



May 2016

VETERANS CRISIS LINE

Additional Testing, Monitoring, and Information Needed to Ensure Better Quality Service

GAO Highlights

Highlights of [GAO-16-373](#), a report to congressional requesters

Why GAO Did This Study

VA established the VCL in July 2007 to provide support to veterans in emotional crisis. Between fiscal years 2008, its first full year of operation, and 2015, the number of calls received by the VCL increased almost 700 percent, exceeding VA's expectations. As VA began to address increasing numbers of requests for assistance, reports of dissatisfaction with VCL's service periodically appeared in the media.

GAO was asked to review VA's administration of the VCL. This report, among other issues, examines (1) the extent to which VA meets response-time goals for VCL calls and text messages, (2) how VA monitors VCL primary center call center operations, and (3) how VA works with VCL service partners to help ensure veterans receive high-quality service. GAO visited the VCL's primary center and two backup call centers; tested VCL response time through a generalizable sample of covert telephone calls and a nongeneralizable sample of text messages in July and August 2015; reviewed internal reports and policies and plans; and interviewed VA and SAMHSA officials.

What GAO Recommends

GAO recommends that VA regularly test VCL's text messaging system and document targets and time frames for key performance indicators. GAO also recommends that VA and SAMHSA collect information on how often and why callers reach Lifeline when intending to reach the VCL, review this information, and, if necessary, develop plans to address the causes. VA and HHS concurred with GAO's recommendations and described planned actions to address them.

View [GAO-16-373](#). For more information, contact Seto J. Bagdoyan at (202) 512-6722 or bagdoyans@gao.gov or Randall B. Williamson at (202) 512-7114 or williamsonr@gao.gov.

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What GAO Found

GAO found that the Department of Veterans Affairs (VA) did not meet its call response time goals for the Veterans Crisis Line (VCL), although extended call wait times were not common. VA's goal is to answer 90 percent of VCL calls at the VCL primary center within 30 seconds. Currently, calls not answered within 30 seconds route to VCL backup call centers; however, for 5 months of fiscal year 2015, calls were routed to VCL backup call centers after 60 seconds. VA officials told GAO that VA data show about 65 to 75 percent of VCL calls were answered at the VCL primary center in fiscal year 2015 within either 30 or 60 seconds. GAO's covert testing in July and August 2015 confirms VA's data. Specifically, 119 covert test calls show that an estimated 73 percent of calls made during this period were answered within 30 seconds. GAO also estimates that 99 percent of all VCL calls during this period were answered within 120 seconds. GAO also covertly tested the VCL's text messaging services and found that 4 of 14 GAO test text messages did not receive responses. VA officials said they do not monitor or test the timeliness and performance of the VCL text message system and instead rely solely on the VCL's text messaging provider for these functions. VA officials told GAO that the provider had not reported any issues with the system, but the provider told GAO that routine testing of the VCL system is not conducted. Without routinely testing its text messaging system or ensuring that its provider does so, VA cannot identify limitations to this service.

While VA has taken a number of steps to improve its monitoring of the VCL primary center operations, VA has not developed measurable targets and time frames for its key performance indicators, such as the program's percentage of abandoned calls. VA established a permanent VCL call center evaluation team and created a mechanism for tracking complaints about the performance of the VCL primary center from VCL callers or external parties. However, GAO found that VA has not specified quantifiable or otherwise measurable targets and has not included dates for when it would expect the VCL to complete actions covered by each key performance indicator. This is inconsistent with guidance provided by the Office of Management and Budget. As a result, VA cannot ensure that the VCL is providing consistent, high-quality services to callers and cannot effectively track and publicly report progress or results.

VA established an interagency agreement with its service partner, the Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA), to manage the shared operations of the VCL and the National Suicide Prevention Lifeline (Lifeline), which include a single national toll-free number used by both. Despite these efforts to coordinate, VA and SAMHSA do not collect information needed to assess how often and why callers intending to reach the VCL do not follow voice prompts and instead reach Lifeline local crisis centers. VA officials told GAO that the type of information that would be needed to do so is not collected because VA has focused on addressing the concerns of those callers who did reach the VCL. In addition, SAMHSA officials said that they do not require Lifeline local crisis centers to collect this type of information, noting that it would be possible to collect it. As a result, VA and SAMHSA do not know the extent to which this occurs and cannot determine the underlying causes that may need to be addressed.

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Abbreviations

HHS	Department of Health and Human Services
Lifeline	National Suicide Prevention Lifeline
OMHO	Office of Mental Health Operations
SAMHSA	Substance Abuse and Mental Health Services Administration
VA	Department of Veterans Affairs
VCL	Veterans Crisis Line
VHA	Veterans Health Administration

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May 26, 2016

The Honorable Johnny Isakson
Chairman
Committee on Veterans' Affairs
United States Senate

The Honorable Jeff Miller
Chairman
Committee on Veterans' Affairs
House of Representatives

The Honorable Joni K. Ernst
United State Senate

Upon returning home from deployments in Afghanistan, Iraq, Vietnam, and other locations, many servicemembers have struggled with mental health issues, including post-traumatic stress disorder, depression, and substance abuse. Several of these mental health issues have been identified as risk factors for suicide among veterans.¹ The Department of Veterans Affairs (VA) provides an array of health care services, including mental health services and other benefits to over 21 million veterans and their families. As part of the continuum of services it provides, VA established the Veterans Crisis Line (VCL) in July 2007.² The VCL supports veterans in emotional crisis and helps implement VA's goal of improving mental health outcomes for servicemembers, veterans, and their families through a number of actions—including reducing barriers to seeking mental health treatment and expanding access to VA services.

Veterans can access the VCL by calling a national toll-free number—1-800-273-TALK (8255)—and following instructions to press “1” to be connected with a VCL responder. The VCL and the National Suicide

¹Department of Veterans Affairs and Department of Defense, *VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide* (Washington, D.C.: 2013).

²VA established its crisis line at the VA medical center located in Canandaigua, New York. The original name of VA's crisis line was the National Veterans Suicide Prevention Hotline until it was rebranded as the VCL in 2011.

Prevention Lifeline (Lifeline)—a Substance Abuse and Mental Health Services Administration (SAMHSA) grantee—share this national toll-free number through an interagency agreement between VA and SAMHSA.³ Currently, the VCL operates through a VA-operated primary center staffed with VA-employed responders and five backup call centers that provide additional responders and other services through a backup call coverage contract.⁴ The VCL is distinct from Lifeline, which operates through a network of private, nonprofit providers working independently of one another while maintaining agreed-upon clinical standards.⁵ In addition to responding to calls, the VCL can also be accessed via online chat and text message.

Demand for the VCL's services has exceeded VA's expectations. Specifically, in its first full year of operation in fiscal year 2008, the VCL received about 67,000 calls compared to about 534,000 calls received in fiscal year 2015, an almost 700 percent increase. In response, VA steadily increased the VCL's spending from about \$3 million to \$30 million from fiscal year 2008 through fiscal year 2015, devoting additional staff and resources to the VCL over time. As VA endeavored to address increasing numbers of requests for assistance, reports of dissatisfaction with VCL service periodically appeared in the media, and the VA Office of Inspector General was asked to investigate complaints about the VCL's lack of timely response to callers.⁶ The Inspector General identified gaps in the VCL quality-assurance process, including challenges associated with supervisory review, tracking of issues, and collection and analysis of

³SAMHSA is an agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. Currently, SAMHSA funds a cooperative agreement grant to administer Lifeline with the same entity that VA currently contracts with to provide VCL backup call coverage. Through their interagency agreement, VA and SAMHSA set out to establish a seamless crisis-management system through a collaborative and cooperative relationship between the agencies that provides consistent suicide-prevention techniques to callers.

⁴For the purposes of this report, the term "VCL service partners" includes SAMHSA, the VCL backup call coverage contractor, and the backup call centers that this contractor uses to provide coverage to the VCL.

⁵According to HHS, Lifeline providers largely do not receive federal funding to support their operations other than the use of the common phone number and routing software, tools designed more to facilitate access to needed help than to achieve uniformity in performance results.

⁶Department of Veterans Affairs, Office of Inspector General, *Veterans Crisis Line Caller Response and Quality Assurance Concerns* (Washington, D.C.: 2016).

data from VCL backup call centers. In addition, the Inspector General found that in some cases callers did not receive immediate assistance from responders.

In response to accounts of dissatisfaction with VCL services, you asked us to assess the effectiveness of VA's policies and procedures designed to provide timely assistance to veterans through the VCL. In this report, we examine

1. the extent to which VA meets response-time goals for calls, online chats, and text messages received through the VCL;
2. how VA monitors the performance of the VCL primary center responders and call center operations;
3. how VA works with VCL service partners—backup call centers and SAMHSA—to help ensure veterans receive high-quality service from responders; and
4. what plans VA has to improve the VCL operations.

To examine the extent to which VA meets response-time goals for calls, online chats, and text messages received through the VCL, we made covert test telephone calls, text messages, and online chats to measure the VCL's response times. The test calls included a generalizable sample of 119 calls that can be used to describe all callers' wait times when calling the VCL during July and August of 2015.⁷ We also sent a nongeneralizable sample of 15 test online chats to the VCL and 14 test text messages during the same period. For these tests, we measured the length of time between sending the outgoing message to the VCL and receiving a response from a VCL responder. In addition, we examined telephone call, online chat, and text message data and summary reports from January 2013 through December 2015 that VA maintains related to

⁷The generalizable sample of test calls was selected using a stratified two-stage random cluster design. Percentage estimates from this sample have a margin of error of within plus or minus 9 percentage points at the 95 percent confidence level. Estimates of the median wait time have a margin of error of within plus or minus 10 percent at the 95 percent confidence level. The results of these test calls are not generalizable to calls to the VCL outside of the July and August 2015 period. See app. I for more details.

the timeliness of the VCL's operations.⁸ To determine the validity of these data, we interviewed officials responsible for managing them and compared our test call response data with VA's reported telephone data for July and August 2015. On the basis of these actions, we found these data to be sufficiently reliable for the purposes of describing the quantity of requests for services reaching the VCL. We used these data to evaluate the timeliness of the VCL's call response and compared the data to the department's own goals. Finally, we spoke with the VCL text messaging service provider to learn about its operations.

To examine how VA monitors the performance of VCL primary center responders and call center operations, we reviewed relevant documents—including VCL policies and procedures—and interviewed VA officials. In addition, we reviewed data and information that resulted from VCL monitoring. Finally, we compared VA's use of key performance indicators to the Office of Management and Budget's guidance on performance goals, which are consistent with the Government Performance and Results Modernization Act of 2010.⁹

To examine how VA works with VCL service partners—backup call centers and SAMHSA—to help ensure veterans receive high-quality service from responders, we conducted site visits to the VCL primary center and two of the five VCL backup call centers, where we observed call center operations and interviewed VA officials and backup call center representatives. We also interviewed SAMHSA officials and representatives of the remaining three VCL backup call centers by teleconference.¹⁰ In addition, we interviewed officials from the Veterans Health Administration's (VHA) Office of Mental Health Operations

⁸We reviewed telephone call data to determine how many calls were answered at the VCL primary center; we reviewed online chat data to determine how many online chat requests received by the VCL received a response within 1 minute; and we reviewed text message data to determine how many text messages sent to the VCL received a response within 2 minutes.

