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## Social Service Department

### Care Planning for Veterans-those who have served in the military

#### Veteran Identification and Referral Requirements

#### Objective: To comply with the Massachusetts Valor II Law

In 2015 the Massachusetts Department of Public Health issued sample notices that an acute care hospital or ambulance provider (in the case of an emergency call) is required to provide to a veteran or active member of the military when receiving care in the facility, pursuant to the 2014 Massachusetts VALOR II law.

Pursuant to the state law and DPH requirements, once a patient is identified as a veteran, an acute care hospital is required to inform the veteran of available services at admission or upon discharge, as well as refer veterans to applicable critical care services as outlined below. **Please note that while the law only applies to acute care hospitals, DPH requests that post-acute hospitals and clinics consider using the form to ensure consistent messages and assistance are provided to veterans.**

While, the hospital has had this process available since 2015, through redesign efforts between Case Management and Social Service we were able to develop the following program in June 2018 as part of our **Zero Suicide Initiative as an organization**. Which is also supported through our community outreach efforts leading the Montachusett Suicide Prevention Task Force and aligning community education in suicide prevention.

**Plan:** Standardize process for early identification of those who identify themselves as Veterans and/or Who have served in the military as part of our High Risk Screening process for Social Work

- Through the cooperation of our IT and Patient Registration process we redesigned our registration form from Veteran's Status to "Have you served in the military?" "Yes" responses automatically provide a consultation to the Acute Inpatient Social Work Department. This change is 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. This will then also open the opportunity for reaching those who do not recognize themselves as being a Veteran for example: some who served during the Vietnam War, those who did not serve during active war time and those who were dishonorably discharge. Through Massachusetts Veteran's Service's SAVE program, we have learned that some of those dishonorably discharged may have seen active war time, struggled with undiagnosed PTSD or related trauma and sought Alcohol, Drugs or other behavior that resulted in their discharge yet still suffer from this exposure. The Mass Department of Veterans Services promotes referrals to these groups as underserved high risk individuals and Mass SAVE program works in collaboration with the Massachusetts Department of Public Health's Suicide Prevention Program, Mass Coalition for Suicide Prevention and our own Montachusett Suicide Prevention Program to reduce deaths to suicide.

Mass DPH expects acute care hospitals to have in place for referring information to veterans includes the following:

**1) Providing General Information:** Under the Massachusetts VALOR II law, all identified veterans must receive information listing all benefits and services available to veterans. To ensure consistent information is being provided in compliance with the state requirements. We are using the MHA has updated our [Massachusetts Veteran Benefits and Services Resource](#) that includes applicable websites and direct phone numbers to assist a provider connect a veteran with an available service

**2) Enhanced Information Sharing and Referral:** If, in the treating healthcare provider's clinical judgment and assessment, an identified veteran requires significant intervention, particularly for an acute need related to suicide prevention, drug or alcohol treatment, or homelessness assistance, the provider should provide a copy of the MHA Massachusetts Veteran Benefits and Services Guide, which is in compliance with the state VALOR II law. In particular, it is critical that all providers work with the patient in need of significant intervention to make a referral to the Statewide Advocacy for Veterans' Empowerment (SAVE) program (617-210-5743) by calling and leaving a referral for the patient prior to discharge.

- The hospital has this reference material located at the registration areas
- The hospital has incorporated the materials within our patient handbook
- Acute Inpatient Social Work will receive referrals on these patients and follow up with consultation offering supportive services through information and referral services as well as any other needs identified at that time.
- Refer those requiring further follow up to such agencies as the Mass Veteran's Services SAVE program directly; and Montachusett Suicide Prevention Program-MENDER's Men's support group which meets at the hospital monthly for peer men support services etc..

Resources:

A suggested assessment tool that healthcare providers may use to determine if significant intervention is needed is this [Columbia Suicide Severity Rating Scale \(CSSRS\)](#).

