US DEPARTMENT OF VETERANS AFFAIRS
**OFFICE OF INSPECTOR GENERAL**

Office of Healthcare Inspections

## VETERANS HEALTH ADMINISTRATION

# Veterans Crisis Line Implementation of 988 Press 1 Preparation and Leaders' Response

National Review | 23-00925-227 | August 22, 2024

BE A
VOICE FOR
VETERANS
REPORT WRONGDOING
vaoig.gov/hotline | 800.488.8244

## OUR MISSION

To serve veterans and the public by conducting meaningful independent oversight of the Department of Veterans Affairs.

## CONNECT WITH US

**Subscribe** to receive updates on reports, press releases, congressional testimony, and more. Follow us at @VetAffairsOIG.

## PRIVACY NOTICE

In addition to general privacy laws that govern release of medical information, disclosure of certain veteran health or other private information may be prohibited by various federal statutes including, but not limited to, 38 U.S.C. §§ 5701, 5705, and 7332, absent an exemption or other specified circumstances. As mandated by law, the OIG adheres to privacy and confidentiality laws and regulations protecting veteran health or other private information in this report.

# Executive Summary

The VA Office of Inspector General (OIG) reviewed the Veterans Crisis Line's (VCL's) preparation for implementation of the National Suicide Prevention Hotline three-digit dialing code "9-8-8 press 1" (988 press 1).[1]

In 2007, the VCL was established. Callers could reach the crisis line by contacting the National Suicide Prevention Hotline (1-800-273-8255) and following instructions in a recorded greeting.[2] In 2020, the Federal Communications Commission designated 988 as the new suicide prevention hotline number, and later that year, the National Suicide Designation Act was signed into law, which required 988 to be used as the universal suicide prevention hotline number.[3] On July 16, 2022, callers were able to contact the VCL by using 988 press 1.

VCL leaders applied an external contractor's forecasting model, which projected an increased call volume of 122 to 154 percent. In response to the projected volume increase, the plan was to

- expand frontline staff through monthly hiring,
- identify VCL needs from the VA Office of Information and Technology (OIT), and
- ensure quality assurance.[4]

The OIG determined that while VCL leaders increased the hiring of frontline staff, the number of supervisors hired did not maintain the previously established supervisor-to-staff ratio of approximately 1 to 10. At the time of the review, the ratio had increased to one supervisor responsible for approximately 20 responders.[5] Although operational leaders explained there were discussions about hiring supervisors at the same time as responders, supervisor positions were posted as on-site, limiting the number of candidates. However, as of April 2024, the OIG received information that supervisor positions have been classified as remote and posted for hire.

To provide adequate supervision of responders, leaders should ensure the appropriate ratio of supervisors to frontline staff. The OIG is concerned that one supervisor overseeing, assessing, and mentoring approximately 20 responders may impact the VCL's ability to identify and remedy quality concerns.

[1] The OIG's review focused solely on call volume and not the use of VCL chat and text functions.

[2] For this report, the OIG refers to a veteran, service member, family member, or civilian who interacts with VCL as a caller.

[3] National Suicide Hotline Designation Act of 2020, Pub. L. No. 116-172, 134 Stat. 832 (2020), codified at 47 U.S.C. § 251 (2023). After the Act was signed into law, the name of the hotline was changed from the National Suicide Prevention Hotline to the 988 Suicide and Crisis Lifeline.

[4] The OIG considers frontline staff to include responders, social service assistants, and supervisors.

[5] The OIG recognizes supervisor to staff ratios were not static throughout the review period.

VCL frontline staff are exposed to potentially traumatic experiences when interacting with veterans in crisis. Postvention services are available to frontline staff.[6] The OIG conducted a survey, which revealed 28 percent of staff were unaware of available postvention resources.[7] The OIG concluded that VCL frontline staff would benefit from increased awareness and training regarding postvention resources.

Prior to implementation, VCL leaders collaborated with OIT leaders to identify and plan for necessary infrastructure and modernization to support the 988 press 1 implementation. A review of the OIG survey data demonstrated that the majority of staff reported having the necessary equipment and technical support to perform their work. The OIG concluded VCL did not encounter technology concerns related to 988 press 1 implementation.

The OIG found post-988 press 1 quality metrics data were reported monthly to VCL leaders at Executive Leadership Council meetings. Data included call volume, timeliness to answer calls, average time per call, number of dispatches, number of staff cleared for independent work, and the interactive quality of the call through silent monitoring. Overall, issues, proposed actions, outcome measures, and accountable individuals were documented in the minutes. The OIG obtained and compared pre- and post-988 press 1 call volumes. The volume of calls reported when 988 press 1 initiated in July through December 2022 was compared to the prior year interval from July through December 2021. Call volume increased by 12.5 percent. Data from July through December 2023 indicated a 15.1 percent increase over the July through December 2022 call volume. Although the number of calls increased, the volume was substantially lower than the 122 to 154 percent projected increase.[8]

Four months before the implementation of the new three-digit number, VCL leaders learned the subcontractor who supplied the existing external backup call center for VCL would no longer provide the service.[9] Within five weeks of notification, VCL leaders partnered with OIT to create an internal backup call center. According to VCL leaders, the internal backup option was successful, and the plan is to continue using this existing resource.