⁹See Office of Management and Budget, *Preparation, Submission, and Execution of the Budget—Strategic Plans, Annual Performance Plans, Performance Reviews, and Annual Program Performance Reports*, Circular No. A-11, pt. 6 (Washington, D.C.: June 2015).

¹⁰The VCL's primary center is located in Canandaigua, New York, and is operated by VA staff. VCL backup call coverage is provided by a contractor who manages the VCL backup call centers. Currently, there are five VCL backup call centers, located in Greenville, North Carolina; Miami, Florida; Portland, Oregon; Rochester, New York; and St. Louis, Missouri.

(OMHO)—the VA Central Office entity responsible for overseeing the VCL—and representatives from the contractor that manages VCL backup call coverage.¹¹ Additionally, we reviewed VA’s contract that provides backup call coverage and VA’s interagency agreement with SAMHSA. Finally, we conducted a nongeneralizable sample of 34 calls in August 2015 in which we mimicked the experience of veterans who do not follow the instructions of a voice prompt to press “1” to reach the VCL.

To examine what plans VA has to improve the VCL operations, we reviewed VA’s documented improvement plans and interviewed VA officials responsible for planning and implementing those improvements. For additional details about the scope and methodology used in this report, see appendix I.

We conducted this performance audit from February 2015 to May 2016 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. We conducted our related investigative work from July through August 2015 in accordance with the standards prescribed by the Council of the Inspectors General on Integrity and Efficiency.

Background

VCL Structure

In 2007, VA established the VCL, a 24-hour crisis line staffed by responders trained to assist veterans in emotional crisis. Through an interagency agreement, VA collaborated with SAMHSA to use a single, national toll-free number for crisis calls that serves both Lifeline and the VCL.¹² Through this interagency agreement, VA and SAMHSA set out to

¹¹Within VA, VHA is the organization responsible for providing health care to veterans at medical facilities across the country. VCL leadership reports directly to VHA’s OMHO—the entity responsible for coordinating mental health care services throughout VA’s health care system.

¹²SAMHSA and the Mental Health Association of New York City launched Lifeline on January 1, 2005. Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress, 24 hours a day, 7 days a week.

establish a seamless crisis-management system through a collaborative and cooperative relationship between the agencies that would provide consistent suicide-prevention techniques to callers.

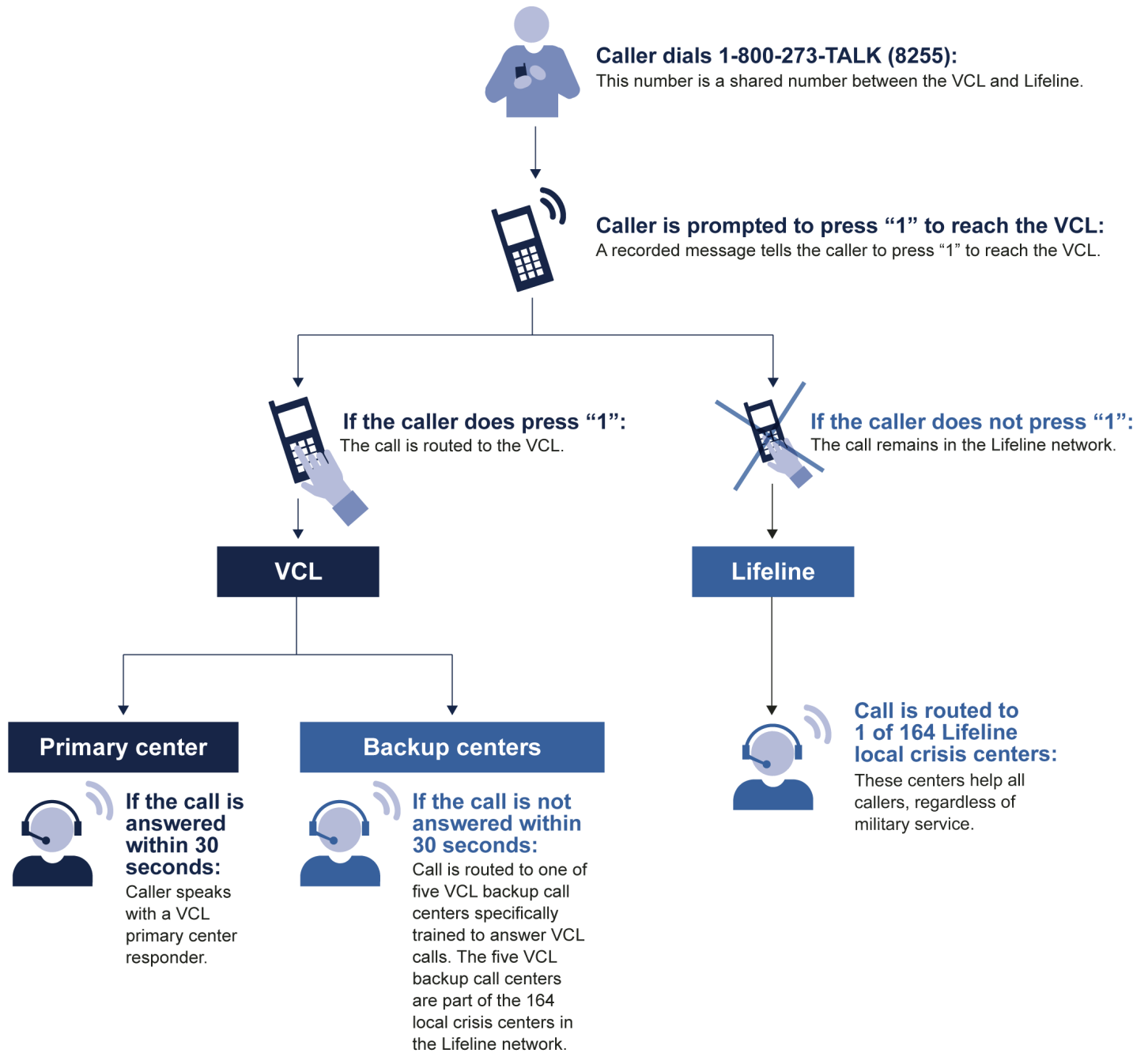
The national toll-free number presents callers with choices. Callers are greeted by a recorded message that explains the function of the crisis line and prompts individuals to press “1” to reach the VCL. Callers who do not press “1” by the end of the message are routed to one of Lifeline’s 164 local crisis centers.¹³ All callers who press “1” are routed first to the VCL primary center. Calls that are not answered at the VCL primary center within 30 seconds of the time that the caller presses “1” during the Lifeline greeting are automatically routed to one of five VCL backup call centers. If a call is not answered by the VCL backup call center that initially receives it, the call may be sent to another VCL backup call center.¹⁴ VA entered into a contract with a firm to oversee the operations of the VCL backup call centers. There are a total of 164 Lifeline local crisis centers, 5 of which also serve the VCL.¹⁵ (See fig. 1.)

¹³The automated greeting also prompts Spanish speakers to press “2” for assistance in Spanish.

¹⁴Some VCL backup call centers do not allow calls to be rerouted to another VCL backup call center and instead hold the call in a queue awaiting response by that backup call center’s responders.

¹⁵VA does not directly contract with any of the VCL backup call centers.

Figure 1: Call Routing Process for the National Suicide Prevention Lifeline (Lifeline) and Veterans Crisis Line (VCL)

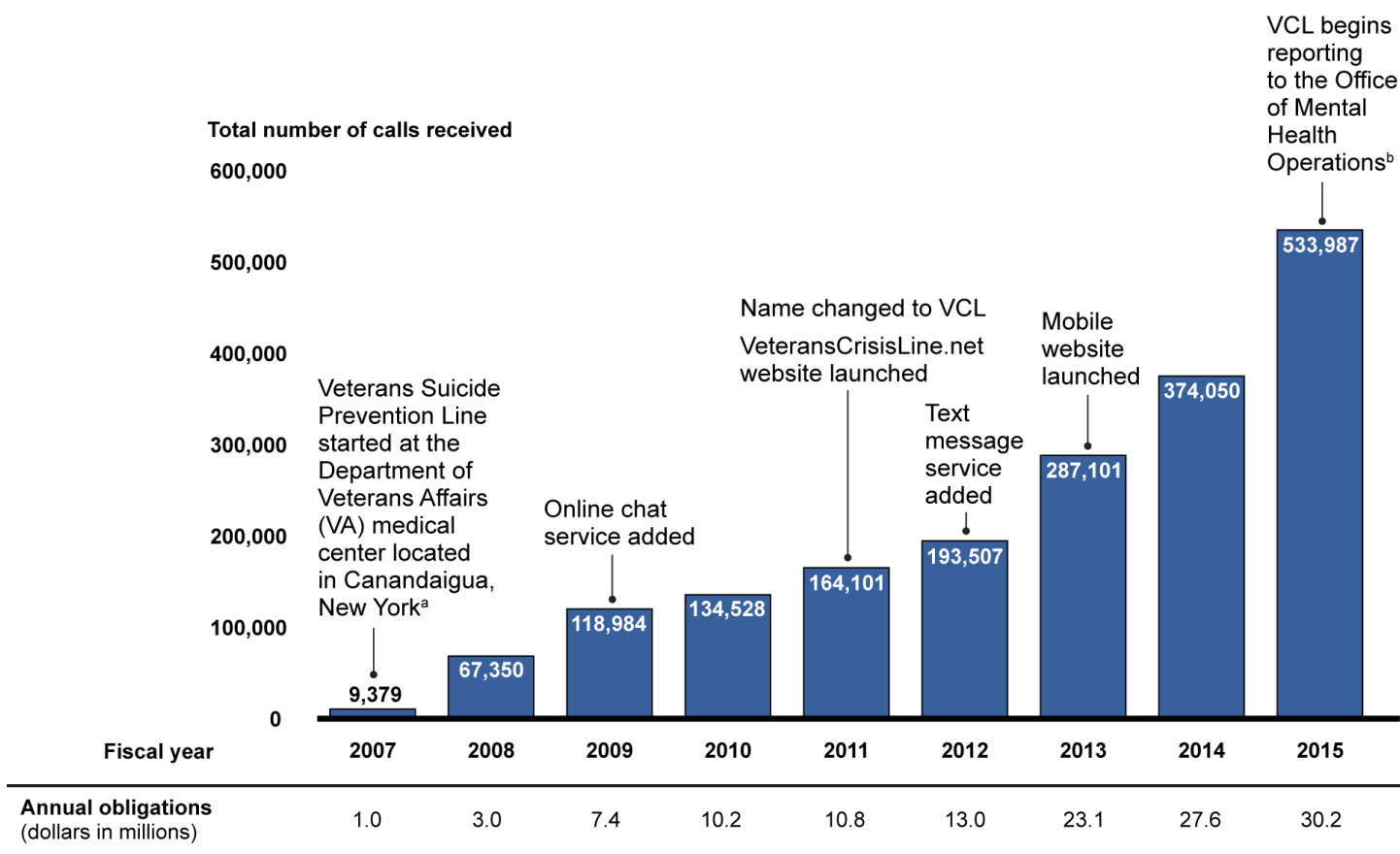


Source: GAO analysis of Department of Veterans Affairs information. | GAO-16-373

VCL Workload and Funding Obligations

The number of calls reaching the VCL has increased substantially since the VCL's first full year of operation. Increases in the number of VCL calls received have corresponded with increased annual funding obligations for the VCL. (See fig. 2.)

