Implementing Best Practices and Improving Collaboration for Crisis Care and Suicide Prevention among High-Risk SMVF

Richard McKeon, Ph.D., Suicide Prevention Branch Chief, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

Misty Leitsch, Interim Executive Director, Zero Suicide Director, Tennessee Suicide Prevention Network

**Clifton "Brent" Arnspiger, MSW**, Suicide Prevention Coordinator, Debakey VA Medical Center

SAMHSA

Substance Abuse and Mental Health Services Administration

Call Logistics

- Call in **on your telephone**, or use your **computer audio option**

- **If you are on the phone, remember to enter your Audio PIN**
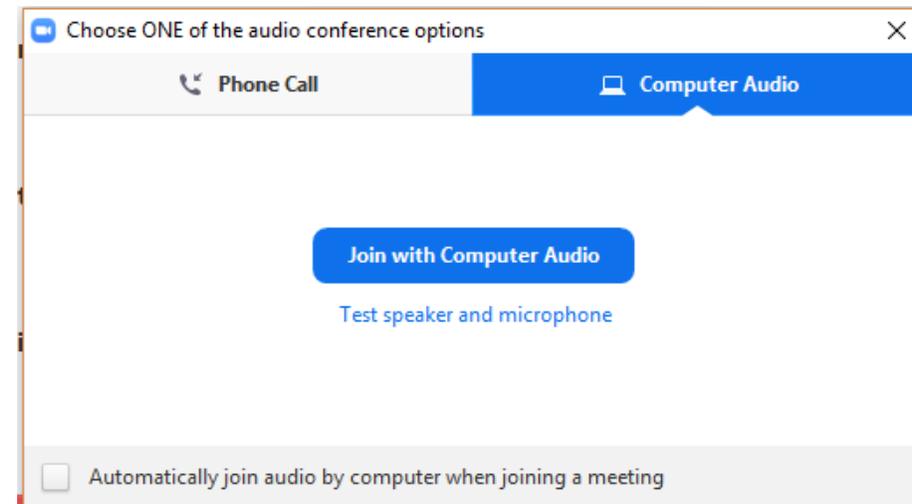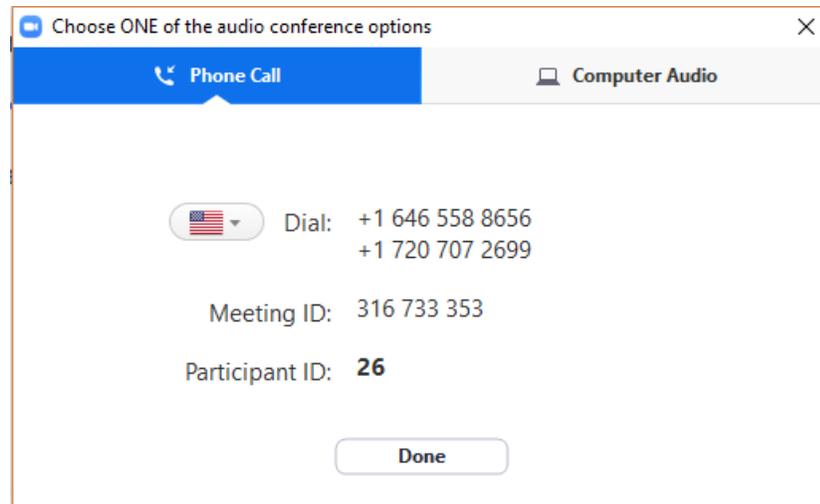
How to Ask a Question
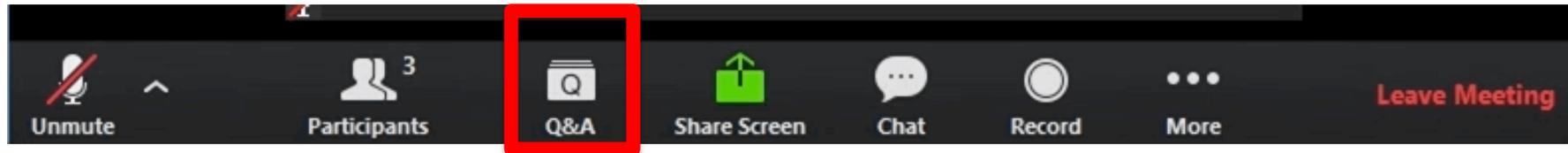
Click on the Q&A function located at the bottom of your screen.
This will open a pop up where you can type your question.

SAMHSA
Substance Abuse and Mental Health
Services Administration

Cicely K. Burrows-McElwain, L.C.S.W.-C.

Military and Veteran Liaison

National Policy Liaison Branch,

Division of Regional and National Policy/Office of Policy, Planning, and Innovation, SAMHSA

SAMHSA
Substance Abuse and Mental Health
Services Administration

Donald Harris, M.B.A.
Senior Project Associate
SAMHSA's SMVF TA Center
Policy Research Associates, Inc.

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA Background

Since 2008, SAMHSA has partnered with states and territories to strengthen behavioral health systems serving **Service Members, Veterans, and their families** (SMVF), providing technical assistance (TA) through its SMVF TA Center.

SAMHSA leads efforts to ensure substance use and mental health issues among all Americans, including SMVF, are well understood.

Substance Abuse and Mental Health
Services Administration

SAMHSA's SMVF TA Center

SAMHSA ★ SMVF TA CENTER

Service Members, Veterans, and their
Families Technical Assistance Center

- Strengthening ongoing collaboration among military and civilian stakeholders

- Providing a centralized mechanism for cities, states, and territories to learn, connect, and share

- Increasing awareness of and access to resources and programs that strengthen behavioral healthcare systems for Service Members, Veterans, and their families (SMVF)

- Supporting coordinated responses to the behavioral health needs of SMVF

- Encouraging cities, states, and territories to implement promising, best, and evidence-based practices

SAMHSA
Substance Abuse and Mental Health
Services Administration

Technical Assistance Methods

The SMVF TA Center provides training and technical assistance through activities such as:

- Policy Academies
- Implementation Academies
- Crisis Intercept Mapping
- Webinars
- Learning Communities
- Onsite and virtual expert consultation
- Resource dissemination

SAMHSA
Substance Abuse and Mental Health
Services Administration

Webinar Objectives

- ✓ Describe the SMVF intercepts and how they present opportunities for asking the questions, identifying Veteran status, and screening for suicide risk
- ✓ Discuss best practices, resources, and tools available for implementing crisis mapping and responding to suicidality by identifying SMVF risk factors, signs, and symptoms amidst a COVID-19 public health crisis
- ✓ Address challenges linked with meeting the demands of COVID-19 and opportunities for SMVF suicide prevention approaches

