OPERATIONS OF THE VETERANS CRISIS LINE CENTER

1. REASON FOR ISSUE: The 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 Operations, VA Medical Facility Directors, VCL administrative leadership, VCL staff members, and staff at the VHA Office of Suicide Prevention (OSP).

2. SUMMARY OF MAJOR CONTENT: This is a new VHA directive.

3. RELATED ISSUES: VHA Uniform Mental Health Services Handbook (1160.01), Suicide Prevention Coordinator Guide 2014 (finalv8-19-14).

4. RESPONSIBLE OFFICE: The Office of Mental Health Operations is responsible for the content of this directive. Questions may be referred to the Veterans Crisis Line Director, 585-393-7100 extension 35108.

5. RESCISSIONS: None.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of May 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Poonam Alaigh, M.D.
Acting Under Secretary for Health

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OPERATIONS OF THE VETERANS CRISIS LINE CENTER

1. PURPOSE

This Veterans Health Administration (VHA) directive provides requirements and procedures for the operation and oversight of the Veterans Crisis Line (VCL) and delineates the responsibilities of Office of Mental Health Operations (OMHO), VA Medical Facility Directors, VCL leadership, and VCL staff members. **AUTHORITY:** Public Law 110-110; Public Law 114-247; and 38 United States Code (U.S.C.) 1720F.

2. BACKGROUND

a. The 2007 Joshua Omvig Suicide Prevention Act, Public Law 110-110, mandated that VHA mental health services be provided 24 hours per day, 7 days per week; it also provided for a “toll-free hotline for Veterans to be staffed by appropriately trained mental health personnel and available at all times.”

b. In 2007, to address the intent of the Public Law for a toll-free hotline, VHA established the Veterans Crisis Line Center to optimize Veteran safety through predictable, consistent, and accessible crisis intervention services 24 hours a day/7 days per week.

c. The Veterans Crisis Line services are provided by frontline crisis response staff housed within Office of Mental Health Operations and contracted back-up center staff, and, as appropriate, referrals to local VHA mental health services with coordination of those services managed by the Office of Suicide Prevention and local VA medical facilities. (Authority: Public Law 114-247)

3. POLICY

It is VHA policy to provide Veterans, Service Members, and their family members, who are in crisis or at risk for suicide, with immediate access to suicide prevention and crisis intervention services. These services include telephone, online chat and text crisis intervention, request for local emergency dispatch services, as needed, and referrals for mental health treatment.

4. RESPONSIBILITIES

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

b. **VCL Business Operations**

   (1) **Executive Director, Office of Mental Health Operations.** The Executive Director of the Office of Mental Health Operations (OMHO), or designee, is responsible for the following:

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

(c) Making every effort to meet the standard that each call to the VCL is answered by an appropriately trained responder promptly and that contingencies are maintained to handle any calls that cannot be answered by the VCL.

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

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

(2) **Director, Veterans Crisis Line.** The VCL Director, or designee, is responsible for the execution and delivery of the strategic and tactical (day-to-day) operations of the VCL through the following:

(a) Working closely, collaboratively, and routinely with the Executive Director of the Office of Suicide Prevention and the National Director for Suicide Prevention.

(b) Ensuring VCL frontline staff, including staff supervisors, responders, social services assistants, are professionally trained regarding suicide prevention, crisis intervention, mitigating risk and safety planning, and are aware of relevant VA and community resources.

(c) Ensuring VCL staff work collaboratively with the VA medical facilities’ Suicide Prevention Coordinators (SPCs).

(d) Maintaining appropriate staffing levels to achieve target service levels through the use of staffing methodology tools such as forecasting demand, scheduling and staggering tours of duty to meet this demand.

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

(f) Meeting regularly with the VCL Clinical Advisory Board (CAB) that assists the VCL as a multidisciplinary team of subject matter experts in areas such as suicide prevention and mental health (See Appendix D for membership of the CAB.).

(g) Ensuring that VCL operations are integrated and effective, and communication is maintained in overall VA operations.
(h) Overseeing the development of directives, handbooks, policies, and procedures regarding daily operations of the VCL. This includes responsibility that all staff are informed of all current directives, handbooks policies and procedures and updated as necessary on changes to the same.