[6] A postvention is an "intervention conducted after a suicide, largely taking the form of support for the bereaved." This process allows for the emotional release necessary for "those who have endured a traumatic occurrence." VCL-S-ACT-311-2009, *Veterans Crisis Line Standard Operating Procedure for Postvention*, August 2020.

[7] The OIG developed a survey to obtain frontline staff feedback on VCL's implementation of 988 press 1. A link to the survey was sent out to all responders, Social Service Assistants, and supervisors who were employed by the VCL as of May 11, 2023. Of the 1,410 frontline staff who received the survey, 1,037 (73.5 percent) responded and the OIG reviewed 100 percent of the responses.

[8] VCL leaders applied an external contractor's forecasting model to predict the increase in calls. The OIG did not interview external contractors about the forecasting model because it was outside the scope of this project.

[9] The external backup call center manages calls that exceed a threshold wait time. Additionally, the backup call center is responsible for managing at least 10 percent of calls for its staff to maintain proficiency.

The OIG made two recommendations to the VCL Director related to determining the optimal supervisor-to-staff ratio and ensuring staff are aware and trained about the availability of postvention resources.

## VA Comments and OIG Response

The Under Secretary for Health concurred with the recommendations and provided an acceptable action plan (see appendix B). The OIG will follow up on the planned actions until they are completed.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General
for Healthcare Inspections

# Contents

# Abbreviations

| | |
|---|---|
| ELC | Executive Leadership Council |
| OIG | Office of Inspector General |
| OIT | Office of Information and Technology |
| SSA | Social Service Assistant |
| VCL | Veterans Crisis Line |
| VHA | Veterans Health Administration |

# Introduction

The VA Office of Inspector General (OIG) reviewed the Veterans Crisis Line's (VCL's) preparation for and implementation of the National Suicide Prevention Hotline three-digit dialing code "9-8-8 press 1" (988 press 1).

## Background

Substance Abuse and Mental Health Services Administration and Vibrant Emotional Health established the National Suicide Prevention Hotline (1-800-273-8255) on January 1, 2005.[1] In 2007, the VCL was established and callers could reach the crisis line by contacting the National Suicide Prevention Hotline and following a recorded greeting that included instructions to press 1.[2] Additionally, callers could contact any VA medical center, community-based outpatient clinic, or outpatient clinic and follow a recorded message with instructions to press 7 to reach the VCL.[3]

In 2018, Congress passed a bill to determine the feasibility of a three-digit dialing code for a national suicide prevention hotline.[4] The Substance Abuse and Mental Health Services Administration, the Federal Communications Commission, and the VA conducted a feasibility study. In 2020, the Federal Communications Commission designated 988 as the new suicide prevention hotline number. Later that year, the National Suicide Designation Act was signed into law and required 988 to be used as the universal number for the National Suicide Prevention Lifeline.[5] VCL went live with 988 press 1 on July 16, 2022.

[1] The Substance Abuse and Mental Health Services Administration is a branch of the US Department of Health and Human Services. Vibrant Emotional Health is the administrator of the National Suicide Prevention Hotline.

[2] For this report, the OIG refers to a veteran, service member, family member, or civilian who interacts with VCL as a caller.

[3] Acting Deputy Under Secretary for Health Operations and Management, "Connecting to the Veterans Crisis Line Option 7," memorandum to the VISN Directors, April 28, 2016; Deputy Under Secretary for Health for Operations and Management, "Implementation of Press 7 Option to All CBOCs and OPCs," memorandum to the Network Directors and Veterans Integrated Network Mental Health Leads, February 27, 2018.

[4] National Suicide Hotline Improvement Act of 2018, Pub. L. No. 115-233, 132 Stat. 2424 (2018).

[5] National Suicide Hotline Designation Act of 2020, Pub. L. No. 116-172, 134 Stat. 832 (2020), codified at 47 U.S.C. § 251 (2023). After the act was signed into law, the name of the hotline was changed from the National Suicide Prevention Hotline to the 988 Suicide and Crisis Lifeline.

## VCL Staff Roles

During a mental health crisis, callers can interact with a VCL crisis responder (responder) via telephone, online chat, or text messaging.[6] Responders engage callers through active listening, motivational interviewing, problem-solving, and safety-planning.[7] They also identify suicide risk factors, ensure callers' safety by addressing the crisis, perform a risk assessment, and seek supervisory guidance when needed.[8] Responders are trained to identify a caller's level of risk for harm and initiate dispatch of emergency services for risk of imminent harm.[9]

Social service assistants (SSAs) support responders and assist with the initiation of an emergency response or welfare check.[10] Their responsibilities include conveying information to emergency rescue services to allow emergency dispatch to locate the caller, communicate with the responder, and obtain assistance from emergency rescue services. SSAs also assist with facility transport plans and call a facility's suicide prevention coordinator with urgent and emergent consults.[11]

Supervisory social science specialists (supervisors) oversee the work of responders with responsibilities that include evaluating staff work performance, giving advice or instruction, and identifying staff training needs.[12]

Social science program specialist silent monitors (silent monitors) are staff specifically trained to listen to and assess active calls and provide coaching to responders for identified areas in need of improvement immediately following monitored calls.[13] According to VCL policy, the quality

---

[6] VHA Directive 1503(1), *Operations of the Veterans Crisis Line Center*, May 26, 2020, amended February 23, 2022. This directive was in place during a portion of the review period. It was rescinded and replaced by VHA Directive 1503(2), *Operations of the Veterans Crisis Line Center*, May 26, 2020, amended December 8, 2022. Unless otherwise specified, the December 2022 directive contains the same or similar language as the February 2022 and May 2020 directives. The OIG's review focused solely on call volume and not the use of VCL chat and text functions.

