



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

*PO Box 47890 • Olympia, Washington 98504-7890
Tel: 360-236-4030 • 711 Washington State Relay Service*

June 20, 2023

Shawna K. Fox
Director, Office of Health Professions
Email: shawna.fox@doh.wa.gov

Re: 988 Educational Material Veterans Crisis Line

Dear Health Care Provider,

We need your help to prevent suicide among members of the Veteran/Military community. Beginning July 1, 2023, in accordance with [RCW 18.130.440](#), we strongly encourage you, at every new patient encounter, to ask whether the patient served in the military, is a member of the military, or a family member of someone who served or is serving in the military. If the patient says they belong to the military or Veteran community, we encourage you to share educational materials on the nationwide 988 Suicide and Crisis Lifeline, which also has a Veterans Crisis Line.

988 Materials for the Veterans Crisis Line

You will find the following patient and provider resources in this packet:

- Ask the Question informational document: What is the question? Why ask the question?
- Support for health care providers: Suicide Risk Management Frequently Asked Questions (FAQ) and Targeted Intervention Workshop (MCEs available).
- Educational materials: Patient resources for the 988 Veterans and Military Crisis Line, Federal Veterans Affairs, and Washington State Department of Veterans Affairs (WDVA).

How to Use This 988 Resource Packet

When a new patient is entering care, the provider should:

1. Ask the patient, “Have you or a family member ever served in the armed forces?”
2. If they answer yes, provide the patient with pages 7 – 10 of this packet.
3. If you suspect the patient may be at risk for suicide, use the resources on page 5 in this packet to provide appropriate screening and treatment for the at-risk patient.



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About Service Members, Veterans, and Military/Veteran Families

Washington State is home to 80,146 Service Members, 555,989 Veterans, and 2,000,000 military and Veteran family members. Veterans are 1.2 times more likely to die by suicide than their civilian peers due to many unique risk factors within the military and Veteran community. Despite common assumptions, Service Members, Veterans, and Military/Veteran families do not exclusively use military health care providers. They often seek civilian health care providers for many reasons including:

- A patient opts into preferred provider military insurance (allows for civilian care covered by insurance).
- A Service Member is a member of the Reserves or National Guard, which does not offer the same military health care as an active-duty service member.
- A Veteran does not qualify for full health care benefits through the Veteran Health Care System.
- The military installation refuses care to the patient due to a lack of health care resources.

In 2022, more than 155,000 military family members and retirees were required to seek civilian care due to military treatment facility capacity and downsizing. This is expected to continue for several years. Furthermore, Service Members, Veterans, and family members may not immediately identify themselves as affiliated with the Veteran/Military community without being asked. Fortunately, you can ask the question and provide lifesaving resources.

Thank you for being a valued partner in suicide prevention for the Veteran/Military community. We want everyone to have the support and resources they need to improve their mental health and wellbeing.

Sincerely,
Shawna Fox

Director
Office of Health Professions
Washington State Department of Health

cc: Shawna Fox, Office Director, Office of Health Professions HSQA
Sasha DeLeon, Assistant Secretary HSQA
Tami Thompson, Regulatory Affairs Manager

Ask The Question – Health Care Provider

Who is a Veteran?

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

[RCW 41.04.005](#) defines a “Veteran” as someone who has received an honorable discharge, is actively serving honorably, or received a discharge for physical reasons with an honorable record and meets specific service criteria included in the RCW. Typically, this definition grants eligibility of benefits through the federal U.S. Veterans Affairs. However, not all community resources dedicated to serving Veterans are dependent on this definition. For example, the Washington State Department of Veterans Affairs Counseling and Wellness Programs has resources to help any member of the military and their families. Therefore, to ensure cultural competency in care delivery, the Veteran definition is expanded to include any person who served for any length of time in any military services branch.

What is the Question?

“Have you ever served in the Armed Forces?”

“Has your spouse or parent ever served in the Armed Forces?”

Why Ask the Question?

Did you know that a majority of Veterans seek health care and services outside of the VA? Therefore, it is important for civilian health care and service providers to be competent in caring for Service Members, Veterans, and families (SMVF) in a culturally responsive manner that both honors and appreciates their military service.

