AMENDED
December 8, 2022

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1503(2)
Transmittal Sheet
May 26, 2020

OPERATIONS OF THE VETERANS CRISIS LINE CENTER

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy for the business and clinical operations of the Veterans Crisis Line (VCL) and delineates the responsibilities of Office of Mental Health and Suicide Prevention (OMHSP), Department of Veterans Affairs (VA) medical facility Directors, VCL administrative leadership, VCL staff members, and staff of the VHA Suicide Prevention Program within OMHSP.

2. SUMMARY OF MAJOR CHANGES: This VHA directive is a recertification of VHA Directive 1503, Operations of the Veterans Crisis Line Center, dated May 31, 2017. Major changes include the incorporation of guidelines and responsibilities for managing Requests from VCL outlined in paragraph 6 of this directive.

a. Amendment dated December 8, 2022 updates paragraph 5.q. to reiterate the VA medical facility Suicide Prevention Coordinator's responsibility that a minimum of three phone calls are required to reach the Customer and to further clarify that the three phone calls must be made on 3 separate days. This update also provides additional guidance to the field for the follow up process for Requests initiated due to the hospitalization of Veterans as a result of a VCL interaction.

b. Amendment dated February 23, 2022 changes the term "consult" to "request" to clarify that the VCL request process is separate and distinct from consult processes and procedures outlined in VHA Directive 1232(4), Consult Processes and Procedures, dated August 24, 2016. Changes were also made to align with the VCL organizational chart structure, update terminology in line with current VCL policies and procedures, and update citations.

3. RELATED ISSUES: VHA Handbook 1160.01, Uniform Mental Health Services, dated September 11, 2008; and Suicide Prevention Coordinator Guide 2014 (finalv8-19-14), dated August 19, 2014.

4. RESPONSIBLE OFFICE: The Office of Mental Health and Suicide Prevention (11MHSP) is responsible for the content of this directive. Questions may be referred to the Veterans Crisis Line Executive Director at VCLActionTeam@va.gov.

5. RESCISSIONS: VHA Directive 1503, Operations of the Veterans Crisis Line Center, dated May 31, 2017; 10N Memorandum, Connecting to the Veterans Crisis Line Option 7, dated April 28, 2016; and 10N Memorandum, Expanded Access to Veterans Crisis Line Medora Application for Clinical Providers, dated March 6, 2019, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of May 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Renee Oshinski
Assistant Under Secretary for Health
For Operations

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on June 1, 2020.

CONTENTS

OPERATIONS OF THE VETERANS CRISIS LINE CENTER

1. PURPOSE 1

2. BACKGROUND 1

3. DEFINITIONS 1

4. POLICY 2

5. RESPONSIBILITIES 2

6. GUIDELINES FOR VETERANS CRISIS LINE REQUESTS 10

7. TRAINING 14

8. RECORDS MANAGEMENT 14

9. REFERENCES 14

APPENDIX A

VETERANS AND LINE QUALITY ASSURANCE PLAN: QUALITY ASSURANCE ACTIVITIES A-1

APPENDIX B

SUICIDE PREVENTION COORDINATOR REQUEST CLOSING AND QUALITY ASSURANCE INDICATOR B-1

APPENDIX C

MEMBERSHIP OF THE QUALITY ASSURANCE AND TRAINING TEAM C-1

OPERATIONS OF THE VETERANS CRISIS LINE CENTER

1. PURPOSE

This Veterans Health Administration (VHA) directive provides requirements for the operation and oversight of the Veterans Crisis Line (VCL), management of VCL Requests, and delineates the responsibilities of the Office of Mental Health and Suicide Prevention (OMHSP), Department of Veterans Affairs (VA) medical facility Directors, VCL leadership, and VCL staff members. **AUTHORITY:** P.L. 114 – 247 and 38 U.S.C. § 1720F.

2. BACKGROUND

a. The 2007 Joshua Omvig Veterans Suicide Prevention Act (P.L. 110-110) mandates that VHA provide mental health services to Veterans 24 hours per day, 7 days per week. According to the Act, VHA must provide a toll-free hotline that is staffed by appropriately trained mental health personnel and is available to Veterans at all times.

b. In response to this statute, VHA established the VCL Center in 2007 to optimize Veteran safety through predictable, consistent, and accessible crisis intervention services 24 hours a day, 7 days per week.

c. VCL services are provided by VCL Responders, who are front-line crisis response staff housed within the OMHSP, these also include contracted back-up Call Center responder staff, and, as appropriate, they complete referrals to local VHA mental health and medical programs as well as other VA and community-based services as appropriate.

3. DEFINITIONS

a. **Request.** For purposes of this directive, a Request is a referral for follow-up submitted by a VCL Responder to a VA medical facility Suicide Prevention Coordinator (SPC) (see paragraph 5.q.) via the VCL web-based application. The VCL Request processes are separate and distinct from VHA Directive 1232(4), Consult Processes and Procedures, dated August 24, 2016 which applies to clinical, facility-based settings.

(1) **Emergent Request.** An Emergent Request is submitted by a VCL Responder when emergency services are dispatched to a medical or mental health emergency, or when a Customer presents as an imminent threat to self or others.