SAMHSA
Substance Abuse and Mental Health
Services Administration

The SMVF Crisis Intercept Map is a strategic planning tool that helps communities visualize how at-risk SMVF flow through the crisis system and understand where opportunities for intercept may occur
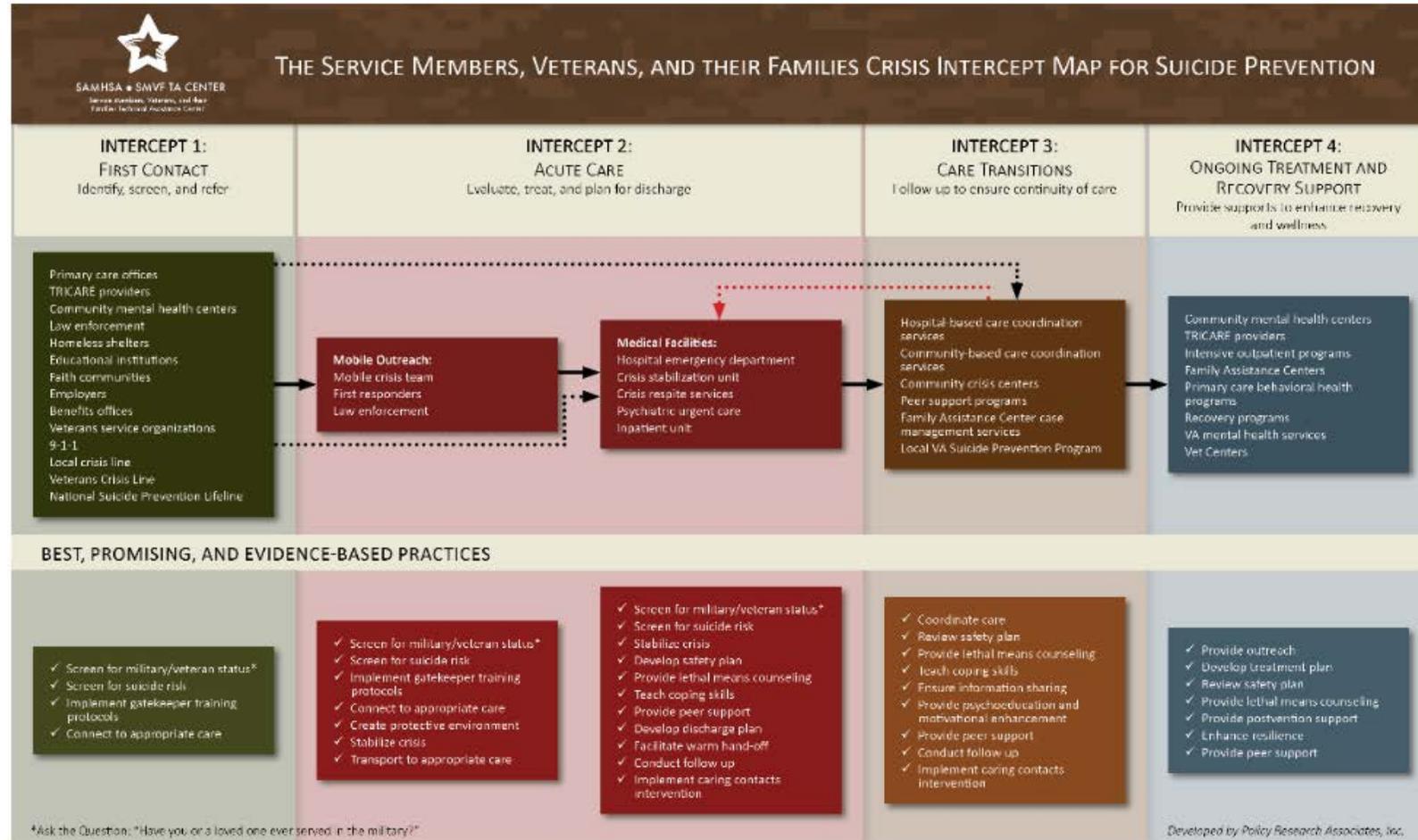
Participation in Crisis Mapping - Nationally
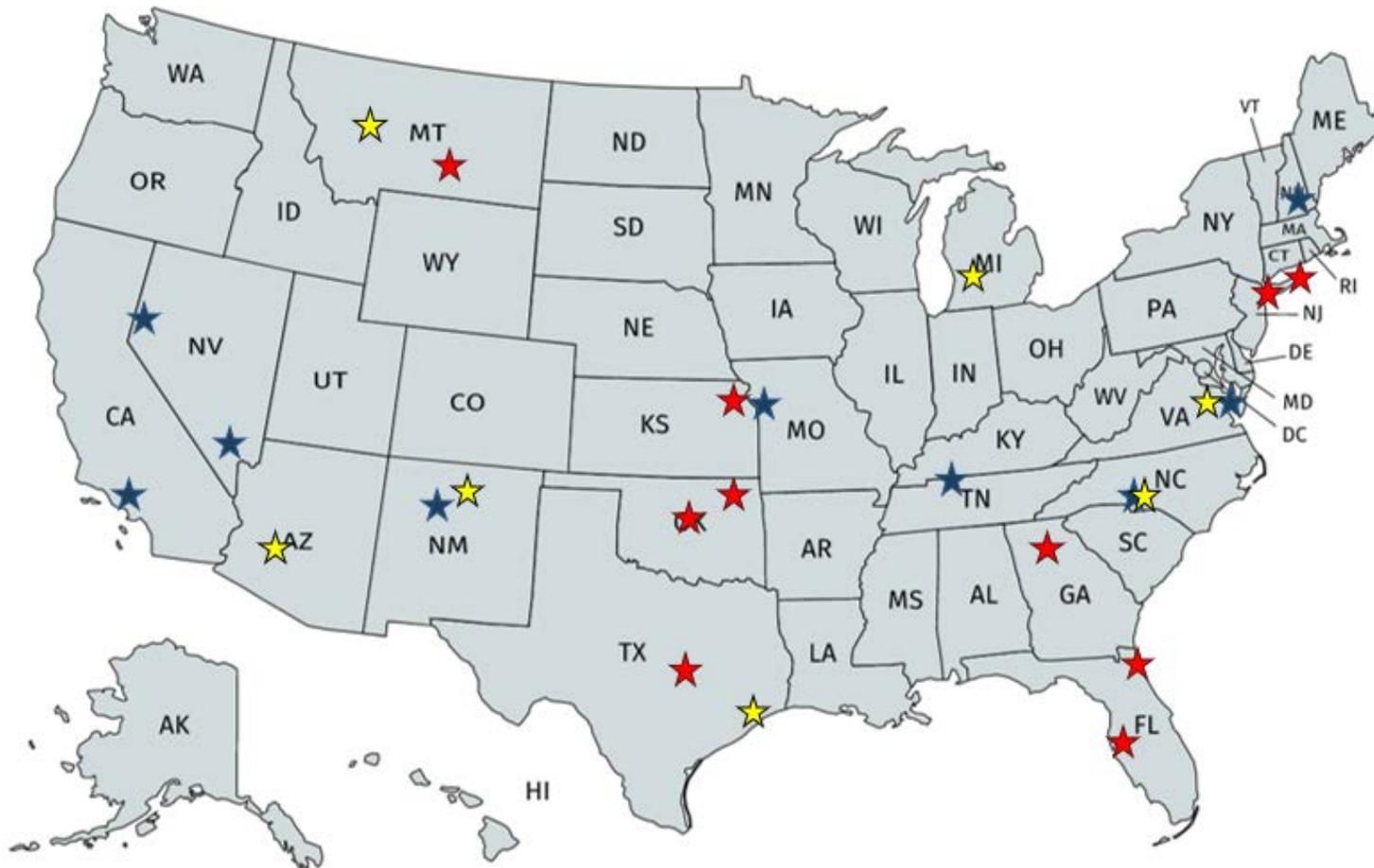
★ 2020
- Atlanta, GA
- Austin, TX
- Billings, MT
- Hillsborough County, FL
- Jacksonville, NC
- New York, NY
- Oklahoma City, OK
- Suffolk County, NY
- Topeka, KS
- Tulsa, OK

