

As an employee of the Veterans Crisis Line (VCL) located at the Canandaigua, New York Veterans Affairs Medical Center, and, as U.S. Army Veteran, I filed a complaint with the Office of Special Council on February 13, 2015. I cited gross mismanagement in the operation of the VCL, and listed specific problems I observed. I did so only after bringing my concerns to the VCL leadership in place at the time, in the spring of 2014, and only after my concerns were not addressed. Paramount to these concerns was the potential risk to my fellow Veterans by poorly trained personnel at the VCL, and the utilization of backup centers, staffed by untrained volunteers, where calls were routed when all lines to the main call center in New York were busy.

In response to the Veterans Affairs Office of Inspector General, Healthcare Inspection, Veterans Crisis Line Caller Response and Quality Assurance Concerns, Canandaigua, New York, report published February 11, 2016, I respectfully submit the following comments.

First, I am encouraged by the report generally, the recommendations listed, and the VA's concurrence with those recommendations, including a commitment to properly train Social Services Assistants. I am however dismayed that I was not afforded the opportunity to comment on the report before it was published. When I spoke to the VA OIG investigator in April, 2015, I emphasized a problem with the utilization of backup centers that was not specifically addressed by the report.

As stated in the report, the division of work at the VCL, regarding calls from Veterans in crisis, is that of two different employees. The Health Science Specialist (Responder) speaks directly to the callers. If the Responder determines there is need of an intervention by emergency personnel, that responder contacts the Social Services Assistant, (SSA). The SSA coordinates the emergency response freeing up the Responder to devote their attention to the Veteran in crisis. This coordination may include (but not limited to) identifying and locating the caller when the only information known is the caller's cell phone number, and contacting the appropriate emergency responder(s). The SSA's job also includes various administrative duties, and the requirement to follow up on the status of the caller subsequent to that emergency intervention.

When the backup center determines that an emergency intervention is needed, they do not contact the VCL to hand the job off to an SSA. Rather, the volunteer workers contact the police or EMS directly. On several occasions, and when directed by a VCL Supervisor, SSA personnel at the VCL were instructed to give backup center personnel step by step instruction via phone, on how to initiate an emergency dispatch for a Veteran in crisis or to ping the Veteran's cell phone in an effort to locate the caller. When questioned why, if responders at the VCL hand off this task to the SSA, backup center responders do not do the same, an explanation was never provided by the VCL leadership. Additionally, it is my understanding that these volunteers do not have access to the VA medical data base; a vital tool used to identify and locate a Veteran caller, and must call the VCL to have an SSA access these files.

As stated above, another duty of the SSA is to determine the status of the Veteran subsequent to the emergency dispatch. On numerous occasions the information provided by the backup center was such that VCL SSA personnel were never able to ascertain neither the status, nor the identity or location of the Veteran in crisis.

I appreciate the necessity to utilize back up centers such as in the event of a catastrophic technical failure at the VCL main call center. However, with the potential of risk to life in mind, the transient nature of volunteers generally, is such that the probability exists whereby it cannot be assured, at any given time, the Veteran caller in crisis will have the benefit of an experienced and fully trained SSA, with the proper resources, who can respond efficiently to the exigent circumstance.

My recommendations are as follows:

- 1.) The immediate establishment of a plan to significantly reduce the number of calls that roll over to the backup centers.
- 2.) In the interim, if the backup center receives a call from a Veteran in crisis, requiring an emergency response where the Veteran is identified and the location is known, they would be allowed to dispatch the rescue; provided they record the basic information required for the SSA to accomplish a follow-up and should provide that information to the main call center within 30 minutes of the dispatch.

The basic information should be:

- a. Veterans name.
  - b. Location of the dispatch
  - c. Dispatcher's ID number
  - d. Incident/case number
  - e. Time of dispatch
  - f. Agency called
- 3.) If the Veteran's identity and or location is not known, the backup center should contact the VCL main call center to allow an SSA to conduct the rescue.

My final recommendation deals with the training of VCL Social Services Assistants, both new hires and current employees. It is my understanding that a training team is now in place at the VCL consisting of three former VCL Responders. However, none of these trainers has any experience as an SSA. The SSA position is a vitally important position at the VCL, one that primarily involves Veterans when they are in exigent circumstances and at risk to themselves or others. Executing duties in this position is often technically intricate and is at the point where a life may hang in the balance when seconds count.

Taking into consideration staffing issues, I would recommend at this time that one or two experienced, currently employed SSA(s) who are able to demonstrate an expert level of understanding for the position, be temporarily detailed to the training team to augment and assist the training staff during the development and implementation of any training for SSAs. The current plan, asking SSAs to give suggestions to the training team, is not conducive to the establishment of a comprehensive curriculum. Further, it is my recommendation that any SSA who acts as a preceptor to any other SSA be certified to do so through a structured training program. I would additionally recommend that such position(s) in future be a permanent part of the training initiative.

It is my hope the above recommendations would be considered, in an effort to safeguard the welfare of my fellow Veterans, and to ensure that the rescue of any Veteran in crisis be performed by properly trained and experienced personnel whose training is current and documented and who have at their disposal the needed resources to affect an expedient, successful outcome. Anything less does a disservice to our nations Veterans who give to this country, their full measure of devotion.

John Giunta