(2) **Routine Request.** A Routine Request is submitted by a VCL Responder for non-urgent or non-emergent calls that require follow-up with the Customer for reasons such as suicide ideation (does not indicate clinical acuity for suicide risk) depression, mental health issues, or other concerns.

(3) **Urgent Request.** An Urgent Request is submitted by a VCL Responder when a Customer agrees to present to a treating medical facility via a Facility Transport Plan

(FTP) without an appointment and without the assistance of emergency services. ***NOTE:*** *The treating medical facility may be a non-VA medical facility.*

(4) **Information Only Request.** An Information Only Request is a Request that is placed only when a phone/text-based VCL Customer makes a disclosure indicative of potential non-imminent abuse, neglect, or exploitation of a child, elder, or disabled individual and the VCL Customer does not consent to a Routine Request.

b. **Customer.** A customer is any Veteran, Service member, Veteran/Service member, family member, or civilian who interacts with VCL.

4. POLICY

It is VHA policy to provide Veterans, Service members, and their families and friends who are in crisis or at risk for suicide with immediate access to suicide prevention and crisis intervention services, including telephone, online chat, and text-based crisis intervention, requests for local emergency dispatch services, as needed, and Requests to VA medical facility SPCs for follow-up and coordination of ongoing Veteran care.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulation.

c. **Executive Director, Office of Mental Health and Suicide Prevention.** The Executive Director, OMHSP is responsible for:

(1) Ensuring adequate resources to operate VCL and meet the demand for all inbound and outbound calls, text messages, chats, and other direct service contact or business channels.

(2) Ensuring that each call to VCL is answered by a trained VCL Responder and that contingencies are maintained to handle any calls that cannot be answered by VCL staff.

(3) Providing responses for information requests (e.g., Office of Inspector General (OIG), Government Accountability Office (GAO), Congress, media).

(4) Ensuring VCL meets the accreditation standards of the American Association of Suicidology for operational requirements of a national crisis line.

(5) Promoting partnerships among VCL and VISNs, VA medical facilities, Veteran Service Organizations, community providers, and other stakeholders.

(6) Collaborating with VISN and VA medical facility leadership to ensure VA medical facility-related parameters of this program are met.

(7) Ensuring that the VCL Executive Director has awareness of any and all operational activities that may impact call, chat, or text volume.

d. **Executive Director, VA Suicide Prevention.** The Executive Director, VA Suicide Prevention is responsible for:

(1) Collaborating with VISN and VA medical facilities to ensure that SPCs follow-up with complete documentation and Request closing within 3 business days of the Request being placed following the guidelines set forth in this directive.

(2) Providing resources through technical assistance calls to the field to assist VA medical facilities in understanding their roles in acting upon referrals by VCL staff.

(3) Monitoring updates to the database of SPCs to assist VA medical facilities with providing current SPC contact information (e.g., phone and email contact for SPCs).

(4) Communicating with VCL leadership staff (including the Executive Director, OMHSP and VCL Executive Director) prior to media initiatives or marketing publications which use the VCL image or logo to OMHSP, including VCL, to ensure preparedness and inform of any potential for call, text, or chat volume increase.

e. **Veterans Crisis Line Executive Director.** The VCL Executive Director is responsible for the execution of the strategic and tactical (day-to-day) operations of VCL by:

(1) Maintaining oversight for Clinical Operations, Quality, Training, and Risk Management, National Care Coordination, Information Management, Data and Workforce Management, Business Operations, Peer Support Outreach Center, and Innovations in support of VCL Operations.

(2) Ensuring VCL staff complete mandatory training on suicide prevention, crisis intervention, mitigating risk, and safety planning, and are aware of relevant VA and community resources. See paragraph 7.

(3) Reviewing all VCL staff training protocols and practice guidelines.

(4) Ensuring VCL staff collaborate with VA medical facility SPCs.

(5) Maintaining appropriate staffing levels to achieve target service levels by using staffing methodology tools (e.g., forecasting demand, scheduling and staggering tours of duty).

(6) Ensuring adequate administrative and clinical supervision and support services are in place to respond appropriately to all requests by Customers for assistance.

(7) Ensuring that VCL operations are integrated and effective, and communication is maintained in overall VHA operations, to include integration with VA medical facilities via SPCs and VA medical facility staff in the event of an emergency dispatch or FTP. See performance measures for VCL operations in Appendix A.

(8) Overseeing the development of national VHA directives and procedures regarding daily operations of VCL.

(9) Ensuring that all VCL staff are informed of all current and applicable VCL and VHA directives and procedures and updated as changes occur.

(10) Implementing and maintaining the internal control structure defined in this directive to ensure VCL staff are in compliance with VCL requirements and can ensure adherence to program policy.

(11) Ensuring VCL Responders and Social Service Assistants (SSAs) perform responsibilities according to standards set forth in this directive. See paragraphs 5.i. and 5.j.

(12) Convening a VCL Leadership Team to discuss and advise on oversight and management of VCL.

(13) Providing education on national calls for VA medical facilities' points of contacts and SPCs on procedures pertaining to the operation of VCL and supporting VA medical facilities in acting upon Requests made to them by VCL staff members in collaboration with Executive Director, VA Suicide Prevention.

