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**Public Law 115-233
August 14, 2018
H.R. 2345**

"National Suicide Hotline Improvement Act of 2018"

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National Suicide Hotline Improvement

Executive Summary:

On August 14, 2018, President Trump signed into law the National Suicide Hotline Improvement (Public Law (P.L.)115-233). The legislation requires the Federal Communications Commission to study the feasibility of designating a simple, easy-to-remember dialing code to be used for a national suicide prevention and mental health crisis hotline system. The study must be completed in coordination with the Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Secretary of Veterans Affairs (VA). The VA must submit a report to the Commission on how well the National Suicide Prevention Lifeline and the Veterans Crisis Line (VCL) is working to address the needs of veterans. If the Commission recommends that a dialing code should be used upon receiving the initial reports from the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs, the report shall include logistics, recommendations and estimated cost of designating the dialing code. The report shall also include a cost-benefit analysis comparing the dialing code with the National Suicide Prevention Lifeline and other recommendations for improving the Lifeline in general (e.g. public education and awareness, improved infrastructure and operations). The VCL has set quality and service metrics that are inline with, meet or exceed standards of the National Emergency Numbers Association, accrediting bodies in facility and crisis management, and those collected by organizations such as the National Suicide Prevention Lifeline and its crisis centers. The VCL has expanded the ability to respond to Veterans needs by increasing the amount of call centers and responders, drastically lowering the amount of calls unable to be answered by the primary system, decreasing the time to respond once received, and decreasing the rate of calls abandoned. A robust quality management system is in place to ensure fidelity to all policies and procedures across services provided by the VCL and identify opportunities for continued service improvement.

Introduction & Background:

On August 14, 2018, President Trump signed into law the National Suicide Hotline Improvement (Public Law (P.L.)115-233). The legislation requires the Federal Communications Commission to study the feasibility of designating a simple, easy-to-remember dialing code to be used for a national suicide prevention and mental health crisis hotline system. The study must be completed in coordination with the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs (VA). The VA must submit a report to the Commission on how well the National Suicide Prevention Lifeline and the Veterans Crisis Line (VCL) is working to address the needs of veterans. If the Commission recommends that a dialing code should be used upon receiving the initial reports from the Assistant Secretary for Mental Health and Substance Use and the Secretary of Veterans Affairs, the report shall also include

logistics, recommendations and estimated cost of designating the dialing code. The report shall also include a cost-benefit analysis comparing the dialing code with the National Suicide Prevention Lifeline and other recommendations for improving the Lifeline in general (e.g. public education and awareness, improved infrastructure and operations).

VCL Mission and Description

The mission of the Veterans Crisis Line (VCL) is to provide 24/7, world-class suicide prevention and crisis intervention services to Veterans, Service members, and their family members. The VCL will provide supportive, timely, high quality crisis intervention services and connect Service Members, Veterans and their families to the services of their choice to ensure that they never struggle alone. The VCL can be reached via phone by dialing 1-800-273-8255 and pressing option 1, via text at 838255, and via online chat by visiting www.veteranscrisisline.net. Caring and qualified responders are standing by to help, 24/7/365. To ensure care coordination, the VCL collaborates with a network of over 400 Suicide Prevention Coordinators (SPCs), located at VA facilities across the nation. Upon completion of a call to VCL, an electronic consult may be submitted to the location nearest to the Veteran. The Veteran's local SPC will respond to this consult within 24 business hours; In FY2018, approximately 95% of SPC Consults have been responded to within one business day and closed within 3 business days.

The VCL is comprised of 3 linked call centers in Canandaigua, New York, Atlanta, Georgia, and Topeka, Kansas. The call center in Canandaigua, New York was established in 2007 and consists of more than 340 employees. All three core services (phone, chat and text) are provided from this location. The call center in Atlanta, Georgia was established in 2016 and consists of more than 360 employees. The call center in Topeka, Kansas was established in 2018 and has more than 80 employees. Currently both call centers in Kansas and Georgia provide phone services, with plans for future expansion into chat and text.

