and other services outside of the VA, however, there will be times when it might be in the veteran's best interest to take advantage of VA options. For example:

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 vi, vii, viii for a handouts: provide to those whom may want to consider Enrolling in VA care or applying for Compensation

Appendix List

i. **Understanding Different Types of Military Service**
ii. **Understanding Different Types of Discharge Status**
iii. **DAV Flag Code**, how to properly display the American Flag
iv. **Staff Education Resources**
v. **Military Service Health History Form** (2-sided patient form)
vi. **VA Care Eligibility** (print 2 sided) handout
vii. **VA Care: How to Enroll handout**
viii. **VA Disability/Compensation Claim Eligibility & Enrollment** (print 2 sided, 3 pages) handout
ix. **PCL-5 & PHQ-9: PTSD and Depression Screening Forms** (print each, 2 sided): this form must be completed voluntarily. The veteran or service member can complete this brief questionnaire during his/her appointment (or at home/online) and decide if he/she is willing or interested in getting help. This questionnaire does not represent a diagnosis of PTSD or depression 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.
x. **ASSIST & AUDIT-C: Substance Use/Abuse Screening Forms** (print each, 2 sided): these forms must be completed voluntarily. The ASSIT is a general substance abuse measure, the AUDIT-C is specific for alcohol abuse. The veteran or service member can complete this questionnaire during his/her appointment (or at home/online) and decide if he/she is willing or interested in getting help. This questionnaire does not represent a diagnosis of substance abuse but can identify associated symptoms and validate possible concerns. The screening should be documented where deemed relevant based on the results.
xi. **VSMF Resources Handout**: caregiver information, employment information, financial supports, mental health resources, substance use/abuse resources, etc
xii. **Common Military Environmental Exposures** handout
xiii. **Script: FAQs about ATQ**
xiv. **Health Care Providers Stigma Fact Sheet**
xv. **What, Why & Who** employee handout
xvi. **Tricare Prime/Martins Point Health Insurance**
xvii. **Understanding Your Clients Military Background**, a VA handout
xviii. **Military Structure and Branches**, a VA handout
xix. **Military Common Terms and Lingo**, a VA handout
xx. **Understanding Military Rank**, a VA handout

Understanding the Difference Between Types of Military Service

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, and 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've spent exponentially more time called to full-time active duties. In fact, National Guards and Reserves 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 different 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 doesn't 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 doesn't 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 isn't 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 don't take part in weekend drills or annual training, but unfortunately, they don't 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 doesn't 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.

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.

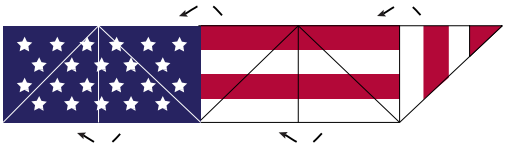
RESPECTING THE FLAG

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 fl wn 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.

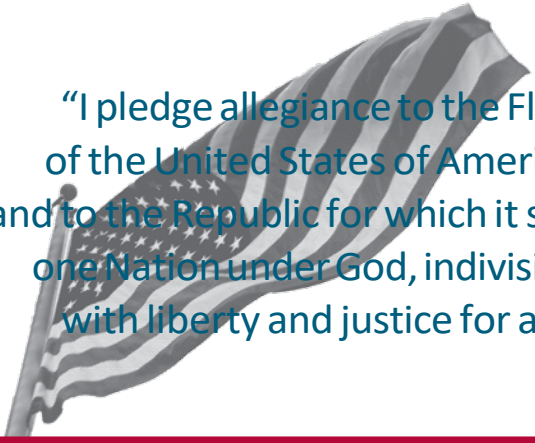
When lowering the flag, make certain that no part of it touches the ground. It should be received by waiting hands and arms. To store the flag, ceremoniously fold it length-wise in half, then repeat with the blue field on the outside. Finally, while one person holds it by the blue field, another then 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

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DAV®

FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

DISABLED AMERICAN VETERANS

Staff Education Resources on Military Culture

and other VSMF Specialty Topics

Contact the NH Department of Health and Human Services **(DHHS) Bureau of Community Based Military Programs** to find local organizations and individuals available for **in-person training** and education: www.dhhs.nh.gov/veterans/index.htm

See also: www.mentalhealth.va.gov/communityproviders/itf.asp

ONLINE Military Culture Training and Awareness Resources:

Home Base: Veteran and Family Care Boston, MA
Online and In-person training available
www.homebase.org/education-training/training-institute/

The Center for Deployment Psychology

- Online training
- Two certificate programs available
- Free week-long training events
- Military and veteran behavioral health certificate—online and live certificate course
  http://deploymentpsych.org/online-courses

The VA National Center for PTSD White River Junction, VT

- Free community provider tool kit
- Four modules on military culture
- Module 1: Self-Assessment & intro to military ethos
- Module 2: Military organization and roles
- Module 3: Stressors and resources
- Module 4: Treatment resources and tools

http://www.mentalhealth.va.gov/communityproviders/

The VA Learning University

Print version of military cultural awareness training
www.valu.va.gov/Content/PDF/MCA_VAnguard_Article_051011.pdf

Defense Centers of Excellence after Deployment Program

Information and assessments on several topics related to military life
http://afterdeployment.dcoe.mil

VA PTSD 101

48 Free online training course on military culture and PTSD
http://www.ptsd.va.gov/PTSD/professional/continuing_ed/index.asp
Provides links to online military-related courses and publications

PsychArmor Institute
Free Courses on Military Culture and other relevant topics
www.psycharmor.org

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 or 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.

