



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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Circular Letter: DHCQ 15-11-646

TO: Acute Care Hospitals and Ambulance Service Providers

FROM: Monica Bharel, MD, MPH, Commissioner
Department of Public Health

CC: Francisco Ureña, Secretary
Department of Veterans' Services

DATE: November 10, 2015

RE: Identification and Referral of Veterans by Health Care Providers

The purpose of this Circular Letter is to provide guidance to acute care hospitals and ambulance service providers, consistent with the privacy protections offered by federal and state laws, in order to establish the systematic identification of Veterans and military service members following clinical care to assist in appropriate referrals and to enable and promote access to all available resources, supports and benefits. This guidance is provided in accordance with section 30 of chapter 62 of the acts of 2014, *An Act Relative to Veterans' Allowances, Labor, Outreach and Recognition* (VALOR II), which reads as follows:

SECTION 30.(a) The department of public health shall issue to the department of veterans' services guidance for acute hospitals and ambulance service providers in order to establish the systematic identification of veterans and military service members following clinical care to assist in appropriate referrals and to enable and promote access to all available resources, supports and benefits; provided, however, that such guidance shall be consistent with the privacy protections offered by federal and state laws.

(b) The department of veterans' services shall submit quarterly aggregate data reports on all referrals to the department of public health.

I. Identification of Veterans and military service members:

Anytime a patient presents him or herself for care, an acute care hospital, or ambulance provider in the case of an emergency call, shall undertake one or more of the following measures to determine whether the patient is a Veteran. These measures must be taken by an acute care

hospital at the time of intake. When a Veteran is identified by an ambulance service, the service shall inform the receiving hospital at the time of transfer.

If such intake measures are not possible by reason of unconsciousness or other incapacity that would result in the patient's inability to self-identify as a Veteran, measures must be undertaken at discharge, in order to facilitate all appropriate referrals, prior to the patient leaving the facility. In the case of an ambulance service provider, the identification of an incapacitated patient may be left to the receiving facility.

A. Cultural Awareness

The Department of Public Health (DPH), in cooperation with the Department of Veterans' Services (DVS) Statewide Advocacy for Veterans' Empowerment (SAVE) program, strongly encourages all acute care hospitals and ambulance service providers to educate all health care personnel regarding issues that may arise when providing care to a Veteran who has presented him or herself by visiting <http://www.militaryonesource.mil/>. This valuable resource includes tools for identifying suicide risk, financial considerations, and other issues that Veterans may experience while transitioning to civilian life, even for active duty members of the armed services. Free training on military culture may be found at the following site: http://www.va.gov/opa/choiceact/documents/factsheets/military_culture_training_fact_sheet_FC_0415_1.pdf

B. Self-Identification

If a patient volunteers information as to his or her Veteran status before measures can be taken to identify whether the patient is a Veteran, this self-identification should be taken at face value, without any requirement for additional verification. All available actions should be taken to make appropriate referrals for this patient, as outlined below.

C. "Have you ever served in the military?"

Utilization of the question "have you ever served in the military" presents the most widely accepted and culturally appropriate method to identify a Veteran who may be in need of services or direction during or following medical treatment. The American Academy of Nursing has developed the website, <http://www.haveyoueverserved.com/>, as a service for America's Veterans, which includes information for Veterans and for the health care professionals serving them. This information outlines relevant questions that should be asked to determine military history, a list of general areas of concern for all Veterans, common military health risks, and suicide risks. Health care professionals should be strongly encouraged to become as familiar as possible with the information contained within this website in order to appropriately facilitate the systematic identification and appropriate referral of Veterans who present themselves for care in compliance with section 30 of Chapter 62 of the Acts of 2014.

II. Referral

Whenever a patient is identified as a Veteran, regardless of status, discharge planning must include appropriate referrals to Veterans' services and any other relevant services, to enable and promote access to all available resources, supports and benefits, whether or not related to Veteran status. If a Veteran presents for care with an acute need for suicide prevention, drug or alcohol treatment or homelessness response, an enhanced referral plan must be communicated prior to discharge.

A. Standard Discharge Planning

All identified Veterans must receive, at discharge, information related to the following programs, as well as any other programs judged to be appropriate by the treating or discharging provider:

i. "We Owe You" – MassVetsAdvisor

DVS produces a pamphlet that includes a listing of all benefits and services available to Veterans. The information in this pamphlet is available for download from the Mass Clearing House at www.mass.gov/maclearinghouse. (*Select "Veteran Resources" under the Topic Areas on the Mass Clearinghouse page, then identify and select the applicable pamphlet and scroll down for download options*) Information in this pamphlet is also available at the following website: <http://www.massvetsadvisor.org/Home.aspx>.