★ 2019
- Albuquerque, NM
- Clarksville, TN
- Hampton, VA
- Kansas City, MO
- Las Vegas, NV
- Los Angeles, CA
- Manchester, NH
- Mecklenburg County, NC
- Reno, NV

★ 2018
- Charlotte, NC
- Helena, MT
- Houston, TX
- Kalamazoo, MI
- Phoenix, AZ
- Richmond, VA
- Santa Fe, NM

SAMHSA
Substance Abuse and Mental Health
Services Administration

Our Presenters Today

Richard McKeon, Ph.D.
Branch Chief,
Suicide Prevention Branch,
Center for Mental Health
Services,
Substance Abuse and Mental
Health Administration

Misty Leitsch
Interim Executive Director,
Zero Suicide Director,
Tennessee Suicide Prevention
Network

Clifton "Brent" Arnspiger, MSW
Suicide Prevention Coordinator,
Debakey VA Medical Center
(Houston, TX)

SAMHSA
Substance Abuse and Mental Health
Services Administration

Improving Collaboration for Crisis Care and Suicide Prevention Among High Risk SMVF

Richard McKeon Ph.D.

Chief, Suicide Prevention Branch, Center For Mental Health Services

Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services

Crisis Care and Suicide Prevention

- Too often crisis and acute care services in a community are fragmented and poorly coordinated.
- Diffusion of responsibility is a major barrier when someone is discharged from a service
- Significant increases in the numbers of adults and youths seen in Emergency Departments for suicide attempts or ideation
- Because neither Emergency Room or Inpatient care can completely eliminate suicide risk, there needs to be continuing contact throughout entire episodes of care.
- There need to be protocols and pathways to assist veterans seen in community emergency and crisis systems to be connected to care, whether in VA or the community.

SAMHSA
Substance Abuse and Mental Health
Services Administration

- For patients seen in an Emergency Room for a suicide attempt suicide mortality was 56.8X greater than for matched population

- For patients seen in an Emergency Department for suicidal ideation, suicide mortality was 31.4X higher.

- External cause mortality also elevated, particularly accidental overdose.

- For those seen for accidental overdoses, also significant increases in accidental overdose and suicide mortality.

SAMHSA
Substance Abuse and Mental Health
Services Administration

Suicide deaths post-hospital discharge are significantly higher than other time periods

Suicide Deaths per 100,000 Among VA Patients Receiving Treatment
Across 5-year Retrospective Study

(Y-axis: Suicide Deaths per 100,000; values 0, 100, 200, 300, 400, 500, 600)

- 114/100,000…
- 567/100,000 in the 12 weeks…
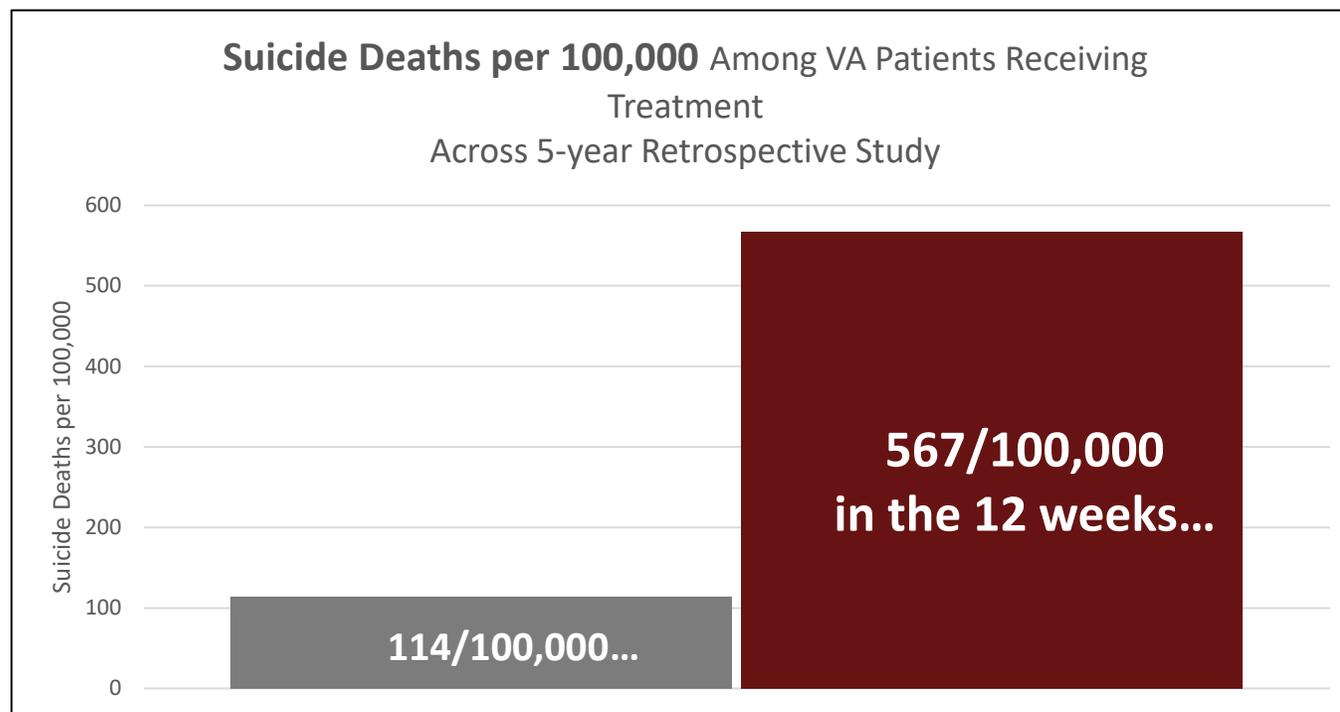
Valenstein, M., Kim, H., Ganoczy, D., McCarthy, J., Zivin, K., Austin, K., Hoggatt, K., Eisenberg, D., Piette, J., Blow, F., Olfson, M. (2009). Higher-risk periods for suicide among VA patients receiving depression treatment: Prioritizing suicide prevention efforts. Journal of Affective Disorders, 112, pp. 50-58.

