

# Determining Level of Risk for Suicide and Appropriate Action in VBA Contract C&P Examinations

## ATTACHMENT N

### DETERMINING LEVEL OF RISK FOR SUICIDE AND APPROPRIATE ACTION IN VBA C&P EXAMINATIONS (see enclosed CHART):

**SUICIDE RISK:** The credentialed health care provider shall follow the “**Determining Level of Risk for Suicide and Appropriate Action in VBA Contract C&P Examinations**” chart (see p. 4) to identify the Risk Level (High Acute Risk, Intermediate Acute Risk, Low Acute Risk, or Not at Elevated Acute Risk) based on the Essential Features and clinician’s assessment of the individual. No examination or report should ever indicate a Veteran or Service Member is of “High Acute Risk,” without documentation of appropriate contact and a warm hand-off to local authorities/emergency services.

**HIGH ACUTE RISK for SUICIDE** If the individual is at the High Acute Risk level for Suicide, to ensure safety, it is important to maintain direct observation of the individual, limit access to lethal means, and to **call 911** to get immediate transfer with escort to Urgent/Emergency Care setting for Hospitalization. Provide the individual with the Veterans Crisis Line (VCL) information for their personal use. Inform the individual that levels of High Acute Risk will be reported to the VCL for potential VA follow-up, given that the C&P exam is not treatment. Following a warm hand-off to the authorities, the provider must report the incident to the Veterans Crisis Line (VCL), 1-800-273-8255 within 24 hours. Documentation of this Risk Level and all subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

**INTERMEDIATE ACUTE RISK for SUICIDE:** To ensure safety, provide the individual with the Veterans Crisis Line (VCL) information for their personal use. Inform the individual that levels of Intermediate Acute Risk will be reported to the VCL for potential VA follow-up, given that the C&P exam is not treatment. The provider must report the incident of Intermediate Acute Risk in the C&P exam to the Veterans Crisis Line (VCL), 1-800-273-8255 within 24 hours. Documentation of this Risk Level and all subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

**LOW ACUTE RISK for SUICIDE:** To ensure safety, encourage the individual to address these concerns with their treatment provider, if applicable. Provide the individual with the Veterans Crisis Line (VCL) information for their personal use. Documentation of

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this risk Level and all subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

**NOT AT ELEVATED ACUTE RISK for SUICIDE:** No Action is warranted; however, the provider can encourage continued participation in routine care and follow-up with treatment providers as needed. Documentation of this Risk Level and all subsequent action (if applicable) must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

**HOMICIDE RISK:** Many states employ mandatory duty to protect/duty to warn policies, which require by law, that certain health care providers report to state or local authorities any individual who is deemed to be a significant danger to others. The experienced clinician must make any assessment of risk or reporting, in good faith, and erring on the side of caution and safety for the Veteran, Service Member, Individual(s) involved, and Public Safety. If a report is warranted by law, the credentialed health care provider will follow the respective state or local reporting guidelines (which may include contacting the local authorities/911 and/or contacting the specific individual(s) involved or at risk of being harmed). In any examination where homicidal risk is suspected or reported the Veteran or Service Member will be provided information on the Veterans Crisis Line (VCL) for their personal use. Documentation of Homicidal Risk and any subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy and VES must be notified immediately. No examination or report should ever indicate a Veteran or Service Member is “Homicidal” with an active intent or plan to harm or endanger an individual(s) without documentation of appropriate contact and a warm hand-off to local authorities/emergency services.

**DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE (IPV):** All VES credentialed providers must be aware of their state or local policies related to mandatory reporting responsibilities. Some states and localities employ a mandatory duty to report Domestic or Intimate Partner Violence (IPV), which require by law, that certain health care providers report to local authorities or protective services, situations of Domestic or Intimate Partner Violence (IPV). The experienced clinician must make any assessment of risk or reporting, in good faith, and erring on the side of caution and safety for the individual. If a report is warranted by law, the credentialed health care provider will follow the respective state or local reporting guidelines, and notify VES immediately. In any examination where, Domestic Violence/IPV is suspected or reported, the individual will be provided information on the VA’s Intimate Partner Violence (IPV) Assistance Program. Documentation of any Domestic Violence/Intimate Partner Violence (IPV) and any subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

