

## 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 Consults from VCL outlined in paragraph 6 of this directive.

**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 (10NC5) is responsible for the content of this directive. Questions may be referred to the Veterans Crisis Line Director, 585-393-3811.

**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Memorandum, Expanded Access to Veterans Crisis Line Medora Application for Clinical Providers, dated March 6, 2019, are rescinded.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 This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.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.

**May 26, 2020**

**VHA DIRECTIVE 1503**

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**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 CONSULTS ..... 10

7. TRAINING ..... 13

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 CONSULT CLOSING AND QUALITY  
ASSURANCE INDICATOR .....B-1

APPENDIX C

MEMBERSHIP OF THE VETERANS CRISIS LINE LEADERSHIP TEAM ..... C-1

APPENDIX D

MEMBERSHIP OF THE QUALITY ASSURANCE AND TRAINING TEAM ..... D-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 Consults, 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:** Public Law (Pub. L.) 114-247; and Title 38 United States Code (U.S.C.) 1720F.

### 2. BACKGROUND

a. The 2007 Joshua Omvig Veterans Suicide Prevention Act (Pub. 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. **Consult.** For purposes of this directive, a Consult is a referral for follow-up submitted by a VCL Responder to a VA medical facility Suicide Prevention Coordinator (SPC) (see paragraph 5.p.) via the VCL Web-Based application.

(1) **Emergent Consult.** An Emergent Consult 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 Consult.** A Routine Consult 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 Consult.** An Urgent Consult 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.*

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, Servicemembers, 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 Consults 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 Operations.** The Deputy Under Secretary for Health for Operations and Management 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 Director has awareness of any and all operational activities that may impact call, chat, or text volume.

d. **National Director for Suicide Prevention.** The National Director for Suicide Prevention is responsible for:

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

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

(3) Ensuring that the database of SPCs is current and contact is made with the designated point of contact by phone or Email with changes in SPC coverage.

(4) Communicating with VCL leadership staff (including the Executive Director, OMHSP and VCL 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. **Director, Veterans Crisis Line.** The VCL Director is responsible for the execution of the strategic and tactical (day-to-day) operations of VCL by:

(1) Maintaining oversight for Clinical Operations, Training, Quality Assurance Team, Knowledge Management, Data Management, Facilities Operations, Resource Management, Staffing, EEO, Peer Support Outreach Center, Innovations and Privacy 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 (SSA) perform responsibilities according to standards set forth in this directive. See paragraphs 5.h. and 5.i.

(12) Convening a VCL Leadership Team to discuss and advise on oversight and management of VCL. See Appendix C for membership of the VCL Leadership Team.

(13) Ensuring VA medical facilities' points of contacts and SPCs are continually educated and updated as necessary in procedures pertaining to the operation of VCL and understand their roles in acting upon Consults made to them by VCL staff members in collaboration with National Director for 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 Consults 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 Mental Health Leads and VA medical facility Mental Health Leads when closure rates of VCL Consults (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 of 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-up 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 Consults, 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 and Contracting Officer Representative to ensure contract obligation adherence, including contracted VCL back-up Call Center quality assessment.

(g) Collaboration with the National Director for 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 of Clinical Care.** The VCL Deputy Director of Clinical Care is responsible for communicating with the VCL Director to assess quality of VCL services (see paragraph 5.e.(17)).

g. **Veterans Crisis Line Deputy Director of Quality and Training.** The VCL Deputy Director of Quality and Training is responsible for:

(1) Overseeing the Quality Assurance and Training Team (see Appendix D) 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 Consults, request for emergency dispatch tracking, training, materials, and application testing 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 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. **Health Science Specialist (Veterans Crisis Line Responder).** The Health Science Specialist (HSS), or 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 Consult 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 Consults within the VCL Web-Based Application which provides the SPC with an Email link to the Consult documentation.

(7) Triaging Consults 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 Consults).

(8) Notifying the SPC via voicemail for urgent and emergent Consults. 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 Consult). 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 Consult 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 Consult). 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 Servicemembers to the local VA medical facility SPC for any type assistance. If the Customer responds affirmatively then a Routine Consult 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 Consult to the SPC located at a VA medical facility of preference for Customers who provide consent. If the Customer does not require SPC Consult, 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).

i. **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 Consults.

