

SUICIDE PREVENTION PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes VHA policy regarding the Suicide Prevention Program (SPP).
- 2. SUMMARY OF CONTENT:** This Veterans Health Administration (VHA) directive establishes policy for implementation of the Department of Veterans Affairs (VA) VHA's Suicide Prevention Program (SPP). This directive delineates essential components and minimum requirements of the Suicide Prevention Program that must be implemented.
- 3. RELATED ISSUES:** VHA Handbook 1160.01, Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008; VHA Handbook 1160.06, Inpatient Mental Health Services, dated September 16, 2013; VHA Directive 1101.05(02) Emergency Medicine, dated September 2, 2016; VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program (MH RRTP), dated July 15, 2019; VHA Directive 1160.03(1), Programs for Veterans with Post-Traumatic Stress Disorder, dated November 16, 2017; VHA Directive 1167, Mental Health Environment of Care Checklist for Mental Health For Mental Health Units Treating Suicidal Patients, dated May 12, 2017; VHA Directive 1503 Operations of the Veterans Crisis Line Center, dated May 26, 2020; VHA Directive 2008-036, Use of Patient Record Flags to Identify Patients At High Risk for Suicide, dated July 18, 2008; VHA Directive 2010-053, Patient Record Flags, dated December 03, 2010; VHA Directive 1071, Mandatory Suicide Risk and Intervention Training for VHA Employees, dated December 22, 2017; and VHA Directive 2010-053, Patient Record Flags, dated December 10, 2010.
- 4. RESPONSIBLE OFFICE:** The VHA Office of Mental Health and Suicide Prevention (11MHSP) is responsible for the content of this Directive. Questions may be referred to the Director of the National Suicide Prevention Program, VHASPPActions1@va.gov.
- 5. RESCISSIONS:** None. **NOTE:** *Memorandum of Understanding (MOU) between the VA National Office of Suicide Prevention and the VA National Chaplain Center, dated August 2016 is no longer in effect.*
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of May 2026. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

May 24, 2021

VHA DIRECTIVE 1160.07

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

/s/ Kameron Matthews, JD, MD
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.

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APPENDIX A

RESOURCESA-1

SUICIDE PREVENTION PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for implementation of the Department of Veterans Affairs (VA) VHA's Office of Mental Health and Suicide Prevention, Suicide Prevention Program (SPP). This directive delineates essential components and minimum requirements of the Suicide Prevention Program that must be implemented. **AUTHORITY:** 38 United States Code (U.S.C.) § 1720F and § 7301(b).

2. BACKGROUND

a. On November 5, 2007, the Joshua Omvig Veteran Suicide Prevention Act, Public Law (Pub. L.) 110-110 was signed. This law, codified at 38 U.S.C. 1720F, authorizes the Secretary of the VA to establish a comprehensive program designed to reduce the incidence of suicide among Veterans. On February 12, 2015, the Clay Hunt Suicide Prevention for American Veterans (SAV) Act, Pub. L. 114-2, was signed. This law establishes an annual independent third-party review of the SPP; requires the Secretary to collaborate among VA program offices and community organizations; and requires the creation of a mental health and suicide prevention resources website found at: https://www.mentalhealth.va.gov/suicide_prevention/.

b. VA is committed to prevent Veteran suicide. The SPP is working diligently to provide Veterans, caregivers and families, communities, and VA employees with a comprehensive network of services and resources for suicide prevention. This includes outreach, education, partnering with public and private organizations, training, research, assessment, interventions and postvention that ensure suicide prevention is available where Veterans live, work, and thrive. VA has created a mental health and suicide prevention resources website (see paragraph 2.b.).

c. VA's suicide prevention efforts are guided by the National Strategy for Preventing Veteran Suicide (2018-2028), a long-term plan published in 2018 that provides a framework for Veteran suicide prevention efforts. VA's Suicide Prevention Program (SPP), operationalizes the National Strategy through a comprehensive public health approach, known as Suicide Prevention (SP 2.0), which blends equal weight and emphasis to community-based prevention and clinically based interventions. In addition, the SPP has implemented the 'NOW Plan' to initiate quick deployment of interventions to most efficiently impact Veterans at high risk for suicide within 1 year's time.

d. SPP uses VA's and Department of Defense (DoD) Clinical Practice Guideline (CPG) for the Assessment and Management of Patients at Risk for Suicide. Through an integrated, comprehensive approach to identify and address Veterans' suicide risks, the VA uses existing resources where available and develops and implements initiatives to meet the needs of Veterans, caregivers and families, and VA employees who are affected by suicide. For more information, see: <https://www.healthquality.va.gov/guidelines/mh/srb/>. **NOTE:** *It is strongly recommended*

that all VA program offices maintain language that is consistent with this policy and consult with the Executive Director, Office of Mental Health Suicide Prevention Program when communicating information about suicide prevention.

3. DEFINITIONS

a. **Caregiver.** For purposes of this directive, a caregiver is an individual who provides personal care services to the Veteran and receives assistance through VHA's Caregiver Support Program. **NOTE:** Caregivers who provide services to specific Veterans may be eligible for assistance through one of two caregiver assistance programs – the Program of General Caregiver Support Services (PGCSS) or the Program of Comprehensive Assistance for Family Caregivers (PCAFC) – as part of VHA's Caregiver Support Program (CSP). For more information, see VHA Notice 2020-31, Caregiver Support Program, dated October 1, 2020.

b. **Evidence-Based Clinical Practice Guidelines.** Evidence-based clinical practice guidelines are recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. **NOTE:** The VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide (CPG) addresses patient cohorts, serves to reduce errors, and provides consistent quality of care and utilization of resources throughout and between the VA and DoD health care systems. For more information see: <https://www.healthquality.va.gov/about/index.asp>. The guidelines on this website are endorsed by the VA/DoD Evidence-Based Practice Work Group.