Figure 2: Veterans Crisis Line (VCL) Milestones, Call Volume, and Funding Obligations, Fiscal Years 2007 through 2015



Source: GAO analysis of VA information. | GAO-16-373

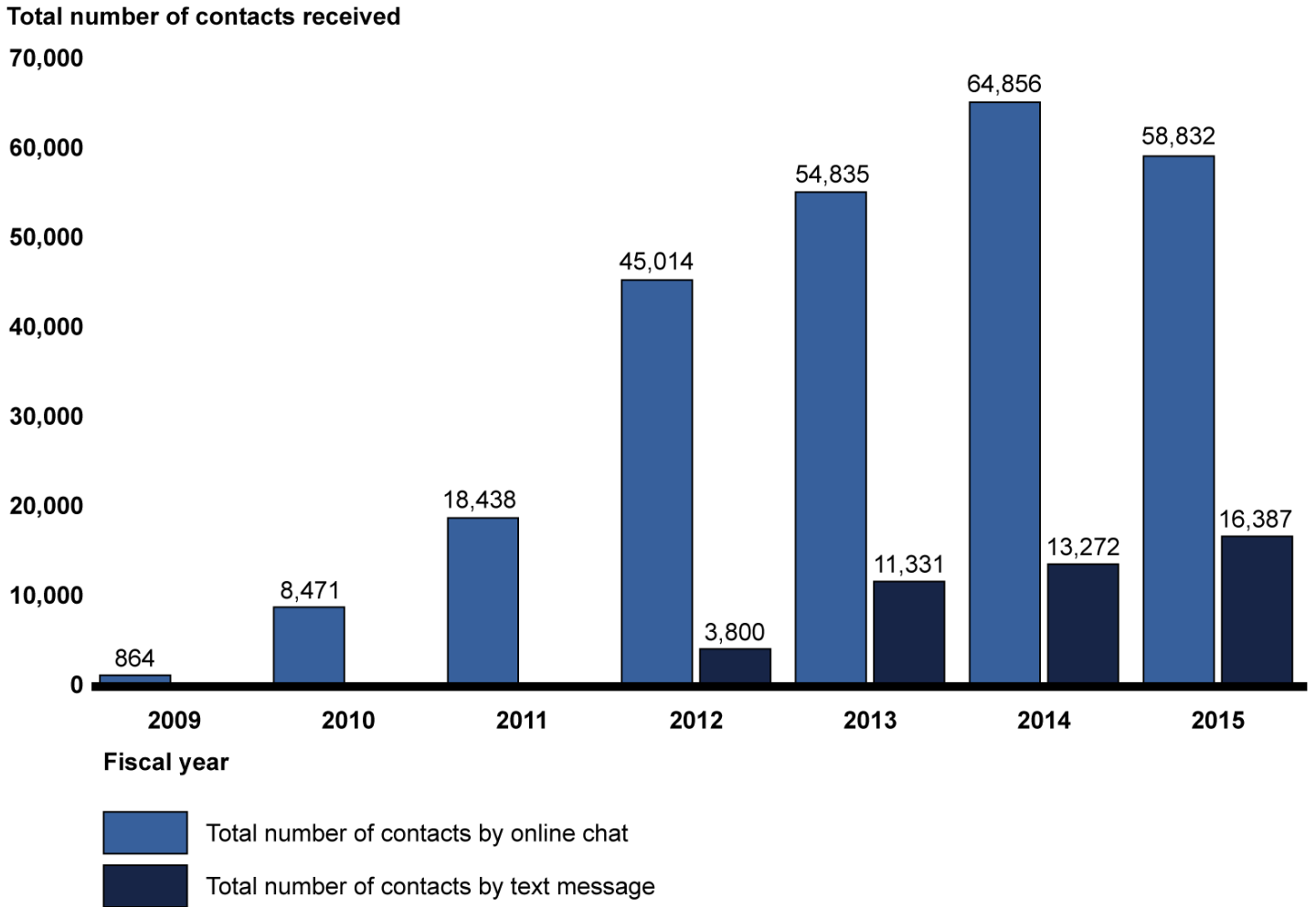
Note: Annual obligation totals have been rounded.

^aThe Veterans Suicide Prevention Line began operations in July 2007.

^bThis office is located within the Veterans Health Administration.

VA added online chat and text message capabilities to the VCL in fiscal years 2009 and 2012, respectively. The number of online chats and text messages handled by the VCL generally increased every year, though the number of online chats decreased in fiscal year 2015. (See fig. 3.)

Figure 3: Veterans Crisis Line (VCL) Online Chat and Text Message Volumes, Fiscal Years 2009 through 2015



Source: GAO analysis of Department of Veterans Affairs data. | GAO-16-373

Note: The VCL started its online chat service in fiscal year 2009 and text message service in fiscal year 2012.

Extended Call Wait Times Were Uncommon in July and August 2015, but VA Did Not Meet Its Call Response Time Goals and Some Text Messages Did Not Receive Responses

VA Responded to Most Calls within 30 Seconds in July and August 2015, but Did Not Meet Its Goal to Answer 90 Percent of Calls within 30 Seconds at the VCL Primary Center

To determine how well VA performed against its goal for responding to VCL callers, we covertly tested the VCL's call response time in July and August 2015. During this testing we found that it was uncommon for VCL callers to wait an extended period before reaching a responder since all of our calls that reached the VCL were answered in less than 4 minutes. According to VA officials, VA established a goal that the VCL primary center would answer 90 percent of calls to the VCL within 30 seconds. Our test included a generalizable sample of 119 test calls that can be used to describe all callers' wait times when calling the VCL during this period.¹⁶ On the basis of our test calls, we estimate that during July and August 2015 about 73 percent of all VCL calls were answered at the VCL primary center within 30 seconds.¹⁷ (See fig. 4.) VA officials told us that, during fiscal year 2015, about 65 to 75 percent of VCL calls were answered at the VCL primary center and about 25 to 35 percent of VCL calls were answered at the backup call centers. These VA-reported results indicate that about 65 to 75 percent of VCL calls were answered

¹⁶For these test calls, callers' wait times refer to the length of time that elapses between when callers press "1" and when responders at either the VCL primary center or backup call centers answer the calls.

¹⁷In addition, we estimate that during July and August of 2015 99 percent of all VCL calls were answered within 120 seconds and the median call response time was 17 seconds. These percentage estimates have a margin of error of within plus or minus 9 percentage points, and the median response times estimates have a relative margin of error that is less than 9 percent at the 95 percent confidence level. See app. I for more details.

within either 30 or 60 seconds.¹⁸ These results are consistent with our test results for July and August 2015. According to VA officials, VA attempts to maximize the percentage of calls answered at the VCL primary center because these responders have additional resources—including access to veterans’ VA electronic medical records—that are unavailable to VCL backup call center responders. All responders receive specialized training to assist callers in crisis.¹⁹

Figure 4: Wait Time Estimates for Calls to the Veterans Crisis Line (VCL), July and August 2015

Wait time ^a (in seconds)	Percentage of test calls answered
1 to 30	73
31 to 60 ^b	0
61 to 120	26
121 to 180	0
181 to 240	1
241 or more	0

Source: GAO. | GAO-16-373

^aWait times included in this figure are based on the elapsed time between when a GAO test caller pressed “1” to be connected to the VCL and when a responder answered the call. Percentage

¹⁸For approximately 5 months of fiscal year 2015, VA allowed calls to ring at the VCL primary center for 60 seconds before routing the calls to VCL backup call centers. VA then returned to the standard that calls not answered at the VCL primary center within 30 seconds are then routed to VCL backup call centers.

¹⁹All VCL primary and backup call center responders are required to complete Applied Suicide Intervention Skills Training as part of their training to assist callers in crisis. In this training, participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying and living, develop a safe plan based on a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks. Lifeline promotes Applied Suicide Intervention Skills Training among its local crisis centers, though not all 164 centers have participated in the training. However, HHS stated that all of the centers’ responders adhere to Lifeline’s standards for risk assessment.

estimates used in the figure have a margin of error of within plus or minus 9 percentage points at the 95 percent confidence level.

^bAt the time of our test, VA allowed calls to ring at the VCL primary center for 60 seconds before routing the calls to VCL backup call centers.

To Help Achieve Response-Time Goals, VA Implemented Changes at the VCL Primary Center

To improve its performance toward meeting the goal of answering 90 percent of calls at the VCL primary center within 30 seconds, VA implemented two changes in fiscal year 2015—namely, staggered work shifts for responders and new call-handling procedures.²⁰

Staggered work shifts. VA implemented staggered shifts for responders at the VCL primary center on September 6, 2015. Staggered shifts are work schedules that allow employees to start and stop their shifts at different times as a way to ensure better coverage during peak calling periods. Specifically, it helps schedule more employees to work when call volume is highest and fewer employees to work when call volume is lowest.²¹ Additionally, staggered shifts help limit disruptions in service as responders begin and end their shifts. By comparing VCL telephone call data from September through December of 2014 to that of September through December of 2015, we found that VA's implementation of staggered shifts at the VCL primary center had mixed results.²²

- Overall: The average percentage of calls answered per hour at the VCL primary center from September through December 2015—after staggered shifts were implemented—was 75 percent, slightly less than the average of 79 percent answered during the corresponding period in 2014 before staggered shifts were implemented. However, the VCL received an average of about 1.3 more calls per hour during this period in 2015 than it received during the corresponding period in 2014 and, according to VA officials, the VCL primary center employed fewer responder staff in 2015 than 2014.

²⁰According to VA officials, their long-term goal is to answer 100 percent of calls at the VCL primary center.

²¹The International Customer Management Institute includes staggered shifts as a best practice among call centers.

²²Our analysis compared VCL call data from September 6, 2015, through December 31, 2015, to VCL call data from September 1, 2014, through December 31, 2014. The percentage of calls answered is likely affected by several factors, such as call volume, staffing levels, and complexity of calls. Our analysis controlled for day of the week, time of day, and holidays, but did not control for all factors that may affect the percentage of calls answered.

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- **By day of the week:** The average percentage of calls answered per hour at the VCL primary center increased on Mondays to 89 percent and Tuesdays to 83 percent after VA implemented staggered shifts, up from 78 percent and 79 percent, respectively, during the corresponding period in 2014. These increases suggest that staggered shifts may have helped VA answer more calls at the VCL primary center on these days because VCL call data from our analysis indicate that these days of the week typically experienced the highest number of calls prior to implementing staggered shifts, and VA officials told us that they used the implementation of staggered shifts to schedule more responders on these days. However, the average percentage of calls answered per hour at the VCL primary center decreased on Saturdays to 61 percent and Sundays to 70 percent after VA implemented staggered shifts, down from 78 percent and 80 percent, respectively, during the corresponding period in 2014.
 - **By hours of the day:** VA answered a higher percentage of calls at the VCL primary center during the mid-day and evening hours after the implementation of staggered shifts. Specifically, from 11:00 a.m. to 4:00 p.m. and from 9:00 p.m. to 11:00 p.m. the VCL primary center answered a higher percentage of calls compared with the corresponding periods in 2014. However, VA answered a lower percentage of calls at the VCL primary center during overnight hours—midnight to 9:00 a.m.—and in the early evening—5:00 p.m. to 8:00 p.m.—compared to corresponding periods in 2014.

