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(Original Signature of Member)

116TH CONGRESS
2D SESSION

H. R. 8101

To direct the Secretary of Veterans Affairs to submit to Congress a report on efforts by Department of Veterans Affairs to implement safety planning in emergency departments, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. LEVIN of Michigan introduced the following bill; which was referred to the Committee on _____

A BILL

To direct the Secretary of Veterans Affairs to submit to Congress a report on efforts by Department of Veterans Affairs to implement safety planning in emergency departments, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “VA Emergency De-
5 partment Safety Planning Act”.

1 **SEC. 2. REPORT ON EFFORTS BY DEPARTMENT OF VET-**
2 **ERANS AFFAIRS TO IMPLEMENT SAFETY**
3 **PLANNING IN EMERGENCY DEPARTMENTS.**

4 (a) FINDINGS.—Congress makes the following find-
5 ings:

6 (1) The Department of Veterans Affairs must
7 be more effective in its approach to reducing the
8 burden of veteran suicide connected to mental health
9 diagnoses, to include expansion of treatment deliv-
10 ered via telehealth methods and in rural areas.

11 (2) An innovative project, known as Suicide As-
12 sessment and Follow-up Engagement: Veteran
13 Emergency Treatment (in this subsection referred to
14 as “SAFE VET”), was designed to help suicidal vet-
15 erans seen at emergency departments within the
16 Veterans Health Administration and was success-
17 fully implemented in five intervention sites beginning
18 in 2010.

19 (3) A 2018 study found that safety planning
20 intervention under SAFE VET was associated with
21 45 percent fewer suicidal behaviors in the six-month
22 period following emergency department care and
23 more than double the odds of a veteran engaging in
24 outpatient behavioral health care.

25 (4) SAFE VET is a promising alternative and
26 acceptable delivery of care system that augments the

1 treatment of suicidal veterans in emergency depart-
2 ments of the Veterans Health Administration and
3 helps ensure that those veterans have appropriate
4 follow-up care.

5 (5) Beginning in September 2018, the Veterans
6 Health Administration implemented a suicide pre-
7 vention program based on the findings of SAFE
8 VET, known as the SPED program, for veterans
9 presenting to the emergency department who are as-
10 sessed to be at risk for suicide and are safe to be
11 discharged home.

12 (6) The SPED program includes issuance and
13 update of a safety plan and post-discharge follow-up
14 outreach for veterans to facilitate engagement in
15 outpatient mental health care.

16 (b) REPORT.—

17 (1) IN GENERAL.—Not later than 180 days
18 after the date of the enactment of this Act, the Sec-
19 retary of Veterans Affairs shall submit to the appro-
20 priate committees of Congress a report on the ef-
21 forts of the Secretary to implement a suicide preven-
22 tion program for veterans presenting to an emer-
23 gency department or urgent care center of the Vet-
24 erans Health Administration who are assessed to be
25 at risk for suicide and are safe to be discharged

1 home, including a safety plan and post-discharge
2 outreach for veterans to facilitate engagement in
3 outpatient mental health care.

4 (2) ELEMENTS.—The report required by para-
5 graph (1) shall include the following:

6 (A) An assessment of the implementation
7 of the current operational policies and proce-
8 dures of the SPED program at each medical
9 center of the Department of Veterans Affairs,
10 including an assessment of the following:

11 (i) Training provided to clinicians or
12 other personnel administering protocols
13 under the SPED program.

14 (ii) Any disparities in implementation
15 of such protocols between medical centers.

16 (iii) Current criteria used to measure
17 the quality of such protocols including—

18 (I) methodology used to assess
19 the quality of a safety plan and post-
20 discharge outreach for veterans; or

21 (II) in the absence of such meth-
22 odology, a proposed timeline and
23 guidelines for creating a methodology
24 to ensure compliance with the evi-
25 dence-based model used under the

1 Suicide Assessment and Follow-up
2 Engagement: Veteran Emergency
3 Treatment (SAFE VET) program of
4 the Department.

5 (B) An assessment of the implementation
6 of the policies and procedures described in sub-
7 paragraph (A), disaggregated by gender and by
8 race and ethnicity, including the following:

9 (i) An assessment of the quality and
10 quantity of safety plans issued to veterans.