c. **Gatekeeper Training.** Gatekeeper training is an educational course designed to teach clinical and non-clinical professionals, or gatekeepers, the warning signs of a suicide crisis and how to respond and refer individuals to care. **NOTE:** Gatekeeper training generally refers to programs that seek to develop individuals' knowledge, attitudes and skills to identify those at risk, determine levels of risk, and make referrals when necessary. For more information, see: http://www.sprc.org/sites/default/files/migrate/library/SPRC_Gatekeeper_matrix_Jul2013update.pdf. **NOTE:** This is a linked document outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.

d. **Lethal Means.** Lethal means are objects (e.g., medications, firearms, sharp objects) that can be used to engage in suicidal and non-suicidal self-directed violence. **NOTE:** A shared understanding of terms associated with Self-Directed Violence (SDV) in its various forms is critical. For more information regarding the VHA Self-Directed Violence Classification System and Clinical Toolkit, see: <https://www.mirecc.va.gov/visn19/education/nomenclature.asp>.

e. **Postvention.** Postvention refers to activities that occur after a suicide which are designed to support those exposed to and impacted by the suicide and to ensure that resources and support are provided to the community (e.g., Veterans, family members) and VA employees. Postvention efforts occur immediately after a suicide and are ongoing in nature. **NOTE:** Postvention strengthens prevention efforts by mitigating risk

of suicide and other negative effects associated with suicide exposure. Suicide postvention is an essential component of a suicide prevention plan. See <https://www.mirecc.va.gov/visn19/postvention/>.

f. **Prevention.** For the purposes of this directive, prevention means participating in activities that are implemented prior to the onset of suicidal events and are designed to reduce the potential for suicidal events. For more information, see: <https://www.sprc.org/effective-suicide-prevention>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

g. **Public Health Approach.** The public health approach for suicide prevention, as described in this directive, maintains a focus on evidence-informed clinical and community-based strategies, that organizes efforts to prevent, identify, and counter Veteran suicide.

h. **Risk Factors.** Risk factors are a combination of individual, relationship, community, and societal factors that contribute to the risk of suicide. **NOTE:** *For more information review the CPG (see references paragraph).*

i. **Safe Messaging.** Safe messaging means presenting accurate, safe and responsible portrayals of Veteran suicide and related issues across communication mediums.

j. **Safety Plan.** A safety plan is a prioritized written list of coping strategies and sources of support developed in collaboration with patients that can be used before or during suicidal crises. **NOTE:** *The intent of safety planning is to provide a predetermined list of potential coping strategies as well as a list of individuals or agencies that Veterans can contact in order to help them lower their imminent risk of suicidal behavior.*

k. **Suicide.** Suicide is death caused by self-inflicted injurious behavior with an intent to die as a result of the behavior.

l. **Suicide Attempt.** A suicide attempt is a non-fatal self-inflicted potentially injurious behavior with intent to die as a result of the behavior.

m. **Suicidal Behavior.** Suicidal behavior is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent. **NOTE:** *Further information about suicide behaviors, including preparatory behaviors, is noted in the MIRECC Self-Directed Violence Classification System: <https://www.mirecc.va.gov/visn19/docs/SDVCS.pdf>.*

n. **Suicidal Ideation.** Suicidal Ideation are thoughts of engaging in suicide-related behavior.

o. **Telehealth.** Telehealth is use of electronic information or telecommunications technologies to support clinical health care, patient and professional health-related education, public health, and health administration at a distance.

p. **Warning Signs.** Warning signs are behaviors and symptoms which indicate that a Veteran may be at risk for suicide. **NOTE:** <https://www.sprc.org/about-suicide/topics-terms>. *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

4. POLICY

It is VHA policy to implement the requirements of the Office of Mental Health and Suicide Prevention's (OMHSP) comprehensive Suicide Prevention Program to save Veterans' lives by using strategies based on the best evidence available for preventing suicide.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall 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 Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

c. **Deputy Under Secretary for Health for Community Care.** The Deputy Under Secretary for Health for Community Care is responsible for:

(1) Communicating the contents of this directive to Community Care VA medical facility staff.

(2) Promoting the adoption of suicide prevention training and education for all Community Care VA medical facility staff. **NOTE:** *For more information about mandatory training, see VHA Directive 1071, Mandatory Suicide Risk and Intervention Training for VHA Employees, dated December 22, 2017.*

(3) Collaborating with the Executive Director for Office of Mental Health and Suicide Prevention to enhance suicide prevention efforts by community providers, including screening, documentation, and information sharing.

d. **Assistant Deputy Under Secretary for Health for Workforce Services.** The Assistant Deputy Under Secretary for Health for Workforce Services is responsible for promoting and fostering suicide prevention, intervention, and postvention efforts in support of VHA employees. For more information about the Employee Assistance

Program, see VA Directive 5019, Employee Occupational Health Service, dated March 27, 2015; VA Handbook 5019/1, Employee Occupational Health Service, dated August 3, 2017; and the Employee Assistance Program Web site.

<https://vaww.va.gov/OHRM/Worklife/HealthWellness/EAP/>. **NOTE:** This is an internal VA website that is not available to the public.

e. **Executive Director, VHA Office of Communications.** The Executive Director, VHA Office of Communications is responsible for:

(1) Publicizing VHA efforts for suicide prevention (e.g., Suicide Prevention Month).

(2) Supporting the Executive Director, OMHSP, in developing, coordinating, and disseminating messages focused on suicide prevention, intervention, postvention, and surveillance.

(3) Assisting the Executive Director, OMHSP, in addressing media inquiries on VHA suicide prevention, intervention, and postvention efforts.

f. **Chief Learning Officer, Employee Education System.** The Employee Education System (EES) is responsible for:

(1) Collaborating with the Deputy Under Secretary for Health for Operations and Management and field-based subject matter experts to develop suicide prevention training module content and producing the training modules.