Understanding the unique culture, possible exposures, and common medical conditions of military service members 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 are:

- **“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 Veterans for their service, commitment, and their sacrifice.
- **Care capacity for Veterans is needed in the private sector**: In many states, VA accessibility, whether by proximity or capacity, is a chronic challenge facing Veterans. Therefore, non-governmental health care facilities and service providers must be equipped to provide informed, competent care for the unique needs of Veterans.
- **Clinical Awareness**: Veterans 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, which may lead to health care alienation, worsening conditions, and even permanent disability or death. Please see Lt. Col. Stephanie Riley’s Story attached.



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

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

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

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

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

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



Supporting Providers Who Serve Veterans

Request a Consult or Learn More:



www.mirecc.va.gov/visn19/consult

srmconsult@va.gov

Suicide Risk Management FAQ

What is the Suicide Risk Management (SRM) Consultation Program?

SRM is a free consultation program for VA or community providers who work with Veterans at risk of suicide. SRM offers tailored, one-on-one support on topics including: risk assessment, conceptualization of suicide risk, lethal means safety counseling, strategies for how to engage Veterans at high risk in their own treatment, best practices for documentation, and provider support after a suicide loss (postvention).

What is SRM's relationship to VA?

SRM leadership and its certified, professional consultants are VA employees and the program is supported by the VA Office of Mental Health and Suicide Prevention. SRM expert consultation and resources are based upon best practices and research conducted in VA and the community.

Who does SRM serve?

SRM serves VA and community providers working with Veterans at risk of suicide.

Please note that SRM does not provide direct care or support to Veterans.

Veterans Crisis Line



1-800-273-8255
PRESS 1

If you are a Veteran, patient, or concerned family/friend in need of suicide prevention assistance, please call the **Veterans Crisis Line at 1-800-273-8255, Press #1.**

Is SRM confidential?

Yes, all information discussed during the consultation process is confidential. Additionally, we ask that providers do not share any identifiable information about patients with our team.

How does SRM work?

Providers can request and schedule a consultation by:

1. Emailing SRM at srmconsult@va.gov
2. SRM Consultation Program staff typically respond within one business day and will assist with scheduling a phone call with one of our consultants or will answer a question over email if preferred.

How can SRM help me?

Caring for Veterans at risk of suicide can create treatment challenges. SRM helps providers by offering consultation, support, and suicide prevention resources that promote therapeutic best practices. Providers can serve Veterans better when they have access to the right resources and feel confident in their treatment decisions.

“ Our team literally used almost every recommendation that was made. Our team felt much more comfortable with the Veteran’s discharge from inpatient unit due to the recommendations made. The Veteran’s length of stay was directly impacted by this consultation.”

What makes SRM unique?

SRM consultants are experts in Veteran suicide risk assessment and management. They are both clinicians and well-informed researchers. This allows them to provide consultation that is based on the most up-to-date literature in the field that can easily be applied to your clinical work with a Veteran at risk of suicide.



U.S. Department of Veterans Affairs

ALL PATIENTS SAFE TARGETED INTERVENTIONS: FIREARMS, CULTURE, AND SUICIDE CARE

THREE-HOUR SELF-PACED ONLINE COURSE

Course FREE for Washington State providers and client-facing staff
\$25 Fee to receive CME Credits (more details below)

UW Medicine
DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES

SAMHSA
Substance Abuse and Mental Health
Services Administration

W FOREFRONT
SUICIDE PREVENTION

Washington State
Health Care Authority

UW Medicine
HARBORVIEW
BEHAVIORAL HEALTH INSTITUTE

Learn more and register here: <https://www.apsafe.uw.edu/newcourses>

This course reviews cultural factors related to firearm ownership and use, outlines frameworks for suicide risk and suicide care, and introduces a sequence for conducting lethal means counseling.

Description:

Self-inflicted gunshot wounds account for approximately half of suicide deaths in the US. Reducing access to lethal means—including firearms—is widely recognized as an effective form of suicide prevention. Health care professionals, however, often do not “speak firearms,” and firearms owners may not consider suicide risk when thinking about firearm safety. The resulting cultural misalignments can lead to breakdowns in trust in clinical settings.