11 (ii) An assessment of the quality and
12 quantity of post-discharge outreach pro-
13 vided to veterans.

14 (iii) The post-discharge rate of vet-
15 eran engagement in outpatient mental
16 health care, including attendance at not
17 fewer than one individual mental health
18 clinic appointment or admission to an in-
19 patient or residential unit.

20 (iv) The number of veterans who de-
21 cline safety planning efforts during proto-
22 cols under the SPED program.

23 (v) The number of veterans who de-
24 cline to participate in follow-up efforts
25 within the SPED program.

- 1 (C) A description of how SPED primary
2 coordinators are deployed to support such ef-
3 forts, including the following:
- 4 (i) A description of the duties and re-
5 sponsibilities of such coordinators.
 - 6 (ii) The number and location of such
7 coordinators.
 - 8 (iii) A description of training provided
9 to such coordinators.
 - 10 (iv) An assessment of the other re-
11 sponsibilities for such coordinators and, if
12 applicable, differences in patient outcomes
13 when such responsibilities are full-time du-
14 ties as opposed to secondary duties.
- 15 (D) An assessment of the feasibility and
16 advisability of expanding the total number and
17 geographic distribution of SPED primary coor-
18 dinators.
- 19 (E) An assessment of the feasibility and
20 advisability of providing services under the
21 SPED program via telehealth channels, includ-
22 ing an analysis of opportunities to leverage tele-
23 health to better serve veterans in rural areas.
- 24 (F) A description of the status of current
25 capabilities and utilization of tracking mecha-

1 nisms to monitor compliance, quality, and pa-
2 tient outcomes under the SPED program.

3 (G) Such recommendations, including spe-
4 cific action items, as the Secretary considers
5 appropriate with respect to how the Depart-
6 ment can better implement the SPED program,
7 including recommendations with respect to the
8 following:

9 (i) A process to standardize training
10 under such program.

11 (ii) Any resourcing requirements nec-
12 essary to implement the SPED program
13 throughout Veterans Health Administra-
14 tion, including by having a dedicated clini-
15 cian responsible for administration of such
16 program at each medical center.

17 (iii) An analysis of current statutory
18 authority and any changes necessary to
19 fully implement the SPED program
20 throughout the Veterans Health Adminis-
21 tration.

22 (iv) A timeline for the implementation
23 of the SPED program through the Vet-
24 erans Health Administration once full

1 resourcing and an approved training plan
2 are in place.

3 (H) Such other matters as the Secretary
4 considers appropriate.

5 (c) DEFINITIONS.—In this section:

6 (1) The term “appropriate committees of Con-
7 gress” means—

8 (A) the Committee on Veterans’ Affairs
9 and the Subcommittee on Military Construc-
10 tion, Veterans Affairs, and Related Agencies of
11 the Committee on Appropriations of the Senate;
12 and

13 (B) the Committee on Veterans’ Affairs
14 and the Subcommittee on Military Construc-
15 tion, Veterans Affairs, and Related Agencies of
16 the Committee on Appropriations of the House
17 of Representatives.

18 (2) The term “SPED primary coordinator”
19 means the main point of contact responsible for ad-
20 ministering the SPED program at a medical center
21 of the Department.

22 (3) The term “SPED program” means the
23 Safety Planning in Emergency Departments pro-
24 gram of the Department of Veterans Affairs estab-
25 lished in September 2018 for veterans presenting to

1 the emergency department who are assessed to be at
2 risk for suicide and are safe to be discharged home,
3 which extends the evidence-based intervention for
4 suicide prevention to all emergency departments of
5 the Veterans Health Administration.