Care transitions reduced suicide risk behavior by 20%

- ED SAFE Clinical trial among 8 emergency departments to test a multi-faceted intervention to improve suicide outcomes over 12-months after visiting the ED
- 1,376 individuals who screened positive for suicide ideation received one of three interventions:
  1. Treatment as usual
  2. Screening only
  3. **Intervention that included**:
     - Screening
     - Secondary risk assessment by emergency department physician
     - Self-administered safety plan in emergency department
     - **Seven follow-up phone calls over one year**

Noteworthy Developments in Crisis Services

- Major redesigns in crisis services have taken place in Georgia, Arizona, and Colorado.

- VA is implementing the SPED program (Safety Planning in Emergency Departments)

- Department of Justice Olmstead settlements in Louisiana and West Virginia incorporate crisis services.

- SAMHSA Certified Community Behavioral Health Clinics and Crisis Center Follow Up grants

SAMHSA
Substance Abuse and Mental Health
Services Administration

Crisis Care and Suicide Prevention

SAMHSA has recently published National Guidelines for Behavioral Health Crisis Care. Goal is an integrated crisis system with no wrong door.

- Regional Call Center as the hub of an integrated system "Air Traffic Control capable" central coordination, using technology for real time care coordination while providing high touch support meeting NSPL standards;
- Availability of centrally deployed Mobile Crisis Services on a 24/7 basis,
- Residential crisis stabilization programs
.

Big data and basic principles of coordination lead to safety for air travelers.

What is the Crisis Now model?

Call Center Hub

Mobile Crisis

Crisis Facilities

"Air Traffic Control" Crisis Call Center Hub Connects and Ensures Timely Access and Data
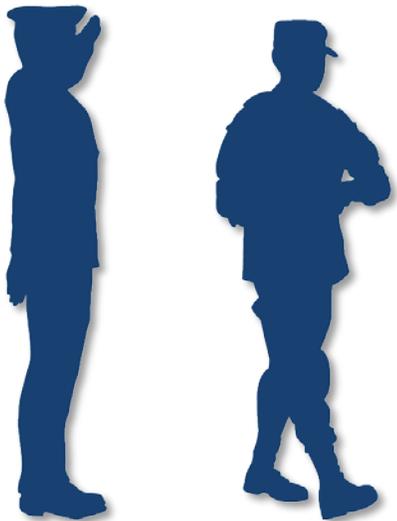
Mayors Challenge and Crisis Intercept Mapping Sites (2018-2019)
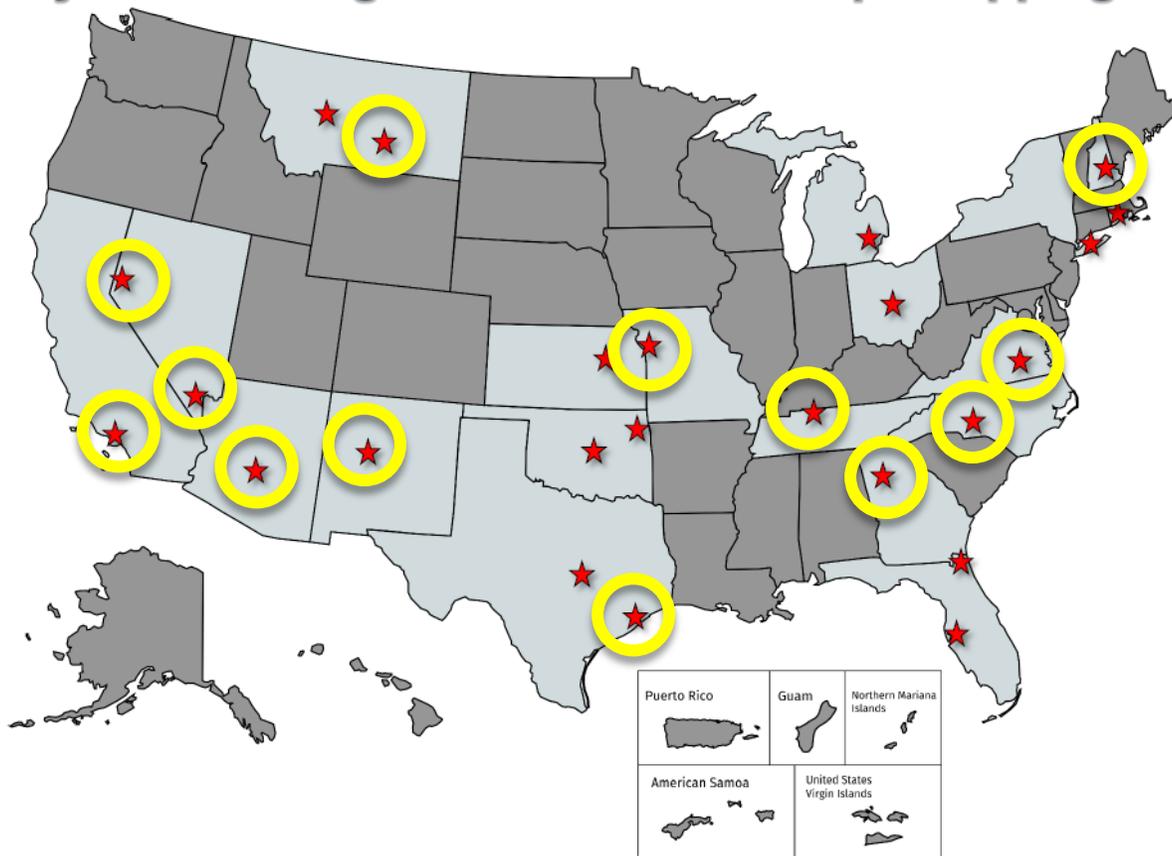
★ Mayors Challenge Sites

Albuquerque, NM	Los Angeles, CA
Atlanta, GA	Manchester, NH
Austin, TX	Mecklenburg County, NC
Billings, MT	Oklahoma City, OK
Clarksville, TN	Phoenix, AZ
Columbus, OH	Reno, NV
Detroit, MI	Richmond, VA
Helena, MT	Suffolk County, NY
Hillsborough County, FL	Topeka, KS
Jacksonville, FL	Tulsa, OK
Kansas City, MO	Warwick, RI
Las Vegas, NV	

