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**STATEMENT OF  
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FOR THE RECORD OF THE  
SUBCOMMITTEE ON HEALTH  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
SEPTEMBER 18, 2024**

Chairwoman Miller-Meeks, Ranking Member Brownley and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to submit testimony for the record of your hearing titled, "Dial 988+1: Examining the Operations of the Veterans Crisis Line."

The Veterans Crisis Line (VCL) is a confidential toll-free hotline, online chat, and text messaging service that provides 24/7 crisis intervention services. Launched in 2007, it is free and available to all veterans, including those not enrolled in the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) system. The VCL can be accessed through the national 988 Suicide & Crisis Lifeline, which transitioned to the 3-digit 9-8-8 number in July 2022. As of April 2024, the VCL has responded to more than 7.7 million calls, 941,000 chats, 377,000 texts, and has referred more than 1.5 million veterans to VHA suicide prevention coordinators.

**Awareness and Accessibility**

Despite efforts to promote the VCL, many veterans are still unaware of its existence or how to access it. VA has implemented several campaigns to raise awareness about the crisis line, but reaching all veterans, especially those in remote or underserved areas, remains a challenge. Ensuring that all veterans are informed about and can easily access this critical service is crucial. DAV supports this effort by providing all DAV benefits advocates with suicide prevention training while amplifying VA's message through media and broadcasts of the VCL, 988 press 1.

Although DAV has made efforts to raise awareness of the VCL within the veteran community and among the general public, it is crucial to emphasize a holistic community approach to connect with veterans who are currently disengaged from VA

health care and benefits, not involved with veterans' service organizations, or those who typically do not self-identify as veterans such as women veterans.

In addition, some catastrophically disabled veterans experience challenges while contacting the VCL. Challenges can arise from physical limitations that make tasks like dialing and holding a phone, speaking clearly, and accessing technology difficult. Certain mental health conditions, post-deployment challenges and traumatic brain injuries can cause veterans to have limited stamina, patience, and increased stress, which can exacerbate their conditions and is the opposite desired effect/outcome during a stressful period when reaching out for help. These challenges can indeed make it difficult for them to get the help they need. We offer a few potential solutions for consideration that could help address these issues:

- **Voice-Activated Technology:** Utilizing voice-activated systems can assist veterans who have physical limitations. This technology can allow them to make calls or send messages without needing to physically handle a device.
- **Dedicated Support for Mental Health and TBI:** Specialized training for crisis line staff to understand and manage the unique needs of veterans with mental health challenges and traumatic brain injuries could improve the quality of support provided.
- **Stress-Reduction Techniques:** Incorporating stress-reduction techniques and tools within the crisis line's protocol could help veterans communicate more effectively. This might include guided breathing exercises or calming prompts before they begin to explain their situation.
- **Accessibility Features:** Ensuring that the crisis line's technology is compatible with various assistive devices, especially for blind or visually impaired veterans could make it easier to use the service.
- **Outreach and Education:** Increasing awareness about the available resources and how to use them can empower veterans to seek help more confidently. This could include instructional videos or step-by-step guides tailored to their needs.

Many rural and tribal veterans live in remote areas, making it difficult to access general and specialized medical services. Reaching rural and tribal veterans with information about the VCL can be challenging. Long travel distances to VA facilities and limited local health care options can hinder timely support. Broadband internet access is often limited in rural and tribal areas, which can affect the ability to use online chat or telehealth services provided by the VCL. Lack of reliable transportation can also be a significant barrier, especially for those who need to travel long distances to reach VA services. Tribal veterans may also face additional challenges due to cultural differences and a lack of culturally sensitive care.

Rural veterans often face higher rates of poverty and food insecurity, which can exacerbate mental health issues and make it harder to seek help. The VA's Office of

Rural Health and other initiatives must continue to work to bridge these gaps and improve access to care for rural and tribal veterans. Addressing these challenges requires a multifaceted approach, but with the right strategies in place, VA can make the VCL more accessible and effective for all veterans.