To address staffing limitations and align the number of responders available for each staggered shift according to demand, VA officials said that VA planned to hire 63 additional responders for the VCL primary center in fiscal year 2016 and assign these new responders to weekend and evening shifts. This change would likely help improve the mixed results we identified in our analysis of VA's implementation of staggered shifts for responders. As of February 2016, VA officials said that 22 applicants had accepted employment offers and that VA planned to extend employment offers to an additional 15 applicants. These officials also noted that recent attrition at the VCL primary center was largely due to VCL primary center responders being promoted into new positions at the VCL primary center or to VCL primary center responders leaving

because their work with the VCL did not qualify as clinical hours required for licensure in their specialties.²³

New call-handling procedures. VA implemented new call handling procedures at the VCL primary center beginning in June 2015 that provided responders with specific guidance to more efficiently handle “noncore” callers—those callers who were not seeking crisis assistance but rather seeking help with other issues, such as help with veterans’ benefits questions. For example, if a caller reached the VCL with a question about VA disability benefits, the VCL primary center responder would verify that the caller was not in crisis and transfer the caller to the Veterans Benefits Administration to address the question. VCL telephone call data provided by VA suggest that the average time VCL primary center responders spend handling noncore calls decreased by approximately 30 percent over a 5-month period after responder training began on these new call-handling procedures.²⁴ We would expect that as the average time VCL primary center responders spend handling noncore calls decreases, these responders should have more time available to answer additional incoming calls.

In July and August 2015, Most of Our Test Online Chats Were Answered Within 30 Seconds, but VA Did Not Ensure That Veterans Receive Responses through Its Text Messaging Service

To determine the timeliness of the VCL’s responses to online chats and text messages, we conducted a covert test in July and August 2015 using nongeneralizable samples of 15 online chats and 14 text messages. All 15 of our test online chats received responses within 60 seconds, 13 of which were within 30 seconds. This result is consistent with VA data that indicate VCL responders sent responses to over 99 percent of online chat requests within 1 minute in fiscal years 2014 and 2015. VA officials said that all online chats are expected to be answered immediately. Although this is an expectation, VA does not yet have formal performance

²³In February 2016, VA officials reported that 20 VCL primary center responders had been promoted into new positions within the VCL. These positions were in the VCL’s quality management, workforce management, and training units. These officials explained that they are working with licensing bodies in New York to discuss the applicability of VCL primary center responders’ work to clinical hour requirements for several specialties, though the officials did not indicate that the licensing standards had recently changed.

²⁴We did not test this aspect of VCL operations with covert test calls.

standards for how quickly responders should answer online chat requests and expects to develop them before the end of fiscal year 2016.²⁵

However, our tests of text messages revealed a potential area of concern. Four of our 14 test text messages did not receive a response from the VCL. Of the remaining 10 test text messages, 8 received responses within 2 minutes, and 2 received responses within 5 minutes.

VA officials stated that text messages are expected to be answered immediately, but, as with online chats, VA has not yet developed formal performance standards for how quickly responders should answer text messages. VA data indicate that VCL responders sent responses to 87 percent of text messages within 2 minutes of initiation of the conversation in both fiscal years 2014 and 2015. VA officials said that VA plans to establish performance standards for answering text messages before the end of fiscal year 2016. VA officials noted and we observed during a site visit that some incoming texts were abusive in nature or were not related to a crisis situation.²⁶ According to VA officials, in these situations, if this is the only text message waiting for a response, a VCL responder will send a response immediately. However, if other text messages are awaiting responses, VA will triage these text messages and reply to those with indications of crisis first. This triage process may have contributed to the number of our test texts that did not receive responses within 2 minutes.

The VCL's text messaging service provider offered several reasons for the possible nonresponses that we encountered in our test results. These included: (1) incompatibilities between some devices used to send text messages to the VCL and the software VA used to process the text messages, (2) occasional software malfunctions that freeze the text messaging interface at the VCL primary center, (3) inaudible audio prompts used to alert VCL primary center responders of incoming text messages, (4) attempts by people with bad intentions to disrupt the VCL's text messaging service by overloading the system with a large number of

²⁵VA officials explained that these performance standards will be developed using response-time data that will become available after an upgrade to the VCL's telecommunications systems in mid-2016. Currently, retrospective data on online chat performance are available, but real-time data will be available after this telecommunications systems upgrade, according to VA officials.

²⁶Our test text messages consisted of a simple greeting, such as "Hi" or "Hello."

texts, and (5) incompatibilities between the web-browsers used by the VCL primary center and the text messaging software.

VA officials told us that they do not monitor and test the timeliness and performance of the VCL text messaging system, but rather rely solely on the VCL's text messaging service provider for such monitoring and testing. They said that the provider had not reported any issues with this system. According to the provider, no routine testing of the VCL's text messaging system is conducted. Standards for internal control in the federal government state that ongoing monitoring should occur in the course of normal operations, be performed continually, and be ingrained in the agency's operations.²⁷ Without routinely testing its text messaging system, or ensuring that its provider tests the system, VA cannot ensure that it is identifying limitations with its text messaging service and resolving them to provide consistent, reliable service to veterans.

VA Has Taken Steps to Improve Its Monitoring of VCL Primary Center Performance but Has Not Established Targets and Time Frames for VCL Key Performance Indicators

²⁷ See GAO, *Standards for Internal Control in the Federal Government*, [GAO/AIMD-00-21.3.1](#) (Washington, D.C.: November 1999).

VA Established a Call Center Evaluation Team, Implemented Revised Responder Performance Standards, and Analyzed VCL Caller Complaints

VA has sought to enhance its capabilities for overseeing VCL primary center operations through a number of activities—including establishing a call center evaluation team, implementing revised performance standards for VCL primary center responders, implementing silent monitoring of VCL primary center responders, and analyzing VCL caller complaints.²⁸

Establishment of a call center evaluation team. In October 2013, VA established a permanent VCL call center evaluation team that is responsible for monitoring the performance of the VCL primary center.²⁹ The call center evaluation team analyzes VCL data, including information on the number of calls received and the number of calls routed to backup call centers from the primary center. VA officials told us that they use these data to inform management decisions about VCL operations. For example, these data were used as part of its decision to implement staggered shifts for VCL primary center responders in an attempt to increase the number of calls answered at the VCL primary center.

Implementation of revised performance standards for VCL primary center responders. In October 2015, VA implemented new performance standards for all VCL primary center responders that will be used to assess their performance in fiscal year 2016. According to VA officials, these performance standards include several measures of responder performance—such as demonstrating crisis-intervention skills, identifying callers’ needs, and addressing those needs in an appropriate manner using VA approved resources. VA officials told us that by the summer of 2016 VCL primary center supervisors will have access to real-time information on VCL primary center responders’ performance against these standards and can track their workload and performance periodically. These officials explained that they anticipate these performance standards will be reviewed and revised as needed for the fiscal year 2017 performance year.

Silent monitoring of VCL primary center responders. In February 2016, VA officials reported that they were beginning silent monitoring of

²⁸VCL also tracks and analyzes complaints about the services of VCL backup call centers as a part of this effort.

²⁹According to VA officials, this team was initially staffed with VA employees detailed from other areas of the department in December 2012. Permanent staff for call center evaluation were hired in October 2013.

all VCL responders using recently developed standard operating procedures, standard data collection forms, and standard feedback protocols. These officials explained that the VCL primary center silent monitoring would begin in mid-February 2016 with four VA medical center–based suicide-prevention coordinators completing silent monitoring of 15 to 20 calls a week to the VCL primary center through March 2016.³⁰ These officials explained that six full-time silent monitors had been hired as part of the VCL quality assurance staff and would begin conducting silent monitoring of VCL primary center calls in April 2016 once their training had been completed. During the initial rollout, the four VA medical center–based suicide-prevention coordinators will remotely access VCL primary center calls, complete the standard data collection form, and send the information to the observed VCL primary center responders’ supervisors for feedback delivery. Once the six full-time silent monitors begin completing these activities, they will complete all call monitoring and deliver feedback to VCL primary center responders and will coordinate with VCL primary center supervisors on an as-needed basis. VA officials explained in February 2016 that they were unsure how many VCL primary center calls these six full-time silent monitors would be able to observe and will clarify this expectation once these silent monitors begin their duties in April 2016.

Analysis of VCL caller complaints. In October 2014, VA created a mechanism for tracking complaints it receives from VCL callers and external parties, such as members of Congress and veterans, about the performance of the VCL primary and backup call centers. Complaints can be about services provided by either the VCL primary center or one of the VCL backup call centers. In fiscal year 2015, the VCL received over 200 complaints from veterans and others regarding call center operations. These complaints included issues with VCL primary center and backup call center customer service and wait times to reach a responder. According to VA officials, each complaint is investigated to validate its legitimacy and determine the cause of any confirmed performance concerns. This validation process includes speaking with the complainant and VA staff, as applicable. The results and disposition of each complaint

³⁰These four VA medical center-based suicide-prevention coordinators are serving on part-time details to complete these VCL primary center silent monitoring duties.

are documented in VA's complaint tracking database.³¹ For complaints that include details on specific responders, VA officials told us that they investigate complaints and use legitimate complaints as part of the performance evaluation process for VCL primary center responders. Specifically, these officials explained that when a complaint about a VCL primary center responder's customer service is verified as accurate by a VA psychologist or supervisor after it is investigated, it can affect a VCL primary center responder's annual performance appraisal. The investigation process also includes verifying any associated documentation of the activities at the source of the complaint.

VCL Key Performance Indicators Lack Measureable Targets and Time Frames

In 2011, VA established key performance indicators to evaluate VCL primary center operations; however, we found these indicators did not have established measureable targets or time frames for their completion.

VCL key performance indicators lack measurable targets. We found that VA's list of VCL key performance indicators did not include information on the targets the department had established to indicate their successful achievement. For example, VA included a key performance indicator for the percentage of calls answered by the VCL in this list but did not include information on what results would indicate success for (1) the VCL as a whole, (2) the VCL primary center, or (3) the VCL backup call centers. As another example, VA did not establish targets for the percentage of calls abandoned by callers prior to speaking with VCL responders. Measureable targets should include a clearly stated minimum performance target and a clearly stated ideal performance target.³² These targets should be quantifiable or otherwise measurable and indicate how well or at what level an agency or one of its components aspires to perform.³³ Such measurable targets are important for ensuring that the

³¹According to VA officials, information on VCL complaints is housed on the VA Northeast Program Evaluation Center's servers and, once entered, is spot-checked by VA staff to ensure accuracy.

³²See GAO, *VA Health Care: Additional Guidance, Training, and Oversight Needed to Improve Clinical Contract Monitoring*, [GAO-14-54](#) (Washington, D.C.: Oct. 2013).

³³Consistent with the Government Performance and Results Act Modernization Act of 2010, the Office of Management and Budget states that a performance goal should include a tangible, measurable objective or a quantifiable standard, value, or rate. See Office of Management and Budget, *Preparation, Submission, and Execution of the Budget—Strategic Plans, Annual Performance Plans, Performance Reviews, and Annual Program Performance Reports*.

VCL call center evaluation team can effectively measure VCL performance.