(14) Ensuring all contractual arrangements concerning VCL contracted back-up Call Center fully cover training compliance, supervision, documentation requirements, and quality assurance tasks.

(15) Monitoring the percentage of VCL Requests that are responded and closed within established timeframes and reporting these to VISN and VA medical facility leadership for action as necessary.

(16) Notifying VISN Chief Mental Health Officers and VA medical facility Mental Health Leads when closure rates of VCL Requests (within three business days) are less than 95 percent and attempt to contact Customers is less than 95 percent.

(17) Communicating with the VCL Deputy Director for Clinical Care to assess quality of VCL services by ensuring:

(a) Call, chat, and text monitoring and coaching are conducted by Silent Monitoring staff as outlined in Quality Assurance Plan (see Appendix A).

(b) Complaint and compliment tracking and all necessary follow-ups are completed by a Quality Assurance Specialist.

(c) End-of-call satisfaction measurements for Customers who speak to VCL Responders is collected by the Responders. See Appendix A, paragraph 6 for key performance indicators on customer satisfaction.

(d) Data collected for each area of quality assurance by the Quality Assurance and Training Team are used to inform training initiatives through a continuous quality improvement cycle including data collection, analysis, and feedback, review and update of existing materials, training, and implementation of revised national policies, procedures, and processes. This data is collected and tracked and must be routinely shared with OMHSP Leadership, and its partners, to better inform VHA suicide prevention policy, practice, and initiatives.

(e) Collaboration with VCL Data Analytics Team to track, trend, and assess call volume data to include overall volume, performance statistics, SPC Requests, request for dispatch of emergency services, and chat/text volume, and daily testing of all applications. This data must be routinely shared with OMHSP Leadership, and its partners, to better inform VHA suicide prevention policy, practice, and initiatives.

(f) Collaboration with the VCL Deputy Director for Administrative Operations and Contracting Officer Representative to ensure contract obligation adherence, including contracted VCL back-up Call Center quality assessment.

(g) Collaboration with the Executive Director, VA Suicide Prevention and with OMHSP including the Mental Health Program Evaluation Centers (PECs) on data management, analyses, interpretation, and reporting of findings from aggregate datasets that include both VCL data and suicide-related information from other sources. Collaboration also includes partnering with the PECs to respond to other associated requests for sharing of data or other information from VCL with VA Central Office Program Offices including OHMSP, VISN, and VA medical facility staff.

f. **Veterans Crisis Line Deputy Director for Clinical Care.** The VCL Deputy Director for Clinical Care is responsible for communicating with the VCL Executive Director to assess quality of VCL services (see paragraph 5.e.(17)).

g. **Veterans Crisis Line Program Manager for Quality, Training and Risk Management.** The VCL Program Manager for Quality, Training and Risk Management is responsible for:

(1) Overseeing the Quality Assurance and Training Team (see Appendix C) to assist and make recommendations for assessing the quality of VCL service, including:

(a) Development and implementation of the Quality Assurance Plan.

(b) Collection and analysis of quality data on components of call and response monitoring, complaint tracking, caller satisfaction, Suicide Prevention Coordinator Requests, request for emergency dispatch tracking, training, materials, and application testing in collaboration with the VCL Program Manager for Data and Workforce Management and communicating these analyses via the VCL Executive Leadership Council to the VCL Leadership Team. See Appendix A.

(2) Overseeing VCL's two-tier training process for new employees (see paragraph 7).

(3) Overseeing the Quality Assurance and Training Team to create and provide classroom training and oversees on-the-job training to VCL staff.

(4) Ensuring data on customer satisfaction collected by the VCL Responder is tracked and monitored by the Quality Assurance Team (see Appendix A, paragraph 6).

(5) Overseeing investigation of adverse events, including Root Cause Analysis (RCA), involving VCL calls in accordance with national policy as defined here: https://www.patientsafety.va.gov/professionals/onthejob/rca.asp.

h. **Veterans Crisis Line Program Manager for Data and Workforce Management.** The VCL Program Manager for Data and Workforce Management is responsible for collecting and reviewing metrics for all phone calls, including those that are answered at the VCL back-up Call Center via VCL Executive Leadership Council to the VCL Leadership Team, in collaboration with the VCL Program Manager for Quality, Training and Risk Management.

i. **Veterans Crisis Line Responder.** The VCL Responder is a VCL staff member and is responsible for:

(1) Conducting crisis intervention through phone, chat, text message, and other written correspondence.

(2) Designating all contacts into one of three categories: Core, Non-Core, and Other (see paragraph 6.b.).

(3) Working directly with Veterans or anyone concerned about a Veteran who contacts VCL through phone, text, or chat. ***NOTE:*** *Callers are notified via automated response that their call will be recorded and may be monitored for quality assurance purposes. VCL does not use these recordings for unauthorized purposes.*

(4) Providing a referral if a Customer requests and accepts linkage to care at the Customer's nearest or preferred VA medical facility. This referral is typically through a Request to that VA medical facility's SPC.

(5) Mitigating risk with each Veteran or anyone concerned about a Veteran by addressing lethal means safety and developing individualized risk mitigations plans that contain a minimum of 3 components to address future risk.

(6) Documenting Requests within the VCL web-based application which provides the SPC with an email link to the Request documentation.