(i) Communicating to frontline responders that they must perform the following as appropriate:

1. Provide professional customer service on every call, chat, or text contact received;

2. Make every effort to complete a thorough risk assessment on every caller, to mitigate risk, and enhance safety by linking Veterans to local mental health care resources;

3. When an individual contacting VCL is at imminent risk of harm, immediately request dispatch of emergency services, coordinate and track transport to the closest VA or civilian emergency department and to track outcome and disposition of all contacts for whom emergency dispatch is requested

4. Provide a consult to the suicide prevention coordinator located at a VA medical facility of preference for Veterans who either request or are assessed by VCL staff to require engagement with local mental health treatment or are seeking additional local information about VA or other health care services;

5. Track all referrals of transports/callers to a nearby VA medical center or community emergency department, or Community Based Outpatient Clinic (CBOC); and

6. Provide the most appropriate resource to meet the needs of Veteran contacts who need assistance with administrative or business needs not related to a crisis contact (such as scheduling a medical appointment, refill of pharmacy prescriptions, information regarding health benefits).

(j) Convening Veterans Crisis Line Leadership Team to discuss and advise on oversight and management of the VCL. (See Appendix C for membership of the VCL Leadership Team.)

(k) Ensuring local medical facilities’ points of contacts (POCs) and the SPCs are continually educated and updated as necessary in the procedures pertaining to the operation of the Veterans Crisis Line, and understand their roles in acting upon referrals made to them by the VCL staff members.

(l) Ensuring all contractual arrangements concerning the Veterans Crisis Line backup response centers fully cover training compliance, supervision, documentation requirements, and quality assurance tasks.

(m) Communicating with VCL Quality Assurance officer to assess quality of VCL service by ensuring:
1. Call, chat, and text monitoring and coaching are conducted by Silent Monitoring staff as outlined in Quality Assurance Plan (See Appendix B).

2. Complaint and compliment tracking and all necessary follow-up is completed by a Quality Assurance Specialist.

3. Analysis of end-of-call satisfaction measurement for Veterans who speak to VCL responders is completed.

4. Data collected for each area of quality assurance 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 policies, procedures, and processes. This data to be routinely shared with OSP and its partners to better inform suicide prevention policy, practice and initiatives.

5. Collaboration with data analytics to track, trend, and assess call volume data to include overall volume, performance statistics, SPC Consults, request for dispatch of emergency services, and chat/text volume, and daily testing of all applications. This data to be routinely shared with OSP and its partners to better inform suicide prevention policy, practice and initiatives.

6. Collaboration with the VCL Deputy Director and Contracting Officer Representative to ensure contract obligation adherence, including Contracted Back-up Center quality assessment.

7. Collaboration with the National Director for Suicide Prevention and the Office of Mental Health Operations 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. Partner 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 the Office of Suicide Prevention, Office of Mental Health Operations, VISN, and VA Medical Center Staff.

c. **VCL Clinical Operations**

   (1) **Executive Director, Office of Mental Health Operations.** The Executive Director of the Office of Mental Health Operations, or designee, is responsible for:

   (a) Serving as Co-Chair of the VCL Clinical Advisory Board.

   (b) Reviewing and consulting on all VCL staff training protocols and practice guidelines.

   (c) Promoting partnerships among VISN’s, medical centers, Veteran Service Organizations, community providers, and other stakeholders.
(d) Collaborating with VISN and facility leadership to meet the facility-related parameters of this program.

(2) National Director for Suicide Prevention. The National Director for Suicide Prevention, or designee, is responsible for:

(a) Providing subject matter expertise in area of suicide prevention and best practices in service delivery via Clinical Advisory Board.

(b) Collaborating with VA medical facilities to ensure that Suicide Prevention Coordinators (SPCs) follow-up, as appropriate, with complete documentation and consult closing within 1 business day (excluding weekends and holidays), following established policy and procedure.

(c) Ensuring that VA medical facilities understand their roles in acting upon referrals by the VCL staff.

(d) Ensuring that the database of SPCs is current and ensure that contact is made with the designated program support assistant by phone or e-mail with changes in SPCs coverage.

(3) VA Medical Facility Director. The VA medical facility Director, or designee, is responsible for ensuring that:

(a) Suicide Prevention Coordinators are appropriately trained and adherent to procedures pertaining to the operations of the Veterans Crisis Line.

(b) A plan is in place for managing all consults from the VCL to the facility for mental health care service within established timeframes in a coordinated manner.

(c) Feedback, provided by the VCL to the medical facility regarding the quality of their response to referrals, is utilized to make necessary corrections or enhancements to the services extended to these Veterans.