◯ Crisis Intercept Mapping Sites

Albuquerque, NM	Las Vegas, NV
Atlanta, GA	Los Angeles, CA
Clarksville, TN	Manchester, NH
Kansas City, MO	Mecklenburg County, NC
Helena, MT	Richmond, VA
Houston, TX	Truckee Meadows, NV

The Essential Elements of Effective Crisis Care Support the Framework of Crisis Intercept Mapping

Screening
Universal screening may be the most effective way to recognize and prevent self-harm in primary care clinics and EDs

Safety Planning
People who develop safety plans prior to discharge are less likely to exhibit suicidal behavior

Lethal Means Safety
Addressing lethal means safety is a critical component of safety planning since most providers do not screen for lethal means in the home among patients at risk

Follow Up Contacts
Follow-up contacts appear to reduce suicide risk and behavior during the high-risk period following discharge from acute care settings

A critical best practice in Intercept 2 is safety planning and assessing access to lethal means

Lethal Means Access Assessment
Among High Suicide Risk ED Patients

18% of providers assessed patient access to lethal means

82% of providers did not assess high risk patient access to lethal means
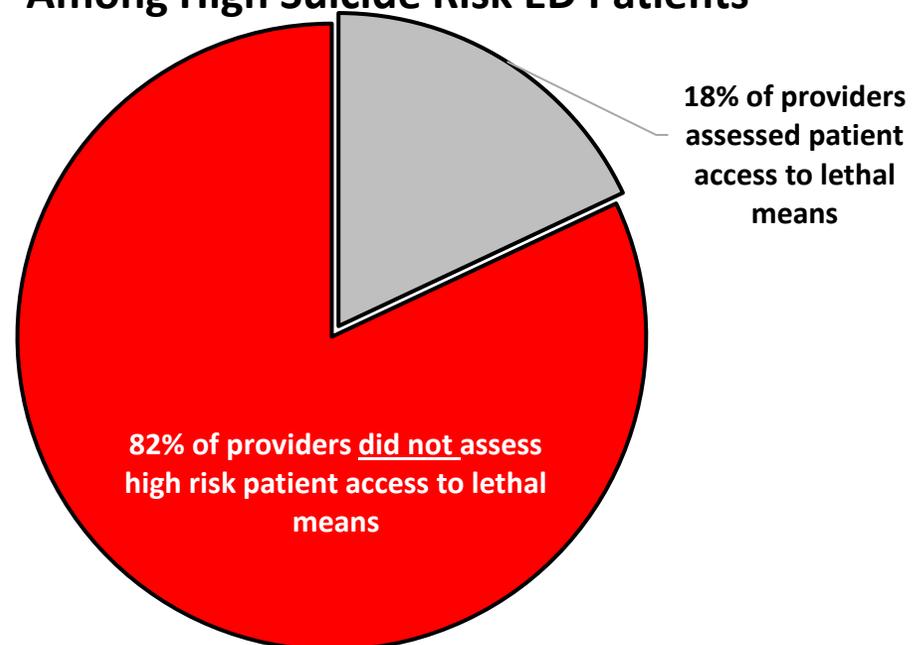
Betz, M., Kautzman, M., Segal, D., Miller, I., Carmago, C., Boudreaux, E., Arias, S. (2018). Frequency of lethal means assessment among emergency department patients with a positive suicide risk screen. Psychiatry Research, V260: 30-35.