(7) Triaging Requests and sending them as emergent, urgent, or routine through the web-based application to VA medical facility SPC (see paragraph 3 on guidance for triaging Requests).

(8) Notifying the SPC via voicemail for urgent and emergent Requests. This redundancy is to ensure that high-priority referrals are received.

(9) Completing the VCL Emergency Dispatch Request Form and signaling to an SSA that assistance is needed in instances when emergency services are dispatched (Emergent Request). The VCL Responder will request that the SSA initiate emergency services appropriate for the Customer's location and will remain engaged with the Customer, if possible, until emergency services arrive. ***NOTE:*** *Customers may remain anonymous. If the VCL Responder notes imminent risk, the VCL Responder will take action to attempt to locate the Customer and initiate emergency dispatch.*

(10) Documenting all information related to the outcome of emergency services intervention as part of the Request within the VCL web-based application.

(11) Developing an FTP in collaboration with the Customer to self-transport to a treatment facility in instances where the Customer agrees to present to a treatment facility without the assistance of emergency services (Urgent Request). The VCL Responder must contact and notify designated staff (e.g., Nurse of the Day (NOD)), Charge Nurse, or Administrative Officer) at the receiving VA medical facility of the FTP details and notify the SSA that the FTP has been initiated. If an FTP does not result in the Customer arriving at the treatment facility as planned, the VCL Responder must attempt to reconnect with the Customer to reassess or devise an updated plan of action.

(12) Offering to refer Veterans and Service members to the local VA medical facility SPC for any type assistance. If the Customer responds affirmatively then a Routine Request to the VA medical facility will be submitted by the VCL Responder to the SPC.

(13) Remaining current on knowledge and skills related to evidence-based crisis intervention and risk assessment by actively participating in VCL training and coaching sessions.

(14) Providing professional customer service on every call, chat, or text contact received.

(15) Completing a standardized risk screening and evaluation on every Customer, to enhance safety by linking customers to local mental health care resources.

(16) Offering and providing a Request to the SPC located at a VA medical facility of preference for Customers who provide consent. If the Customer does not require SPC Request, referring the Customer to the most appropriate resource to meet their need for assistance such as administrative or business needs not related to a crisis (e.g.,

scheduling a medical appointment, refilling prescriptions, providing information regarding health benefits).

j. **Veterans Crisis Line Social Services Assistant.** The SSA is a VCL staff member who is responsible for:

(1) Serving as the primary point of contact for emergency dispatches and initiating emergency dispatch services appropriate to the caller's location for Emergent Requests.

(2) For Urgent Requests, providing follow-up to ensure the Customer arrives at the treatment facility as planned; if the Customer does not arrive, the SSA will refer the Customer back to the VCL Responder for follow-up or other actions per the contingency plan made with the Customer on original contact. These actions may include emergency dispatch or contact with other parties to ensure safety of the Customer.

(3) Providing follow-up review of SPC Requests to ensure contact was made with the Customer and the Request was completed (1 business day to initiate contact and 3 business days to close Request). See paragraph 6.e.

(4) When notified by a VCL Responder of an emergency dispatch (see paragraph 5.i.(9)), immediately requesting dispatch of emergency services, coordinating and, tracking transport to the closest VA or non-VA emergency department and tracking outcome and disposition of all contacts for whom emergency dispatch is requested.

k. **Veterans Crisis Line Quality Assurance Specialist.** The VCL Quality Assurance (QA) Specialist is responsible for:

(1) Tracking complaints and compliments received from Customers who have used VCL via VCL Internal SharePoint.

(2) Completing all necessary follow-up with Customers that provide complaints or compliments.

l. **Veterans Crisis Line Silent Monitors.** The VCL Silent Monitors are responsible for monitoring calls, chats, and texts through VCL and coaching VCL Responders as outlined in the Quality Assurance Plan (see Appendix A, paragraph 7).

m. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Providing VISN oversight of VHA policy implementation and performance management within the VISN.

(2) Implementing standardized processes for VCL Request management and reporting across the VISN.

(3) Assigning a VISN level point of contact to be responsible for coordination within the VISN and to serve as a liaison at the national level.

n. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Providing oversight of the VA medical facility VCL Request processes and outcomes.

(2) Monitoring and improving the VA medical facility Request performance and results on an ongoing basis.

(3) Allocating sufficient resources to enable management of consultations and delivery of care.

(4) Ensuring that SPCs are appropriately trained (within their professional scope and practice) and adherent to procedures pertaining to the operations of VCL. See paragraph 7.

(5) Ensuring that a plan is in place for managing all Requests from VCL to the VA medical facility for mental health care service within established timeframes and in a coordinated manner. See paragraph 6 for information regarding specific timeframes for the different types of Requests.

(6) Ensuring that feedback, provided by VCL to the VA medical facility regarding the quality of their response to referrals, is utilized to make necessary corrections or enhancements to the services extended to these Customers.

o. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff is responsible for monitoring VA medical facility VCL Request performance standards.

p. **VA Medical Facility Service and Department Clinical Leaders.** Each VA medical facility Service and Department Clinical Leader is responsible for identifying, requesting, and managing resources needed to comply with VCL Request performance standards.

q. **VA Medical Facility Suicide Prevention Coordinator.** The VA medical facility SPC (to include Suicide Prevention Case Managers) is responsible for:

(1) Coordinating with the local Office of Information and Technology (OIT) to obtain a secure voicemail-enabled telephone line that is provided directly to VCL staff. Urgent and Emergent Requests sent to the local SPC by the VCL Responder will have a detailed voicemail and email from VCL to ensure coordination of care (see paragraph 5.i.(6) and paragraph 5.i.(8)).