<https://massvetsadvisor.org/search.aspx>

<https://www.mass.gov/files/documents/2016/10/vl/vets-guide.pdf>

<https://malegislature.gov/Laws/GeneralLaws/PartIV/TitleII/Chapter276A>

<https://malegislature.gov/Bills/188/S2052.pdf>

<http://www.haveyoueverserved.com/intake-questions.html>

<https://www.thebalancecareers.com/military-justice-101-part-iii-4056918>



## General Areas of Concern for All Veterans

### Post-Traumatic Stress

- Have you ever experienced a traumatic or stressful event which caused you to believe your life or the lives of those around you were in danger?
- Experiencing trauma-related thoughts or feelings?
- Having nightmares, vivid memories or flashbacks of the event?
- Feeling anxious, jittery?
- Experiencing a sense of panic that something bad is about to happen?
- Having difficulty sleeping or concentrating?

### Military Sexual Trauma

- During military service did you receive uninvited or unwanted sexual attention, such as touching, pressure for sexual favors or sexual remarks?
- Did anyone ever use force or threat of force to have sexual contact with you against your will?
- Did you report the incidents to your command and/or military or civilian authorities?

### Blast Concussions/Traumatic Brain Injury

- During your service, did you experience heavy artillery fire, vehicular or aircraft accidents, explosions {improvised explosive devices, rocket propelled grenades, land mines, grenades}, or fragmented or bullet wounds above the shoulders?
- Did you have any of these symptoms immediately afterwards: loss of consciousness or being knocked out, being dazed, or seeing stars, not remembering the event, or diagnosis of concussion or head injury?

### Common Military Health Risks:

- **Radiation Exposure/Nuclear Weapons** (WWII: Amchitka, Alaska, Hiroshima, Nagasaki, POW in Japan; Korea; sub-mariners exposed to nasopharyngeal radium treatment; Gulf Wars; Bosnia; Afghanistan): High risk for cancer.
- **Agent Orange Exposure** (Korea & Vietnam): High risk for cancers (including respiratory and prostate cancer), chloracne, type 2 diabetes, ischemic heart disease, soft tissue sarcoma, peripheral neuropathy, spina bifida in veterans' biological children.
- **Camp Lejeune Water Contamination** (January 1, 1957–December 31, 1987): Veterans and families stationed at Camp Lejeune exposed to chemical contaminants in the groundwater and wells are at risk for the following cancers (bladder, blood dyscrasia, breast, esophageal, kidney, leukemia, lung, multiple myeloma, myelodysplastic syndromes, non-Hodgkin's lymphoma) and conditions (female infertility, hepatic steatosis, miscarriage, renal toxicity, scleroderma).
- **Hepatitis C** (Vietnam): Transfusions prior to 1992, battlefield exposures to blood and human fluids, group use of needles, razors, toothbrushes, and other personal items.
- **Exposure to Open Air Burn Pits** (Vietnam, Iraq, Afghanistan): High risk for respiratory illnesses and wide variety of cancers, including leukemia.
- **Gulf War Syndrome** (Gulf Wars): Characterized by fibromyalgia, chronic fatigue syndrome, headaches, gastrointestinal problems, cognitive impairment and pain, high rates of brain and testicular cancers, and neurodegenerative diseases (ALS, MS).

- **Depleted Uranium (Gulf Wars, Bosnia, Afghanistan):** Inhaled or ingested microfine particles (heavy metal toxicity). Risk for respiratory and kidney diseases.
- **Infectious Diseases (Iraq & Afghanistan):** Malaria, typhoid fever, viral hepatitis, leishmaniasis, TB, rabies resulting from animal bites.

### **Suicide Risk**

**Certain observable cues (affective and behavioral) should prompt the clinician to remain alert to the possible presence of suicidal ideation:**

- shame
- humiliation
- irrational thinking
- paranoia
- agitation
- anxiety
- insomnia
- irritability
- despair
- profound social withdrawal
- neglecting personal welfare
- deteriorating physical appearance
- feeling trapped
- feeling like there's no way out
- feeling that life is not worth living
- feeling like there is no purpose in life
- feelings of failure or decreased performance
- sense of hopelessness or desperation