VCL key performance indicators lack time frames for their completion. We found that VA's list of VCL key performance indicators did not include information on when the department expected the VCL to complete or meet the action covered by each key performance indicator. For example, for VA's key performance indicator for the percentage of calls answered by the VCL, the department did not include a date by which it would expect the VCL to complete this action. As another example, VA did not establish dates by which it would meet targets yet to be established for the percentage of calls abandoned by callers prior to speaking with VCL responders. Time frames for action are a required element of performance indicators and are important to ensure that agencies can track their progress and prioritize goals.³⁴

Guidance provided by the Office of Management and Budget states that performance goals—similar to VA's key performance indicators for the VCL—should include three elements: (1) a performance indicator, which is how the agency will track progress; (2) a target; and (3) a period.³⁵ VA officials reported that they are currently implementing a comprehensive process improvement plan, discussed later in this report, that will help ensure the right structures and processes are in place, which they believe are logical precursors to examining VCL outcomes and establishing targets and time frames for performance indicators. Without establishing targets and time frames for the successful completion of its key performance indicators for the VCL, VA cannot effectively track and publicly report progress or results for its key performance indicators for accountability purposes.

³⁴Consistent with the Government Performance and Results Act Modernization Act of 2010, the Office of Management and Budget defines a performance goal as a statement of the level of performance to be accomplished within a time frame. See Office of Management and Budget, *Preparation, Submission, and Execution of the Budget—Strategic Plans, Annual Performance Plans, Performance Reviews, and Annual Program Performance Reports*.

³⁵See Office of Management and Budget, *Preparation, Submission, and Execution of the Budget—Strategic Plans, Annual Performance Plans, Performance Reviews, and Annual Program Performance Reports*.

VA Is Strengthening Requirements for VCL Backup Call Centers, but VA and SAMHSA Do Not Collect Information to Assess How Often and Why Callers Are Not Reaching the VCL

VA Is Enhancing Performance Requirements for Its Backup Call Coverage Contractor

VA's backup call coverage contract, awarded in October 2012 and in place at the time of our review, did not include detailed performance requirements in several key areas for the VCL backup call centers. Clear performance requirements for VCL backup call centers are important for defining VA's expectations of these service partners. However, VA has taken steps to strengthen the performance requirements of this contract by modifying it in March 2015 and beginning the process of replacing it with a new contract.³⁶

October 2012 backup call coverage contract. This contract provided a network of Lifeline local crisis centers that could serve as VCL backup call centers managed by a contractor.³⁷ This contractor was responsible for overseeing and coordinating the services of VCL backup call centers that answer overflow calls from the VCL primary center. This contract as initially awarded included few details on the performance requirements for VCL backup call centers. For example, the contract did not include any

³⁶According to VA officials, this new contract was awarded in April 2016.

³⁷The backup call coverage contract in place at the time of our review was awarded in October 2012 with a 1-year base and two 1-year option periods (for a total of 3 years of coverage) and was set to expire in September 2015. However, according to VA officials, the contract was extended through May 2016 while the department was finalizing a new contract. VA officials reported that the new backup call coverage contract was awarded in April 2016.

information on several key aspects of VCL backup call center performance, including: (1) the percentage of VCL calls routed to each VCL backup call center that should be answered, (2) VA's expectations on whether or not VCL backup call centers could use voice answering systems or caller queues for VCL calls, and (3) VA's documentation requirements for VCL calls answered at the VCL backup call centers. Detailed performance requirements on these key aspects of VCL backup call center performance are necessary for VA to effectively oversee the performance of the contractor and the VCL backup call centers. By not specifying performance requirements for the contractor on these key performance issues, VA missed the opportunity to validate contractor and VCL backup call center performance and mitigate weaknesses in VCL call response. For example, representatives from one VCL backup call center provided data that showed that the backup call center answered about 50 percent of the VCL calls it received. However, without a performance requirement establishing a standard for the percentage of calls each VCL backup call center should answer, VA could not determine whether this was acceptable performance for a VCL backup call center. As of December 2015, this VCL backup call center reported that it had improved its performance and answered about 66 percent of calls it received from July 2015 to December 2015.

VA officials told us about several concerns with the performance of the backup call centers operating under the October 2012 contract based on their own observations and complaints reported to the VCL. These concerns included the inconsistency and incompleteness of VCL backup call centers' responses to VCL callers, limited or missing documentation from records of VCL calls answered by VCL backup call center responders, limited information provided to VA that could be used to track VCL backup call center performance, and the use of voice answering systems or extended queues for VCL callers reaching some VCL backup call centers. For example, VA officials reported that some veterans did not receive complete suicide assessments when their calls were answered at VCL backup call centers. In addition, VA officials noted that they had observed some VCL backup call centers failing to follow VCL procedures, such as not calling a veteran who may be in crisis when a third-party caller requested that the responder contact the veteran. According to VA officials, these issues led to additional work for the VCL primary center, including staffing one to two responders per shift to review the call records submitted to the VCL primary center by backup call centers and to determine whether these calls required additional follow-up from the VCL primary center. These officials estimated that 25 to 30 percent of backup call center call records warranted additional follow-up

to the caller from a VCL primary center responder, including approximately 5 percent of backup call center call records that needed to be completely reworked by a VCL primary center responder.

March 2015 backup call coverage contract modification. Given these concerns, in March 2015 VA modified the October 2012 backup call coverage contract to add more explicit performance requirements for its backup call coverage contractor, which likely took effect more quickly than if the department had waited for a new contract to be awarded. These modified requirements included (1) the establishment of a 24-hours-a-day, 7-days-a-week contractor-staffed emergency support line that VCL backup call centers could use to report problems, (2) a prohibition on VCL backup call centers' use of voice answering systems, (3) a prohibition on VCL backup call centers placing VCL callers on hold before a responder conducted a risk assessment, (4) documentation of each VCL caller's suicide risk assessment results, and (5) transmission of records for all VCL calls to the VCL primary center within 30 minutes of the call's conclusion.

Development of new backup call coverage contract. In July 2015, VA began the process of replacing its backup call coverage contract by publishing a notice to solicit information from prospective contractors on their capability to satisfy the draft contract terms for the new contract; this new backup call coverage contract was awarded in April 2016.³⁸ We found that these new proposed contract terms included the same performance requirement modifications that were made in March 2015, as well as additional performance requirements and better data reporting from the contractor that could be used to improve VA's oversight of the VCL backup call centers. Specifically, the proposed contract terms added performance requirements to address VCL backup call center performance—including a requirement for 90 percent of VCL calls received by a VCL backup call center to be answered by a backup call center responder within 30 seconds and 100 percent to be answered by a backup call center responder within 2 minutes. In addition, the proposed contract terms include numerous data reporting requirements that could allow VA to routinely assess the performance of its VCL backup call centers and identify patterns of noncompliance with the contract's

³⁸This notice—referred to as a sources sought notice—included a draft performance work statement. In April 2016, VA officials reported that this contract was awarded to the previous backup call coverage contractor.

performance requirements more efficiently and effectively than under the prior contract. The proposed terms for the new contract also state that VA will initially provide and approve all changes to training documentation and supporting materials provided to VCL backup call centers in order to promote the contractor's ability to provide the same level of service that is being provided by the VCL primary center.

VA and SAMHSA Do Not Collect Information Needed to Assess How Often and Why Callers Do Not Reach the VCL

We found that when callers do not press "1" during the initial Lifeline greeting, their calls may take longer to answer than if the caller had pressed "1" and been routed to either the VCL primary center or a VCL backup call center.³⁹ As previously discussed, VA and SAMHSA collaborated to link the toll-free numbers for both Lifeline and the VCL through an interagency agreement. The greeting instructs callers to press "1" to be connected to the VCL; if callers do not press "1," they will be routed to one of SAMHSA's 164 Lifeline local crisis centers. To mimic the experience of callers who do not press "1" to reach the VCL when prompted, we made 34 covert nongeneralizable test calls to the national toll-free number that connects callers to both Lifeline and the VCL during August 2015 and we did not press "1" to be directed to the VCL.⁴⁰ For 23 of these 34 calls, our call was answered in 30 seconds or less. For 11 of these calls, we waited more than 30 seconds for a responder to answer—including 3 calls with wait times of 8, 9, and 18 minutes. Additionally, one of our test calls did not go through, and during another test call we were asked if we were safe and able to hold.⁴¹ VA's policy prohibits VCL responders from placing callers on hold prior to completing a suicide assessment; Lifeline has its own policies and procedures.⁴²

³⁹The initial greeting is about 30 seconds long and prompts the caller to press "1" to be connected to the VCL at the end of the greeting. If callers do not press "1," the call is routed to one of SAMHSA's 164 Lifeline local crisis centers based on the area code of the callers' telephone numbers.

⁴⁰These 34 calls were a random but nongeneralizable sample.

⁴¹When asked if we were safe and could hold, we terminated this test call.

⁴²We did not review Lifeline's policies and procedures as a part of this audit due to our focus on the VCL. We focused our review of Lifeline on those elements of their operations that interacted with the VCL or VA, such as the interagency agreement between VA and SAMHSA that governs the shared use of a single national toll-free number between the VCL and Lifeline.

According to officials and representatives from VA, SAMHSA, and the VCL backup call centers, as well as our experience making test calls where we did not press “1,” there are several reasons why a veteran may not press “1” to be routed to the VCL, including

- an intentional desire to not connect with VA,
- failure to recognize the prompt to press “1” to be directed to the VCL,
- waiting too long to respond to the prompt to press “1” to be directed to the VCL, or
- calling from a rotary telephone that does not allow the caller to press “1” when prompted.

VA officials said they had not estimated the extent to which veterans intending to reach the VCL did not press “1” during the Lifeline greeting.⁴³ These officials explained that their focus has been on ensuring that veterans who did reach the VCL received appropriate service from the VCL primary center and backup call centers. In addition, SAMHSA officials said that they also do not collect this information.⁴⁴ These officials reported that SAMHSA does not require the collection of demographic information, including veteran status, for a local crisis center to participate in the Lifeline network. However, they noted that SAMHSA could request through its grantee that administers the Lifeline network that local crisis centers conduct a onetime collection of information to help determine how often and why veterans reach Lifeline local crisis centers. SAMHSA officials explained that they could work with the Lifeline grantee to explore optimal ways of collecting this information that would be (1) clinically appropriate, (2) a minimal burden to callers and Lifeline’s local crisis centers, and (3) in compliance with the Office of Management and Budget’s paperwork reduction and information collection policies. The interagency agreement between VA and SAMHSA assigns SAMHSA responsibilities for monitoring the use of the national toll-free number—

⁴³According to SAMHSA officials, in 2014 about 383,000 callers abandoned their calls to Lifeline during the initial greeting used to direct callers to either Lifeline local crisis centers or the VCL. We did not assess the reasons these calls were abandoned.

⁴⁴According to SAMHSA officials, the SAMHSA grantee responsible for administering Lifeline conducted a survey in 2014 that captured veteran-related data. However, SAMHSA had no involvement with this survey or the data collection activities of the Lifeline local crisis centers that provided the information because it was outside the scope of SAMHSA’s grant to the organization. Further, HHS stated that the SAMHSA grantee did not share the results of the survey with SAMHSA. We did not evaluate the results of this survey.

1-800-273-TALK (8255)—that is used to direct callers to both the VCL and Lifeline. These responsibilities include monitoring the use of the line, analyzing trends, and providing recommendations about projected needs and technical modifications needed to meet these projected needs. Using the information collected from the Lifeline local crisis centers on how often and why veterans reach Lifeline, as opposed to the VCL, VA and SAMHSA officials could then assess whether the extent to which this occurs merits further review and action.