[7] VCL *Health Science Specialist Training Participant Guide*, June 2019. This guide was in place during the time of the events discussed in this report. It was rescinded and replaced by VCL, *Social Science Specialist Training Participant Guide*, November 2021. Unless otherwise specified, the 2021 guide contains the same or similar language regarding engagement processes and safety planning with callers as the rescinded 2019 guide. VCL also refers to a safety plan as a risk mitigation plan and for purposes of this report, the OIG used the term safety plan.

[8] VCL, *Social Science Specialist Training Participant Guide*; VCL "Health Science Specialist Training Participant Guide."

[9] VCL, *Social Science Specialist Training Participant Guide*; VCL "Health Science Specialist Training Participant Guide."

[10] VHA Directive 1503(2); VHA Directive 1503(1); VCL, *Health Science Specialist Training Participant Guide*.

[11] VCL, *Health Science Specialist Training Participant Guide*. A facility transport plan is a collaborative agreement between the caller and the responder, that the caller will present to an emergency department, urgent care, or clinic for intervention.

[12] VCL Position Description, "Supervisory Social Science Specialist," December 3, 2020.

[13] VCL-PACT-229-2104, Policy for Veterans Crisis Line Social Science Specialist Interaction Standards and Silent Monitoring, October 2021.

assurance goal is to conduct silent monitoring of 80 percent of responders at least once per two-week pay period.[14]

## Prior OIG Reports

In an April 2021 report, the OIG substantiated that two SSAs failed to dispatch local emergency services for a caller following a responder's rescue request. The OIG identified deficiencies in SSA oversight. All 11 recommendations were closed.[15]

In a September 2023 report, the OIG determined that a responder inadequately assessed suicide risk and alcohol use for a patient who died by suicide within the hour after VCL text contact. The responder failed to establish an effective safety plan, involve a family member, confirm lethal means access reduction, and consider a transfer from text to a telephone call. The OIG found that VCL leaders failed to provide adequate oversight and quality assurance. Five of the 14 recommendations remained open as of July 31, 2024.[16]

# Scope and Methodology

The scope of this review includes the preparation for and implementation of 988 press 1 for the period from October 17, 2020, through December 31, 2022.[17]

The focused areas of the review included:

- staffing and staff training,
- information technology equipment and support, and
- oversight of quality metrics.

The OIG team interviewed knowledgeable incumbent and former personnel from Office of Mental Health and Suicide Prevention, VCL, VA Office of Information and Technology (OIT), and outside contractors.[18]

---

[14] VCL-P-ACT-229-2104.

[15] VA OIG, *Insufficient Veterans Crisis Line Management of Two Callers with Homicidal Ideation, and an Inadequate Primary Care Assessment at the Montana VA Health Care System in Fort Harrison*, Report No. 20-00545-115, April 15, 2021.

[16] VA OIG, *A Patient's Suicide Following Veterans Crisis Line Mismanagement and Deficient Follow-Up Actions by the Veterans Crisis Line and Audie L. Murphy Memorial Veterans Hospital, San Antonio, Texas*, Report No. 22-00507-211, September 14, 2023.

[17] The OIG requested quality metrics data specific to calls reaching VCL through 988 press 1; however, VCL staff provided information to the OIG that due to limitations in call routing to the VCL, staff are unable to differentiate the number a caller uses to reach the VCL (988 press 1 vs. 1-800-273-8255).

[18] VA's Office of Mental Health and Suicide Prevention provides veterans' access to mental health services including prompt crisis intervention via the VCL.

The OIG reviewed relevant Veterans Health Administration (VHA) directives; VCL policies, procedures, and training records as well as documents from external accreditation bodies. The OIG also reviewed VCL Executive Leadership Council (ELC) meeting minutes from November 2020 through November 2022 and quality metrics from October 2020 through December 2023.

Based on information obtained in interviews with VCL leaders, the OIG developed a survey (see appendix A) to obtain feedback on VCL's implementation of 988 press 1.[19] A link to the survey was sent out to all responders, SSAs, and supervisors who were employed by the VCL as of May 11, 2023. Of the 1,410 frontline staff who received the survey, 1,037 (73.5 percent) responded and the OIG reviewed 100 percent of the responses.[20] In the survey, OIG asked if care to callers could have been impacted during the 988 press 1 implementation. Of the 1037 responses received, 10 callers were identified as having been impacted. The OIG reviewed the available documentation of the 10 callers and no adverse outcomes were identified.[21]

The OIG did not independently verify VHA data for accuracy or completeness.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, as amended, 5 U.S.C. §§ 401–24. The OIG reviews available evidence within a specified scope and methodology and makes recommendations to VA leaders, if warranted. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the review in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

# Review Results

VCL leaders collaborated with the Substance Abuse and Mental Health Services Administration to add the 988 press 1 option. The use of a three-digit number is easy to remember; therefore, VCL leaders anticipated an increase in call volume. VCL leaders applied an external contractor's

[19] The underlined term hyperlinks to another section of the report. To return to the point of origin, press and hold the "alt" and "left arrow" keys together.