(2) Developing and maintaining the Web-based training with completion records available through Talent Management System (TMS). **NOTE:** For information about the mandatory suicide risk and intervention training for VHA employees, see VHA Directive 1071.

g. **Office of the Chief Readjustment Counseling Service.** The Chief Readjustment Counseling Officer, Readjustment Counseling Services (RCS) is responsible for:

(1) Communicating the contents of this directive to Readjustment Counseling Services staff.

(2) Collaborating with the Executive Director for Office of Mental Health and Suicide Prevention to enhance suicide prevention efforts.

h. **National Director of Chaplain Service.** The National Director of Chaplain Service is responsible for:

(1) Communicating the contents of this directive to chaplains.

(2) Collaborating with the National Director of the Suicide Prevention Program, as well as Mental Health and Chaplaincy, in Office of Mental Health and Suicide

Prevention to standardize communication and collaboration among chaplains and Suicide Prevention Coordinators (SPC) at each VA medical facility, to include:

(a) Designing curricula, trainings for chaplains to acquire evidence-based skills to enhance their knowledge of identifying suicide risk in Veterans with suicide risk.

(b) Distributing written educational materials for chaplains and Suicide Prevention Coordinators that describe the collaboration between Chaplain Services and Suicide Prevention Program.

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

(1) Developing national policy and procedures for suicide prevention based on relevant laws, regulations, and VHA's mission, goals, and objectives.

(2) Ensuring the OMHSP Suicide Prevention Program Web site serves as a centralized source to provide Veterans with information regarding the VA's mental health care services and is updated at least once every 90 days as required by Pub. L. 114-2. For more information about the website, see: https://www.mentalhealth.va.gov/suicide_prevention/.

(3) Providing the OMHSP Suicide Prevention Program with sufficient resources to implement this directive.

(4) Providing guidance for evidence-based practices for suicide prevention through the VA/DoD Clinical Practice Guidelines for Assessment and Management of Patients at Risk for Suicide, see: <https://www.healthquality.va.gov/guidelines/MH/srb/>. **NOTE:** *Best practices may emerge between publications and should be adopted where available.*

(5) Consulting on program modifications submitted by the National Director, Suicide Prevention Program, in response to annual program evaluations, quarterly program surveillance, and suicide data and analysis.

(6) Overseeing and ensuring data systems are used to identify and re-evaluate Veterans at statistical risk of suicide (e.g., Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment REACH VET. For more information, see *Suicide Prevention Program Guide* and <http://vaww.mirecc.va.gov/reachvet/team.asp>. **NOTE:** *This is an internal VA website that is not available to the public.*

(7) Requesting information and data related to the SPP field information, performance measures, staffing, and other information from VISN and Facility leadership.

(8) Ensuring coordination of suicide prevention research agendas and other suicide prevention activities between SPP, VHA Centers of Excellence (CoE), Mental Illness

Research, Education and Clinical Centers (MIRECCs), and other related research centers, including but not limited to, close collaboration between SPP, VISN 2 CoE for Suicide Prevention, and the Rocky Mountain MIRECC for Veteran Suicide Prevention.

(9) Collaborating with the Office of Research and Development to identify suicide prevention research gaps and define related research priorities.

(10) Aligning suicide prevention-related activities between the SPP and the OMHSP Program Evaluation Centers, including, but not limited to, close collaboration between SPP and the Serious Mental Illness, Treatment Resource and Evaluation Center (SMITREC); Program Evaluation and Research Center (PERC); and Northeast Program Evaluation Center (NEPEC).

(11) Aligning suicide prevention related activities between the SPP and other VHA Program Offices through collaboration and consultation.

(12) Collaborating with VISNs and VA medical facilities to ensure that current national policies related to suicide prevention, including but not limited to staffing models, care, and quality and risk management are met in a consistent and uniform fashion.

j. National Director, Suicide Prevention, Office of Mental Health and Suicide Prevention. The National Director of Suicide Prevention, OMHSP is responsible for:

(1) Providing support to the Executive Director for the Office of Mental Health and Suicide Prevention.

(2) Leading, guiding, and overseeing the Suicide Prevention Program.

(3) Overseeing the development, implementation, execution, and compliance of Veteran suicide prevention strategies, policies, guidelines, interventions, and postvention to eliminate Veteran suicide deaths, decrease Veteran suicide behaviors, reduce stigma related to Veterans suicide, and improve help-seeking behaviors, including, but not limited to:

(a) Instituting a public health approach to prevent suicide for all Veterans, including those Veterans not receiving benefits or services from VA, that includes universal, selective, and indicated strategies.

(b) Developing and implementing a comprehensive strategic communications plan to promote effective suicide prevention messaging within VA and across all sectors including healthcare, faith based, and community organizations.

(c) Administering a broad set of Veteran activities around suicide prevention outreach, education, training, and awareness to expand the population of individuals that are informed and knowledgeable about suicide prevention, the steps to assist those in imminent crisis for self-directed violence, and the available VA and community services to assist those in crisis.

(d) Coordinating SPP evaluation pursuant to Pub. L. 114-2.

(4) Serving as a primary subject matter expert for VA Veteran suicide prevention activities with respect to Federal, State, local government, and Congressional inquiries including fostering collaboration and cooperation among external stakeholders, such as other federal agencies (e.g., Department of Defense, Department of Health and Human Services, Department of Homeland Security, and Department of Labor); non-governmental organizations (non-profit organizations and private organizations); international entities; state and local communities; and institutions of higher education to develop suicide prevention through activities such as conferences, working groups, and other collaborative mechanisms. **NOTE:** *The partnership with community stakeholders is required by Pub. L. 114-2 and noted in VHA Directive 1098 Public and Private Partnerships, dated September April 30, 2020.*

(5) Aligning suicide prevention related activities between the SPP and other VHA programs and offices through collaboration and consultation (e.g., VHA Chaplain Services, Homeless Program).