The SMVF Crisis Intercept Map
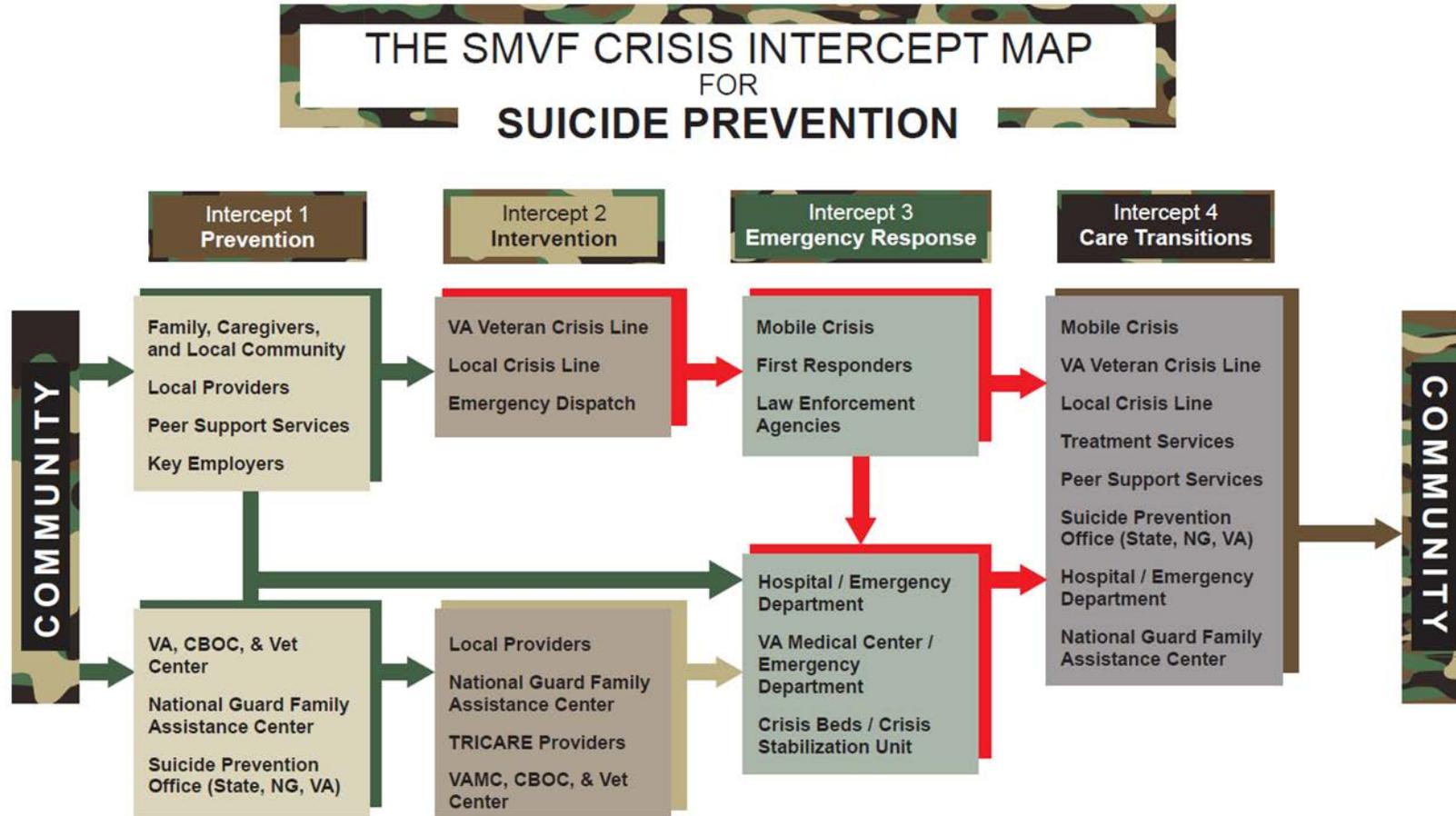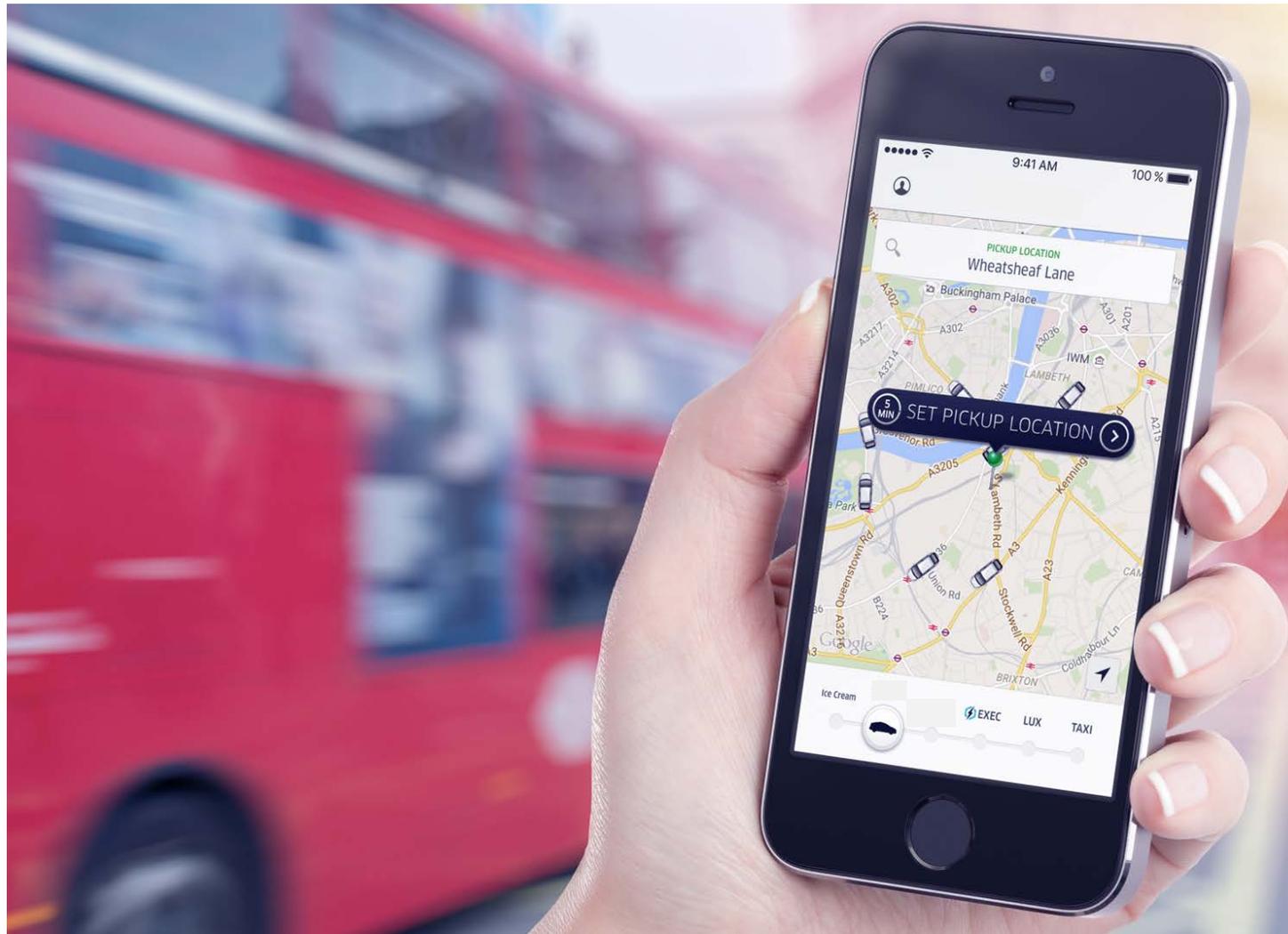
National Suicide Hotline Improvement Act (H.R.2345):

Substance Abuse and Mental Health Services Administration

(SAMHSA) Report to the Federal Communications Commission

(FCC)

It's time for a national *mental health* Emergency Medical Services (EMS) system.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Richard McKeon
Chief, Suicide Prevention Branch
CMHS/SAMHSA
240-276-1873
Richard.mckeon@samhsa.hhs.gov

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)

A Taste of Tennessee

Misty Leitsch

Interim Executive Director

Tennessee Suicide Prevention Network

June 10, 2020

SAMHSA
Substance Abuse and Mental Health
Services Administration

A bit of TSPN

- Public-Private Partnership of Volunteers
- Education, Advocacy, Outreach
- Growth in 2019
- Task Forces
- Mayor's Challenge/Governor's Challenge
- Zero Suicide Initiative
- State, Federal, Foundations

33 Entities implementing ZSI

- For profit, non profit, A&D Tx, MH provider in jails/prisons across the country, CMHC, ED,
- All receive TA from ZS Director
- ZS Director active on Mayor's/Governor's Challenge
- ZS Director able to share B.P. with Challenge teams

SAMHSA
Substance Abuse and Mental Health
Services Administration

Identify and assess patients for suicide risk

- ■ Systematically, evidence-based
- ■ Screen specifically for suicide risk, using a credible screening tool
- ■ Screening concerns lead to immediate clinical Assessment by an appropriately credentialed clinician
- ■ Outline in Policy and Procedures

Governor's Challenge Priority

- • **Identify SMVF and Screen for Suicide Risk**
- • Establish screening standards statewide for identification of SMVF and suicide risk
- • Educate providers and peers involved in intake
- • Review process for identification of SMVF in mortality and data review

Engage patients at risk for suicide in a care plan

- Suicide Care Management Plan
  - Pathway to Care

- Electronic Health Record

- Create protocols
  - Referral Process
  - Documentation
  - Communication

Governor's Challenge Priority
- **Promote Connectedness and Improve Care Transitions**
- Increase SMVF peers trained in suicide prevention to work in connecting SMVF to services
- Develop collaborative policies and protocols across military and civilian agencies to improve continuity of care
- Encourage implementation of caring contact protocols

- All persons with suicide risk have a safety plan in hand when they leave care.

- Safety planning is collaborative and includes: aggressive means restriction, communication with family members and other caregivers, and regular review and revision of the plan.