(2) Facilitating the implementation of VHA suicide prevention strategies at the VA medical facility level through educating, monitoring treatment compliance, and coordinating local site VCL activities.

(3) Maintaining a database of contact information for current SPCs in accordance with VCL.

(4) Logging into the VCL web-based application to view and act on the VCL Request within 1 business day of receipt. The Request will be assigned by the VCL Responder to the SPC Team in the VCL web-based application database.

(5) Updating the Request status of the pending Request as soon as possible and no later than 1 business day from the time submitted via the VCL web-based application and issuing Request statuses (see paragraph 6.g.).

(6) Facilitating the resolution of the Customer's needs identified in the Request as well as re-assessing Veteran Customers for any potential risk.

(7) Initiating follow-up on all Requests within 1 business day of submission via the VCL web-based application and ensuring Requests are closed within 3 business days.

(8) Initiating a minimum of three phone calls on 3 separate days to reach the Customer for follow-up; if the minimum three documented phone calls are unsuccessful, a letter should be sent to the Customer in follow-up. For Customers with an electronic health record (EHR) each phone attempt must be documented in the EHR. ***NOTE:*** *If a Customer is hospitalized as a result of a VCL interaction, the subsequent Request can be closed by facilitating follow-up with staff at VA, or non-VA services, without completing three phone calls or without making direct contact with the Customer because care is already being coordinated by hospital providers directly. Documentation of the follow up should be noted in the Request response* (see paragraph 6.g.(4).

(9) Closing out the request using the VCL web-based application to write a summary of the contact upon reaching the Customer, making three outreach attempts, or confirmation of hospitalization (see paragraph 6.g.(5)).

(10) Upon closing the Request, documenting detailed information about what actions have been taken to resolve issues identified in the Request and ensuring all Requests are closed within 3 business days (see paragraph 6.g.(6.)).

(11) Documenting follow-up with the Customer on individual cases after the VCL Request is closed in the VCL web-based application in EHR.

(12) Utilizing and signing the appropriate EHR-templated notes and ensuring signature of the notes from any additional providers as appropriate (see paragraphs 6.g.(7-9)).

(13) Ensure that all VA medical facility staff are aware of how to access VCL Request Information via EHR.

6. GUIDELINES FOR VETERANS CRISIS LINE REQUESTS

a. **Veterans Crisis Line Logistics.** Trained VA employees staff the crisis line 24 hours a day, 7 days a week. If a Customer could benefit from linkage to local mental health services, the VCL Responder will refer them to the Suicide Prevention Coordinator (SPC) at their nearest or preferred VA medical facility. The SPC then

facilitates the resolution of the Customer's needs identified in the Request as well as re-assessing the Customer for any potential risk. Customers can also choose to remain anonymous as well as request information for community care resources in their local communities.

b. **Designation of Contacts.** VCL Responders designate all contacts into one of three categories: Core, Non-Core, and Other.

(1) Core contacts are those that are considered within the scope of the VCL mission, including third party Customers concerned about a Customer, acute risk management Customers, crisis intervention Customers, Veteran general support, and Veteran Customers requesting mental health education and referral. As part of its standard protocol VCL offers all core Customers the opportunity for referral to a VA medical facility-based SPC.

(2) Non-Core and Other contacts are those that, after thorough assessment by the VCL Responder, are better suited for referral to resources outside of VCL, including civilian Customers in crisis, general pharmacy and medication issues, prank and hang-up calls, benefits issues, general healthcare questions, complainants of VCL or VA services, and high-frequency abusive or inappropriate Customers.

c. **Veterans Crisis Line Emergent Requests.** For Emergent Requests, the following actions must occur:

(1) The VCL Responder provides the SPC with an email that includes a link to the Request documentation within the VCL web-based application. Additionally, all SPCs are notified of Emergent Requests by VCL Responders via a secure voicemail enabled telephone line. This redundancy is to ensure that high-priority Requests are received by the SPC.

(2) The VCL Responder completes the VCL Emergency Dispatch Request Form in instances when emergency dispatch services are required (Emergent Request). The VCL Responder signals to an SSA that the VCL Responder needs assistance and asks the SSA to initiate emergency dispatch services appropriate for the Customer's location. The VCL Responder remains engaged with the Customer, if possible, until emergency dispatch services arrive. ***NOTE:*** *Customers may remain anonymous. If the VCL Responder notes imminent risk, the VCL Responder will take action to attempt to locate the Customer to initiate emergency dispatch.*

(3) The VCL Responder provides all information related to the outcome of emergency services intervention rendered as part of the Request. SPCs initiate follow-up on Emergent Requests within 1 business day of submission via the VCL web-based application, and Request closures occur within 3 business days.

d. **Veterans Crisis Line Urgent Requests.** For Urgent Requests, the following actions must occur:

(1) The VCL Responder provides the SPC with an email that includes a link to the

Request documentation within the VCL web-based application. Additionally, all SPCs are notified of urgent Requests via secure voicemail enabled telephone line. This redundancy is to ensure that high-priority referrals are received by the SPC.