(6) In collaboration with Veterans Integrated Service Networks (VISNs) and VA medical facilities, ensuring that current processes related to suicide prevention, including but not limited to staffing models, implementation of evidence-based and evidence-informed practices, and quality and risk management are met in a consistent and uniform fashion.

(7) Overseeing Veteran suicide surveillance and data activities, including, but not limited to, systematic collection, analysis, interpretation, dissemination, and timely use of surveillance findings to reduce Veteran suicide deaths and behaviors.

(8) Maintaining relevant data resources, including the VA/Department of Defense Mortality Data Repository, that include collaboration with the Department of Defense, Centers for Disease Control and Prevention, and other agencies, as requested by VA, Congress, and stakeholders.

(9) Collaborating with the Office of Research and Development to identify suicide prevention research gaps and define related research priorities.

(10) Reviewing and disseminating surveillance and research findings, including applicable products for VA and community stakeholders.

(11) Providing subject matter expertise in areas of suicide prevention and best practices in service delivery via Partnership council for the Veterans Crisis Line (VCL) in accordance with VHA Directive 1503, Operations of Veterans Crisis Line Center, dated May 26, 2020.

k. **Director of the Veterans Crisis Line.** The Director of VCL is responsible for supporting suicide prevention for VCL callers, chatters, and texters and reports directly to the National Director, Suicide Prevention, Office of Mental Health and Suicide Prevention. **NOTE:** *These services are required by VHA Directive 1503.*

I. **Veterans Integrated Service Network Director.** Each VISN Director is responsible for:

(1) Providing the VISN with sufficient resources to implement this directive. **NOTE:** *Sufficient resources include staffing guidance, materials and other program resources.*

(2) Ensuring that VA medical facilities implement this directive and procedures outlined in the Suicide Prevention Program Guide (SPPG) located: [https://dvagov.sharepoint.com/sites/VACOMentalHealth/visn2coe_sp/sp/Memos/Directives and Admin Items/Admin Items/SPC Manual/SPC Manual June 15 2015.pdf](https://dvagov.sharepoint.com/sites/VACOMentalHealth/visn2coe_sp/sp/Memos/Directives%20and%20Admin%20Items/Admin%20Items/SPC%20Manual/SPC%20Manual%20June%2015%202015.pdf). **NOTE:** *This is an internal website that is not available to the public.*

(3) Initiating and establishing a regional culture where suicide is viewed as preventable in a public health approach carried out in collaboration with the Suicide Prevention Coordinators via national suicide prevention strategies, campaigns, and safe messaging. **NOTE:** *For more information, see Appendix A.*

(4) Reporting suicide related events (i.e. suicide deaths and attempts), for the purpose of providing specific information to VA leadership in accordance with the 10N Guide to VHA Issue Briefs (see references paragraph) and SPPG.

(5) Ensuring all public affairs officers (PAO) have access to effective suicide prevention messaging to mitigate and reduce suicide events. See the Safe Messaging Factsheet: https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-086-VA-OMHSP-Safe-Messaging-Factsheet-4-9-2019.pdf. **NOTE:** *SPCs partner with public affairs officers frequently regarding suicide and PAOs are responsible for following safe messaging.*

m. **Veteran Integrated Service Network Chief Mental Health Officer or Designated Point of Contact.** Each VISN Chief Mental Health Officer or designated Point of Contact (POC) is responsible for:

(1) Designating or acting as a point of contact (POC) to serve as the VISN representative for SPP.

(2) Assisting VA medical facility leadership with program implementation and evaluation.

(3) Responding as a POC for questions and concerns from VA medical facilities regarding SPP.

(4) Reporting to the Executive Director OMHSP information and data related to the SPP field information, performance measures, staffing, and other information as requested.

(5) Promoting the adoption of SPP related core education and training guidelines by all health providers. **NOTE:** *For more information about mandatory training, see VHA Directive 1071.*

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

(1) Providing oversight of the SPP to ensure that it is implemented in accordance with this directive and as described in the SPPG (see references paragraph). **NOTE:** *VISNs, VA medical facilities, and other VHA points of service must support and implement each component of VA's Suicide Prevention Program and support the activities of the SPCs by ensuring they have the time and resources for implementation of the SPP.*

(2) Creating an organization structure that empowers the Associate Chief of Staff for Mental Health, or equivalent, oversight of the SPP. **NOTE:** *This may include direct supervision and/or programmatic oversight.*

(3) Ensuring that each medical facility and very large Community-Based Outpatient Clinic (CBOC) appoints and maintains a minimum of 1 full time equivalent Suicide Prevention Coordinator assigned to each location; with a full-time commitment to the Suicide Prevention Program. **NOTE:** *This position must be filled at all times, including during an active position search. Public Law 110-110 states every VA medical facility must hire one Suicide Prevention Coordinator to work with the facility and local organizations to outreach veterans and improve the coordination mental health care.*

(4) Providing the VA medical facility Suicide Prevention Program with sufficient resources to implement this directive. **NOTE:** *Mechanisms for support may include appointing more than one SPC, appointing care managers for high-risk patients, or providing program support assistants.*

(5) Ensuring implementation of this policy in accordance with the SPPG (see references paragraph), by providing local guidance to the VA medical facility to operationalize and address any local variance across VA medical facility services for suicide prevention protocols.

(6) Reporting to the VISN Chief Mental Health Officer information and data related to the SPP field information, performance measures, staffing, and other information as requested.

(7) Ensuring resources are available about evidence-based practices for suicide prevention and clinical interventions for all VHA mental health providers and employees, consistent with licensure, position, credentialing and/or scope of practice.