5. REFERENCES


c. 38 U.S.C. 1720F.

e. American Association of Suicidology. Policy and Procedure: Recorded Call Monitoring for Quality Assurance of Crisis Line Counseling. \textit{AAS. (Sample) Policy and Procedure: Recorded Call Monitoring for Quality Assurance.} \textbf{NOTE}: This linked document is outside of VA control and may or may not conform to Section 508 of the Rehabilitation Act.
1. METRICS FOR ANSWERING PHONES

The Veterans and Military Crisis Line (VCL/MCL, henceforth VCL) collects and reviews metrics for all phone calls, including those that are answered at the back-up crisis center. This data is used to identify any areas needing improvement and forecast scheduling/staffing requirements.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inbound volume</td>
<td>The total number of incoming calls to the VCL (both locations).</td>
<td>Reviewed daily, reported monthly</td>
</tr>
<tr>
<td>Telephone Inbound Service Level</td>
<td>The performance level of the VCL (both locations). Service level metrics describe both the percentage of calls answered and the speed at which callers receive service.</td>
<td>Reviewed daily, reported monthly</td>
</tr>
<tr>
<td>Abandonment Rate</td>
<td>The percentage of all inbound calls to the VCL that are abandoned by the caller prior to receiving service.</td>
<td>Reviewed daily, reported monthly</td>
</tr>
</tbody>
</table>
## 2. METRICS FOR ANSWERING CHAT

Metrics for chat mirror those reported for phone calls with the exception of rollovers as VCL Chat does not have back-up.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chat Inbound Volume</td>
<td>The total number of incoming chats to the VCL.</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Chat Service Level</td>
<td>The performance level of the chat service at the VCL. Service level metrics describe both the percentage of chats answered and the speed at which customers receive service</td>
<td>Reviewed and reported monthly</td>
</tr>
</tbody>
</table>

## 3. METRICS FOR ANSWERING TEXT

Metrics for text mirror those reported for chat.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Text Inbound Volume</td>
<td>The total number of incoming texts to the VCL.</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Text Service Level</td>
<td>The performance level of the chat service at the VCL. Service level metrics describe both the percentage of texts answered and the speed at which customers receive service.</td>
<td>Reviewed and reported monthly</td>
</tr>
</tbody>
</table>
4. BACK-UP CENTER PERFORMANCE

The VCL maintains a contract with Mental Health Association of New York City (MHA of NYC) to ensure back-up coverage for any VCL calls that cannot be answered at either of the VCL’s two locations. If performance does not meet contractually-determined performance, the Contract Officer Representative has the authority to submit a “Letter of Concern” and/or leverage financial penalties for failure to perform.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Presented (Back-up Center)</td>
<td>The total number of inbound calls to the VCL that are offered to Back-Up centers for service.</td>
<td>Reported and Reviewed weekly</td>
</tr>
<tr>
<td>Telephone Inbound Service Level (Back-up Center)</td>
<td>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.</td>
<td>Reported and Reviewed weekly</td>
</tr>
<tr>
<td>Abandonment Rate (Back-up Center)</td>
<td>The percentage of all inbound calls that are offered to the back up center that are abandoned by the caller prior to receiving service.</td>
<td>Weekly/Monthly</td>
</tr>
</tbody>
</table>
5. CLINICAL INDICATORS OF POPULATION ACUITY

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

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Definition</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Emergency Dispatch Requests Initiated</td>
<td>The number of contacts (calls, chats, texts) handled resulting in dispatch of emergency services.</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Total Facility Transport Plans (FTP) Initiated</td>
<td>The number of contacts handled resulting in a facility transportation plan (FTP) for urgent care</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Referrals (Consults)</td>
<td>The total Number of Referrals sent to Suicide Prevention Coordinators (SPCs)</td>
<td>Reviewed and reported monthly</td>
</tr>
</tbody>
</table>
6. CUSTOMER SATISFACTION

To assess customer satisfaction, VCL phone responders ask 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.

<table>
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<tr>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Frequency of Review</th>
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</thead>
<tbody>
<tr>
<td>Customer Satisfaction – Veteran/ Service Member</td>
<td>The percentage of total callers whose reported experience meets the specified satisfaction goal. Measure is calculated specifically for Veteran/Service Member callers. 2) terminated the call, OR 3)</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Customer Satisfaction – 3rd party</td>
<td>The percentage of total callers whose reported experience meets the specified satisfaction goal. Measure is calculated specifically for 3rd Party Callers.</td>
<td>Reviewed and reported monthly</td>
</tr>
</tbody>
</table>
7. QUALITY OF PHONE SERVICES PROVIDED