(2) The VCL Responder and Customer develop an FTP, identifying the nearest VA medical facility that can provide the level of care appropriate for the Customer, the planned method of transportation, and estimated time of arrival at the intended VA medical facility.

(3) The VCL Responder contacts and notifies the VA medical facility of the FTP details; verbal Customer consent is required for outreach to a non-VA medical facility. The VCL Responder will then signal to an SSA that an FTP has been initiated, and the SSA will provide follow-up to ensure the Customer arrives as planned.

(4) If an FTP does not progress as planned, the VCL Responder will attempt to reconnect with the Customer to reassess or devise an updated plan of action.

(5) SPCs initiate follow-up on urgent Requests within 1 business day of submission via the VCL web-based application, and Request closure occurs within 3 business days.

e. **Veterans Crisis Line Routine Requests.** For routine Requests, the VCL Responder will ask if the Customer would like to be referred to the local VA medical facility SPC for assistance for all core contacts and will submit a routine Request if the Customer is agreeable to that course of action. SPCs initiate follow-up on routine Requests within 1 business day of submission via the VCL web-based application, and close out such Requests within 3 business days.

f. **Information Only Request.** Requests to be placed only when a phone/text-based VCL Customer makes a disclosure indicative of potential non-imminent abuse, neglect, and/or exploitation of a child, elder, or disabled individual and the VCL Customer does not consent to a Routine Request. SPC (or other designated staff) will review these Requests in accordance with applicable State law(s) to determine if the behavior(s) described within the Request meets the threshold for mandatory reporting. If such requirements are met, the SPC (or other designated staff) will make a report to the appropriate State agency and document action(s) taken in the VCL web-based application.

g. **Updating Requests.** The SPC must update the Request status of the pending Request as soon as possible and no later than 1 business day from the time submitted via the VCL web-based application.

(1) Request statuses are issued by the SPC to indicate one of the Request statuses below.

(a) **Pending.** The Pending (P) Request status designates requests that have been sent, but not yet acted on by the SPC.

(b) **Active.** The Active (A) Request status occurs when a Request is received, and

efforts are underway to close a Request.

(c) **Closed.** The Closure (C) Request status designates completion of the Request.

(d) **Forward.** The Forward (F) Request status is selected by the SPC when the decision is made to forward the Request to another VA medical facility.

(e) **Discontinue.** The Discontinue (DC) Request status is used by the VCL Responder or SPC to discontinue an erroneous or duplicative Request.

(2) Referrals generated over the weekend or on a Federal holiday must be responded to by the SPC the following business day.

(3) There must be a minimum of three phone calls completed across 3 days to reach the Customer for follow-up: if the minimum three documented phone calls are unsuccessful a letter should be sent to the Customer in follow-up. For Customers with an electronic health record (EHR), each phone attempt must be documented in EHR. (see paragraph 6.g.(7)) in addition to VCL web-based application.

(4) The SPC must use the Save button in the VCL web-based application if the Customer was not reached after contact. This is to ensure VCL staff are aware an outreach attempt has been made.

(5) Once contact is made with the Customer, the three outreach attempts have been made, or confirmation of hospitalization, the Request must be closed out in the VCL web-based application by the SPC. The SPC must write a summary of the contact in the free text section of the VCL web-based application. See Appendix A for proper SPC Request Closure and QA Process.

(6) The SPC updates all work in the VCL web-based application while the Request remains open (e.g., if the SPC tries to call 3 days in a row, note and save that each day). When closing the Request, SPCs document detailed information about what actions have been taken to resolve issues identified in the Request. All Requests must be closed within 3 business days.

(7) SPCs document follow-up with the Customer on individual cases after the VCL Request is closed in the VCL web-based application as is clinically indicated, and this is documented in EHR.

(8) If the Customer is enrolled in VA care, the SPC utilizes the EHR-templated “Veterans Crisis Line Note” which is then signed by the SPC and any additional appropriate providers are added as co-signers. If the SPC has not closed the VCL web-based application VCL Request, they may use their unsigned EHR VCL Request note as a reminder to return to the VCL web-based application and close the Request with one of the standardized phrases specified as indicated in Appendix B.

(9) If the Customer is not enrolled in VA care, the SPC will follow local VA medical facility guidelines and gather necessary information for the creation of an EHR record

for the purpose of documentation and to determine the Customer's eligibility for further VHA services with specific consideration of the documented VCL note.

7. TRAINING

a. **VCL New Employee Orientation.** The VCL Program Manager for Quality, Training and Risk Management oversees VCL's two-tier training process for new VCL employees (see Appendix C).

(1) Tier one, Classroom Training, consists of three weeks of classroom training. As trainees complete a module from the standardized agenda, the trainer confirms understanding of the content. A collaborative plan is developed to ensure the trainee is provided with any knowledge missed as a result of an absence. Final knowledge checks are administered at the end of each cohort. If a trainee fails the final knowledge check, the materials are reviewed with the trainee by the trainer and the trainee is able to complete an additional final knowledge check. If the trainee continues to struggle to meet VCL training standards, appropriate performance and disciplinary actions are followed.