Developed in collaboration with a team of firearm owners and veterans with expertise in firearms and personal experiences of suicidality and suicide loss, this online course covers culturally relevant information about firearm ownership and use. Topics include values and beliefs associated with firearm ownership, as well as practical information for clinicians about types of firearms and locking or safe storage devices.

Participants will explore their own attitudes about firearms and learn ways to provide culturally informed counseling on firearms safety as it relates to suicide prevention for patients who own or have access to firearms.

COURSE AUTHOR:

JEFFREY SUNG, MD
UW DEPT. OF PSYCHIATRY AND BEHAVIORAL SCIENCES



Dr. Jeffrey Sung is a clinical assistant professor in the University of Washington's Department of Psychiatry and Behavioral Sciences and a faculty member with the Center for Suicide Prevention and Recovery. He provided psychiatric care through a Health Care for the Homeless Network grant at Harborview Medical Center's Pioneer Square Clinic. He has provided training locally and nationally on suicide care and other suicide-related topics for a broad array of health care professionals. His work with men in the middle years has been featured through the Suicide Prevention Resource Center.

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

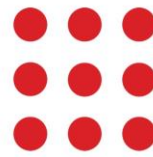
The University of Washington School of Medicine designates this other activity for a maximum of 10 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Three credits available for Targeted Interventions: Firearms, Culture, and Suicide Care.)

Thanks to the Harborview Behavioral Health Institute and funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with the Washington State Health Care Authority (HCA), in response to the increased risk of suicide due to COVID-19.

Visit [apsafe.uw.edu](https://www.apsafe.uw.edu) for more information.



**Veterans
Crisis Line**



**Military
Crisis Line**

VETERANS AND MILITARY CRISIS LINE



Dial 988
then Press 1



Chat online at
VeteransCrisisLine.net/Chat



Text message
to 838255

**Free and Confidential Support 24 hours a day, 7 days a week, 356 days a year.*

The Veterans and Military Crisis Line connects Veterans, Service Members, including members of the National Guard and Reserve, even if not enrolled in VA benefits or health care in crisis, and their families and friends with qualified, caring U.S. Department of Veterans Affairs (VA) responders.



U.S. Department
of Veterans Affairs

How it works

Once connected by Phone, Chat or Text:

- The responder will ask a few questions, such as whether you, or the Veteran, or Service Member you're concerned about may be in immediate danger or at risk for suicide.
- Your call is free and confidential, and you decide how much information to share.
- If you, or the Veteran, or Service Member you're concerned about is in danger, the responder will help you get through the crisis and then connect you with the services you need, either from your local VA Medical Center or elsewhere in your community.
- If you, or the Veteran, or Service Member you're concerned about is in crisis, but not at imminent risk for injury or suicide, the responder will listen, offer support, and help you make a plan to stay safe.
- If you are a Veteran and decide to share contact information, the Suicide Prevention Coordinator at your nearest VA Medical Center will contact you by the next business day.
- If you are an Active Duty Service Member, National Guard or Reserve, and decide to share contact information, they will link you to your local resources.

Veteran Benefits and Services in Washington State

If you are a Service Member, Veteran, or military family member, it's important to understand the differences and similarities between the Federal Veterans Affairs Administration (VA) and the Washington State Department of Veterans Affairs (WDVA).

These two organizations provide valuable support and assistance to members of the military and Veteran communities, but with key differences in how they operate and what services they offer. By knowing how to connect individuals with the right resources, you can help them get the support they need to live healthy, fulfilling lives within and outside the military.

Federal Department of Veterans Affairs

The Federal VA is a national agency offering a wide range of services to eligible Veterans. It is split in to three branches, Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA).

The Veterans Health Administration's (VHA) mission is to "Honor America's Veterans by providing exceptional health care that improves their health and wellbeing." VHA consists of VA Hospitals, Community Based Outpatient Clinics, Vet Centers, and Domiciliary Services. They offer hospital-based services and specialty care, this includes:

- Mental Health
- Substance Use Treatment including access to residential treatment
- Homeless Services
- Social Work Services
- Primary Care
- Specialty Care – Orthopedics, Radiology, Audiology and speech pathology, Dermatology, Geriatrics, Neurology, and surgery to name a few
- Wellness/Preventative Programs

How to connect with VHA: Pick one of the options below.