Since its launch in 2007, the Veterans Crisis Line has answered more than 3.8 million calls and initiated the dispatch of emergency services to callers in imminent crisis nearly 112,000 times. Since launching chat in 2009 and text services in November 2011, the VCL has answered more than 439,000 chats and nearly 108,000 texts. Staff have forwarded more than 640,000 referrals to local VA Suicide Prevention Coordinators on behalf of Veterans to ensure continuity of care with Veterans local VA providers.

High level monitoring/KPIs:

The VCL monitors performance via the Executive Leadership Council (ELC), consisting of boards focusing on Quality, Employee Experience, Customer Experience, Business Operations, and Partnerships, with Key Performance Indicators (KPIs) identified and tracked for each. Utilizing the Quadruple Aim, VCL monitors Access (Demand, Call

typing, rollover, abandonment, average speed to answer, and service level), Quality (Silent Monitoring results, Responder Dashboards, and Effectiveness), Cost (Vacancy percentage, agent utilization, leave, and overtime trends), and Experience (All Employee Survey results, Wellness, Caller feedback, and Average Handle time). Quadruple Aim data is reported monthly through the ELC.

Press 7:

VCL is continuing to expand access to meet the needs of Veterans and Service members in crisis, including full implementation of an automatic transfer function that directly connects Veterans who call their local VA Medical Center (VAMC) to VCL by pressing a single digit (7) during the initial automated phone greeting. Currently, this feature is available at all VAMCs and more than 85% of all Community Based Outpatient Clinics.

Relationship with SAMHSA / V!brant:

When the Veterans Crisis Line first started in 2007, the mission was to ensure Veterans in crisis would call and reach the VA directly through an internal crisis hotline. One way to accomplish this was to build off of the other federally supported crisis hotline, the existing National Suicide Prevention Lifeline number, 1-800-273-TALK (8255). This was beneficial because the phone system/structure was already in place, the number was well advertised, and it ensured that all individuals in the United States had one unified number to reach care. This allowed Veterans to immediately contact the VCL because the 1-800 number states, "if you are a Veteran, press 1" within the first 20 to 30 seconds of the call. This also allowed for cross promotion and access between the Veteran Crisis Line and the National Suicide Prevention Lifeline Crisis Centers. The 1-800-273-8255 number is federally funded by SAMHSA and currently operated through a cooperative agreement with V!brant Emotional Health. Since that time, the VCL has advertised the number on buses, bridges, billboards, and in public service announcements. The VCL has also been double branded as the Military Crisis Line for our Active Duty Service members.

In order to ensure this level of enhanced suicide prevention and crisis intervention services for all Veterans, Service members and their families, the VHA and SAMHSA entered in to an Inter-Agency Agreement (IAA). The purposes of this IAA are to ensure Veterans, Service members and their families have continuous access to the VCL through the 1800-273-TALK(8255) press 1 option and to work to prevent suicide deaths and attempts among Veterans, Service members and their families, including those that are not receiving Veterans Health Administration (VHA) care. The IAA also promotes innovation and fosters the spread of clinical and public health best practices for

preventing suicidal behavior among Veterans, Service members and their families, whether they receive care within the VHA or in community settings, and stipulates SAMHSA and the VCL regularly share data collection processes and analysis of information collected, including a focus on why Veteran callers do not press option 1 to be connected to the VCL.

The VCL also maintains a contract with Vibrant Emotional Health to ensure back-up coverage for the VCL calls that are unable to be answered at the VCL's three locations. This contract allows for an additional layer of security if there are catastrophic events, technical or call demand issues causing difficulty for the VCL network to respond. A Veteran amendment is written into the contract that provides any Lifeline centers that sign the amendment a \$1,000 stipend. The Centers agree to ask each caller if they are a Veteran and, after an assessment, if they would like to be warm transferred to the VCL. Vibrant provides a report to the VCL on the amount of veterans that are interacted with based on the veteran stipend.