(2) For Urgent Consults, 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 HSS 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 Consults to ensure contact was made with the

Customer and the Consult was completed (1 business day to initiate contact and 3 business days to close consult). See paragraph 6.e.

(4) When notified by a VCL Responder of an emergency dispatch (see paragraph 5.h.(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.

j. **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.

k. **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).

l. **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 Consult 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.

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

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

(2) Monitoring and improving the VA medical facility Consult 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 Consults 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 Consults.

(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.

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

o. **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 Consult performance standards.

p. **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 Consults 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.h.(6) and paragraph 5.h.(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 Consult Request within 1 business day of receipt. The Consult will be assigned by the VCL Responder to the SPC Team in the VCL Web-Based Application database.

(5) Updating the Consult status of the pending Consult as soon as possible and no later than 1 business day from the time submitted via the VCL Web-Based Application and issuing Consult statuses (see paragraph 6.f.).

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

(7) Initiating follow-up on all Consults within 1 business day of submission via the VCL Web-Based Application, and ensuring Consults are closed within 3 business days.

(8) Using a minimum of three phone calls to reach the Customer for follow-up; if the

minimum three documented phone calls are unsuccessful a letter should be sent to the Veteran in follow-up. Documentation of all actions must be completed in the Customer's electronic health record (EHR) (see paragraph 6.f.(4)).

(9) Upon contacting the Customer or making three outreach attempts, closing out the Consult using the VCL Web-Based Application and writing a summary of the contact (see paragraph 6.f.(5)).

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

(11) Documenting follow-up with the Customer on individual cases after the VCL Consult 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.f.(8-10)).

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

## 6. GUIDELINES FOR VETERANS CRISIS LINE CONSULTS

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 Consult 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, per the VCL Standard Operating Procedure (SOP) for Call Flow which can be accessed at: [https://vaww.portal.va.gov/sites/visn2coe\\_sp/VeteransCrisisLine/SitePages/Home.aspx](https://vaww.portal.va.gov/sites/visn2coe_sp/VeteransCrisisLine/SitePages/Home.aspx).  
**NOTE:** *This is an internal VA Web site that is not available to the public.*

(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 Consults.** For Emergent Consults, the following actions must occur:

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

(2) The VCL Responder completes the VCL Emergency Dispatch Request Form in instances when rescue services are required (Emergent Consult). The VCL Responder signals to an SSA that the VCL Responder needs assistance and asks the SSA to initiate rescue services appropriate for the Customer's location. The VCL Responder remains engaged with the Customer, if possible, until rescue 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 Consult. SPCs initiate follow-up on Emergent Consults within 1 business day of submission via the VCL Web-Based Application, and Consult closures occur within 3 business days.

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

(1) The VCL Responder provides the SPC with an email that includes a link to the Consult documentation within the VCL Web-Based Application. Additionally, all SPCs are notified of urgent Consults 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 Consults within 1 business day of submission via the VCL Web Based Application, and Consult closure occurs within 3 business days.

e. **Veterans Crisis Line Routine Consults.** For routine Consults, 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 Consult if the Customer is agreeable to that course of action. SPCs initiate follow-up on routine Consults within 1 business day of submission via the VCL Web-Based Application, and close out such Consults within 3 business days.

f. **Information Only Consult:** Consults 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 consult. SPC (or other designated staff) will review these consults in accordance with applicable State law(s) to determine if the behavior(s) described within the consult 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 Consults.** The SPC must update the Consult status of the pending Consult as soon as possible and no later than 1 business day from the time submitted via the VCL Web-Based Application.

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

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

(b) **Active.** The Active (A) Consult status occurs when a Consult is received, and efforts are underway to close a Consult.

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

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

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

(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 to reach the Customer for follow-up: a letter, if the minimum three documented phone calls are unsuccessful a letter should be sent to the Veteran in follow-up. Documentation of all actions must be completed in the Customer's electronic health record (EHR) (see paragraph 6.f.(4))

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, or the three outreach attempts have been made, the Consult must be closed out of 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 Consult Closure and QA Process.