[20] The OIG considers frontline staff to include responders, SSAs, and supervisors.

[21] The OIG did not identify any adverse outcomes for the 10 callers reviewed.

forecasting model to predict the increase in calls.[22] The projected volume increase was 122 to 154 percent.

The VCL ELC added the topic of 988 press 1 implementation to meeting discussions after the National Suicide Hotline Designation Act of 2020 was signed into law in October 2020.[23] The discussions included:

- expanding frontline staff through monthly hiring;
- collaborating with the outside contractor for onboarding new hires and communicating with the training team;
- identifying VCL needs from OIT, including support and assistance with onboarding equipment and support; and
- ensuring quality assurance.

## 1. Responder and Supervisor Staffing and Training

The OIG determined VCL leaders hired additional frontline staff in anticipation of the increase in call volume expected from the implementation of 988 press 1. However, at the time of this review, VCL had not increased the number of supervisors to meet the identified supervisor-to-staff ratio. Supervisors provide oversight to responders through direct observations during calls and by obtaining feedback from quality assurance staff. These continuous assessments are important to evaluate the quality of calls.

According to the Operations Directive for VCL, the VCL Executive Director is responsible for maintaining "appropriate staffing levels to achieve target service levels by using staffing methodology tools (e.g., forecasting demand, scheduling and staggering tours of duty)."[24]

VCL staffing needs were determined based on the projected increase in calls. Leaders decided to hire four groups of approximately 100 staff, onboarding every six weeks. A VCL executive leader stated that over the course of approximately seven years, staffing had grown from less than 500 full-time equivalent employees to 2,682 full-time equivalent employees as of March 14, 2023.[25]

VCL leaders acknowledged during OIG interviews that the number of supervisors hired did not maintain the established supervisor-to-staff ratio. The OIG learned that prior to the

[22] "A type of computational algorithm that uses repeated random sampling to obtain the likelihood of results." "What is Monte Carlo Simulation?" IBM, accessed March 14, 2024, https://www.ibm.com/topics/monte-carlo-simulation; The OIG did not interview external contractors about the forecasting model because it was outside the scope of this project.

[23] National Suicide Hotline Designation Act.

[24] VHA Directive 1503(2); VHA Directive 1503(1).

[25] According to an organizational chart provided by VCL to the OIG, the number of full-time equivalent employees was 2,568.

implementation of 988 press 1, the ratio of supervisor to responders was 1 to approximately 10. At the time of the review, the ratio had increased to 1 supervisor responsible for approximately 20 responders.[26]

The OIG survey results supported the VCL leaders' assertion. VCL supervisors were asked if they supervise more than 10 staff; the majority, 85.1 percent, responded "yes."

A VCL clinical operations leader explained to the OIG that there were discussions about the importance of hiring the correct number of supervisors and SSAs at the same time responders were hired.[27] The plan was to keep the same ratio of 1 supervisor to approximately 10 staff. However, the plan did not come to fruition after a small number of VCL staff elected to return to work in-person at call centers post-COVID-19 pandemic, subsequently necessitating supervisors to also return on-site.[28] VCL leaders explained supervisors would be responsible for on-site and off-site supervision of staff. The supervisor positions were posted as on-site, which limited the number of candidates. However, as of April 2024, OIG received information that supervisor positions have been classified as remote and posted for hiring.

A VCL leader stated concerns with the rapid hiring and staff training. The hiring of new staff resulted in increased demands for training, which was completed virtually. Previously, 20 frontline staff were trained at a time, compared to about 100 during the preparation for 988 press 1 implementation, resulting in a fivefold increase in training class size. VCL leaders also stated that the virtual setting may not have been an optimal environment for learning.

A VCL leader expressed concerns to the OIG that the number of staff requiring retraining increased, yet "supervisor resources being spread so thin" impacted the capacity to assist with this training. Further, VCL leaders felt that the amount of supervisors' time required for retraining affected their ability to complete other responsibilities. According to VCL leaders, the lack of supervisors may have led to difficulties in providing guidance and oversight to responders.

The OIG concluded that VCL leaders and supervisors are responsible for preparing staff for their roles. To provide adequate assessments, leaders should ensure the appropriate ratio of supervisors to frontline staff. Having one supervisor overseeing, assessing, and mentoring approximately 20 responders may impact the VCL's ability to identify call concerns and promote enhanced call quality.

[26] The OIG recognizes supervisor-to-staff ratios were not static throughout the review period.
[27] The OIG learned that in May 2023, VCL leaders changed the title of "clinical operations leader" to "crisis operations leader."
[28] A VCL leader speculated that staff chose to return to work at the call center because it may have been more conducive for these responders to take calls.