VCL Call Flow Process

The Veterans Crisis Line's current call flow has evolved over the years, primarily in response to the need to be proactive in providing the most accessible access to care for Veterans, Service members and their families.

There are 3 primary paths of entry into the VCL:

- a. By dialing 800-273-TALK (8255) and Press 1
- b. By calling any VA Medical Center and/or currently 85% of all Community Based Outpatient Centers (CBOCs) and Press 7
- c. Receive a direct warm transfer from another agency/department

Calls are routed to the Responder who has been available for the longest period of time among the three sites; if no Responders become available after 237 seconds, the call will route to the contracted backup center, Lines for Life. If those calls are not answered by Lines for Life within 120 seconds, they then get routed to a high priority queue back at the VCL. If the high priority call is not answered in 3 rings, the call is moved into the main VCL call center traffic. It should be noted that the contingent routing described is very rarely, if ever, implemented in full, but remains a necessary and viable option to assure all calls get answered.

VCL Quality Assurance Plan

In accordance with the mission of the VCL and a critical component of the Quadruple Aim, Quality of Service is essential in providing world-class care to those the VA is serving. The VCL collects and reviews metrics for all phone calls, including those that are answered at the back-up crisis center. The VCL has developed key performance indicators (KPIs), which allow the organization to track and trend performance, including performance at the contracted back-up call center. These indicators are included in the Quality Assurance Plan with performance targets and are consistent with universal standards established by the National Emergency Number Association (NENA). These data are used to identify any areas needing improvement and forecast scheduling/staffing requirements. The Quality Assurance Activities, along with the KPIs and targets are as follows:

Quality Assurance Activities

Metrics for Answering Phones

The VCL collects and reviews metrics for all phone calls, including those that are answered at the back-up crisis center. These data are used to identify any areas needing improvement and forecast scheduling/staffing requirements.

Key Performance Indicator	Definition	Current Status	Target
Inbound volume	Total Calls Offered at all VCL locations	Reviewed daily, reported monthly	No Target
Telephone Inbound Service Level	Calls Answered within 20 seconds / Total Calls Answered	Currently meeting target; Reviewed daily, reported monthly	95% answered within 20 seconds
Abandonment Rate	% of inbound calls abandoned after being offered to either VCL location	Currently meeting target; Reviewed daily, reported monthly	5% or less

Metrics for Answering Chat

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

Key Performance Indicator	Definition	Current Status	Target
Chat Inbound Volume	Total chats offered	Reviewed and reported monthly	No Target
Chat Service Level	Time spent from time chat request is received until chat is answered by a responder	Currently meeting target; Reviewed and reported monthly	95% answered within 20 seconds

Metrics for Answering Text

Metrics for text mirror those reported for VCL Chat.

Key Performance Indicator	Definition	Current Status	Target
Text Inbound Volume	Total texts offered	Reviewed and reported monthly	No Target
Text Service Level	Time spent from time text request is received until text is answered by a responder	Currently meeting target; Reviewed and reported monthly	Target 95% answered within 45 seconds

Back-up Center Performance

If the performance of the back-up center does not meet the terms and conditions of the contract, the Contracting Officer has the authority to enact any contractual remedies set forth in the Federal Acquisition Regulations such as a letter of concern, cure notice, and termination for default.

Key Performance Indicator	Definition	Current Status	Target
Calls Presented (Back-up Center)	Number of calls routinely offered to back-up center during staffed hours	Reported and Reviewed weekly	0
Telephone Inbound Service Level (Back-up Center)	Number of calls within 20 seconds/Number of calls presented to the back-up center during staffed hours	Reported and Reviewed weekly	95% answered within 20 seconds
Abandonment Rate (Back-up Center)	% of all calls presented to the back-up center that are abandoned during staffed hours	Weekly/Monthly	5% or less

