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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
U.S. HOUSE OF REPRESENTATIVES**

“DIAL 988 +1: EXAMINING THE OPERATIONS OF THE VETERANS CRISIS LINE”

September 18, 2024

Good afternoon, Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished Members of the Subcommittee. Thank you for the opportunity today to discuss the Veterans Crisis Line (VCL). Accompanying me today are Dr. Christopher Watson, Executive Director, VCL, and Mr. Brad Mills, Director Unified Communications, Operations – Deputy Connectivity & Collaboration Services, Office of Information and Technology (OIT).

In 2021, 47,646 adult Americans died by suicide. Of those, 6,392 were Veterans. These numbers are more than statistics—they reflect individual lives prematurely ended, and they continue to be grieved by family members, loved ones, and the Nation as a whole. More work remains to amplify Veteran suicide prevention efforts alongside each of you at the national, state, and local levels.

Suicide is a complex problem with a multifaceted interweaving of individual and contextual factors. In addition to the individual-level risk factors associated with suicide, we must look at external factors such as social determinants of health. Exposure to trauma, sense of hopelessness, chronic pain, insomnia, isolation/loneliness, relationship strain, and the death of a loved one are examples of individual factors outside the specific frame of mental health that may play a role in suicide. Social determinants of health such as inadequate access to care, poverty, limited affordable housing, lack of educational opportunities and even macro-level factors such as war, famine, and global health inequities contribute to suicide risk. With no single predictor, there is no single solution, and we must be comprehensive in our approach to prevent Veteran suicide.

Every death by suicide is a tragedy, and we will not relent in our efforts to end Veteran suicide. We know that suicide is preventable. It is a national public health issue that affects people from all walks of life, not just Veterans. Eliminating Veteran suicide is a top VA priority, and we continue to work diligently across the Department and with Federal, tribal, state, and local governments to advance a public health approach to suicide prevention. The National Strategy for Preventing Veteran Suicide 2018-2028 is VA's suicide prevention strategy, and it fully aligns with the President's 2021 National Strategy for Reducing Military and Veteran Suicide. More specifically, VA's suicide

prevention strategy takes a comprehensive, cross-sector, evidence-informed public health approach with focal areas in improving lethal means safety; enhancing crisis care, and care transition; increasing access to effective care; addressing upstream risk and protective factors; and enhancing research coordination, data sharing, and program evaluation efforts.

VA's public health approach requires a focus on evidence-informed clinical and community initiatives. This means maximizing prevention efforts that cut across all sectors in which Veterans may interact and collaborate with Veterans Service Organizations (VSO), state and local leaders, medical professionals, criminal justice officials, private employers, and many other partners. VA's public health strategy combines collaborations with communities to implement tailored, local prevention plans while also focusing on evidence-based clinical strategies for intervention.

Overview

VCL is a national call center with trained responders available to any Veteran, Service member, or their loved ones 24 hours a day, 7 days a week, and 365 days a year. Launched in 2007, VCL started with 14 trained responders working out of a call center in Canandaigua, New York. VCL partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services (HHS) and the 988 Suicide and Crisis Lifeline to establish 988 in July 2022. VA made it easier than ever before for Veterans to reach VCL, by dialing 988 and pressing 1. Upon the 2-year anniversary of 988, VCL has noted a 22.7% increase in calls per day, 76.7% increase in texts per day, and 27.5% increase in chats per day since the launch of 988. This means that more Veterans than ever are getting the support they need from caring, qualified responders during times of crisis.

VCL is a critical component of the Nation's largest Integrated Suicide Prevention Network. VCL links to 476 Suicide Prevention Coordinators at every VA medical center for local follow up within 1 business day of calling VCL. VCL also provides additional services "Beyond the Call." VCL expanded its critical crisis intervention work to help Veterans continue to feel supported and engaged by implementing Caring Letters in June 2020. Since then, VCL has mailed over 2.3 million letters to more than 310,000 Veterans. This evidence-based intervention has been found to reduce the rate of suicide death, attempts, and ideation (Reger, et al. 2019). In 2021, VCL launched the Peer Support Outreach Call (PSOC) Center, providing outreach by certified peer specialists, who are also Veterans, to support hope and recovery-oriented services after the initial call to VCL. Together, Caring Letters and PSOC provide additional support of expansion of services as part of the unified efforts for 988 implementation.