### Postvention Support Awareness

VCL frontline staff are exposed to potentially traumatic experiences when dealing with veterans in crisis. Postvention services provide staff the opportunity for support in situations such as a caller's death by suicide.[29] VHA policy outlines postvention efforts for staff.[30] VCL has separate postvention standard operating procedures for SSAs, responders, and supervisors, respectively.[31]

The OIG included a question in the survey to determine responders' awareness about available postvention resources (see appendix A). Approximately 72 percent of frontline staff who responded were aware of postvention services. Additionally, 72 percent of frontline staff responded feeling supported by their supervisors to access postvention resources. The OIG is concerned that frontline staff's awareness and feelings of support from supervisors to use postvention resources was not closer to 100 percent.[32] VCL staff would benefit from awareness and training regarding postvention resources.

## 2. Information Technology Equipment and Support

As part of the technology implementation process, VCL contracted with external consultants to support the addition of 988 press 1. A VCL staff member provided the OIG with documentation reflecting that in May and July 2020, the external consultants interviewed OIT stakeholders to develop a strategy to manage the anticipated increased VCL call volume. One of the consultants oversaw a majority of the technology preparations for 988 press 1 and assisted the VCL Technology and Innovation team in implementation efforts. The OIG reviewed the consulting group's technology implementation schedule, documentation of related activities, and risk assessment and found:

- an organized approach to readiness efforts beginning September 1, 2020;
- actions were taken to address technology issues, including but not limited to centralized equipment distribution, system upgrades, software licenses, contact processes between OIT and VCL, OIT Help Desk ticketing prioritization for VCL staff, outage mitigation strategies, and the addition of 11 staff positions;
- identification and closure of 11 technology risks; and

[29] VCL-S-ACT-311-2009, Veterans Crisis Line Standard Operating Procedure for Postvention, August 2020.

[30] VHA Directive 1160.07, *Suicide Prevention Program*, May 24, 2021.

[31] A postvention is an "intervention conducted after a suicide, largely taking the form of support for the bereaved" This process allows for the emotional release necessary for "those who have endured a traumatic occurrence." VCL-S-ACT-311-2009.

[32] VCL-S-ACT-311-2009.

- mitigation strategies for three unresolved technology risks as of March 1, 2023.[33]

OIT leaders told the OIG of collaborating with VCL leaders prior to the 988 press 1 implementation to identify and plan for necessary infrastructure and modernization to support the expansion. A former VCL Executive Director and the VCL Deputy Director of Technology and Innovation noted that the technology modernization planned for the 988 press 1 expansion was accelerated when VCL staff transitioned to remote work operations in response to the COVID-19 pandemic. Documentation reflected that evaluation of the 988 press 1 implementation technology modernization efforts is monitored in real-time through review of technical issues.

In interviews with the Office of Mental Health and Suicide Prevention and VCL leaders, the OIG inquired about the relationship with OIT.[34] VCL and OIT leaders described a joint approach to technology modernization efforts, which helped when the transition to remote work was accelerated.

VCL online survey responders provided positive feedback regarding technology, equipment, and support. Eighty-nine percent reported having the necessary equipment and 83.2 percent reported having the necessary technical support.[35]

## 3. Quality Metrics Data and Oversight

VCL is required to have a quality assurance program with defined and measurable performance indicators (quality metrics data), objectives, and time frames to ensure timeliness of services.[36] The quality assurance program uses silent monitoring to assess the quality of calls and provide

[33] Unresolved risks included system security updates, speed of technology initiative implementation, and technology security assessments. The contractor identified the potential impact of these risks as tolerable. Options for potential impact levels are acceptable, tolerable, and unacceptable.

[34] Office of Mental Health and Suicide Prevention leaders included the Executive Director and the Executive Director of Suicide Prevention. VCL leaders included a former VCL Executive Director and Deputy Directors, Acting Deputy Directors, and Assistant Deputy Directors of Business Operations, Clinical Operations, Data and Information, National Care and Peer Support, Quality and Training, and Technology and Innovation.

[35] Among the 9.7 percent survey responses indicating staff did not have the necessary equipment, the common themes included issues with computers, monitor(s), iPhones, and headsets. Among the 14.5 percent survey responses indicating staff did not have the necessary technical support, the common themes included service tickets being handed off between OIT departments, including local VHA facilities; OIT support unavailability during unusual work hours; and timeliness in resolving issues. Survey responses for other questions reflected a handful of technology concerns that were unspecified or related to software.