(8) Implementing local procedures to support suicide prevention, intervention, and postvention for VHA employees.

(9) Implementing postvention guidance for VA medical facilities to follow after a suicide (<https://www.mirecc.va.gov/visn19/postvention/>).

(10) Following additional requirements related to mandatory suicide prevention training for all staff in VHA Directive 1071.

o. VA Medical Facility Chief of Staff or Nurse Executive. The VA medical facility Chief of Staff or Nurse Executive is responsible for:

(1) Providing oversight over the public health approach of suicide prevention in accordance with the national suicide prevention strategies, campaigns, and safe messaging. **NOTE:** *For more information and resources including toolkits, see Appendix A.*

(2) Ensuring SPP has adequate leadership support to meet the responsibilities in this directive. **NOTE:** *SPP responsibilities may be accomplished through a Suicide Prevention Team, as described in the SPPG (see references paragraph).*

(3) Ensuring all clinical processes incorporate screening of suicide risk, in accordance with the VA suicide risk identification protocol.

(4) Ensuring the clinical delivery of evidence-based practices for suicide risk, and related conditions, in adherence to the VA/DoD clinical practice guidelines.

(5) Ensuring the appropriate training and preparedness of VHA employees to detect and mitigate the risks of suicide across the healthcare continuum consistent with licensure, position, credentialing and/or scope of practice, <https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

p. VA Medical Facility Associate Chief of Staff for Mental Health. VA medical facility Associate Chief of Staff for Mental Health, or equivalent, is responsible for:

(1) Reporting to the VA medical facility Director the requested information and data related to the SPP field information, performance measures, staffing, and other information as requested.

(2) Ensuring SPCs complete a standardized medical record review utilizing the SPP reporting platforms for all suicide deaths known to the VA medical facility as outlined in the SPPG. **NOTE:** *See the SPP Behavioral Health Autopsy Program, and the SPPG (see references paragraph).*

(3) Collaborating with the SPC, VA medical facility Quality Managers, Patient Safety, Risk Managers and Peer Review Coordinators to review and report suicide behaviors and deaths through Quality Management in accordance with VHA Directive 1190, Peer Review for Quality Management dated, November 21, 2018 and VHA Handbook 1050.01, National Patient Safety Improvement Handbook dated March 4, 2011. **NOTE:** *For more information about Issue Briefs see 10N Guide to Issue Briefs.*

(4) Ensuring VA health care providers participate on any interdisciplinary mental health committee that addresses Veteran suicide risk management. **NOTE:** *The purpose of this requirement is to integrate physical health and the protective factor of clinical spiritual care with other disciplines addressing at-risk suicidal Veterans.*

q. **VA Medical Facility Quality Manager.** The VA medical facility Quality Manager is responsible for:

(1) Initiating and participating in all appropriate quality management protocols following suicide deaths and attempts in accordance with VHA Directive 1190, Peer Review for Quality Management dated, November 21, 2018, and VHA Handbook 1050.01, National Patient Safety Improvement Handbook dated March 4, 2011.

(2) Ensuring compliance with all suicidal event related policies and accreditation standards.

r. **VA Medical Facility Suicide Prevention Coordinator.** For the purposes of this directive, Suicide Prevention Coordinator refers to a single Suicide Prevention Coordinator or a Suicide Prevention Team (SPT). Examples of other suicide prevention team members may include, but are not limited to: Suicide Prevention Case Managers, Outreach Specialists, Community Engagement and Partnership Coordinator, REACH VET Coordinators, Peer Support Specialists or Coaches, Program Support Assistants, or any other designated staff dedicated to Suicide Prevention Program implementation at the VA medical facility. ***NOTE: Further details about potential team members may be found in the SPPG (see references paragraph).*** Within the VA medical facility, the SPC is clinically trained and dedicated fulltime to Suicide Prevention Program implementation at the VA medical facility and is responsible for:

(1) Facilitating the implementation of suicide prevention program (SPP) using public health approaches at a local level through education, outreach, monitoring, care and coordination of activities related to suicide prevention.

(2) Serving as the VA medical facility subject matter expert (SME) and POC for matters related to suicide including prevention, intervention, postvention efforts, suicide death and behavior reporting, education and outreach;

(3) Representing the Suicide Prevention Program (SPP) at VA medical facilities and in the local community.

(4) Advising mental health and medical staff leadership, the mental health executive council, VA medical facility leadership, program managers, and staff concerning suicide prevention strategies, accrediting agency requirements, and guidelines pertaining to individual Veterans, for the VA medical facility and Veteran's community.

(5) Providing clinical and administrative consultation to VA health care providers and VA medical facility-based committees (e.g., Disruptive Behavior, Homeless, Pain Management, Patient Safety) regarding suicide prevention.

(6) Reporting through the established chain of command any barriers to suicide prevention in the VA medical facility, including patterns of non-adherence to requirements or SOPs.

(7) Participating in suicide prevention activities identified in Paragraph 6.

s. **VA Health Care Provider.** The VA health care provider is responsible for:

(1) Screening and assessing for suicide risk of patients in accordance with licensure, position, credentialing and scope of practice as delineated by VHA suicide risk identification protocol

<https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(2) Documenting all suicidal self-directed violence behaviors, including those of undetermined intent, and all overdose events, regardless of suicidal intent, via the electronic health record, using standardized reporting processes (e.g., Suicide Behavior and Overdose Report or Comprehensive Suicide Risk Evaluation) and appropriate VHA-designated medical coding consistent with licensure, position, credentialing and/or scope of practice; **NOTE:** *For more information about ICD-10 coding and standardized EHR reporting (e.g., Suicide Behavior and Overdose Report), see the SPPG (link is located in the references paragraph).*