Frequently Ask Questions about WHY we ASK Military Health History

Q. Why are you asking me for this information?

A. While we have always treated veterans, service members and their families, we have since learned how important it is that any care, diagnosis or treatment we provide to you has considered all possible exposures or unique experiences had during military service (even during peace time, foreign or domestic) so that 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! [name of facility] appreciates all those whom 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 unique vaccinations, training related injuries and chemical exposures.

Q. Will my information be shared with the VA, DoD or other third parties?

A. No. While we are very proud of the veterans we serve, consistent with the Health Insurance Portability and Accountability (HIPPA) 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 whom has the opportunity to treat you will have access to all relevant information. Also, this information will be used to document the volume of Veterans, Service Members, and their Families for whom 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.

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?

A. 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. See below for 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, unless any of the descriptions below are true for you.

HOWEVER: This minimum duty requirement may not apply if any of these are true:

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

- 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.

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

A. If you've received one of these discharge statuses, you may not be eligible for VA benefits.

BUT: There are 2 ways you can try to qualify.

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?

A. Yes. You may qualify for enhanced eligibility status (meaning you'll be placed in a higher priority group, which makes you more likely to get benefits) if you meet at least one of the requirements listed below.

<u>At least one of these must be true</u>

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 the amount of money your family makes can affect whether you qualify for VA benefits: 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. (ET) to get help with your application

MAIL: Fill out an Application for Health Benefits (VA Form 10-10EZ).

Send it here:

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 an Application for Health Benefits (VA Form 10-10EZ) with you.

Eligibility for a VA Disability Claim

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

Q. Can I get disability benefits from VA?

A. 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 meet at least one of the requirements listed below.

At least one of these 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), or
- Had an illness or injury before you joined the military—and serving made it worse (called a preservice disability claim), or
- 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

For a more comprehensive list of conditions:
www.benefits.va.gov/compensation/dbq_ListBySymptom.asp

How to file a VA Disability Claim

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

Q. What documents do I need to apply?

A. 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.ebenefits.va.gov/ebenefits/about/feature?feature=disability-compensation

MAIL:

Apply by mail using an Application for Disability Compensation and Related Compensation Benefits (VA Form 21-526EZ).

Send it to this address:

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

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

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.

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

VSMF Resources

**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

Military and Veteran Services Resource Guide: www.servicelink.nh.gov/links/military.htm

***ServiceLink Resource Center:** 1-866-634-9412 connect to many types of services across NH, as well as support for VA application processes (housing, financial, health, elder services, etc)

State Office of Veteran Services assists NH Veterans and/or their dependents in securing benefits and other resources Ph: 1-800-622-9230

National Guard Supports: NH National Guard Family Assistance Centers

Littleton: 603-715-3454
Concord: 603-225-1203
Manchester: 603-715-3106
Nashua: 603-715-3127
Portsmouth: 603-715-3730

Substance Use/Abuse or Mental Health Treatment

In addition to the Manchester VA and White River Junction VA:

***All 10 NH Community Mental Health Centers** accept TriCare and have Military Liaisons on staff to assist in connecting with their services.

Veterans Crisis Line
1-800-273-8255 PRESS 1

***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

***VFR Manchester**: Veterans and First Responder Health Care
Website: www.vfrhealthcare.com/military-vets.html

Health Insurance Coverage

TriCare Health Care Program *www.tricare.mil/Welcome.aspx* **Martins Point Health Care** and **US Family Health Plan**: for active-duty family members & military retirees and their families *www.Tricare.martinspoint.org* **Veterans Choice**: Allows NH Veterans to receive health care in their communities by private providers, paid for by the VA. Restriction Apply. Contact your local VA for information and eligibility.

Caregiver Supports

VA General : www.va.gov/geriatrics and/or www.caregiver.va.gov

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: www.servicelink.nh.gov/caregivers/index.htm

Resource Guide for Caregivers of Veterans (2013): https://www.homehelpershomecare.com/media/24010/veteran-caregiver-resource-guide_72413.pdf

*Easter Seals Support for Military Caregivers: www.easterseals.com/explore-resources/for-caregivers/military-veteran-caregivers.html

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: www.nh.gov/veterans/index.htm
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 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 service

Employment

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

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

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 Burnetiid, Mycobacterium, TB, Nontyphoid Salmonella, Shigella, Visceral Leishmaniasis, West Nile Virus

*There is far more comprehensive exposure information available for those whom 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

Frequently Ask Questions about ATQ (employee script)

Q. Why are you asking me for this information?

A:

- First, we ask because [name of facility] truly values all those whom have served in our military; including their families- and we like to take the opportunity to show our appreciation whenever we can.
- Second, while we have always treated veterans, service members, 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

<u>EXAMPLES to offer if needed</u>: 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.