[36] No Veterans Crisis Line Call Should Go Unanswered Act, Pub. L. No. 114-247, 130 Stat. 996 (2016).

coaching to responders.[37] VCL leaders are required to provide oversight of quality assurance activities.[38]

Major objectives of the VCL quality assurance activities are to track and report quantitative data such as call volume, and qualitative data such as silent monitoring, to assess standards of interactions in calls.[39] VHA requires quality metrics data to be reported monthly at the VCL ELC meeting. As part of their oversight function, VCL leaders are also required to discuss the data and implement improvement processes, if warranted.[40] VCL policy states that designated leaders are to discuss "major accomplishments, risks/mitigation, current implementation efforts, strategic goal updates, KPIs [key performance indicators], actions and decision points for leadership" daily to promote continuous improvement.[41]

Quality data from July through December 2021, and from July through December 2022, were reviewed by the OIG to determine whether VCL leaders provided oversight of quality assurance activities and quality metrics data. The OIG found quality metrics data were reported monthly to VCL leaders at ELC meetings. Data included call volume, timeliness to answer calls, average time per call, number of dispatches, number of staff cleared for independent work, and the interactive quality of the call through silent monitoring. Overall, issues, proposed actions, outcome measures, and accountable individuals were documented in the minutes.[42]

The OIG obtained and compared pre- and post-988 press 1 call volumes. The volume of calls reported when 988 press 1 initiated in July through December 2022 was compared to the prior year interval from July through December 2021. Call volume increased by 12.5 percent. Data from July through December 2023 indicated a 15.1 percent increase over the July through December 2022 call volume. Although the number of calls increased, the volume was substantially lower than the 122 to 154 percent projected increase.

[37] VCL-P-ACT-229-2104, *Policy for Veterans Crisis Line Social Specialist Science Interaction Standards and Silent Monitoring*, October 2021. Silent monitoring is a tool used in the quality assurance program to assess the quality of intervention services provided by responders. Silent monitors are quality assurance staff who provide feedback and coaching to responders.

[38] VHA Directive 1503(2); VHA Directive 1503(1).

[39] VCL-P_701-2202, *Veterans Crisis Line Executive Leadership Council Charter*, February 2022; VHA Directive 1503(2); VHA Directive 1503(1).

[40] VHA Directive 1503(2); VHA Directive 1503(1). VHA categorizes trending volume and performance statistics as quality metrics. For this review, the OIG refers to quality metrics as data.

[41] National Suicide Hotline Improvement Act of 2018, Pub. L. No. 115-233, 132 Stat. 2424 (2018); VCL-P_701-2202; Key performance indicators are metrics such as phone calls that have performance targets and are tracked to identify areas for improvement. VCL policy also requires that the daily minutes discussed by designated leaders are recorded, then compiled and reported monthly at the executive leadership meeting.

[42] The OIG found that ELC meeting minutes contained sections to record recommendations, proposed actions, responsible staff, and follow-up dates. The OIG determined these were elements of VCL's improvement process.

VCL policy requires quality assurance staff to complete assessments, and track and report data related to the quality of the interactions during silent monitoring.[43] The goal is to provide a silent monitoring assessment at least once per two-week pay period for 80 percent of the crisis responders.[44]

The OIG found that the silent monitoring goals were not met from July 1 through December 31, 2021, with percentages from 42 to 73 percent. The OIG found that silent monitoring improved from August 14 to December 17, 2022, and met the 80 percent goal.[45] VCL leaders told the OIG that completing silent monitoring was challenging because the hiring focus was on responders and not support staff, such as quality assurance training staff. VCL leaders authorized overtime for quality assurance staff to complete silent monitoring to meet the goal. ELC meeting minutes reflected discussions about hiring additional quality assurance staff.

The OIG concluded ELC meeting minutes reflected quality oversight and discussions related to hiring additional silent monitors. The OIG recognizes silent monitors are vital to assess the responders and quality of care provided to the caller; this is particularly important when responders are novices in their role.[46]

## 4. Additional Challenge During 988 Press 1 Implementation

Four months before the implementation of the new three-digit number, the administrator for the National Suicide Prevention Lifeline, Vibrant Emotional Health, notified VCL that the subcontractor that provided the external backup call center for the VCL, would no longer provide the service.[47] Vibrant Emotional Health worked with the subcontractor to continue service until July 14, 2022, to allow time to secure another external backup call center for VCL. Additionally, VCL leaders told the OIG that within five weeks of notification of the loss of the external backup call center, VCL leaders partnered with OIT to create an internal backup call center. The internal backup call center was designed to respond to a technical outage or a surge in calls. According to a VCL leader, the internal backup option was successful, and the current plan is to continue using this existing resource.

[43] VHA Directive 1503(2); VHA Directive 1503(1).

[44] VCL-P-ACT-229-2104.

[45] Silent Monitoring Metrics data reports for July 3 through August 13, 2022, were not provided by the VCL Quality Analysis team.

[46] In a September 14, 2023, OIG report, the OIG made a recommendation related to hiring silent monitors. As of March 13, 2024, the silent monitor recommendation was closed; therefore, the OIG will not make a new recommendation.

[47] The external backup call center manages calls that exceed a threshold wait time. Additionally, the backup call center is responsible for managing at least 10 percent of calls for its staff to maintain proficiency.

# Conclusion

During the implementation of 988 press 1, VCL leaders and staff were uniformly committed to the goal of ensuring that VCL operations continued, and that quality and timeliness were maintained.

VCL leaders hired external consultants to provide a projected impact of 988 press 1 implementation to VCL. As a result of the consultants' reviews, VCL leaders determined the projected increase in call volume from 988 press 1 implementation required an increase in additional staffing to maintain quality crisis interventions. Supervisors were not hired at the same rate as other staff and the previously established ratio increased from one supervisor for approximately 10 staff to one supervisor for approximately 20 staff. The OIG is concerned that the higher ratio of staff to supervisors may lead to difficulties in supervisors' ability to provide adequate guidance and oversight.