Governor's Challenge Priority
- **Increase Lethal Means Safety and Safety Planning**
- Implement a gunlock distribution campaign statewide
- Conduct statewide lethal means safety training events
- Convene a working group to support adoption of clinical practice guidelines for safety planning

TRANSITION

Follow patients through every transition in care

- Develop polices for Safe Care Transitions
- MOU's with outside organizations
- Train staff on policies and procedures
- Educate Patient about model of care
- Monitor

Governor's Challenge Priority

- **Increase Lethal Means Safety and Safety Planning**
- Implement a gunlock distribution campaign statewide
- Conduct statewide lethal means safety training events
- Convene a working group to support adoption of clinical practice guidelines for safety planning

SUICIDES
Tennessee Lives Count

SAMHSA
Substance Abuse and Mental Health
Services Administration

Resources in TN

- Crisis Text Line Keyword Partnership Text "TN" to 741 741
- Mobile Crisis for youth and adults
- Hotline for professionals by professionals
- CMHC, CSU, Crisis Walk In
- Statewide Crisis Hotline

SAMHSA
Substance Abuse and Mental Health
Services Administration

IT'S YOUR CALL

Brent Arnspiger, LCSW

Suicide Prevention Coordinator,
Houston VA Medical Center

713-794-7002

U.S. Department of Veterans Affairs

Veterans Crisis Line

1-800-273-8255
PRESS 1

VeteransCrisisLine.net
or text to 838255

Confidential help for Veterans and their families and friends

40

Objectives

- Provide brief overview of Veteran suicide data and risk factors

- Provide overview of the Houston Mayor's Challenge including crisis intercept mapping

- Collaboration with Houston VA and The Harris Center

- Expansion of MOUs both locally and statewide

- Review the benefits of a community coalition

1-800-273-8255 PRESS 1

Veterans Crisis Line

Veteran Suicide Data

Veterans may be at greater risk than the general population

➢ 18% of suicide deaths are Veterans (National Violent Death Reporting System)

➢ 8.5% of the US Population are Veterans

➢ 20.6 suicides per day are Veterans, Active Duty Service Members, Guard and Reserve (National Violent Death Reporting System)

➢ ~ 6 suicides per day among Veterans receiving care in VHA (VA Serious Mental Illness Treatment, Research and Evaluation Center)

➢ ~ 70% of Veterans that die by suicide are not engaged in care with the VA

1-800-273-8255 PRESS 1

Veterans Crisis Line

Risk Factors for Suicide and COVID 19

What might be the impact on these during a pandemic?

- Hopelessness
- Rage, anger
- Strong feelings of guilt
- Anxiety, agitation
- Seeking revenge
- Acting reckless or engaging in risky activities
- Feeling trapped
- Increasing drug or alcohol abuse

- Withdrawing from friends, family and society (Isolation)
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time
- Giving away possessions

Confidential help for Veterans and their families

1-800-273-8255 PRESS 1

Veterans Crisis Line

Houston Mayor's Challenge

- Houston Mayor's Challenge began March 2018
- Committee developed a strategic action plan with sub-categories consistent with the CDC and Veterans Affairs Suicide Prevention Plans based on the crisis intercept map
- Highlighted actions in the plan:
  - Ask "Have you ever served in the US military?"
  - Columbia Suicide Risk screening at multiple intercepts
  - Developed warm hand off system in the community
    - Memorandum of Understanding (VA and Harris Center)
    - First Responders (Police, Fire Department, Sheriffs Office)

Houston Mayor's Challenge Composition

What agencies are helpful to have on a coalition?

- City of Houston Veterans Affairs Office
- Houston VA Medical Center
- Texas Health and Human Services Commission, Veteran Services
- Houston Police Department
- Houston Fire Department
- Houston Health Department
- Harris County Sheriff's Office
- The Harris Center (County Mental Health Authority)
- Mental Health America of Greater Houston, Veterans Behavioral Health
- Combined Arms
- Wounded Warrior Project
- Easter Seals

Confidential help for Veterans and their families

1-800-273-8255 PRESS 1

Veterans
Crisis Line

Crisis Intercept Mapping

- June 2018, Mayor's Challenge members met to map out the local crisis system including specific programs and services in the community

- Each agency identified resources they provide to the local crisis system

- Gaps were identified in the crisis response system

- Agencies established a collaborative action plan to address the gaps and the system is reviewed on a regular basis

- Everything developed in the plan was done without additional funding!

1-800-273-8255 PRESS 1

Veterans
Crisis Line

THE SMVF CRISIS INTERCEPT MAP
FOR
SUICIDE PREVENTION

COMMUNITY

Intercept 1 — Prevention
- Family/Friends
- Military bases
- Combined Arms
- Peer Support (VA, MHA, MVP)
- Religious Community
- SERVE
- WWP
- Yellow Ribbon

- Ellington
- OIF/OEF Office
- Mono Lisa Norton
- USO
- Job Fairs
- Employment/Education
- Local Media
- VSOs
- Vet Centers, CBOC
- SP + MH Recovery Websites
- National Guard Family Assistance

Intercept 2 — Intervention
- 211
- 911
- VA Crisis Line
- Veteran Court

- Debakey and Ellington VA
- Harris Center, Vet Centers, CBOC
- Community Health Professionals
- Combined Arms Mental Health
- Tricare for Life/Tricare System
- Give an Hour
- University Counseling Centers
- Job Centers/Workforce Solutions
- VSOs, Zero to None
- Local veterans social media groups

Intercept 3 — Emergency Response
- HPD
- HFD
- EMS
- CIRT
- MCOT
- Harris

- Hospital ERs
- VA
- TTCPC
- Residential Crisis
- Drop-In Center
- Shelters
- Religious Organization

Intercept 4 — Care Transitions
- VA Vet Center
- VA Suicide Prevention Coordinator
- Hospitals
- Ellington Assistance Center
- Peer Supports
- Combined Arms Mental Health
- MCOT
- Private Mental Health Agencies
- VSOs
- Faith-based organizations (Camp Hope, etc.)
- Easter Seals
- Give an Hour

COMMUNITY

Confidential help for Veterans and their families

47

1-800-273-8255 PRESS 1

Veterans Crisis Line

Memorandum of Understanding (MOU)

- August 2018, Tamara Coy from The Harris Center (the county mental health authority) suggested the development of an MOU between The Harris Center and the Houston VA

- To be completed in one month

- The MOU formalizes the relationship between the two agencies and developed formal hand off procedures

- Since October 2018, there have been more than 100 referrals from the Houston VA to The Harris Center

- The Harris Center has referred about 20 Veterans to the VA

- Tamara's Legacy

Confidential help for Veterans and their families

1-800-273-8255 PRESS 1

Veterans Crisis Line

Collaboration Between the two Agencies

Before the MOU:

The Harris Center learns of a Veteran and…

- Cannot consistently connect them to VA care without a clear channel for communication
- Is unclear if they can be served by The Harris Center when possibly eligible for VA
- Instructs them to follow-up with VA without confirmation of engagement in needed MH services

The VA learns of a Veteran who is not eligible for VA care or of a humanitarian case in need of outpatient MH services and…

- Cannot consistently connect them to care without a clear channel for communication with The Harris Center
- Instructs them to follow-up with The Harris Center by giving them a phone number without confirmation of engagement in needed MH services

With the MOU:

The Harris Center learns of a Veteran and…

- Can consistently connect them the VA for care with a clear channel for warm handoff
- Clarifies if they can be served by The Harris Center until confirmation of eligibility is made with VA and care is initiated
- The Northeast Clinic has been designated as a landing spot for Veterans desiring care through The Harris Center

The VA learns of a Veteran who is not eligible for VA care or of a humanitarian case in need of outpatient MH services and…

- Can consistently connect to care with a clear channel for warm handoff with The Harris Center
- VA Clinicians from all settings can complete referrals to The Harris Center, as needed, which enhances discharge planning and follow-up care

Confidential help for Veterans and their families

1-800-273-8255 PRESS 1

Veterans Crisis Line

Success Stories

- Male Veteran in crisis
- Female Veteran in transition of care

Confidential help for Veterans and their families

1-800-273-8255 PRESS ❶

Veterans
Crisis Line

Expansion of MOUs

- Houston VA is working with large hospital systems in the area to expand MOUs to improve coordination of care

- State level action plan is being developed and implemented

- One action in the state plan is to expand MOUs between all the VAs in Texas with all the County Mental Health Authorities

  – 8 VA Hospitals in Texas which includes 91 facilities (hospitals, community clinics, and Vet Centers)

  – 39 County Mental Health Authorities

Confidential help for Veterans and their families

1-800-273-8255 PRESS 1

Veterans
Crisis Line

Benefits of Community Coalitions

1. Develop close working relationships with multiple agencies that assist the people we serve (SMVF and others)

2. Everything accomplished to date was with no additional funding

3. We now have a community response system involving multiple agencies

4. Continued analysis to improve the system

5. When major disasters occur like COVID, the community is already prepared to respond

Confidential help for Veterans and their families

1-800-273-8255 PRESS 1

Veterans Crisis Line

Nationwide Deployment: Emergency Care Centralized Notification

Effective June 8, 2020, the Department of Veterans Affairs (VA) has established a national emergency care contact center to simplify the emergency care notification process.

The Community Care Centralized Notification Center is the mechanism by which community providers must now notify VA of a Veteran presenting at an emergency facility. It offers simplified access to VA for care coordination, eligibility determination and payment authorization information.

Community providers should always promptly notify VA of a Veteran presenting for emergent care at their facility using one of the following options:

1.   Email: **VHAEmergencyNotification@va.gov**

2.   Phone: **1-(844)72HRVHA or (844-724-7842)**

Case-specific details will be requested during notification for care coordination and eligibility determinations. Providers are encouraged to utilize **VA Form 10-10143g** for reporting case-specific information. VA Form 10-10143g can be found at **https://www.va.gov/vaforms.**

For more information please visit **https://ww.va.gov/COMMUNITYCARE/providers/info_EmergencyCare.asp**

VA's partnerships with community providers is key to making sure Veterans have access to timely, high-quality health care. We thank you for helping make that possible.

Questions?

SAMHSA
Substance Abuse and Mental Health
Services Administration

Contact SAMHSA's SMVF TA Center

345 Delaware Avenue

Delmar, NY 12054

Phone: 518-439-7415, ext. 5272

Email: smvftacenter@prainc.com

Thank You!

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)

THE SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES CRISIS INTERCEPT MAP FOR SUICIDE PREVENTION

SAMHSA ★ SMVF TA CENTER
Service Members, Veterans, and their
Families Technical Assistance Center

INTERCEPT 1:
FIRST CONTACT
Identify, screen, and refer

INTERCEPT 2:
ACUTE CARE
Evaluate, treat, and plan for discharge

INTERCEPT 3:
CARE TRANSITIONS
Follow up to ensure continuity of care

INTERCEPT 4:
ONGOING TREATMENT AND RECOVERY SUPPORT
Provide supports to enhance recovery and wellness

Primary care offices
TRICARE providers
Community mental health centers
Law enforcement
Homeless shelters
Educational institutions
Faith communities
Employers
Benefits offices
Veterans service organizations
9-1-1
Local crisis line
Veterans Crisis Line
National Suicide Prevention Lifeline

Mobile Outreach:
Mobile crisis team
First responders
Law enforcement

Medical Facilities:
Hospital emergency department
Crisis stabilization unit
Crisis respite services
Psychiatric urgent care
Inpatient unit

Hospital-based care coordination services
Community-based care coordination services
Community crisis centers
Peer support programs
Family Assistance Center case management services
Local VA Suicide Prevention Program

Community mental health centers
TRICARE providers
Intensive outpatient programs
Family Assistance Centers
Primary care – behavioral health programs
Recovery housing programs
VA mental health services
Vet centers

BEST, PROMISING, AND EVIDENCE-BASED PRACTICES

Screen for suicide risk and military/veteran status

Gatekeeper training

Create protective environments

Stabilize crisis

Connect to appropriate care

Develop safety plan

Provide lethal means counseling

Facilitate warm hand-off/caring contacts

Provide peer support

Coordinate care

Provide peer support

Review safety plan

Provide caring contacts

Develop treatment plan

Review safety plan

Provide postvention support

Provide caring contacts

*Ask the Question: "Have you or a loved one ever served in the military?"

Developed by Policy Research Associates, Inc.

U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Community Care

Important Update

Nationwide Deployment: Emergency Care Centralized Notification

Effective June 8, 2020, the Department of Veterans Affairs (VA) is establishing a national emergency care contact center to simplify the emergency care notification process.

The Community Care Centralized Notification Center is the mechanism by which community providers must now notify VA of a Veteran presenting at an emergency facility. It offers simplified access to VA for care coordination, eligibility determination and payment authorization information.

Community providers should always promptly notify VA of a Veteran presenting for emergent care at their facility using one of the following options:

1. Email: **VHAEmergencyNotification@va.gov**

2. Phone: 1-(844)72HRVHA or (844-724-7842)

Case-specific details will be requested during notification for care coordination and eligibility determinations. Providers are encouraged to utilize **VA Form 10-10143g** for reporting case-specific information. VA Form 10-10143g can be found at **https://www.va.gov/vaforms**.

For more information please visit **https://ww.va.gov/COMMUNITYCARE/providers/info_EmergencyCare.asp**

VA's partnerships with community providers is key to making sure Veterans have access to timely, high-quality health care. We thank you for helping make that possible.