Department of Veterans Affairs **VHA NOTICE 2022-06**
Veterans Health Administration
Washington, DC 20420 **July 21, 2022**

INACTIVATION PROCESS FOR CATEGORY I HIGH RISK FOR SUICIDE PATIENT RECORD FLAGS

NOTE: *VHA Notice 2022-06, Inactivation Process for Category I High Risk for Suicide Patient Record Flags, dated July 21, 2022 replaces VHA Notice 2021-10, Inactivation Process for Category I High Risk for Suicide Patient Record Flags which expired on May 31, 2022. There were no substantive content changes between VHA Notice 2021-10 and this issuance. This notice is the second recertification. The first issuance was in March 2020. All VHA notices expire in one year without exception.*

1. PURPOSE

This VHA notice establishes policy and a formalized inactivation process for Category I High Risk for Suicide Patient Record Flags (HRS-PRF), pending the publication of a new comprehensive patient record flag directive. This notice improves identification and tracking of patients at high risk for suicide. The current related policy is VHA Directive 2008-036, Use of Patient Record Flags to Identify Patients at High Risk for Suicide dated July 18, 2008. **AUTHORITY:** 38 U.S.C. § 7301(b).

NOTE: *Existing VHA policy documents, VHA Directive 2008-036, Use of Patient Record Flags to Identify Patients at High Risk for Suicide and VHA Directive 2010-053, Patient Record Flags (Corrected Copy 2/3/2011), dated December 3, 2010, refer to HRS-PRF as Category II patient record flags. This notice clarifies that HRS-PRF are Category I patient record flags.*

2. BACKGROUND

Any Veteran may be at risk for suicide, regardless of the HRS-PRF status on the patient's electronic health record (EHR). The primary purpose of the HRS-PRF is to communicate to VA staff that a Veteran is at high risk for suicide and the presence of a flag should be considered when making treatment decisions. VA Office of the Inspector General (OIG) report (19-00501-175 dated August 7, 2019) included a recommendation to formalize the inactivation process for HRS-PRF. ***NOTE:*** *The report is available at: https://www.oversight.gov/sites/default/files/oig-reports/VAOIG-19-00501-175.pdf*.

3. RESPONSIBILITIES

a. **Assistant Under Secretary for Health for Clinical Services.** The Assistant Under Secretary for Health for Clinical Services is responsible for supporting the Office of Mental Health and Suicide Prevention (OMHSP) with implementation and oversight of this notice.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

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

(2) Providing assistance to VISN Directors to resolve implementation and compliance challenges.

c. **Veterans Integrated Service Network Director.** The Veterans Integrated Service Network (VISN) Director is responsible for:

(1) Communicating the contents of this notice to each of the VA medical facilities within the VISN.

(2) Ensuring that each VA medical facility Director has sufficient resources to implement this notice in all VA medical facilities within the VISN.

(3) Providing oversight of VA medical facilities to assure compliance with this notice, relevant standards, and applicable regulations.

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

(1) Ensuring that the VA medical facility has a standard operating procedure (SOP) that is aligned with this notice. A sample SOP and template for HRS-PRF Management is available here: https://dvagov.sharepoint.com/sites/VACOMentalHealth/SitePages/High-Risk-Flags.aspx?OR=Teams-HL&CT=1643746319752. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(2) Monitoring VA medical facility compliance with and implementation of this notice.

e. **VA Medical Facility Suicide Prevention Coordinator.** The VA medical facility Suicide Prevention Coordinator (SPC) is responsible for:

(1) Implementing the inactivation process for High Risk for Suicide Patient Record Flags (HRS-PRF). ***NOTE:*** *The VA medical facility SPC must work collaboratively with many positions within the VA medical facility to implement the following responsibilities, including with clinical care providers and professionals and the applicable patient record flag committees, as appropriate.*

(2) Ensuring that all new and re-activated HRS-PRF are reviewed every 90 days. ***NOTE****: Reviews must occur no earlier than 10 days before and no later than 10 days after the 90-day due date. All reviews are documented in the EHR.*

(3) Ensuring that continued HRS-PRF are reviewed no earlier than 10 days prior or 10 days after the continuation review by date. ***NOTE****: Review dates for continued HRS-PRF may be up to 90 days from the last HRS-PRF date.*

(4) Documenting in the EHR the Veterans engagement in clinical care as part of the HRS-PRF review.

(5) Following inactivation of a HRS-PRF, SPCs must continue personal contact at least monthly, for a minimum of 1 year by sending caring communications through the United States Postal Service (USPS), hereafter identified as the Caring Communications Program. ***NOTE:*** *Caring communications is an evidence-based intervention for suicide prevention, as described in Recommendation 13 in the VA/DoD Clinical Practice Guidelines for the Assessment and Management of Patients at Risk for Suicide, and in the VHA Suicide Prevention Program Guide (SPPG). The SPPG can be accessed 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. Additional resources on caring communication may be found on http://vaww.mirecc.va.gov/caringcontacts/index.asp. These are internal VA websites that are not available to the public.*

(a) SPCs may provide other VA medical facility approved modalities of caring communications, based on the Veterans preference, such as phone calls in addition to, but not in lieu of the USPS.