(6) The SPC updates all work in the VCL Web-Based Application while the Consult 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 Consult, SPCs document detailed information about what actions have been taken to resolve issues identified in the Consult. All Consults must be closed within 3 business days.

(7) SPCs document follow-up with the Customer on individual cases after the VCL Consult 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 Consult Request, they may use their unsigned EHR VCL Consult Request note as a reminder to return to the VCL Web Based Application and close the Consult 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 Deputy Director for Quality and Training oversees VCL's two-tier training process for new VCL employees (see Appendix D).

(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 Director and Deputy Director of Quality and Training 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.

**NOTE:** *New employee and ongoing employee training can be accessed at: [https://vaww.portal.va.gov/sites/visn2coe\\_sp/VeteransCrisisLine/SitePages/Home.aspx](https://vaww.portal.va.gov/sites/visn2coe_sp/VeteransCrisisLine/SitePages/Home.aspx). This is an internal VA Web site that is not available to the public.*

## 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. Pub. 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. Organization Accreditation Standards Manual. Twelfth Edition, 2012. <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 Coordinator Guide, June 19, 2015 available at: [https://vaww.portal2.va.gov/sites/mentalhealth/visn2coe\\_sp/sp/layouts/15/WopiFrame.aspx?sourcedoc=/sites/mentalhealth/visn2coe\\_sp/sp/Memos%20Directives%20and%20Admin%20Items/Admin%20Items/SPC%20Manual/SPC%20Manual%202014.12.docx&action=default](https://vaww.portal2.va.gov/sites/mentalhealth/visn2coe_sp/sp/layouts/15/WopiFrame.aspx?sourcedoc=/sites/mentalhealth/visn2coe_sp/sp/Memos%20Directives%20and%20Admin%20Items/Admin%20Items/SPC%20Manual/SPC%20Manual%202014.12.docx&action=default). **NOTE:** *This is an internal VA Web site 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) Deputy Director of Quality and Training 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.

<b>Key Performance Indicator</b>	<b>Description</b>	<b>Frequency of Review</b>
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 maintains a contract with the Vibrant Emotional Health to ensure back-up 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.

<b>Key Performance Indicator</b>	<b>Description</b>	<b>Frequency of Review</b>
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 weekly
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 weekly
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.	Weekly/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.

<b>Key Performance Indicator</b>	<b>Definition</b>	<b>Frequency of Review</b>
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 (Consults)	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 Quality Assurance Team.

Key Performance Indicator	Description	Frequency of Review
Customer Satisfaction – Veteran/ Servicemember	1) The percentage of total callers whose reported experience meets the specified satisfaction goal. Measure is calculated specifically for Veteran/Servicemember 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 MENTAL HEALTH PROGRAM EVALUATION CENTERS**

VCL and VA Mental Health Program 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 CONSULT 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 (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. SP staff and other clinical staff 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. Consult 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 CONSULT.

## **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 VCL. See paragraph 5.e. in the body of the directive.

### **1. VETERANS CRISIS LINE LEADERSHIP TEAM MEMBERSHIP**

- a. Director;
- b. Deputy Director;
- c. Suicide Prevention Clinical Officer;
- d. Assistant Deputy Director of Business Operations;
- e. Assistant Deputy Director of Business Information;
- f. Assistant Deputy Director of Team Operations;
- g. Deputy Director of Quality and Training;
- h. National Care Coordinator;
- i. Chief of Staff; and
- j. Assistant Deputy Director of Quality and Training.

## **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 Consults, request for emergency dispatch tracking, training, materials, and application testing. The team creates and provides classroom training and oversees on-the-job training.

### **1. QUALITY ASSURANCE AND TRAINING TEAM MEMBERSHIP**

- a. VCL Deputy Director of Quality and Training;
- b. VCL Assistant Deputy Director of Quality and Training;
- c. Office of Suicide Prevention representative;
- d. VA Office of Quality Management representative;
- e. VCL Risk Manager
- f. VCL Quality Management Officers (2);
- g. VCL Quality Assurance Specialist;
- h. Mental Health Program Evaluation Center representative;
- i. VCL Silent Monitors; and
- j. VCL Trainers.