Clinical Indicators of Population Acuity

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

Key Performance Indicator	Definition	Current Status	Target
Total Emergency Dispatch Requests Initiated	Number of calls handled resulting in dispatch of emergency services	Reviewed and reported monthly	No target
Total Facility Transport Plans (FTP) Initiated	Number of calls handled resulting in a facility transportation plan (FTP) for urgent care	Reviewed and reported monthly	No target
Referrals (Consults)	Total Number of Referrals to SPCs	Reviewed and reported monthly	No target

Customer Satisfaction

Another key measure of meeting Veteran needs comes directly from the Veteran themselves. Call responders know firsthand the difference made for Veterans through the work accomplished on the VCL. However, the VCL needed to quantify the construct for continued quality improvement and external stakeholder awareness. The VCL created the End of Call Satisfaction Question, primarily designed to record the level of a satisfaction a Caller reports.

To assess customer satisfaction, VCL phone responders ask near the end of the call: "If you were in crisis, would you call VCL again?" Originally this measure was reviewed only for Veteran callers; VCL added a metric to review satisfaction of third-party callers as well, since they are also part of VCL's population of service. For FY2018, over 95% of those that responded to the survey question stated they would call the VCL again for help.

Key Performance Indicator	Definition	Current Status	Target
Customer Satisfaction – Veteran/Service Member	Percentage of Callers with Yes response to following question at end of call, "If you were in crisis, would you call VCL again?" Denominator for the measure is defined as total answered calls where caller is identified as	Currently meeting target; Reviewed and reported monthly	95%

	a Veteran and at the conclusion of the call, a Routine consult is generated. Denominator will be discounted for calls where the caller: 1) refused to answer, 2) terminated the call, OR 3) asking the question was not clinically appropriate.		
Customer Satisfaction – 3 rd party	Percentage of Callers who called out of concern for a Veteran or Service Member with Yes response to following question at end of call, "If you were in crisis, would you call VCL again?" Denominator is the same as above.	Currently meeting target; Reviewed and reported monthly	95%

Quality of Phone Services Provided

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

Key Performance Indicator	Definition	Current Status	Target
Silent Monitoring (Calls)	Percent of monitored calls that meet silent monitoring expectations to reduce suicidal risk to the caller	Currently meeting target; Reviewed and reported monthly	99%

Complaint Tracking

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

Key Performance Indicator	Definition	Current Status	Target
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Service Complaints	Number of complaints determined to be founded after investigation that relate to provision of quality service by VCL staff	Currently meeting target, Reviewed and reported monthly	10 or less
Technology Complaints	Number of complaints determined to be founded after investigation that relate to errors in phone routing, inability to access service, wait time, etc.	Currently meeting target; Reviewed and reported monthly	10 or less

Access to Services

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

Key Performance Indicator	Definition	Current Status	Target
Line Testing – Phone	Percent of tests on the Phone Product Line that were successful. (Successful Tests/Total Tests)	Currently meeting target, Reviewed and reported monthly	100%
Line Testing – Text	Percent of tests on the Text Product Line that were successful. (Successful Tests/Total Tests)	Currently meeting target, Reviewed and reported monthly	100%
Line Testing – Chat	Percent of tests on the Chat Product Line that were successful. (Successful Tests/Total Tests)	Currently meeting target, Reviewed and reported monthly	100%