VCL frontline staff are exposed to potentially traumatic experiences when dealing with veterans in crisis and VA provides a postvention resource. VCL staff would benefit from increased awareness and training regarding postvention resources.

VCL did not encounter technology concerns related to 988 press 1 implementation. VCL leaders in conjunction with OIT leaders assessed, planned for, and implemented technology changes related to 988 press 1. A review of staff survey data demonstrates that the majority have the necessary equipment and technical support to perform their work.

The OIG found documentation to support that VCL leaders received quality reports and determined that ELC meeting minutes reflected quality oversight. Data indicated the number of calls to VCL did not increase at the rate expected. VCL leaders authorized overtime for quality assurance staff to complete silent monitoring to meet the goal of 80 percent of responders at least once per two-week pay period. ELC meeting minutes reflected discussions related to hiring additional silent monitors.

# Recommendations 1–2

1. The Veterans Crisis Line Director determines the optimal ratio of supervisors to frontline staff needed, makes the best efforts to ensure the ratio is maintained, and takes action as warranted.

2. The Veterans Crisis Line Director ensures supervisors and staff are aware of postvention resources and monitors for compliance.

# Appendix A: VCL Online Survey Results

For completeness of survey responses, the OIG included "Unknown" and "Neutral" to show options available to frontline staff. The OIG did not interpret these responses as positive or negative.

**Question 1**: Did you feel VCL orientation class size negatively impacted preparation for final knowledge checks?

| | |
|---|---|
| **Yes** | **22.6%** |
| **No** | **68.6%** |
| **Unknown** | **8.6%** |

**Question 2**: Did you feel prepared for the 988 implementation?

| | |
|---|---|
| **Yes** | **77.6%** |
| **No** | **10.6%** |
| **Unknown** | **11.8%** |

**Question 3**: Did you feel supported by VCL leadership in the 988 implementation?

| | |
|---|---|
| **Yes** | **73.4%** |
| **No** | **11.8%** |
| **Unknown** | **14.9%** |

**Question 4**: Have you encountered difficulties performing your job duties during the 988 implementation?

| | |
|---|---|
| **Yes** | **18.1%** |
| **No** | **73.5%** |
| **Unknown** | **8.4%** |

**Question 5**: Did the difficulties performing your job duties during the 988 implementation impact veteran care? (*Must have answered "YES" to question 4*)

| | |
|---|---|
| **Yes** | **30.9%** |
| **No** | **45.2%** |
| **Unknown** | **23.9%** |

**Question 6**: I feel Standard Operating Procedures or policies provide sufficient guidance for handling VCL calls.

| | |
|---|---|
| **Strongly Agree/Agree** | **62.3%** |
| **Neutral** | **23.1%** |
| **Disagree/Strongly Disagree** | **14.6%** |

**Question 7**: I feel prepared to handle a disruptive or violent caller.

| | |
|---|---|
| **Strongly Agree/Agree** | **66.5%** |
| **Neutral** | **22.9%** |
| **Disagree/Strongly Disagree** | **10.7%** |

**Question 8**: Do you know about postvention resources available to you?

| | |
|---|---|
| **Yes** | **71.9%** |
| **No** | **15.0%** |
| **Unknown** | **13.0%** |

**Question 9**: Do you feel supported by your supervisor accessing postvention resources?

| | |
|---|---|
| **Yes** | **72.0%** |
| **No** | **6.1%** |
| **Unknown** | **21.9%** |

**Question 10**: I feel prepared for the transition to using the BRAIN [Backup Routing of All Incoming Numbers] web-based application.

| | |
|---|---|
| **Strongly Agree/Agree** | **38.6%** |
| **Neutral** | **36.0%** |
| **Disagree/Strongly Disagree** | **25.5%** |

**Question 11**: Have you always had the necessary equipment to perform your job duties?

| | |
|---|---|
| **Yes** | **89.0%** |
| **No** | **9.7%** |
| **Unknown** | **1.3%** |

**Question 12**: Have you always had the necessary technical support to perform your job duties?

| | |
|---|---|
| **Yes** | **83.2%** |
| **No** | **14.5%** |
| **Unknown** | **2.3%** |

**Question 13**: Did you receive training regarding the 988 implementation?

| | |
|---|---|
| **Yes** | **71.0%** |
| **No** | **15.0%** |
| **Unknown** | **14.0%** |

**Question 14**: Has the lack of Medora updates impacted efficiency or quality of handling calls?

| | |
|---|---|
| **Yes** | **13.0%** |
| **No** | **71.5%** |
| **Unknown** | **15.5%** |

**Question 15**: Has the size of the training classes impacted the rate of retraining?

| | |
|---|---|
| **Yes** | **15.9%** |
| **No** | **49.3%** |
| **Unknown** | **34.8%** |

**Question 16**: Do you supervise more than 10 staff? (*Question only provided to supervisory staff*)

| | |
|---|---|
| **Yes** | **85.1%** |
| **No** | **14.9%** |
| **Unknown** | **0.0%** |