This pamphlet and/or a wallet card for MassVetsAdvisor, also available for download from the Mass Clearing House at www.mass.gov/maclearinghouse, must be given to each and every Veteran at the time of discharge. In the case of an ambulance service provider, if an identified Veteran refuses service or transportation to a facility, this information shall be left with the patient at the time of refusal.

A Guide to Veteran Specific Federal and State Resources and Emergency Services, including a listing of benefits and services available to all Veterans and their families, is included with this guidance at Attachment A. Providers may always refer Veterans to the U.S. Department of Veteran Affairs' Veterans Crisis Line at **1-800-273-TALK (8255)** for any reason. The Community Provider Toolkit, a Veterans' Administration website directed toward community-based providers can be reached through the following link: <http://www.mentalhealth.va.gov/communityproviders/index.asp#sthash.Z6TDdplw.LWyZQckp.dpbs>

B. Enhanced Discharge Planning

If, in a provider's clinical judgement, an identified Veteran requires more significant intervention, particularly an acute need for suicide prevention, drug or alcohol treatment or homelessness response, an enhanced referral plan, including a referral to SAVE, must be communicated prior to discharge.

Suicide Assessment questions may be used and are included as Attachment A. This tool for providers, known as the Columbia Suicide Severity Rating Scale (CSSRS), is used in hospitals and clinical settings around the world, including (according to the website) the US Army and various VA's. The tool, including FAQs and a recommended 18 min online training, may be found at http://www.cssrs.columbia.edu/faqs_cssrs.html.

i. Referral to SAVE

If enhanced discharge planning is warranted, the discharging authority may, with the patient's permission, confidentially contact SAVE on behalf of the patient by calling **617-210-5743** in the patient's presence. Regardless whether such call is made on the patient's behalf, the acute care hospital or ambulance provider must provide the patient with information to contact SAVE upon discharge. A pamphlet with this information is available for download from the Mass Clearing House at www.mass.gov/maclearinghouse.

Providers may also refer Veterans in crisis to:

1. The Samaritans 24/7 Statewide Helpline at **1-877-870-HOPE (4673)**
2. The U.S. Department of Veterans Affairs Crisis Line at **1-800-273-TALK (8255)**
Press 1

The above referral requirements are minimum standards for those patients identified as Veterans, and should not be interpreted as preventing a provider from distributing information on any other services that may be appropriate for any of these patients.

Questions for DPH may be directed to the following:

Requirements of this law:

Lauren Nelson, Director of Policy and Quality Improvement, Bureau of Health Care Safety and Quality, Department of Public Health, lauren.nelson@state.ma.us.

Information for Veterans in crisis:

Benjamin H. Cluff, Veterans' Services Coordinator, Bureau of Substance Abuse Services, Western Regional Health Office, Department of Public Health, ben.cluff@state.ma.us.

Suicide prevention and patient risk identification:

Kelley Cunningham, Assistant Director of the Suicide Prevention Program, Department of Public Health, kelley.cunningham@state.ma.us.

Attachment A

SERVING ALL MASSACHUSETTS VETERANS

PURPOSE The Commonwealth of Massachusetts has embarked upon an integrated state-wide plan to prevent and end veteran homelessness. To that end, it is important that all agencies – those exclusively serving veterans and those who provide mainstream housing and homeless services - participate in an outreach strategy to identify veterans and their families who are eligible for both federal and state benefits. This guide provides general contact information regarding access to both veteran specific and mainstream federal and state benefits and services.

A GUIDE TO VETERAN SPECIFIC FEDERAL & STATE RESOURCES

Federal - US Veterans Affairs is the federal agency responsible for providing benefits and services to all eligible veterans. For information regarding eligibility, benefits and services visit www.va.gov

State - A comprehensive listing of all benefits and services available to veterans in Massachusetts can be found at the Department of Veterans Services (DVS) www.mass.gov/veterans and www.massvetsadvisor.org. DVS is located in Boston and can be reached by telephone at 617.210.5480. A list of Veterans' Services Providers in your region can be found at the DVS website.

Local - Every locality and region in Massachusetts is obliged to have a veterans' services officer (VSO). These VSOs are knowledgeable about the federal, state and local benefits for veterans, including Chapter 115 benefits which are state subsidized funding and include cash assistance and referral for eligible veterans and their families. Visit www.mysoa.gov and www.mass.gov/veterans for a list of VSOs.