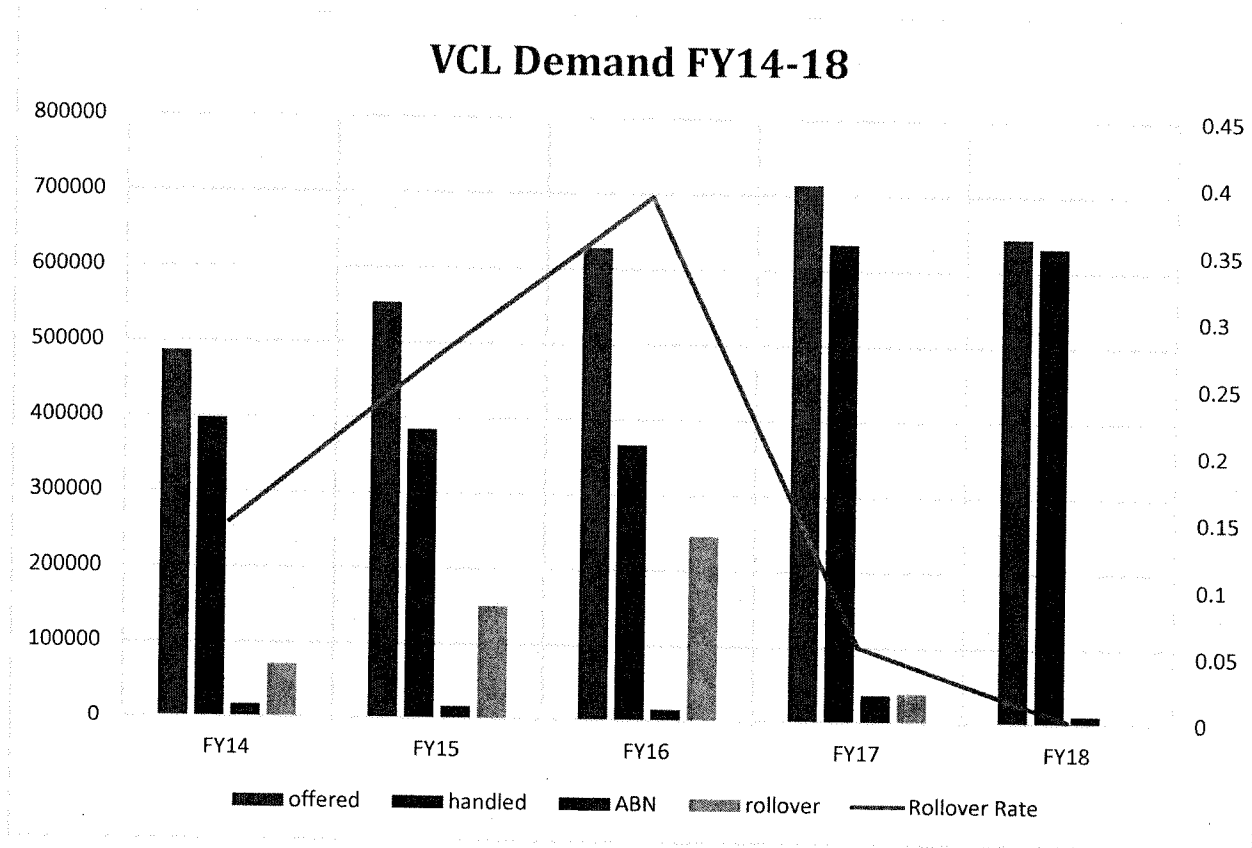
VCL's Ability to Respond to Veterans

Since the 2016 expansion of the VCL crisis call centers, the VCL's ability to respond to demand has significantly increased. Calls are no longer routinely routed to the contracted back-up center due to inability to respond. In fact, the rollover rate went from 39.16% of calls offered in FY2016 to 0.16% of calls offered in FY2018. This is significant as the FY call volume to the VCL has increased since 2016. For additional reference, a five year comparison was included (Figure A) to demonstrate select demand and performance outcomes. Focusing on FY2018, several of the critical metrics that define the VCL's ability to respond to the needs of Veterans are as follows:

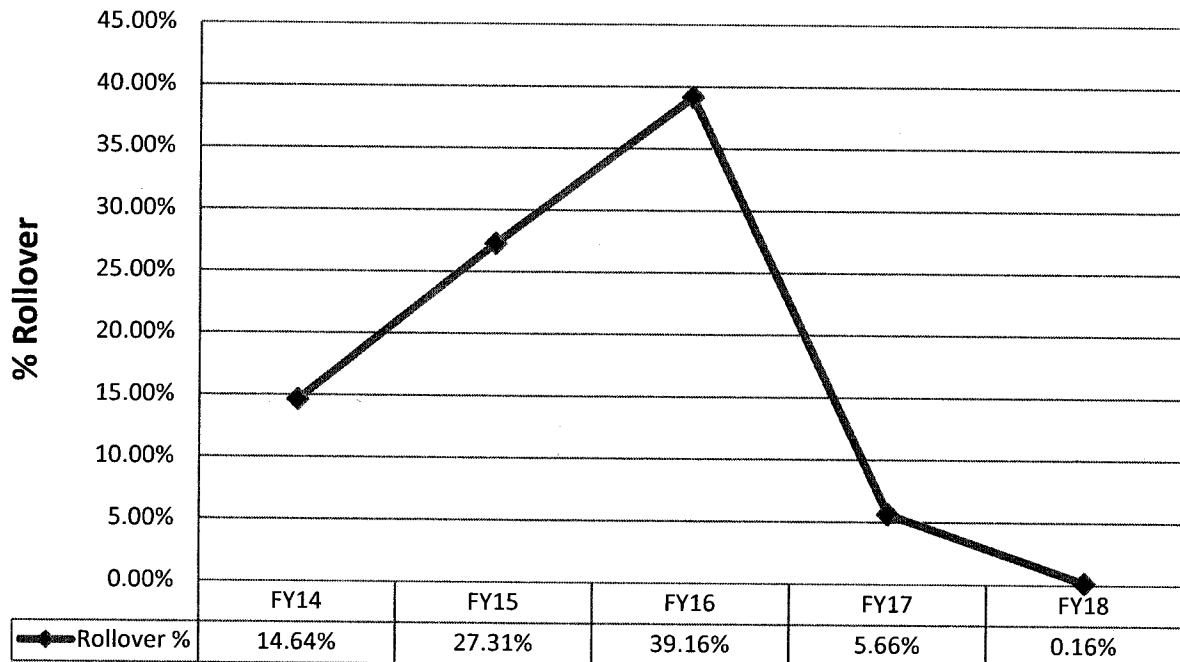
- 1) Amount of incoming offered calls to the VCL- 644,684
- 2) Amount of incoming calls answered by VCL- 632,682
- 3) The service level (calls answered within 20 seconds vs calls offered)- 98.05%

- 4) The abandonment percentage (ABN)- (amount of calls that disconnected >5 seconds before being responded to)- 1.70%
- 5) Total rollover calls to the backup center- 1056
- 6) Rollover rate vs calls offered- 0.16%
- 7) Average speed to answer- 8.22 seconds
- 8) The amount of referrals sent to a Suicide Prevention Coordinator- 116,033
- 9) The amount of requests for emergency dispatch of services where a caller was deemed to need immediate intervention- 29,252