**Question 17**: Are you aware of any poor patient outcomes related to the 988 implementation?

| | |
|---|---|
| **Yes** | **2.0%** |
| **No** | **98.0%** |
| **Unknown** | **0.0%** |

**Question 18**: Do you have any other 988 implementation-related concerns?

| | |
|---|---|
| **Yes** | **17.0%** |
| **No** | **83.0%** |
| **Unknown** | **0.0%** |

# Appendix B: Under Secretary for Health Memorandum

## Department of Veterans Affairs Memorandum

Date: July 9, 2024

From: Under Secretary for Health (10)

Subj: Office of Inspector General (OIG) Draft Report, Veterans Crisis Line Implementation of 988 Press 1 Preparation and Leaders' Response (VIEWS 11889895)

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on OIG's draft report on Veterans Crisis Line Transition to 988 Press 1, Preparation, Impact, and Leadership Response. The Veterans Health Administration (VHA) concurs with recommendations 1 and 2 made to the Under Secretary for Health and provides an action plan in the attachment.

2. VHA understands the importance of investing in supervisors and frontline staff and continues to engage in this important work to ensure all staff are aware of postvention resources available and how to access these resources.

3. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at [redacted]@va.gov.

(*Original signed by*:)

Steven Lieberman
Deputy Under Secretary for Health

For

Shereef Elnahal M.D., MBA

[OIG comment: The OIG received the above memorandum from VHA on July 18, 2024.]

# Under Secretary for Health Response

**VETERANS HEALTH ADMINISTRATION (VHA)**

**Action Plan**

**OIG Draft Report, Veterans Crisis Line Implementation of 988 Press 1 Preparation and Leaders' Response**

**(OIG Project Number 2023-00925-HI-1354)**

**Recommendation 1. The Veterans Crisis Line Director determines the optimal ratio of supervisors to frontline staff needed, makes the best efforts to ensure the ratio is maintained and take actions as warranted.**

**VHA Comments:** Concur

The Veterans Crisis Line (VCL) appreciates the concern the Office of the Inspector General (OIG) expresses for this issue and the importance of the optimal ratio of supervisors to frontline staff. VCL has determined the optimal ratio of both supervisory crisis responders to responders and supervisory social services assistants (SSAs) to SSAs is one supervisor to 10 responders and one supervisor to 10 SSAs. On July 3, 2022, the month of the 988 go-live, VCL operated with one supervisory crisis responder for every 11.9 responders. On the same day, VCL operated with one supervisory SSA for every 10 SSAs. As of June 17, 2024, VCL had one supervisory crisis responder for every 8.8 responders. Additionally, as of June 17, 2024, VCL had one supervisory SSA for every 7.7 SSAs.

VCL leadership remains committed to maintaining a ratio at or below one supervisor to 10 responders or SSAs. VCL leadership regularly evaluates supervisory crisis responder and supervisory SSA numbers to ensure the balance of supervisors to responders and balance of supervisors to SSAs remains optimal.

Status: Complete; request closure.

**OIG Comment:** The OIG considers this recommendation open to allow time for the submission of documentation to support closure.

**Recommendation 2. The Veterans Crisis Line Director ensures supervisors and staff are aware of postvention resources and monitors for compliance.**

**VHA Comments:** Concur

VCL is appreciative of OIG for sharing evidence gathered during its review and understanding of the impact of crisis center work on all staff involved. VCL will continue to ensure supervisors and frontline staff are aware of postvention resources available and the method to access these resources. As a part of this plan, VCL will incorporate discussions of the VCL-S-ACT-311-2009 *Veterans Crisis Line Standard Operating*

*Procedure (SOP) for Postvention,* effective August 2020, into Crisis Operation supervisory meetings for frontline Crisis Operations staff and provide an opportunity for discussion.

VCL will provide OIG with a report of supervisors and staff completion of the review of postvention resources as evidence to demonstrate compliance monitoring.

Status: In progress Target Completion Date: September 2024

# OIG Contact and Staff Acknowledgments

| | |
|---|---|
| **Contact** | For more information about this report, please contact the Office of Inspector General at (202) 461-4720. |
| **Inspection Team** | Trina Rollins, Director, MS, PA-C<br>Katherine Bostick, MPH, LCSW<br>Carol Lukasewicz, BSN, RN<br>Chastity Osborn, DNP, RN<br>Natalie Qualls, MSW, LCSW<br>Dawn Rubin, JD<br>Glenn Schubert, MPH<br>Laura Snow, LCSW, MHCL<br>Thomas Wong, DO |
| **Other Contributors** | Lisa Barnes, MSW<br>Josephine Biley Andrion, MHA, BSN<br>Natalie Sadow, MBA |

# Report Distribution

## VA Distribution

Office of the Secretary
Veterans Health Administration
Assistant Secretaries
General Counsel

## Non-VA Distribution

House Committee on Veterans' Affairs
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
House Committee on Oversight and Accountability
Senate Committee on Veterans' Affairs
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies
Senate Committee on Homeland Security and Governmental Affairs
National Veterans Service Organizations
Government Accountability Office
Office of Management and Budget

**OIG reports are available at www.vaoig.gov.**