- Complete VA Form 10-10EZ (Health Benefits Renewal Form) online at va.gov/health-care/apply/application/introduction
- Call 1-877-222-VETS (8387) Monday through Friday between 8 a.m. and 8 p.m. ET.
- Contact the enrollment coordinator at your local medical facility.

The Veteran Benefits Administration (VBA) helps Veterans receive financial benefits such as:

- Compensation Services
- Pension and Fiduciary Services
- Educational programs and training benefits
- VA Loans
- Veteran Readiness & Employment Services

Veteran Benefits and Services in Washington State

How to Connect with VBA: Pick one of the options below.

- Online website: Veterans Benefits Administration Home at benefits.va.gov.
- Call 1-800-827-1000 Monday through Friday between 8 a.m. to 5 p.m. PT.
- Contact your local office by using the online search tool at benefits.va.gov/benefits/offices.asp

Washington Department of Veteran Affairs (WDVA)

The WDVA is a state agency focusing on making sure Service Members, Veterans, and military family members are aware of all the benefits they are entitled to and have access to them. They offer some limited support for health care, education, and housing, but their focus is on helping members of the military and Veteran community find jobs, build careers, and maintain wellness. There are many programs offered at WDVA:

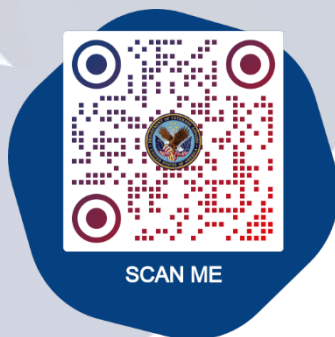
- [Veterans Homes](#)
- [Counseling & Wellness](#)
- [Veterans Benefits](#)
- [Homeless Veterans Reintegration](#)
- [Veterans Transitional Housing](#)
- [Cemetery](#)
- [Veteran/Military Spouses and Family Support](#)
- [Financial Assistance](#)

The mission of the WDVA Counseling and Wellness Program is to “transform the lives of Veterans and their families through growth and resiliency related experiences.” WDVA does this by offering a multitude of programs including:

- [Counseling](#)
- [Brain Injury & Recovery](#)
- [Suicide Prevention and Support](#)
- [Veterans Commercial Tobacco Cessation](#)
- [Veterans Conservation Corps Program](#)
- [Vet Corps](#)
- [Veterans Farm](#)
- [Veterans Peer Corps](#)
- [Veterans Training Support Center](#)

You can find more information about the WDVA by visiting our website dva.wa.gov or calling 1-800-562-2308.

To learn more about these agencies, scan these QR codes below



Federal Department of Veterans Affairs



Washington State Department of Veteran Affairs

YOU CAN SAVE A LIFE
SaferHomesCoalition.org

SAFER HOMES SUICIDE AWARE

SAVE LIVES BY
LOCKING AND LIMITING ACCESS



Safer Homes, Suicide Aware is offering an opportunity to receive **FREE** locking devices for medications and firearms (retail value \$60)

We recommend **locking** medications and firearms because:

- A large percentage of all suicide attempts are acted on within ten minutes or less
- Many suicide attempts use medication (prescription and over-the-counter)
- Self-inflicted gunshot is the most lethal means of suicide
- Self-inflicted gunshot is the most common method of suicide among Veterans

Many suicides can be **prevented** by locking medications and firearms.

Proudly partnered with



3 STEPS to Receive Safety Equipment



Participants will complete a liability waiver and a survey before scheduling a time to talk to a Safer Homes representative over the phone.

After talking with us about how to make their home safer to reduce suicide risk, Safer Homes will mail equipment to the participant.



✓ Complete Survey



✓ Connect with a Safer Homes representative



✓ Safe is mailed to your door

VISIT: <https://redcap.link/SaferHomes>



Scan me

YOU CAN SAVE A LIFE
SaferHomesCoalition.org