(b) Documentation in the EHR must include the Veteran's addition and removal from the caring communications program, and when provided, a Veteran's preferences and/or refusal of contact.

(c) Tracking must include a listing of all Veterans enrolled and number of contacts made across time and should be saved in a secured location electronically to protect all patient health information. Sample local tracking systems are available from the Office of Mental Health and Suicide Prevention.

4. INACTIVATION OF HIGH RISK FOR SUICIDE PATIENT RECORD FLAGS

Inactivation may be considered for any of the three categories of Veterans or former Service members listed below. ***NOTE****: The following elements contained in the subsections below must be considered and documented in the Veteran's EHR. For each subsection all elements listed must be met.*

a. **Inactivation Process for Veterans Engaged in Mental Health Care.**

(1) Evidence of reduction of clinical risk based on all of the following:

a. Clinical consultation regarding HRS-PRF between the SPC and the Veteran's treatment providers. ***NOTE****: SPCs should consult with the VA medical facility-designated advisory group or committee as defined in VHA Directive 2008-036, Use of Patient Record Flags to Identify Patients at High Risk for Suicide, dated July 18, 2008, sections 4.f.(8), and 4.f.(8)(a).*

b. Review of the EHR demonstrates documentation by a clinical treating provider of reduction of suicide risk, in accordance with the VA/DoD Clinical Practice Guidelines, which can be located at https://www.healthquality.va.gov/guidelines/MH/srb/.

(2) Completed Suicide Prevention Safety Plan (SPSP) or documented decline to complete a SPSP.

b. **Inactivation Process for Veterans Who Have Not Engaged in VA Health Care.** The HRS-PRF may be inactivated after consideration of indicators, or contra-indicators, of acute high risk for suicide. Lack of engagement in treatment in and of itself may not be the only considered indicator for inactivation of the HRS-PRF. In addition to documenting all available indicators of risk, the rationale for inactivation in the EHR must also demonstrate:

(1) Attempts to engage the Veteran in care. ***NOTE***: *SPCs or other treatment providers may attempt to engage Veterans in care*.

(2) Attempts to engage in care include phone contacts and may additionally include caring communications.

(3) Outreach efforts occur at least four times by phone in the first 30 days, and at least one time each subsequent month for the entire time the HRS-PRF remains active, if the Veteran is not otherwise attending or scheduled for mental health or substance abuse treatment appointments. ***NOTE*****:** *SPCs should consult with the VA medical facility-designated advisory group or committee when HRS-PRF Veterans are not responding to attempted outreach efforts, in order to determine if additional outreach efforts are appropriate*. *Attempts to reassess suicide risk and complete an SPSP is documented in the EHR. The 30-day period is triggered when the VA medical facility is alerted by a non-VA entity and a determination is made whether to place a flag on the Veteran's EHR. VHA policy for minimum scheduling efforts can be found in VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022 and VHA Directive 1232(4), Consult Processes and Procedures, dated August 23, 2016*.

(4) SPCs will consult with a Veteran's community treatment provider, as applicable, and document this clinical consultation in the EHR regarding HRS-PRF, along with any additional consultation with the facility-designated advisory group or committee.

c. **Inactivation Process for Ineligible Former Service Members.** In the rare instance that an ineligible former Service member has a HRS-PRF, VA medical facilities must provide the rationale and plan of care for removal of the HRS-PRF prior to the end of the review period. If medical facilities determine to remove HRS-PRF for ineligible former Service members prior to 90 days, the EHR must document provision of community referrals, care coordination efforts with community providers, and safety planning. VHA Directive 1601A.02(3), Eligibility Determination, dated July 6, 2020, references provision of emergency care for ineligible former Service members.

5. ADDITIONAL CLINICAL RESOURCES FOR ASSESSING SUICIDE RISK

The following resources provide additional information regarding suicide risk assessment:

a. Rocky Mountain MIRECC Therapeutic Risk Management of the Suicidal Patient and the Suicide Risk Management Consultation Program, available at: https://www.mirecc.va.gov/visn19/trm/.

b. The VA/DoD Clinical Practice Guideline series "Assessment and Management of Patients at Risk For Suicide (2019)," available at: https://www.healthquality.va.gov/guidelines/MH/srb/.

6. POLICIES RELEVANT TO THIS NOTICE

a. VHA Directive 1160.07, Suicide Prevention Program, dated May 24, 2021.

b. VHA Directive 2010-053, Patient Record Flags, dated December 3, 2010.

c. VHA Directive 2008-036, Use of Patient Record Flags to Identify Patients at High Risk for Suicide, dated July 18, 2008.

d. VHA Directive 1230, Outpatient Scheduling Management, dated June 1, 2022

e. VHA Directive 1232(4), Consult Processes and Procedures, dated August 24, 2016.

f. VHA Directive 1601A.02(3), Eligibility Determination, dated July 6, 2020.

7. All inquiries regarding this notice should be addressed to the Office of Mental Health and Suicide Prevention (11MHSP) at VHAOMHSPSPActions@va.gov.

8. VHA Notice 2021-10 is expired.

9. This notice will be archived as of July 31, 2023.

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

/s/ Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services

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 July 22, 2022.