Efforts to address these challenges must include consideration of expanding telehealth services, improving outreach and education, and ensuring that VCL responders receive cultural sensitivity training. Ensuring that VCL responders are trained to understand and respect these differences is crucial. Tailored outreach efforts are needed to ensure these veterans are aware of the services available to them.

### **Call Volume and Wait Times**

Transitioning to the shortened 988 number led to increased call volumes, sometimes resulting in longer wait times for some callers. This highlights the need for adequate staffing and resources to manage the higher demand for these critical services.

Each year, the VCL manages a substantial number of calls. In 2023 alone, the VCL received over one million calls. During the holidays and certain other periods, the crisis line experiences a surge in calls. In fiscal year 2023, there was an 18% increase of calls over the previous year, resulting in veterans experiencing longer wait times than usual. Additionally, there was a 25% rise in chats and a 73% increase in texts compared to the previous year.

One key goal of the VCL has been to answer 90% of calls within 30 seconds, but maintaining this standard has proven challenging for the Department. According to one Government Accounting Office (GAO) report (GAO-17-545T), the VCL experienced a series of technical issues and did not consistently meet its target response time, falling short of the objective of answering 90% of calls within the specified timeframe.

During VCL outages or increased wait times, we recommend veterans are automatically directed to other crisis lines, such as the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), which also provides support for veterans.

To handle the higher call volume, the VCL must increase staffing levels. This should include hiring more responders and providing additional training to ensure that they can confidently handle a variety of crisis situations. Additionally, the VCL could consider working with community-based organizations and affiliates to provide additional support and resources to veterans in crisis could potentially help to alleviate some of the pressure on the VCL.

## **Training and Resources**

The VCL has been plagued with staffing and training issues, which correlate with veterans' safety and their very lives. Ensuring that all responders are adequately trained in crisis intervention and military culture is essential.

In a September 2023 report, the Office of Inspector General (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 OIG found that 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 further noted that VCL leaders failed to provide adequate oversight and quality assurance. Finally, the OIG report highlighted delays and inadequate administrative responses by VCL and facility staff following the patient's death, including failure to update the patient's electronic health record and delays in implementing the Behavioral Health Autopsy Program.

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. Due to the significantly increased volume of calls, we concur with the OIG that the VCL increase the number of supervisors to meet the recommended 1 to 10 ratios of supervisor to responders to ensure quality of services, timely oversight, and accountability.

DAV also recommends ongoing efforts continue to improve training and resources for responders, including more comprehensive training to include postvention resources for frontline staff.

## **Technical Issues**

VA acknowledged there were technical glitches and issues with routing calls correctly, especially during the initial rollout. Despite these challenges, the 988 Veterans Crisis Line remains a vital resource for veterans in crisis, providing confidential support 24/7.

In May 2024, the VCL faced intermittent access issues. Out of 505 affected callers, at least one outreach attempt was made for 433 calls, and VCL resolved the needs of 188 callers. However, many callers in crisis may have had unresolved issues. Implementing advanced technology solutions to manage call routing and reduce wait time must be a priority. This includes improving the infrastructure to handle higher call volumes and ensuring that calls are answered promptly by implementing advance call routing, improve online chat and text services, improve Artificial Intelligence (AI), ensure

VCL has integrated telehealth services and strengthen VCL IT staff to manage its own contracts and to ensure all necessary technology and equipment are available and functioning properly.

Madam Chairwoman, to mitigate these risks, it is crucial that the VCL has sufficient resources, staffing, robust contingency plans, including backup systems and partnerships with community organizations to provide alternative support options to those individuals who have bravely sacrificed for our freedom, to prevent suicide. When a veteran who is in crisis and feeling desperate, reaches out for help, they should be met with timely, knowledgeable and supportive response.

This concludes my testimony and we thank you for the opportunity to provide our comments.