(a) The VA health care provider must notify the SPC and ensure documentation is completed when the provider becomes aware of self-directed violence behavior that is suicidal, or of undetermined intent, that has occurred within the past 12 months. **NOTE:** *The SPC may complete documentation when the SPC receives a referral from the Veterans Crisis Line or from another source, such as a community facility, indicating a patient has engaged in suicidal self-directed violence behavior.*

(3) For clinicians who have been trained in evidence-based psychotherapy (EBP) interventions, providing in person or telemental health EBP interventions to Veterans with a recent suicide attempt. **NOTE:** *EBPs are provided in accordance with the CPG for the Assessment and Management of Patients at Risk for Suicide and forthcoming VHA Directive 1160.05, Evidence-Based Psychotherapies and Psychosocial Interventions for Mental and Behavioral Health Conditions.*

(4) Collaborating with patients to develop or update a safety plan when clinically indicated (e.g., Veterans with current suicidal ideation, past suicide attempts, suicide preparatory behaviors, active opioid use disorder) and ensuring the safety plan is documented in the EHR. **NOTE:** *VA health care providers are encouraged to include the patient's family, the VA medical facility chaplain, and other social supports in the process of creating the safety plan. Health care providers must document the patient's decision to decline a safety plan in the EHR.*

t. **VA Medical Facility Chaplain.** VA medical facility chaplain is responsible for:

(1) Consulting with the SPC and VA health care providers regarding integration of spirituality in clinical care, including the assessment and management of risk for suicide.

(2) Notifying the SPC, or appropriate VA health care providers, of Veterans who may be at acute high risk for suicide;

(a) Chaplains must report all suicidal self-directed violence behaviors, including attempts, interrupted attempts, preparatory behaviors, deaths, and all self-directed violence behavior events of undetermined suicidal intent that occurred within the last 12 months to the SPC.

(3) Participating in any interdisciplinary mental health committees that address Veteran suicide risk management.

(4) Supporting all aspects of suicide prevention, intervention and postvention.

(5) Coordinating with the SPC to provide suicide prevention outreach and training to community clergy.

6. SUICIDE PREVENTION COORDINATOR ACTIVITIES

The Suicide Prevention Coordinator must participate in the following suicide prevention activities including, but not limited to:

a. Program Administration.

(1) Implementing the SPP in accordance with the documents found in the References paragraph, see d., f., j., k., l., p., r., s., t., v. and w.

(2) Attending national and VISN suicide prevention program calls.

(3) Ensuring that contact information for the SPC is posted and distributed across service lines in a VA medical facility and work with mental health (or medical facility) leadership to establish a back-up coverage plan when appointed SPC is not available.

(4) Disseminating resources for suicide prevention such as the VA/DoD Clinical Practice Guideline (CPG) for the Assessment and Management of Patients at Risk for Suicide. For more information, see: <https://www.healthquality.va.gov/guidelines/mh/srb/>.

b. Tracking and Reporting.

(1) Reporting to the Office of Mental Health and Suicide Prevention as requested.

(2) Reporting to the VA medical facility Associate Chief of Staff for Mental Health, or equivalent, requested information and data related to SPP information, performance measures, staffing, and other information as requested.

(3) Using all available resources and information from VA health care providers and community resources, which must include county and/or State medical examiners or coroners, to identify all Veterans who die by suicide.

(4) Utilizing SPP national data systems, surveillance, and reports of suicide related events to facilitate monthly reporting to local mental health leadership and quality management.

(5) Tracking and reporting all suicide prevention outreach activities completed by the SPC or other dedicated SP Team members monthly as described in the SPPG (see references paragraph).

(6) Establishing, tracking, monitoring, and maintaining the High Risk for Suicide – Patient Record Flag (HRS-PRF) in accordance with the requirements in the References paragraph, see m., n., o., p., t, v., and w. (see references paragraph).

(7) Ensuring suicidal self-directed violence behaviors, including attempts, interrupted attempts, preparatory behaviors, deaths, and all self-directed violence behavior events of undetermined suicidal intent are reported and documented in the EHR in accordance with the guidelines within the Rocky Mountain MIRECC Self-Directed Violence Classification System developed in collaboration with the Centers for Disease Control (<https://www.mirecc.va.gov/visn19/docs/SDVCS.pdf>). **NOTE:** *There are standardized reporting processes (e.g., national note templates in the her such as the Suicide Behavior and Overdose Report (SBOR) and the Comprehensive Suicide Risk Assessment (CSRE)) that facilitate national surveillance efforts and can alert the SPC, Patient Safety Manager (PSM) and/or overdose review team to patients with these events. These templates serve as the required “[VA medical] facility incident report” for suicidal behaviors and update suicide behavior data tracking systems.*

(8) Completing the Behavioral Health Autopsy Program (BHAP) and Family Interview Contact (FIT-C) forms within 30 days following the notice of Veteran’s death by suicide.

(9) Completing various reports on suicide deaths and attempts, as required by policy or requested by facility, VISN, or national leadership; some examples may include: aggregate HRS-PRF facility reports, Issue Briefs (IB), Root Cause Analysis (RCA), Peer Reviews (PR), Behavioral Health Autopsy Program (BHAP), and case consultations. **NOTE:** *For more information about IBs and PRs see 10N Guide to VHA Issue Briefs (2018), VHA Directive 1190, Peer Review for Quality Management dated, November 21, 2018; and VHA Handbook 1050.01, National Patient Safety Improvement Handbook, dated March 4, 2011. Further guidance on BHAPs is available in the SPPG(see references paragraph).*

c. Enhanced Care Delivery.

(1) Ensuring patients identified as high acute risk of suicide have access to enhanced care services in accordance with the CPG, SPPG and the Suicide Risk Identification and Management process found at <https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(2) Consulting and assisting VA health care providers with formulation of suicide risk and care coordination. **NOTE:** *The MIRECC Therapeutic Risk Management of the Suicidal Patient Model is a resource to help health care providers understand*

stratification of suicide risk with respect to both severity and temporality at <https://www.mirecc.va.gov/visn19/trm/>.