EMERGENCY SERVICES

If a veteran is in need of immediate assistance, please call: **NATIONAL CRISIS LINE: 1-800-273-8255 (TALK) press "1" for Veteran**

BENEFITS AND SERVICES AVAILABLE TO ALL VETERANS & THEIR FAMILIES

VASH Housing Voucher – VASH provides a Section 8 voucher exclusively for eligible veterans and their families linked with case management services. More information regarding the VASH Program can be found at www.hud.gov. To access VASH eligibility requirements, enter "VASH" in the website search query box.

Supportive Services for Veteran Families (SSVF) - Case management services and time limited cash assistance to prevent homelessness or rapidly re-house homeless veterans and their families. A list of community-based SSVF providers serving Massachusetts can be found at www.massvetsadvisor.org

Chapter 115 benefits - State subsidized benefits including cash assistance and referral for eligible veterans and their families. Your local Veterans Service Officer is your contact for these benefits. See www.mysoa.gov for more information on eligibility.

Veterans Administration (VA) - The VA provides a comprehensive array of services and benefits to veterans. Eligibility requirements can be located on line at www.vetsadvisor.gov or www.benefits.va.gov/benefits/character_of_discharge.asp. VA benefits to eligible veterans include health care, housing, supportive services, clinical treatment and cash benefits.

SHARP - SHARP is a program that provides peer support, mental health services, psychiatric evaluation and linkages to emergency shelter at a Veteran-centric facility. SHARP initiates long-term remediation of Veterans' homelessness through enrollment in the HUD-VASH program and other permanent housing options. The SHARP website can be found at <http://www.inass.gov/veterans/housing/sharp.html>

SAVE - The Department of Veterans' Services in collaboration with the Department of Public Health, has a Statewide Advocacy for Veterans' Empowerment (SAVE) program that assists Veterans in need of referral services and seeks to prevent suicide and advocate on behalf of Massachusetts' Veterans. SAVE acts as a liaison between Veterans (and their families) and the various agencies within the federal and state government.. The SAVE team is staffed by veterans from the current conflict and family members of Veterans. The SAVE team meets with Veterans and their families out in the community, bringing the resources directly to the Veteran.

MSPCC Family Veteran Program - For families of individuals currently in military service or those recently discharged from service, the MSPCC has a veteran family resource program called Support for Military Families located around the state which can offer intervention, referral, counseling and supportive services to families of these individuals regardless of discharge status. For more information visit www.mspsc.org or call your local MSPCC office.

Attachment B

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
<p>1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p>		
<p>2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><u>Have you actually had any thoughts of killing yourself?</u></p>		
<p>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</p>		
<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</p> <p><u>Have you been thinking about how you might kill yourself?</u></p>		
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to "I have the thoughts but I definitely will not do anything about them."</p> <p><u>Have you had these thoughts and had some intention of acting on them?</u></p>		
<p>5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>		
<p>6) Suicide Behavior Question:</p> <p><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></p> <p>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p> <p>If YES, ask: <u>How long ago did you do any of these?</u></p> <ul style="list-style-type: none"> • Over a year ago? • Between three months and a year ago? • Within the last three months? 		

IDENTIFICATION AND REFERRAL OF VETERANS RESOURCE PAGE

<http://www.militaryonesource.mil/>

Includes tools for identifying suicide risk, financial considerations, and other issues that Veterans may experience while transitioning to civilian life, even if their service is far behind them.

http://www.va.gov/opa/choiceact/documents/factsheets/military_culture_training_fact_sheet_FC_0415_1.pdf

Provides free training on military culture

<http://www.haveyoueverserved.com/>

The American Academy of Nursing developed this website which includes information for Veterans and for health care professionals serving them.

<http://www.massvetsadvisor.org/Home.aspx>.

DVS produces a pamphlet that includes a listing of all benefits and services available to Veterans.

<http://www.mentalhealth.va.gov/communityproviders/index.asp#sthash.Z6TDdplw.LWyZQckp.dpbs> The Community Provider Toolkit, a Veterans' Administration website directed toward community-based providers.

http://www.cssrs.columbia.edu/faqs_cssrs.html.

The Columbia Suicide Severity Rating Scale (CSSRS), is used in hospitals and clinical settings around the world. It includes FAQs and a recommended 18 min online training

Providers may also refer Veterans in crisis to:

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2. The U.S. Department of Veterans Affairs Crisis Line at **1-800-273-TALK (8255) Press 1**
3. Statewide Advocacy for Veterans' Empowerment (SAVE) **617-210-5743**