Although the results of our test are not generalizable, substantial wait times for a few of our covert calls suggest that some callers may experience longer wait times to speak with a responder in the Lifeline network than they would in the VCL's network. Without collecting information to examine how often and why veterans do not press "1" when prompted to reach the VCL, VA and SAMHSA cannot determine the extent veterans reach the Lifeline network when intending to reach the VCL and may experience longer wait times as a result. In addition, limitations in information on how often and why this occurs do not allow VA and SAMHSA to determine whether or not they should collaborate on plans to address the underlying causes of veterans not reaching the VCL. Standards for internal control in the federal government state that information should be communicated both internally and externally to enable the agency to carry out its responsibilities.⁴⁵ For external communications, management should ensure there are adequate means of communicating with, and obtaining information from, external stakeholders that may have a significant impact on the agency achieving its goals.

⁴⁵[GAO/AIMD-00-21.3.1.](#)

VA Has Developed and Begun Implementation of Plans to Improve VCL Operations

In June 2014, VA assessed the operational state of the VCL and, based on its findings, designed a performance-improvement plan that outlined actions to address problems VA identified regarding the VCL's workforce, processes, technology, and infrastructure.⁴⁶ To implement this plan, in March 2015 VA began a series of rapid process-improvement events, such as improvements to VCL primary center responder training, designed to solve problems identified by VCL staff and stakeholders with actions that could be implemented within 60 to 90 days.⁴⁷

According to VA officials and documentation provided by these officials, these rapid process-improvement events led to several changes at the VCL primary center in 2015 and 2016. As we previously noted, these changes include implementation of staggered shifts; development of silent monitoring procedures, and the hiring of dedicated staff to complete this monitoring; and new call-handling procedures previously discussed. They also include some remaining follow-up activities, such as completing the implementation of remaining planned quality-assurance activities in fiscal year 2016. These measures—if fully implemented—represent positive steps to improve VCL operations.

VA has developed additional plans to address other concerns with VCL operations. These plans address issues at the VCL primary center related to renovation of new space, upgrades to telecommunications, and the introduction of a caller queue.

⁴⁶See Department of Veterans Affairs, *Health Resource Center: Assessment of Veteran Crisis Line & National Call Center for Homeless Veterans* (June 2014). In 2014, the VHA National Call Center-Health Resource Center conducted a 3-day assessment of the VCL and provided insight on recommended actions to improve key operational areas, such as organizational structure and human capital; processes; technology, business, and infrastructure requirements; and physical space and workplace environment. According to VA officials, the National Call Center-Health Resource Center is one of VA's largest call centers. It is dedicated to providing customer service and support to veterans, their beneficiaries and others regarding health benefits. According to VA officials, the National Call Center-Health Resource Center is a subject-matter expert in call center operations.

⁴⁷Rapid process-improvement events are a critical part of organizational improvements designed and implemented using Lean methodologies. Lean methodologies focus on developing system efficiencies by identifying and removing waste. These methodologies have been generally accepted by health care systems throughout the United States in the last 10 years. In March 2015, VA adopted Lean methodologies and techniques as a means of accomplishing strategic process and performance improvement.

Renovation of new space for VCL primary center operations. We found that the VCL primary center responders are housed in two different buildings originally designed for patient care delivery. According to VA officials, these buildings do not reflect call center leading practices that recommend large, open rooms that provide supervisors greater access to the responders they oversee. However, in February 2016, VA officials reported that the department committed funding to relocate the VCL primary center operations to a renovated space on the VA medical center campus. The relocation is to be implemented in two phases. VA officials expect that the first phase, which includes moving administrative and monitoring staff, will be completed in June 2016; the second phase will relocate the rest of the VCL staff, including all responders. VA officials said they anticipate that the second phase will be completed in fiscal year 2017. VA officials told us that they plan on using the National Call Center-Health Resource Center's large open-space layout as a model in designing the VCL primary center's new space. According to VA officials, the National Call Center-Health Resource Center follows leading practices for call center operations as set by the International Call Management Institute.

Upgrade of VCL primary center telecommunication infrastructure. VA officials told us that the VCL primary center uses the telephone infrastructure of the VA medical center rather than a separate telephone system that would be more conducive to operating a call center. According to a telephone infrastructure change justification that VA information-technology officials prepared, the VCL primary center's existing telephone system does not meet the requirements for operating a call center of its size. This documentation indicates that improvements are needed in several features of the VCL's existing telephone system—including call routing, call recording, data capture, and automatic callback. In February 2016, VA officials reported that planned improvements to the VCL primary center's telephone system would be implemented by June 2016; however, the VCL primary center will continue to operate using part of the VA medical center's telephone system.

Introduction of VCL primary center caller queue. VA's evaluation of the VCL conducted in 2014 noted that a possible option for improving VCL call response would be to implement a queue at the VCL primary center that would allow callers to wait a longer period for a VCL primary

center responder before being sent to a VCL backup call center.⁴⁸ Currently, VA allows VCL primary center responders 30 seconds to answer calls before routing them to VCL backup call centers for a response. In February 2016, VA officials told us that they are considering implementing this type of queue. According to these officials, they are considering allowing VCL calls to remain at the VCL primary center for up to 5 minutes and they explained that this 5-minute period was determined based on feedback they received from veterans on how long they would be willing to wait for a responder. These officials further explained that voice prompts would offer callers options as they waited in the queue to reach the next available VCL primary center responder or to be transferred to other VA call centers for concerns unrelated to crisis situations.

Conclusions

The VCL plays an important role in providing a means by which veterans and those concerned about them can discuss unique challenges and crises they face, and provides a way to access VA's mental health care services. However, the rapid growth of the VCL in recent years has coincided with operational and planning challenges that constrain its ability to serve veterans in crisis in a timely and effective manner. To its credit, VA has taken some interim but noteworthy steps to address these challenges. Building on these steps, VA and SAMHSA need to take additional actions to provide reasonable assurance that the VCL's mission to serve veterans and others in crisis situations is met.

As our testing demonstrates, VA has not yet achieved its goal of answering 90 percent of all VCL calls within 30 seconds at the VCL primary center, but its planned and recently implemented changes, such as staggered shifts and enhanced call-handling procedures, are intended to gain VA system efficiencies that will help the department meet its goal once additional responders are hired. However, VA has not applied the same level of attention to its text messaging service and does not regularly test the VCL's text messaging system. Without doing so, VA cannot ensure that veterans are receiving timely responses from VCL responders to their text messages.

⁴⁸See Department of Veterans Affairs, *Health Resource Center: Assessment of Veteran Crisis Line & National Call Center for Homeless Veterans*.

In addition, while VA has taken a number of steps to improve its monitoring of the VCL, VA continues to experience challenges related to weaknesses in VCL key performance indicators—including a lack of measurable targets and time frames. If left unresolved, these weaknesses will likely have negative effects on VA’s ability to ensure the VCL is providing the best service possible to veterans.

Despite efforts to coordinate the operations of the VCL and Lifeline through an interagency agreement, VA and SAMHSA have not collected information necessary to determine how often and why veterans intending to reach the VCL reach Lifeline instead. As a result, neither VA nor SAMHSA can assess the extent this occurs and the underlying causes that may need to be addressed.

Recommendations for Executive Action

To improve the timeliness and quality of VCL responses to veterans and others, we recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to take the following two actions:

- regularly test the VCL’s text messaging system to identify issues and correct them promptly; and
- document clearly stated and measurable targets and time frames for key performance indicators needed to assess VCL performance.

We further recommend that under the applicable terms of their interagency agreement, the Secretary of Veterans Affairs and the Secretary of Health and Human Services direct the Under Secretary for Health and the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), respectively, to collaborate and take the following two actions:

- collect information on how often and why callers intending to reach the VCL instead reach Lifeline local crisis centers; and
- review the information collected and, if necessary, develop plans to address the underlying causes.

Agency Comments and Our Evaluation

We provided a draft of this report to VA and HHS for review and comment. In their written comments, summarized below and reprinted in appendixes II and III, both agencies concurred with our recommendations. VA and HHS described ongoing or planned actions

and provided a timeline for addressing our recommendations. HHS also provided technical comments, which we incorporated as appropriate.

In response to our first recommendation, to regularly test the VCL's text messaging system to identify issues and correct them promptly, VA said that the VCL's analytics department will develop and implement a more robust and proactive system to test daily the VCL's text messaging service by July 2016. In the interim, VA stated that it has a process for identifying, addressing, and troubleshooting problems that utilizes e-mail templates to notify its contract text service provider of issues or errors that require a response to troubleshoot the error.

In response to our second recommendation, to document clearly stated and measurable targets and time frames for key performance indicators needed to assess VCL performance, VA said that it is in the process of developing a monthly scorecard with elements assessing call center, staffing, quality-assurance, and crisis-response metrics with specific performance targets. VA estimates that by October 2016 it would establish targets and time frames for its performance indicators.

In response to our third recommendation, to collaborate with SAMHSA to collect information on how often and why callers intending to reach the VCL instead reach Lifeline local crisis centers, VA said that the VCL's newly formed Clinical Advisory Board would foster collaboration amongst capable experts and leverage their collective expertise in facilitating an improved experience for callers, greater operational efficiencies, and increased access to the VCL for veterans in crisis. VA noted that the Clinical Advisory Board included members of SAMHSA, the VA Suicide Prevention Office, and other VA clinical offices. VA estimates that it would collect sufficient data, conduct a collaborative analysis with SAMHSA, and complete reporting to both agencies on this issue by October 2016. HHS said that in response to this recommendation it would review ways to collect data on callers intending to reach the VCL but instead reaching Lifeline local crisis centers.

In response to our fourth recommendation, to collaborate with SAMHSA to review the information collected and, if necessary, develop plans to address the underlying causes for callers intending to reach the VCL instead reaching Lifeline local crisis centers, VA said that the Clinical Advisory Board referenced above would evaluate this issue as a standing agenda item in its monthly meetings. VA said that the Clinical Advisory Board would establish a baseline regarding the frequency of this issue's occurrence, monitor reported complaints about the press "1" functionality, and provide us with data from Clinical Advisory Board meetings to

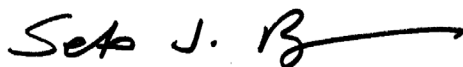
demonstrate action taken toward implementing our recommendation. VA expects to complete these actions by January 2017. HHS said that in response to this recommendation it would review the data collected as described above and, if necessary, address the underlying causes as appropriate.

These VA and HHS actions, if implemented effectively, would address the intent of our recommendations.

In its technical comments, HHS emphasized the distinction between the Lifeline network and the VCL, noting that the two programs operate with different policies, procedures, and resources. We revised the draft to more clearly reflect this distinction.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time we will send copies of this report to the appropriate congressional committees, the Secretary of Veterans Affairs, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staffs have any questions about this report, please contact Seto J. Bagdoyan at (202) 512-6722 or bagdoyans@gao.gov, or Randall B. Williamson at (202) 512-7114 or williamsonr@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.



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Appendix I: Scope and Methodology

Testing VCL Response Times

To determine the extent to which the Department of Veterans Affairs (VA) meets response-time goals for calls, online chats, and text messages received through the Veterans Crisis Line (VCL), we conducted several tests of VCL services during July and August 2015. These tests were designed to measure the timeliness of the VCL's response to calls, online chats, and text messages.