(3) Managing care of patients with an HRS-PRF through coordination and collaboration with VA health care providers in accordance with VHA Patient Record Flag directives (VHA Directive 2008-036, Use of Patient Record Flags to Identify Patients at High Risk for Suicide, dated July 18, 2008; and VHA Directive 2010-053, Patient Record Flags, dated December 10, 2010).

(4) Supporting and assisting Veterans, caregivers, and families with suicide prevention, intervention, and postvention. **NOTE:** *This may be accomplished through collaboration and coordination with VA health care providers, including Primary Care Mental Health Integrated providers, etc.*

d. Access and Referral

(1) Seeking referrals and gathering information from VA health care providers, chaplains, and community resources concerning Veterans who have been determined to be at high risk for suicide, or those who have exhibited suicidal self-directed violence behaviors, i.e. suicide attempts and preparatory behaviors.

(2) Responding to referrals from the VCL and other health care providers or community sources.

(a) The SPC is required to have a dedicated SPC email group and telephone line with voicemail that is provided to Veterans Crisis Line staff for communication of referrals.

(b) The SPC is responsible for managing all consults from the VCL in accordance with VHA Directive 1503 and the SPPG.

e. Outreach and Awareness.

(1) Engaging with communities and organizations to outreach Veterans and their families to improve the care coordination and suicide prevention. **NOTE:** *This includes at minimum five outreach activities per month with one of these outreaches being gatekeeper training as described in the SPPG.*

(2) Building relationships and collaborating with state and local governments, health care systems, community organizations, and other public and private institutions, stakeholders and partners for the enhancement of suicide prevention among Veterans, their families and communities.

(3) Providing training and education to state and local governments, health care systems, community organizations, and other public and private institutions, stakeholders and partners and their staff members who have contact with Veterans.

(4) Fostering awareness of suicide prevention, interventions, and postvention through promoting safe messaging in partnership with the public affairs office through interviews and public events.

(5) Promoting lethal means safety education and interventions.

f. Training.

(1) Providing education and materials to VA health care providers and non-clinical staff regarding local suicide prevention programming (e.g. local SPP procedures, suicide prevention topics such as crisis response, safety planning, postvention, suicide risk screening and evaluation).

(2) Instructing VA health care providers how to report Veteran suicidal self-directed violence behaviors, including attempts, interrupted attempts, preparatory behaviors, deaths, and all self-directed violence behavior events of undetermined suicidal intent that occurred within 12 months of the date of notification. **NOTE:** *SPCs train providers on how to report these behaviors through the EHR using the required national note templates such as the Suicide Behavior and Overdose Report (SBOR) and the Comprehensive Suicide Risk Evaluation.*

7. TRAINING

There are no training requirements associated with this directive. **NOTE:** *See paragraph 6.f. for Suicide Prevention Coordinator Training Activities.*

8. RECORDS MANAGEMENT

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

9. REFERENCES

a. Pub. L. 110-110.

b. Pub. L. 114-2.

c. 38 U.S.C §§ 1709B, 1712A, 1720F.

d. VHA Directive 1071, Mandatory Suicide Risk and Intervention Training for VHA Employees, dated December 22, 2017.

e. VHA Directive 1098, Public and Private Partnerships, dated September 15, 2015.

f. VHA Directive 1190, Peer Review for Quality Management dated, November 21, 2018.

g. VHA Directive 1160.05, Evidence-Based Psychotherapies and Psychosocial Interventions for Mental and Behavioral Health Conditions, date MONTH DAY, 2019.

h. VHA Directive 1162.02, Mental Health Residential Rehabilitation Treatment Program, dated July 15, 2019.

i. VHA Directive 1163, Psychosocial Rehabilitation and Recovery Services, dated August 13, 2019.

j. VHA Directive 1167, Mental Health Environment of Care Checklist for Mental Health for Mental health Units Treating Suicidal Patients, dated May 12, 2017.

k. VHA Directive 1230(3), Outpatient Scheduling Processes and Procedures, dated, November 15, 2016.

l. VHA Directive 1232(2), Consult Processes and Procedures, dated August 23, 2016.

m. VHA Directive 1503, Operations of the Veterans Crisis Line Center, dated May 26, 2020.

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

o. VHA Directive 2010-053, Patient Record Flags, dated December 10, 2010.

p. VHA Directive 1111(1), Spiritual and Pastoral Care in the Veterans Health Administration, dated November 22, 2016.

q. VHA Handbook 1050.01, National Patient Safety Improvement Handbook, dated March 4, 2011.

r. VHA Handbook 1160.01(1), Uniform Mental Health Services in VA Medical Centers and Clinics, dated September 11, 2008.

s. VHA Handbook 1160.06, Inpatient Mental Health Services, dated September 16, 2013.

t. VHA Notice 2020-13, Inactivation Process Category 1 High Risk for Suicide Patient Record Flag, dated March 23, 2020.

u. VHA Notice 2020-31, Caregiver Support Program, dated October 1, 2020.

v. Department of Veterans Affairs, Veterans Health Administration. 2018-2028 Office of Mental Health and Suicide Prevention National Strategy for Prevention of Veteran Suicide. (2018): https://www.mentalhealth.va.gov/suicide_prevention/strategy.asp.

w. Department of Veterans Affairs, Veterans Health Administration. Suicide Prevention Program Guide (SPPG): https://dvagov.sharepoint.com/sites/VACOMentalHealth/visn2coe_sp/sp/SitePages/Memos,%20Directives%20and%20Admin%20Items.aspx. **NOTE:** *This is an internal website that is not available to the public.*

x. Department of Veterans Affairs, Veterans Health Administration, Office of Quality Safety and Value and Department of Defense, Quality Management Division, United States Army (MEDCOM). VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients for Suicide Risk. (2013). https://www.healthquality.va.gov/guidelines/MH/srb/VADODCP_SuicideRisk_Full.pdf.