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**CHILD or VULNERABLE ADULT ABUSE:** All VES credentialed providers must be aware of their state or local policies related to mandatory reporting responsibilities. Many states and localities employ a mandatory duty to report suspected Child or Vulnerable Adult Abuse, which require by law, that certain health care providers report to local authorities or protective services, situations of suspected Child or Vulnerable Adult Abuse. The experienced clinician must make any assessment of risk or reporting, in good faith, and erring on the side of caution and safety for the Veteran, Service Member, or individual(s) involved. If a report is warranted by law, the credentialed health care provider will follow the respective state or local reporting guidelines, and notify VES immediately. Documentation of any suspected Child or Vulnerable Adult Abuse and any subsequent action must be provided in the Remarks section of the worksheet or DBQ to confirm adherence to policy.

If Veteran is evacuated for emergency treatment, include evacuation location and any other related action in the Remarks section of the worksheet or DBQ.

If a Service Member or Veteran ever demonstrates violent or threatening behavior, follow local clinic procedures, contact local law enforcement, and notify VES immediately.

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LEVEL OF RISK	ESSENTIAL FEATURES	ACTION
<b>High Acute Risk</b>	<ul style="list-style-type: none"> <li>• Suicidal ideation with intent to die by suicide</li> <li>• Inability to maintain safety, independent of external support/help</li> </ul> <p>Common warning signs:</p> <ul style="list-style-type: none"> <li>• A plan for suicide</li> <li>• Recent attempt and/or ongoing preparatory behaviors</li> <li>• Acute major mental illness (e.g., major depressive episode, acute mania, acute psychosis, recent/current drug relapse)</li> <li>• Exacerbation of personality disorder (e.g., increased borderline symptomatology)</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain direct observational control</li> <li>• Limit access to lethal means</li> <li>• <b>Call 911</b> to get immediate transfer with escort to Urgent/Emergency Care setting for Hospitalization</li> <li>• Provide Veterans Crisis Line (VCL) info</li> <li>• Report incident to Veterans Crisis Line (VCL), 1-800-273-8255 within 24 hours</li> </ul>
<b>Intermediate Acute Risk</b>	<ul style="list-style-type: none"> <li>• Suicidal ideation to die by suicide</li> <li>• Ability to maintain safety, independent of external support/help</li> </ul> <p>These individuals may present similarly to those at high acute risk, sharing many of the features. The only difference may be lack of intent, based upon an identified reason for living (e.g., children), and ability to abide by a safety plan and maintain their own safety. Preparatory behaviors are likely to be absent.</p>	<ul style="list-style-type: none"> <li>• Provide Veterans Crisis Line (VCL) info.</li> <li>• Report Incident to Veterans Crisis Line (VCL), 1-800-273-8255 within 24 hours</li> </ul>
<b>Low Acute Risk</b>	<ul style="list-style-type: none"> <li>• No current suicidal intent AND</li> <li>• No specific and current suicidal plan AND</li> <li>• No recent preparatory behaviors AND</li> <li>• Collective high confidence (e.g., individual, care provider, family member) in the ability of the individual to independently maintain safety</li> </ul> <p>Individuals may have suicidal ideation, but it will be with little or no intent or specific current plan. If a plan is present, the plan is general and/or vague, and without any associated preparatory behaviors (e.g., “I’d shoot myself if things got bad enough, but I don’t have a gun”). These individuals will be capable of engaging appropriate coping strategies, and willing and able to utilize a safety plan in a crisis situation.</p>	<ul style="list-style-type: none"> <li>• Encourage Veteran or Service Member to address these concerns with their treatment provider, if applicable</li> <li>• Provide Veterans Crisis Line (VCL) info, 1-800-273-8255</li> </ul>
<b>Not at Elevated Acute Risk</b>	<ul style="list-style-type: none"> <li>• Persons who do not report suicidal ideation, or who do not fall within one of the acute risk levels above.</li> </ul>	<ul style="list-style-type: none"> <li>• No Action is warranted but can encourage continued participation in routine care and follow-up with treatment providers as needed.</li> </ul>