(2) Once a trainee has successfully completed the classroom training, the next step is tier two, on-the-job training with the trainee paired with a preceptor/mentor. The preceptor is an experienced Responder who has passed the rigors of precepting training. Initially the trainee listens to calls answered by the preceptor for a minimum of three full shifts where after call debriefing occurs between the preceptor and trainee before the trainee answers calls under the tutelage of the preceptor.

b. **Ongoing Employee Training.** The quality assurance plan includes a comprehensive database for tracking, trending and reporting on quality improvement data from issue identification to actions and resolution for both VCL's primary Call Center and back-up Call Centers. The VCL Executive Director, VCL Deputy Director for Clinical Care, and VCL Program Manager for Quality, Training, and Risk Management use data to inform training initiatives through a continuous quality improvement cycle that includes data collection, analysis and feedback, standard work review/updates, training, and implementation.

8. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created in this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

9. REFERENCES

a. P.L. 114 – 247.

b. 38 U.S.C. § 1720F.

c. 38 U.S.C. § 7301(b) and 7302(a)(1).

d. Executive Order 13625 of August 31, 2012, Improving Access to Mental Health Services for Veterans, Service Members, and Military Families, https://www.gpo.gov/fdsys/pkg/FR-2012-09-05/pdf/2012-22062.pdf.

e. Department of Veterans Affairs Office of Inspector General, Office of Healthcare Inspections: Report No.: 16-03808-215, Evaluation of Suicide Prevention Programs in Veterans Health Administration Facilities, published May 18, 2017

f. VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008.

g. American Association of Suicidology, (2019). Organization accreditation standards manual (Thirteenth addition). Retrieved from https://suicidology.org/wp-content/uploads/2019/06/13th-EditionFeb-2019-1.pdf. ***NOTE:*** *This linked document is outside of VA control and may or may not conform to Section 508 of the Rehabilitation Act.*

h. Suicide Prevention Program Guide, November 1, 2020, available at: https://dvagov.sharepoint.com/sites/VACOMentalHealth/visn2coe_sp/sp/Memos%20Directives%20and%20Admin%20Items/Suicide%20Prevention%20Program%20Guide/Suicide%20Prevention%20Program%20Guide%20-%20November%202020%20-%20508.pdf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

VETERANS AND LINE QUALITY ASSURANCE PLAN: QUALITY ASSURANCE ACTIVITIES

1. METRICS FOR ANSWERING PHONES

The Veterans Crisis Line (VCL) Program Manager for Quality, Training and Risk Management, in collaboration with the VCL Program Manager for Data and Workforce Management, collects and reviews metrics for all phone calls, including those that are answered at the VCL back-up Call Center via VCL Executive Leadership Council to the VCL Leadership Team. This data is used to identify any areas needing improvement and forecast scheduling/staffing requirements.

Key Performance Indicator	Description	Frequency of Review
Inbound Volume	The total number of incoming calls to VCL (both locations).	Reviewed daily, reported monthly
Telephone Inbound Service Level	The performance level of VCL (all locations). Service-level metrics describe both the percentage of calls answered and the speed at which callers receive service.	Reviewed daily, reported monthly
Abandonment Rate	The percentage of all inbound calls to VCL that are abandoned by the caller prior to receiving service.	Reviewed daily, reported monthly

2. METRICS FOR ANSWERING CHAT

Metrics for chat mirror those reported for phone calls with the exception of rollovers to back-up center. VCL Chat does not have a back-up Call Center.

Key Performance Indicator	Description	Frequency of Review
Chat Inbound Volume	The total number of incoming chats to VCL.	Reviewed and reported monthly
Chat Service Level	The performance level of the chat service at VCL. Service level metrics describe both the percentage of chats answered and the speed at which Customers receive service.	Reviewed and reported monthly

3. METRICS FOR ANSWERING TEXT

Metrics for text mirror those reported for chat.

Key Performance Indicator	Description	Frequency of Review
Text Inbound Volume	The total number of incoming texts to VCL.	Reviewed and reported monthly
Text Service Level	The performance level of the chat service at VCL. Service level metrics describe both the percentage of texts answered and the speed at which Customers receive service.	Reviewed and reported monthly

4. BACK-UP CENTER PERFORMANCE

VCL may maintain a contract to ensure back-up center coverage for any VCL calls that cannot be answered at VCL's locations. If performance does not meet contractually determined performance standards, the Contract Officer Representative has the authority to submit a "Letter of Concern" and leverage financial penalties for failure to perform.

Key Performance Indicator	Description	Frequency of Review
Calls Presented (Back-up Center)	The total number of inbound calls to VCL that are offered to Back-Up centers for service.	Reported and Reviewed monthly
Telephone Inbound Service Level (Back-up Center)	The performance level of the VCL Back-up center. Service level metrics describe both the percentage of texts answered and the speed at which Customers receive service.	Reported and Reviewed monthly
Abandonment Rate (Back-up Center)	The percentage of all inbound calls that are offered to the Back-up center that are abandoned by the caller prior to receiving service.	Monthly

5. CLINICAL INDICATORS OF POPULATION ACUITY

VCL monitors the percentage of contacts that result in dispatch of emergency services or Facility Transportation Plan (FTP). The former indicates that the Customer, or someone else, was in imminent danger and unable to stay safe on their own, necessitating immediate intervention. An FTP is conducted when the risk to the Customer or the person they are calling about is acute, but the individual can self-transport or be transported by a trusted other.