While VCL operations continued to expand with 988 implementation, so did the program evaluation efforts to assess VCL effectiveness. The VCL program evaluation efforts resulted in a study that found Veteran callers who use VHA services: (1) were over five times more likely to have less distress at the end of the call than at the beginning; (2) were almost 5 times more likely to have less suicidal ideation at the end

of the call than at the beginning; and (3) were 11 times more likely to have reduced suicidal urgency at the end of the call than the beginning (Britton et al., 2022). Further, another study reported among Veterans who had suicidal thoughts who called VCL, 82.6% reported that using VCL played a role in stopping them from acting on those thoughts (Johnson, 2021).

VCL has received tremendous support to implement 988 press 1. This includes being approved for 460 new full-time employees (FTE) in March 2021 and an additional 1,073 new FTEs in January 2022—bringing VCL's authorized FTEs to 2,568. VCL received a budget increase of \$141 million in fiscal year (FY) 2022, bringing VCL's total budget to \$255 million. VCL's FY 2024 budget has increased by another \$45 million, for a total budget of \$300 million. Through this support, VCL has increased onboard FTEs from 877 in February 2021 to 1,955 as of August 25, 2024—a gain of 1,078 FTEs. This includes an increase in Crisis Responders from 541 in February 2021 to 1,084 as of August 2024, growing by 543 FTEs. VCL has worked extensively with OIT to make enhancements to technological infrastructure and to implement an internal backup call center. These enhancements are designed to ensure VCL can provide crisis support to Veterans, Service Members, and their loved ones 24 hours a day, 7 days a week, and 365 days a year.

Additionally, VCL began a comprehensive modernization effort in November 2021. This effort provides a resilient, hardened, secure, and responsive VCL system. The scope of the modernization includes all components of VCL, including support procedures and contracts, hardware, and software. To ensure strong support, the effort is co-sponsored by executive leadership from VCL and OIT. The effort began by stabilizing support for existing components of VCL's product suite. Implemented improvements, including implementation of the Session Initiation Protocol in the telephony environment, 24 hours a day, 7 days a week, and 365 days a year support contract for the Customer Relationship Module (CRM), full integration with VA's Enterprise Service Desk and monitoring systems, and designating VCL as a critical bedrock system. After this initial work, the effort proceeded to a top-down evaluation of the current state, and with joint agreement from VCL and OIT, is now in the implementation phase in several areas; the VCL improved chat solution went live in August 2024, the newly developed cloud CRM solution is planned to go live by the end of 2024, and the telephony contact center solution will go live in calendar year 2025, after extensive training and testing of the solution.

Recent Veteran Suicide Prevention Laws

Enactment of new laws has helped fuel forward advancements in Veteran suicide prevention. Notably, the National Suicide Hotline Designation Act of 2020 (P.L. 116-172) established a national three-digit emergency number, 988, to simplify access to crisis services. This law reduced barriers to accessing care during times of crisis. In

preparation for the anticipated increases in call volume, VCL completed extensive work with an external consultant in six major lanes of effort to ensure a successful deployment and operations. These preparations focused on crisis operations, business operations, quality assurance and training, resource management, information technology and innovation, and communications. As part of these efforts, VCL expanded staffing to support call, chat, and text services. Business operations were strengthened to streamline the onboarding and new employee orientation processes to support significant hiring initiatives, and to implement a new wellness section to support employee whole health. Quality assurance and training were augmented through additional staff to provide silent monitoring and training programs. The information technology and innovation section expanded to provide 24 hours a day, 7 days a week coverage and strengthen collaboration with OIT. Finally, detailed communication plans were implemented to share information widely and proactively regarding the transition to three-digit dial to reach VCL. Internal partnerships within VA were instrumental to resource VCL, provide employees with the necessary equipment to do their jobs, and communicate key changes to Veterans Integrated Service Networks, facilities, and other program offices. VCL also leveraged external collaborative efforts in preparation, including with SAMHSA, the Federal Communications Commission, and other Federal agencies.

Another law that has impacted VCL is the Support the Resilience of Our Nation's Great (STRONG) Veterans Act of 2022 (P.L. 117-328, Div. V), which contains more than two dozen sections that bolster VA's efforts to support Veterans' mental health and equitable access to VA's life-saving resources. The STRONG Act requires VA to update training for VA's workforce and VCL staff, implement pilot programs, expand access to mental health care, conduct analysis and research, and provide outreach to Veterans regarding mental health resources.

The STRONG Act aligns with VA's priority of preventing Veteran suicide and connecting Veterans with the best care through the expansion of culturally competent mental health and suicide prevention services to traditionally underserved Veterans and increased staffing to mental health disciplines. VA has already implemented the requirements of 14 of the 27 substantive sections contained in the law. Title II of the STRONG Act directed VCL to improve training and quality management and to conduct two pilot programs. It also required VA to solicit feedback from VSOs on how to conduct outreach to Veterans, members of the Armed Forces, and their families on the transition to 988 as the new suicide and mental health crisis line. VA has implemented supervisory silent monitoring for Crisis Responders to ensure consistent, high-quality services are provided, and it has updated numerous standard operating procedures to clarify procedures and guidelines for supporting Veterans and Service members in crisis.