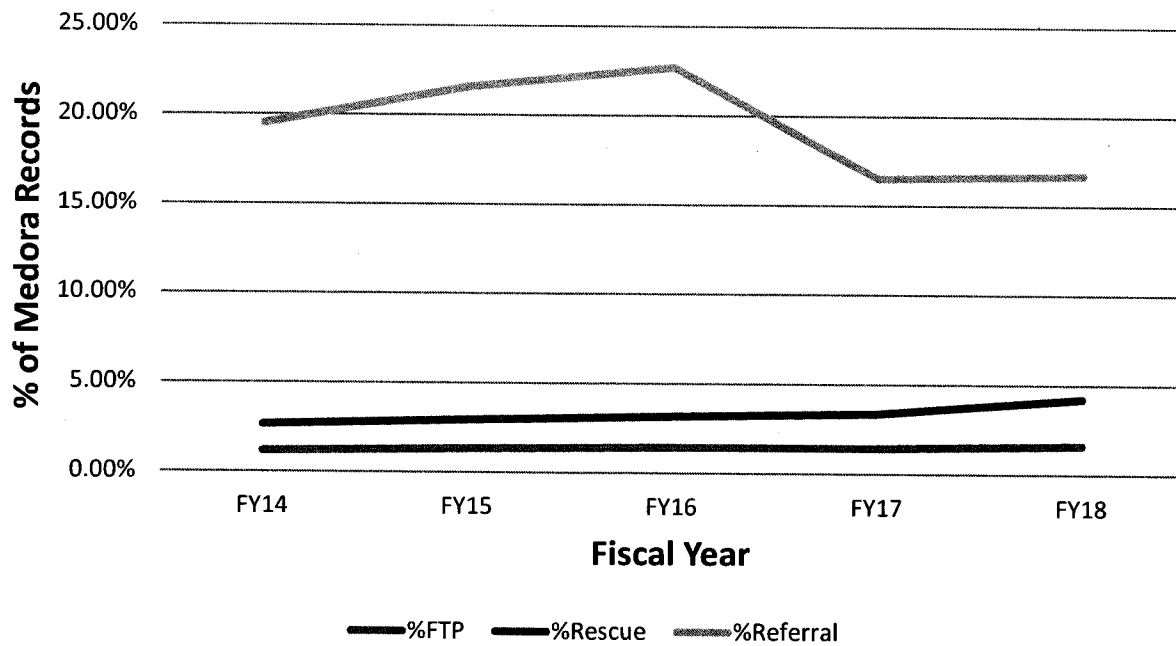
Figure A: 5 Year Comparison Charts



Rollover % By Fiscal Year



Trends by FY



Oversight and Accreditation

The VCL has received extensive internal and external review regarding policies, procedures and outcomes. Internally, these have come through the aforementioned Quality, Training, KPI, etc processes. VCL has also received review through the Office of the Inspector General (OIG), the Government Accountability Office (GAO) and through the accrediting bodies listed below (Figure B). VCL was successful in fully implementing corrective actions for seven OIG recommendations on Report No 14-03540-123 between February 2016 and July 2017. The VCL also fully implemented corrective actions for 16 OIG recommendations on Report No 16-03985-181 between March 2017 and March 2018. This resulted in a closure memorandum being issued for the report 14-03540-123 on August 16, 2017 and report 16-03985-181 on April 13, 2018. Recommendations focused on areas involving VCL operations, quality, and collaboration.

Figure B: Oversight and Accreditation



DEPARTMENT OF VETERANS AFFAIRS

Oversight and Accreditation

Implemented corrective actions to support closure of recommendations for all outstanding reports for VCL as of March, 2018

Office of Inspector General (OIG) February 11, 2016 14-03540-123 Seven recommendations closed as of August 2017	Government Accountability Office (GAO) June 27, 2016 GAO-17-545T Six recommendations closed as of July 2017	Office of Inspector General (OIG) March 20, 2017 16-03985-181 Sixteen recommendations closed as of April 2018
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VCL is accredited by:

American Association of Suicidology (AAS) (through December 2022)
Commission on Accreditation of Rehabilitation Facilities (CARF) (through March 2021)
*Seeking accreditation via International Customer Management Institute (ICMI)

Community Outreach and Engagement

In order to meet the needs of Veterans, the VCL conducts outreach into the community through several different methods. These include regular outreach events conducted by field-based Suicide Prevention Coordinators and by VCL staff members. Last year alone, VA's Suicide Prevention Coordinators participated in over 20,000 outreach events reaching approximately 2 million individuals. At all of these events VCL contact information was provided through written materials as well as promotional items (cards, bracelets, bandanas, etc.). Many of these events also included training for community members in Operation S.A.V.E training, a gatekeeper training in suicide prevention. In addition, VCL staff also participate in outreach events through the Speakers Bureau where they bring a similar message to that of SPC's to the communities surrounding the 3 Call Center sites. This enhanced education allows for both broad messaging of VCL services and individual interaction.

In addition to the outreach events, VA also actively promotes VCL through it's inclusion of VCL contact information on various VA websites and many public service media campaigns. VA has also expanded its suicide prevention work with many community partners who now promote VCL through inclusion of contact information on their own websites and promotional materials.