Tests of VCL Call Response Timeliness

We conducted a covert test of the VCL's call response time using a generalizable sample of 119 test calls placed in July and August 2015. To develop this generalizable sample, we interviewed VA officials with knowledge about VCL primary and backup call center operations; obtained the VCL primary center's historical call volume data in hourly increments for fiscal year 2013 through the end of the second quarter of fiscal year 2015; and generated a schedule of days and times during which our test calls would be made.¹ This test call schedule was created by dividing the 62-day sample period into 496 primary sampling units, which we defined as 3-hour blocks of time.² We then defined secondary sample units as 10-minute increments within each 3-hour block of time and selected a stratified two-stage random cluster sample of 144 10-minute increments during which our test calls would be made.³ We selected the 144 10-minute increments by: (1) stratifying the primary sampling units into four strata—overnight, morning, afternoon, and evening—based on time of day; (2) identifying a stratified sample of 36 primary sampling units that were allocated across the four strata based on call volume and our available resources; and (3) randomly selecting

¹The VCL's primary center is located in Canandaigua, New York, and is operated by VA staff. VCL backup call coverage is provided by a contractor who manages the VCL backup call centers. Currently, there are five VCL backup call centers, located in Greenville, North Carolina; Miami, Florida; Portland, Oregon; Rochester, New York; and St. Louis, Missouri.

²The total number of primary sampling units in the population was calculated by multiplying the eight 3-hour blocks of time that were present in each day by the 62-day target population. This resulted in 496 total primary sampling units.

³We omitted test calls from our sample when these calls were unsuccessful due to an error made by our test callers. As a result, our final sample consisted of 119 test calls.

four 10-minute increments from each selected primary sampling unit.⁴ The results of this test can be used to estimate all VCL callers' wait times for July and August 2015.⁵ Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval (i.e., a margin of error of within plus or minus a certain number of percentage points). This is the interval that would contain the actual population value for 95 percent of the samples we could have drawn. Percentage estimates from our analysis included in this report have a margin of error of within plus or minus 9 percentage points at the 95 percent confidence level. Estimates of the median wait time have a margin of error of within plus or minus 10 percent at the 95 percent confidence level.

When placing test calls, we used 20 telephone numbers with randomly selected area codes to mask the origin of the calls.⁶ Two analysts then independently measured and documented wait times by reviewing audio recordings of each test call. Wait times were measured from the time that the caller pressed "1" to reach the VCL and the time that a responder

⁴We defined overnight as midnight to 5:59 a.m., morning as 6:00 a.m. to 11:59 a.m., afternoon as noon to 5:59 p.m., and evening as 6:00 p.m. to 11:59 p.m. We selected fewer primary sampling units from the overnight and morning strata than we did from the afternoon and evening strata. The VCL historically received more calls during the time frames of the afternoon and evening strata, so 10 primary sampling units were selected from each of those strata. Five primary sampling units were selected from the overnight stratum to minimize the frequency with which GAO personnel had to be staffed overnight. Five primary sampling units were selected from the morning stratum because the VCL historically received fewer calls during that time of day. This resulted in a selection of 30 strata for our sample. Finally, we selected a total of 120 10-minute increments by randomly selecting 4 10-minute increments for each of the 30 primary sampling units that we selected for the sample.

⁵The results of these test calls are not generalizable to calls to the VCL outside of the July and August 2015 period.

⁶We developed the list of 20 randomly selected area codes by (1) generating a list of randomly selected three-digit numbers, (2) developing a list of the first 30 three-digit numbers that were active U.S. area codes, and (3) selecting the first 20 area codes that were available through the service that was used to establish the final, 10-digit telephone numbers. We used these 20 telephone numbers when placing our test calls so that VA could not detect through caller identification technology that the calls originated at GAO.

answered the test call.⁷ The final wait time for each test call was the lowest of the two wait times recorded by these analysts.

We successfully completed and measured the wait times for 119 test calls in 30 of the 36 selected primary sampling units. We did not complete calls in 25 of our selected 10-minute increments due to technical or scheduling issues. The resulting completion rate for our test calls was 83 percent (119 out of 144). The omitted test calls were distributed across all four strata and were unrelated to the time of day.

Tests of VCL Online Chat and Text Message Response

To test VA's online chat and text message response timeliness, we reviewed VA's procedures and training materials for operating both services. We then interviewed and observed VCL responders at the VCL primary center who responded to online chat and text messages. We also spoke with the VCL text messaging service provider to learn about the text messaging operations. To test the VCL's online chat and text message response, we scheduled one covert test online chat or text message during each of the 30 primary sampling units used for the generalizable sample described above and recorded our wait times for a response.⁸ We measured the wait time for online chats and text messages as the elapsed time between when we sent the online chat or text message to the VCL and when we received a response from a responder. We initiated our test online chats through a link provided on the VCL's website. We sent test text messages to the VCL through an Internet text messaging service provider in order to record our test data electronically. We removed one test text message attempt from the sample because of technical issues we experienced that may have prevented the message from reaching the VCL. As a result, our final samples consisted of 15 test online chats and 14 test text messages.

⁷We defined VCL call wait times as the difference (in seconds) between when a caller pressed "1" and when a live responder answered the test call at either the VCL primary center or a VCL backup call center.

⁸Although we used the primary sampling units selected for the generalizable sample of test calls to determine when the online chat or text message request was sent, we did not design the samples used to test VCL online chat and text message response times to be able to generalize our results to the population of all online chat and text message requests received by the VCL during July and August 2015.

Analysis of the VCL's 2013 through 2015 Call Data

Data-Reliability Testing

We verified the reliability of VA's reported VCL call data by interviewing officials responsible for managing them and reviewing reports that VA's backup call coverage contractor provided to VA that documented the time, duration, and routing of every VCL call. The routing information included details on the call centers where each call was routed and identified the call center that ultimately answered each call. We were able to identify our test calls in these reports and confirmed that the data matched records we maintained for our test calls. This exercise also allowed us to confirm whether our test calls were answered at the VCL primary center or a VCL backup call center. On the basis of these actions, we found these data to be sufficiently reliable for the purposes of describing the quantity of requests for services reaching the VCL. We used these data to evaluate the timeliness of the VCL's call response and compared the data to the department's own goals.

Analysis of VCL Call Data Related to the Implementation of Staggered Shifts at the VCL Primary Center

To assess the effectiveness of the implementation of staggered shifts for responders at the VCL primary center, we compared VCL call data from September 6, 2015, through December 31, 2015, to that of September 1, 2014, through December 31, 2014.⁹ We selected September 6, 2015, as the start date for our 2015 period of analysis because it was the first day that VA fully implemented staggered shifts at the VCL primary center. We chose the cutoff of December 31, 2015, because it corresponded to the most recent complete month of data available at the time of our analysis. We used call data from September 1, 2014, through December 31, 2014, because they reflected a comparable period from the year prior. We used these 2014 data as a comparison group to account for any seasonality patterns, variations, or fluctuations that might affect the demand for VCL services within a particular season, day of the week, or other periods. Our

⁹Staggered shifts are work schedules that allow employees to start and stop their shifts at different times to help ensure more employees are working when demand for the work is highest and fewer employees are working when demand is lowest and help limit disruptions in service as responders begin and end their shifts.

evaluation compared the average hourly call response percentages of the periods we examined and included analysis for the time of day using hourly intervals, day of the week, and holidays within each period. The average hourly response percentages are likely affected by several factors—such as call volume, staffing levels, and complexity of calls, for which we did not control. Our analysis examined differences by day of the week, time of day, and holidays, but did not control for the above-mentioned or other factors that may affect the percentage of calls answered at the VCL primary center.

Test of Lifeline Local Crisis Center Response Times

To determine whether callers attempting to reach the VCL who did not press “1” experienced longer wait times than those that did, we conducted a nongeneralizable test. The VCL is accessed by calling a single national toll-free number—1-800-273-TALK (8255)—shared by both the VCL and the National Suicide Prevention Lifeline (Lifeline). This toll-free number is managed by the Substance Abuse and Mental Health Services Administration (SAMHSA).¹⁰ To conduct our nongeneralizable test, we used a random sample of 34 covert test calls to conduct these tests where we mimicked the experience of VCL callers who do not follow the instructions of the voice prompt on this single national toll-free number to press “1” in order to reach the VCL. To do this, we placed two test calls where we did not press “1” as prompted to reach the VCL during each of the scheduled primary sampling units in August 2015. We recorded the wait times for each of the 34 test calls by calculating the amount of time that elapsed between the moment that an automated message informed us that the call was being transferred to a Lifeline local crisis center and when a responder answered our call. We masked the origin of these calls in a manner similar to that described for our generalizable sample of 119 test calls placed to the VCL. Although the 34 test calls were randomly made, the results of these test calls are not generalizable due to the small number of calls included in our sample.

¹⁰SAMHSA is an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. Currently, SAMHSA funds a cooperative agreement grant to administer Lifeline with the same entity that VA currently contracts with to provide VCL backup call coverage.

Appendix II: Comments from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON DC 20420

May 17, 2016

Mr. Seto J. Bagdoyan
Director
Forensic Audits and
Investigative Service
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Mr. Bagdoyan:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, "**VETERANS CRISIS LINE: Additional Testing, Monitoring, and Information Needed to Ensure Better Quality Service**" (GAO-16-373). VA agrees with GAO's conclusions and concurs with GAO's recommendations to the Department.

The enclosure specifically addresses GAO's recommendations in the draft report and provides an action plan and technical comments.

VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in black ink that reads "Gina S. Farrisee".

Gina S. Farrisee
Deputy Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
***“VETERANS CRISIS LINE: Additional Testing, Monitoring, and Information
Needed to Ensure Better Quality Service”***
(GAO-16-373)

VA General Comments

The Veterans Crisis Line (VCL) mission is to provide 24/7 world-class suicide prevention and crisis intervention services to Veteran, Service Members and their family members. Since 2007, VCL has answered nearly 2.2 million calls, and dispatched emergency services to callers in crisis over 57,000 times. Upholding an incredible commitment to Veterans, VCL has demonstrated a 98 percent satisfaction rating reported by Veterans who call the VCL and complete an end-of-call survey. Since surveys began in November 2015, 12,940 callers have expressed satisfaction with the VCL service.

Continuous improvement is paramount to enhancing the Veteran experience. Consistent with this philosophy, we have a series of initiatives underway at the VCL to provide the best customer service for every Veteran caller. Our focus is enhancing access, quality, and Veteran and employee satisfaction. For this reason, VCL is seeking accreditation through the International Customer Management Institute (ICMI) and the Commission on Accreditation of Rehabilitation Facilities (CARF) to ensure the highest level of call center quality.

Immediate support capabilities will soon be featured on Vets.Gov to enable Veterans in crisis to reach out for support. Likewise, full implementation of the automatic transfer function from VA Medical Center callers will be complete by September 2016. This function directly connects Veterans who call their local VA Medical Center to VCL by pressing a single digit during the initial automated phone greeting.

Our goal is for trained VA responders to answer 100 percent of calls immediately. Under previous leadership, a five-minute queue was being considered, as mentioned in the body of the report. We will not be pursuing this type of queue because our belief is that no Veteran in crisis should have to wait for a trained professional. Our Veterans deserve to have these important services available to them at any time.