Quality Assurance and Training

VCL has a robust quality assurance and training program. Since February 2021, this program has grown from 54 FTEs to 111 FTEs as of August 2024, an increase of 57 FTEs. In addition to the increase in quality staff, VCL is closely tracking and

monitoring supervisor-to-staff ratios. Since October 2023, VCL ensured a ratio of one Crisis Response Supervisor for every 10 frontline Crisis Responders and has also ensured there is at least one Supervisory Social Services Assistant (SSA) for every 10 frontline SSAs. As of August 2024, VCL had a supervisor-to-frontline staffing ratio of one to eight for both Crisis Responders and SSAs. Through these initiatives, VCL completes regular silent monitoring for all Crisis Responders. This includes having silent monitors complete at least one silent monitor for each Crisis Responder every two weeks for 80% of Responders. In addition, Crisis Response Supervisors complete two silent monitors for all their direct reports monthly. These reviews are essential for maintaining and validating quality assurance.

VCL conducts quality assurance practices and staff trainings to ensure continued quality services and well-trained staff amidst the 988 implementation. VCL is fully accredited by three organizations: the American Association of Suicidology, the Commission on Accreditation of Rehabilitation Facilities (CARF), and the International Customer Management Institute. In its most recent accreditation visit, CARF awarded VCL a full 3-year re-accreditation for achieving zero findings during FY 2024. Only one percent of organizations achieve this level of compliance across the Nation. CARF also commended VA for the comprehensive training provided to VCL staff.

VCL Outages

Thus far in FY 2024, VCL experienced 12 notable outages—10 resulting from external vendor or carrier issues and 2 related to internal VA equipment. A outage is defined as a Critical Priority Incident that is a technical event that meaningfully impacts VCL's ability to deliver critical services. These outages varied in scope and impact. Some were limited to carrier issues in specific geographical locations, some were intermittent outages, and others impacted individual components of VCL's overall application suite. VA's significant commitment to VCL OIT modernization and improvements noted as part of 988 preparation are critical pieces of ensuring VCL can promptly respond when outages do arise. In the case of an outage, VCL follows detailed, standardized protocols to reach out to all impacted numbers. This includes attempting to contact each number at least three different times, during different times of the day, and over the course of several days. If a VCL Crisis Responder is unable to connect with the individual or leave a voicemail after these attempts, available records will be reviewed to determine possible next steps, such as continued outreach or engaging with a Veteran's assigned VA facility. Only after these efforts have concluded will VCL consider resolving the case.

As this Subcommittee is aware, OIT briefed staff from the Senate Committee on Veterans' Affairs on June 27, 2024, regarding intermittent access issues related to the 988 press 1 service. We informed the staff at that time, and reiterate today, that the incident was due to external factors unrelated to VA technology. Specifically, the issue stemmed from a technical problem at a phone carrier's facility, which was beyond VCL's control. Similar issues have occurred subsequently with other major carriers. In response to these incidents, VA worked closely with HHS, experts within VA, and the

relevant phone carriers. We took swift action to mitigate the impact, including posting alerts on VA's websites and social media platforms to ensure that Veterans were informed of alternative ways to reach VCL.

VA takes any outage that may prevent Veterans from accessing the care they need, when they need it, very seriously. As outlined in the August 22, 2024, VA Office of Inspector General (OIG) report titled *Veterans Crisis Line Implementation of 988 Press 1 Preparation and Leaders' Response* (OIG Report No. 23-00925-227), 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."¹

Of the 1,410 frontline staff who received the survey, 1,037 (73.5 percent) reported having the equipment and technical support required to perform their critical work.² OIG reviewed 100 percent of the responses and made no recommendations for OIT to remediate issues, reinforcing the effectiveness of our efforts in this area. Despite this positive report, VA continues to take any reported outages seriously. VCL and OIT work closely with our service providers and others to remediate issues quickly and provide Veterans in crisis with timely notifications and alternative access options.

Conclusion

We appreciate the Committee's continued support and collaboration in this shared mission. Madam Chair, this concludes my statement. My colleagues and I are ready to answer any questions you and the Subcommittee may have.

¹ <https://www.vaog.gov/sites/default/files/reports/2024-08/vaog-23-00925-227r.pdf>.

² [Veterans Crisis Line Implementation of 988 Press 1; Preparation and Leaders' Response \(vaog.gov\)](#)