Key Performance Indicator	Definition	Frequency of Review
Total Emergency Dispatch Requests Initiated	The number of contacts (calls, chats, texts) handled resulting in dispatch of emergency services.	Reviewed and reported monthly
Total Facility Transport Plans (FTP) Initiated	The number of contacts handled resulting in an FTP for urgent care.	Reviewed and reported monthly
Referrals (Requests)	The total number of referrals sent to Suicide Prevention Coordinators (SPCs).	Reviewed and reported monthly

6. CUSTOMER SATISFACTION

To assess customer satisfaction, VCL Responders must ask the following near the end of the call: "If you were in crisis, would you call VCL again?" Originally this measure was reviewed only for Veteran callers; VCL added a metric to review satisfaction of third-party callers as well, since they are also part of VCL's population of service. Data is tracked and monitored by the Quality Assurance Team.

Key Performance Indicator	Description	Frequency of Review
Customer Satisfaction – Veteran/ Service member	1) The percentage of total callers whose reported experience meets the specified satisfaction goal. Measure is calculated specifically for Veteran/Service member callers.	Reviewed and reported monthly
Customer Satisfaction– third party	The percentage of total callers whose reported experience meets the specified satisfaction goal. Measure is calculated specifically for Third Party Callers.	Reviewed and reported monthly

7. QUALITY OF PHONE SERVICES PROVIDED

VCL's Quality Assurance and Training Team enhanced quality monitoring of phone calls with the implementation of a dedicated team of staff (Silent Monitors) who monitor calls during all operational hours. Calls are assessed by Silent Monitors for the VCL Responder's use of listening skills, complete and thorough lethality assessment, degree of collaborative problem-solving, and resources or referral provided. ***NOTE:*** *Callers must be notified by the VCL Responder that their call will be recorded and may be monitored for quality assurance purposes. VCL does not use these recordings for unauthorized purposes.*

Key Performance Indicator	Description	Frequency of Review
Percent Successful Silent Monitoring (Calls)	Percent of monitored calls that meet silent monitoring expectations.	Reviewed and reported monthly

8. COMPLAINT TRACKING

VCL tracks complaints via an email template submitted to the VCL Quality Assurance Specialist by any VCL staff member who learns of a complaint about VCL services. The Quality Assurance Specialist will track all resolutions to all complaints.

Key Performance Indicator	Description	Frequency of Review
Service Complaints	The number of verified complaints related to service quality.	Reviewed and reported monthly
Service Complaints Resolution	The actions taken to address Verified complaints, grouped by category.	Reviewed and reported monthly
Technology Complaints	The number of verified complaints related to technology.	Reviewed and reported monthly

9. COLLABORATION WITH VA EVALUATION CENTERS

VCL and VA Evaluation Centers will partner to develop and implement a long-term evaluation plan as part of VHA's overall evaluation strategy for its suicide prevention activities.

SUICIDE PREVENTION COORDINATOR REQUEST CLOSING AND QUALITY ASSURANCE INDICATOR

1. CONTACT

Delete all that do not apply and include ALL that DO apply; AT LEAST 1 must remain.

a. Initial phone attempt made within 24 business hours (mandatory) and Customer reached.

b. Minimum of 3 attempts made across 3 days (3 by phone and follow-up letter) if no contact occurs.

c. Contact cannot be made (reasons and any other follow-up is documented).

d. OTHER.

2. ACTION TAKEN/PLAN

Delete all that do not apply and include ALL that DO apply; AT LEAST 1 must remain.

a. Suicide Prevention Coordinator (SPC) or SPC Case Manager connected with Customer. Risk assessed and needs addressed as indicated.

b. Wellness check.

c. Reviewed with Customer and caller how to access emergency mental health resources.

d. Customer not located--No further action warranted.

e. Request to VISN 19 Suicide Risk Management consultation team.

f. OTHER.

3. CUSTOMER'S RESPONSE

Delete all that do not apply and include ALL that DO apply; AT LEAST 1 must remain.

a. Customer is aware and in agreement with plan.

b. Customer ineligible for services and was provided community information/resources.

c. Not applicable-unable to reach Customer.

d. Customer declined all possible referrals and alternate options offered.

e. Customer discontinued call-unable to assess.

f. OTHER.

g. COMMENTS on any additional information up to this point (optional):

***Any further follow-up will be documented in the electronic health record (EHR). PLEASE CLOSE REQUEST.

MEMBERSHIP OF THE QUALITY ASSURANCE AND TRAINING TEAM

The Veterans Crisis Line (VCL) Quality Assurance and Training Team assists and may make recommendations for assessing the quality of VCL service, including development and implementation of the Quality Assurance Plan, and collection and analysis of quality data on components call and response monitoring, complaint tracking, caller satisfaction, Suicide Prevention Coordinator Requests, request for emergency dispatch tracking, training, materials, and application testing. The team creates and provides classroom training and oversees on-the-job training.