VCL has focused efforts on hiring front-line staff with the goal of answering all calls at VCL rather than at contracted back-up centers. VCL has added responders and will benefit from administrative personnel to augment areas such as analytics, knowledge management, quality assurance, and training. Active recruitment is ongoing.

All VCL responders are receiving newly developed training to establish baseline skills and meet ongoing education needs. To ensure the well-being of the VCL workforce, staff will experience the benefits of VCL's new Wellness & Resilience Program. This program incorporates a 15-minute period prior to shifts allowing responders to prepare for answering callers and a 15-minute period following shifts to

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decompress from a sometimes intense workday. Responders also have the option to seek out help from supervisors or on-staff psychologists for particularly complex calls. The Wellness and Resilience program is designed to better equip responders and make it easier for them to return to their families after work.

VLC is developing a variety of shift schedules to better match the number of staff on duty to the volume of incoming calls, ensuring that more crisis calls are answered in-house by skilled VCL responders and fewer calls roll over to contracted back-up centers. Further, a second call center location is being established to ensure contingency operations are in place in the case of a manmade or natural disaster.

The creation of a state-of-the-art call center space, training room, and technology to replace the current call management database system will provide responders with quicker access to more accurate resources and information for Veterans calling VCL. By tracking compliments and complaints and adding silent monitoring to the quality assurance program, VCL will determine what is working well and identify opportunities for improvement.

VHA is strongly committed to developing long-term solutions that mitigate risks to the timeliness, cost-effectiveness, quality and safety of the VA health care system. VHA is using the input from GAO and other advisory groups to identify root causes and to develop critical actions. As VHA implements corrective measures, we will ensure our actions are meeting the intent of the recommendations. VHA is dedicated to sustained improvement in the high risk areas.

The recommendations in this report apply to high risk areas 1 (ambiguous policies and inconsistent processes) and 2 (inadequate oversight and accountability). VHA actions will serve to make further improvements to the VCL ensuring Veterans in crisis reach one of our trained responders in a timely manner regardless of the mode of communication.

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Department of Veterans Affairs (VA) Comments to
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***“VETERANS CRISIS LINE: Additional Testing, Monitoring, and Information
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GAO Recommendation: To improve the timeliness and quality of VCL responses to veterans and others, GAO recommends that the Secretary of Veterans Affairs direct the Under Secretary for Health to take the following two actions:

Recommendation 1: regularly test the VCL’s text messaging system to identify issues and correct them promptly.

VA Comment: Concur. This recommendation is related to High Risk Area 2 (inadequate oversight and accountability). The ability to proactively identify and correct errors with the Veterans Crisis Line (VCL) text messaging system will provide greater assurance that Veterans in crisis are able to reach a trained VCL responder in a timely fashion.

VCL appreciates GAO’s identifying areas of concern in our text messaging system and intends on utilizing these findings to make improvements. Since launching text services in November 2011, VCL has answered more than 50,000 requests for text services, providing a third medium (in addition to phone calls and online chats) by which Veterans in crisis can reach the VCL. The service has also become an effective choice for Veterans with speech or hearing impairments.

VCL currently has a process for identifying, addressing, and troubleshooting problems in real time by utilizing email templates notifying staff from Crosslinks Media (contracted text service provider through March 2017) to inform the text service provider of issues and/or errors. These notifications are generated by responders working as text counselors and include the responder’s name, time, issue, and screenshot. Crosslinks staff then respond to troubleshoot the error.

VCL is developing a more robust and proactive system to test VCL text messaging. A system for daily testing will be created and implemented by VCL’s Analytics department and Clinical Application Coordinators.

VHA estimates it will take approximately 3 months to collect sufficient data to demonstrate whether our systems for identifying issues and correcting them is reliable and effective. Target Completion Date: July 2016

Recommendation 2: document clearly stated and measurable targets and time frames for key performance indicators needed to assess VCL performance.

VA Comment: Concur. This recommendation is related to High Risk Area 2 (inadequate oversight and accountability). Identifying, measuring, and tracking key

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Department of Veterans Affairs (VA) Comments to
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***“VETERANS CRISIS LINE: Additional Testing, Monitoring, and Information
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performance indicators for all VCL processes will ensure that the highest level of quality is provided through all initiatives.

VCL has taken a number of steps to assess and improve performance at the primary call center. The call center evaluation team was created to analyze data and then subsequently inform management decisions. The evaluation team’s data led to the decision to implement staggered shifts for primary center responders, optimizing staffing to more precisely align staffing with call demand and allowing for VCL responders to answer more calls overall. This is a practice recognized by the International Customer Management Institute as a best practice among call centers.

In October 2014, VCL created a mechanism for tracking complaints. Each complaint is investigated to determine the cause of any confirmed performance concern. Legitimate complaints are then used to help VCL responders improve and may be documented on their performance appraisal.

In October 2015, VCL implemented new performance standards for primary call center responders, including demonstrating crisis-intervention skills, identifying callers’ needs, and addressing those needs correctly. VCL will soon be able to track real-time information on responders’ performance and workload.

Most recently, implementation of an updated call monitoring program meeting the standards of the American Association of Suicidology is currently underway. VCL is developing a formal quality assurance program and implementation plan that includes silent monitoring, complaint and compliment tracking, end-of-call satisfaction measurement, and a formal coaching plan. The quality management plan includes a comprehensive database for tracking, trending, and reporting on quality improvement data from issue identification to actions and resolution. Data will be used to inform training initiatives through a continuous quality improvement cycle that includes data collection, analysis and feedback, standard work review/updates, training, and implementation.

To further improve overall performance, VCL is in the process of developing a monthly scorecard with elements assessing call center, staffing, quality assurance, and crisis response metrics with specific performance targets.

VHA estimates it will take approximately 6 months to establish the measures for timeframes and key indicators and collect sufficient data to assess whether the measures are effective for their intended purposes. Target Completion Date: October 2016.

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Department of Veterans Affairs (VA) Comments to
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***“VETERANS CRISIS LINE: Additional Testing, Monitoring, and Information
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(GAO-16-373)

We further recommend that under the applicable terms of their interagency agreement, the Secretary of Veterans Affairs direct the Under Secretary for Health to take the following two actions:

Recommendation 3: Collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration to collect information on how often and why callers intending to reach the VCL instead reach Lifeline local crisis centers.

VA Comment: Concur. This recommendation is related to High Risk Area 1 (ambiguous policies and inconsistent processes). By assessing how often and why Veteran callers might not press 1 to reach the VCL, we will determine if a process is needed to ensure that every Veteran who wants to reach the VCL can do so.

This recommendation will be referred to VCL's newly formed Clinical Advisory Board (CAB), comprised of key stakeholders to foster collaboration amongst capable experts and to leverage their collective expertise in facilitating an improved Veteran experience, greater operational efficiencies, and increased access by Veterans who are in crisis.

This group will meet monthly and include members of Substance Abuse and Mental Health Services Administration (SAMHSA), the VA Suicide Prevention Office, and other VA clinical offices.

In addition, VA is actively addressing the issue through its “Power of 1” campaign, actively encouraging Veterans and Servicemembers who are having thoughts of suicide or are in crisis to call, chat, or text VCL. The campaign focuses on the importance of connection, interpersonal relationships, community, and outreach to Veterans — and how all these elements can come together to support Veterans and Servicemembers. This campaign has been in effect since September 2014, and is used in a number of mediums nationally. It is also prominently displayed on several VA websites, including the VCL website available at: <https://www.veteranscrisisline.net/>.

VHA estimates it will require approximately 6 months to collect sufficient data, conduct a collaborated analysis with SAMHSA, and complete reporting to both agencies. Target Completion Date: October 2016.

Recommendation 4: Collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration to review the information collected and, if necessary, develop plans to address the underlying causes.

VA Comment: Concur. This recommendation is related to High Risk Area 1 (ambiguous policies and inconsistent processes). By assessing how often and why

Enclosure

Department of Veterans Affairs (VA) Comments to
Government Accountability Office (GAO) Draft Report
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Veteran callers might not press 1 to reach VCL, we will determine if a process is needed to ensure that every Veteran who wants to reach the VCL can do so.

VCL understands the importance of Veteran callers reaching VCL directly to ensure receipt of the best possible service. Rather than waiting for any protracted evaluation of why callers are not reaching VCL, VCL and SAMHSA will evaluate these concerns monthly as a standing agenda item of VCL's CAB. CAB will review and take action as needed, including establishing a baseline regarding frequency of occurrence. Details on the CAB are included in the VA comment regarding Recommendation 3 above.

VCL's complaint process to investigate complaints/concerns from Veterans who report issues with press "1" functionality is already in effect.

VHA anticipates providing GAO with several months of data from CAB meetings to demonstrate substantive action on this recommendation. Target Completion Date: January 2017.

Appendix III: Comments from the Department of Health and Human Services



DEPARTMENT OF HEALTH & HUMAN SERVICES

OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

MAY 13 2016

Randall B. Williamson
Director, Health Care
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Mr. Williamson:

Attached are comments on the U.S. Government Accountability Office's (GAO) report entitled, "*Veterans Crisis Line: Additional Testing, Monitoring, and Information Needed to Ensure Better Quality Service*" (GAO-16-373).

The Department appreciates the opportunity to review this report prior to publication.

Sincerely,

A handwritten signature in black ink that reads "Jim R. Esquea".

Jim R. Esquea
Assistant Secretary for Legislation

Attachment

GENERAL COMMENTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) ON THE GOVERNMENT ACCOUNTABILITY OFFICE'S DRAFT REPORT ENTITLED: VETERANS CRISIS LINE: ADDITIONAL TESTING, MONITORING, AND INFORMATION NEEDED TO ENSURE BETTER QUALITY SERVICE (GAO-16-373)

The U.S. Department of Health and Human Services (HHS) appreciates the opportunity from the Government Accountability Office (GAO) to review and comment on this draft report.

GAO Recommendation

We further recommend that under the applicable terms of their interagency agreement, the Secretary of Veterans Affairs and the Secretary of Health and Human Services direct the Under Secretary for Health and the Administrator of the Substance Abuse and Mental Health Services Administration, respectively, to collaborate and take the following two actions:

- Collect information on how often and why callers intending to reach the Veterans Crisis Line (VCL) instead reach the National Suicide Prevention Lifeline (Lifeline) local crisis centers; and
- Review the information collected and, if necessary, develop plans to address the underlying causes.

HHS Response

HHS concurs with GAO's recommendations. HHS plans to review ways to collect data on what callers intending to reach the VCL but instead reached the Lifeline local crisis centers. Thereafter, HHS will review the collected data and if necessary, address the underlying causes as appropriate.

Appendix IV: GAO Contacts and Staff Acknowledgments

GAO Contacts

Seto J. Bagdoyan, (202) 512-6722 or bagdoyans@gao.gov

Randall B. Williamson, (202) 512-7114 or williamsonr@gao.gov

Staff Acknowledgments

In addition to the contacts named above, Gabrielle M. Fagan (Assistant Director), Marcia A. Mann (Assistant Director), James D. Ashley, Dean Campbell, Shaunessye D. Curry, Amber D. Gray, Katherine Nicole Laubacher, Olivia Lopez, Maria McMullen, Brynn P. Rovito, Amber H. Sinclair, and Shana B. Wallace made key contributions to this report. Members of our investigative staff also contributed to the report.

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