The Veterans Crisis Line enhanced quality monitoring of phone calls with the implementation of a dedicated team of staff who monitor calls around the clock. Calls are assessed for the responder’s use of listening skills, complete and thorough lethality assessment, degree of collaborative problem-solving, and resources or referral provided. In the rare circumstance that the responder did not adequately assist in mitigating identified risk, that call is rated “Unsuccessful” overall; the responder receives off-line retraining and must successfully pass monitors of 3 crisis-related calls before returning to independent practice. Eight monitored items are designated as critical for the success of a call. If any of these items are rated unsuccessful, the entire monitor is scored “Opportunities for Improvement.” There are 25 non-critical items, including items rating adherence to documentation standards; if 5 or more non-critical missed items are missed, the monitor is rated “Opportunities for Improvement,” even in the absence of missed critical items. This method of scoring statistically inflates the rate of monitors with “Opportunities for Improvement,” however the critical nature of crisis prevention and intervention service demands excellence.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Successful Silent Monitoring (Calls)</td>
<td>Percent of monitored calls that meet silent monitoring expectations</td>
<td>Reviewed and reported monthly</td>
</tr>
</tbody>
</table>
8. COMPLAINT TRACKING

VCL tracks complaints via an email template submitted by any VCL staff member who learns of a complaint about VCL services.

VCL will track all resolutions to all complaints.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Complaints</td>
<td>The number of verified complaints related to service quality.</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Service Complaints Resolution</td>
<td>The actions taken to address Verified complaints, grouped by category.</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Technology Complaints</td>
<td>The number of verified complaints related to technology.</td>
<td>Reviewed and reported monthly</td>
</tr>
</tbody>
</table>
9. ACCESS TO SERVICES

The VCL has partnered with local Office of Information and Technology (OI&T) staff to conduct testing of access to VCL services: phone, online chat, and text. OI&T staff conduct tests around the clock and records any difficulties experienced on a standardized tracking sheet.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Description</th>
<th>Frequency of Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line Testing – Phone</td>
<td>The percent of tests on the Phone Product Line that were successful.</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Line Testing – Text</td>
<td>The percent of tests on the Text Product Line that were successful</td>
<td>Reviewed and reported monthly</td>
</tr>
<tr>
<td>Line Testing – Chat</td>
<td>The percent of tests on the Chat Product Line that were successful.</td>
<td>Reviewed and reported monthly</td>
</tr>
</tbody>
</table>

10. COLLABORATION WITH MENTAL HEALTH PECS

VCL and MH PECs will partner to develop and implement a long-term evaluation plan as part of VHA’s overall evaluation strategy for its suicide prevention activities.
MEMBERSHIP OF THE VETERANS CRISIS LINE LEADERSHIP TEAM

The Veterans Crisis Line (VCL) Leadership Team assists and may make recommendations in the planning, execution and oversight of the strategic and tactical (day-to-day) operations of the VCL. Membership consists of:

a. Director, Veterans Crisis Line;
b. Deputy Director, Veterans Crisis Line;
c. Quality Assurance Officer;
d. Suicide Prevention Clinical Officer;
e. Assistant Deputy Director of Business Operations;
f. Assistant Deputy Director of Team Operations;
g. Executive Assistant;
h. Training Coordinator;
i. Workforce Manager; and
j. Knowledge Management Officer
MEMBERSHIP OF CLINICAL ADVISORY BOARD

The Clinical Advisory Board (CAB) is a multidisciplinary group of subject matter experts, which advises on clinical best practices and call center practices. CAB membership, internal and external to VA, includes:

a. Executive Director, Office of Mental Health Operations – co-chair;
b. Director, Veterans Crisis Line (VCL) – co-chair;
c. National Director for Suicide Prevention;
d. VCL Improvement Senior Project Manager;
e. VCL Suicide Prevention Clinical Officer;
f. VCL Quality Assurance Officer;
g. VCL HSS representative;
h. Director of Field Operations, national Suicide Prevention team;
i. VHA Veterans Integrated Service Network (VISN) 2 Center of Excellence for Suicide Prevention representative;
j. Department of Defense Suicide Prevention Office (DSPO) representative;
k. VISN 19 Mental Illness Research, Education and Clinical Center (MIRECC) for Suicide Prevention representative;
l. VHA Office of Public Health representative;
m. VISN Mental Health Lead representative;

n. Office of Mental Health Operations Program Evaluation Center representative;
o. Substance Abuse and Mental Health Services Administration (SAMHSA) representative; and

p. VSO representative.
MEMBERSHIP OF THE QUALITY ASSURANCE TEAM

The Veterans Crisis Line (VCL) Quality Assurance 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 consults, request for emergency dispatch tracking, training, materials, and application testing. Membership includes:

a. Quality Assurance Officer;
b. OSP representative;
c. VA Office of Quality Management representative;
d. Quality Management Officers (2);
e. Quality Assurance Specialist;
f. Mental Health Program Evaluation Center representative; and
g. Silent Monitors.