y. Stone, D.M., Holland, K.M., Bartholow, B., Crosby, A.E., Davis, S., and Wilkins, N. (2017). Preventing Suicide: A Technical Package of Policies, Programs, and Practices. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>.

z. Crosby A.E., Ortega L., and Melanson C., (2011). Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0. Atlanta (GA): Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>.

aa. Stanley, B., and Brown, G.K., Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version. (2011). Suicide Prevention Resource Center: <https://www.sprc.org/resources-programs/safety-plan-treatment-manual-reduce-suicide-risk-veteran-version-0>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

bb. Department of Defense. DoD Instruction 6490.16 Defense Suicide Prevention Program, Office of the Under Secretary of Defense for Personnel and Readiness. (2017): https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649016_dodi_2017.pdf?ver=2017-11-06-141259-267.

cc. Suicide Prevention Resource Center. Comparison Table of Suicide Prevention Gatekeeper Training Programs. (2013): http://www.sprc.org/sites/default/files/migrate/library/SPRC_Gatekeeper_matrix_Jul2013update.pdf. **NOTE:** *This linked document site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

dd. Department of Veteran's Affairs, Veterans Health Administration. Clinician's Guide to Safety Planning: <https://www.mentalhealth.va.gov/docs/vasafetyplancolor.pdf>.

ee. Department of Veteran's Affairs/ Department of Defense. VA/DOD Clinical Practice Guidance for Suicide Risk Management: <https://www.healthquality.va.gov/guidelines/MH/srb/>.

ff. Centers for Disease Control and Prevention. Self-Directed Violence (SDV) Classification System: <https://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>.

gg. 10N Guide to Issue Briefs.
<http://oitlitappide12.r02.med.va.gov/IBTRacker/default.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

RESOURCES

This policy supports the implementation of recommendations of the Department of Veterans Affairs/ Department of Defense (VA/DoD) Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide (May, 2019), the Commission on Accreditation of Rehabilitation Facilities (CARF) International Quality Practice Notice for Suicide Prevention (September, 2016) and the November 2018 Joint Commission Prepublication Requirements: Revisions to the National Patient Safety Goal on Reducing the Risk for Suicide (February, 2019). This directive also references the National Suicide Prevention SharePoint and the SPP Program Guide which provide policy guidance and program implementation strategies. The SPPG is available at: https://dvagov.sharepoint.com/sites/VACOMentalHealth/visn2coe_sp/sp/SitePages/Memos,%20Directives%20and%20Admin%20Items.aspx. **NOTE:** This is an internal VA Web site that is not available to the public.

1. VA/DOD CLINICAL PRACTICE GUIDELINES

VA/DoD Clinical Practice Guidelines are available here: <https://www.healthquality.va.gov/guidelines/MH/srb/>.

2. VETERANS HEALTH ADMINISTRATION SUICIDE PREVENTION HOME PAGE

The Veterans Health Administration (VHA) Suicide Prevention internet home page is available here: https://www.mentalhealth.va.gov/suicide_prevention/index.asp

3. VETERANS HEALTH ADMINISTRATION COMMUNITY TOOLKIT

The VHA Community Toolkit is available here: <https://www.va.gov/ve/docs/outreachToolkitPreventingVeteranSuicidesEveryonesBusiness.pdf>.

4. VA NATIONAL STRATEGY FOR SUICIDE PREVENTION

The Suicide Prevention National Homepage VA offers a number of programs and resources for Veterans and their loved ones, friends, and health care providers. The Web site is available here: https://www.mentalhealth.va.gov/suicide_prevention/index.asp.

5. VA SAFE MESSAGING PRACTICES FACT SHEET

The VA Safe Messaging Toolkit is available here: https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-086-VA-OMHSP-Safe-Messaging-Factsheet-4-9-2019.pdf.

6. VHA SUICIDE RISK MANAGEMENT CONSULTATION PROGRAM

The VHA Rocky Mountain Mental Illness Research Education and Clinical Center's Web site for information regarding the VA Suicide Risk Management Consultation Program, Therapeutic Risk Management, and the Self-Directed Violence Classification System is available here: <https://www.mirecc.va.gov/visn19/>.

7. VHA SUICIDE RISK IDENTIFICATION AND MANAGEMENT SHAREPOINT

As part of its focus on suicide prevention, the Veterans Health Administration (VHA) has developed a strategy for standardized, evidence-based screening for the risk of suicide, and structured methods for the subsequent evaluation of those who screen positive for suicide risk. Veterans who are assessed to be at risk and discharged home after an ED/UCC visit will complete a Safety Plan and receive post-discharge follow-up outreach to facilitate engagement in outpatient mental health care. More information is available here: <https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Home.aspx>.

NOTE: *This is an internal VA Web site that is not available to the public.*

8. VHA UNITING FOR POSTVENTION

Suicide prevention is a commonly used and understood term. However not everyone recognizes suicide postvention. Suicide postvention builds upon prevention efforts by providing immediate and ongoing support to those impacted by a suicide loss. Postvention is critical for healing after suicide. Uniting for Suicide Postvention (USPV) provides resources and support for everyone touched by suicide loss: [https://www.mirecc.va.gov/visn19/postvention/#:~:text=Uniting%20for%20Suicide%20Postvention%20\(USPV,to%20find%20and%20provide%20support](https://www.mirecc.va.gov/visn19/postvention/#:~:text=Uniting%20for%20Suicide%20Postvention%20(USPV,to%20find%20and%20provide%20support).