<u>When responding to a family member:</u>

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! [name of facility] appreciates all those whom 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 unique 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 (HIPPA) 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 whom has the opportunity to treat you will have access to all relevant information.
- Also, this information will be used to document the volume of Veterans, Service Members, and their Families for whom 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: Have you or a family member ever served in the military?

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 veterans, service members and their families?

Stigma was identified by NH Veterans as the #1 barrier to accessing healthcare. More specifically, NH Veterans identified feeling embarrassed or ashamed of their needs (internalized stigma) as a primary barrier, as well as believing that providers will judge them negatively for having served (external stigma), or that their providers simply did not understand them.

The perception that healthcare providers do not understand veterans stems from: 1) the fact that the vast majority of NH 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:

Considerations for interacting with veterans, service members, or their family members…

A good start:

- Make eye contact
- You can say "*Thank you for your service*"
- Or a hand shake
- 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 <u>most</u> NH Veterans do NOT get health care through the VA, and that's ok.
- 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.

Validate, Support, Accept, Refer

Just don't:

- <u>Never</u> 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, etc" 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 service is a factor in their presenting problem. Don't assume that it isn't. Listen and Ask.

What, Why, & Who

The goal of the New Hampshire "Ask the Question" (ATQ) Campaign, which began as an initiative of the Department of Health and Human Services (DHHS), is to improve access to and quality of services for veterans, service members, and their families (VSMF) 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 and the like, to Ask "Have you or a family member every served in the military" so that anyone whom has ever served in the military (regardless of their 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 whom have worn the uniform to feel included in the inquiry. Not everyone whom 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 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.

WHY do we need to identify everyone whom has ever served in the military and their families? : Military service comes with many unique experiences and 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 you to deliver more effective, comprehensive, and culturally competent care or services. You might even connect them with benefits or services they didn't 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, the Elderly, 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.

See FAQs for patients and clients about why we are Ask-ing the Question.

Tricare Prime/Martins Point Health Insurance

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

- Active Duty Military 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 retiree's & eligible family members
- 20+ year Guard/Reserve retiree's & eligible family members after sponsor turns 60

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

- Only available when Sponsors hoe address & military duty assignment is 50+ miles from a military base

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

- 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 retiree's & eligible family members
- 20+ year Guard/Reserve retiree's & eligible family members after sponsor turns 60

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 retiree's & eligible family members when the sponsor has not yet turned 60

Tricare For Life

- Only Tricare benefit 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 retiree's & eligible family members
- 20+ year Guard/Reserve retiree's & eligible family members after sponsor turns 60

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.

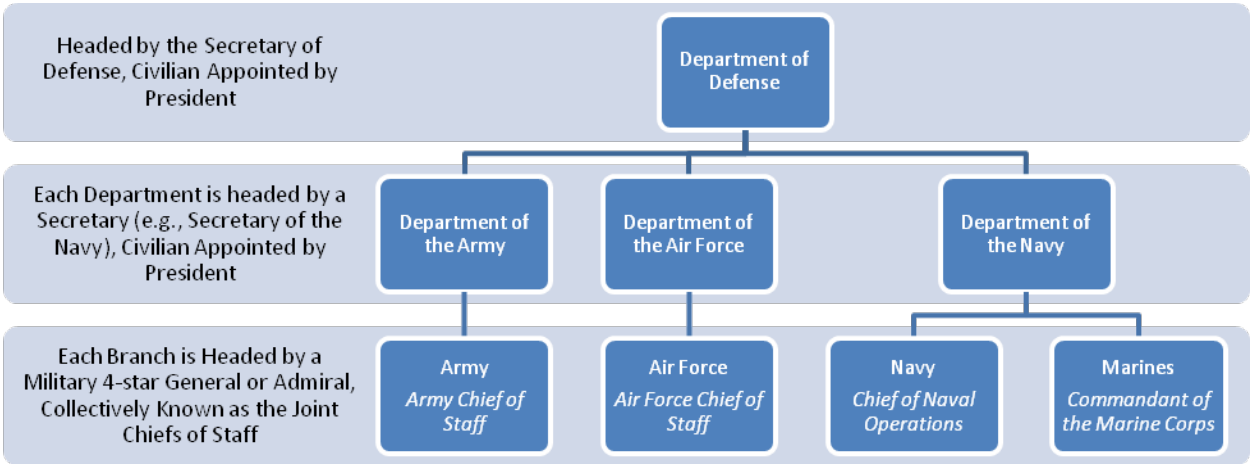
FINAL THOUGHT

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