

AMENDMENT TO RULES COMMITTEE PRINT

119–33

OFFERED BY MS. LEE OF NEVADA

At the end of subtitle A of title XVII, add the following new section:

1 **SEC. 17___. ZERO SUICIDE INITIATIVE PILOT PROGRAM.**

2 (a) ESTABLISHMENT.—Not later than 180 days after
3 the date of the enactment of this Act, the Secretary of
4 Veterans Affairs shall establish a pilot program called the
5 “Zero Suicide Initiative” (referred to in this section as the
6 “program”).

7 (b) CURRICULUM.—The program shall implement the
8 curriculum of the Zero Suicide Institute of the Education
9 Development Center (referred to in this section as the “In-
10 stitute”) to improve safety and suicide care for veterans,
11 thereby significantly reducing rates of suicide.

12 (c) DEVELOPMENT.—

13 (1) IN GENERAL.—The first year of the pro-
14 gram shall be dedicated to program development, in-
15 cluding planning and site selection.

16 (2) CONSULTATION.—In developing the pro-
17 gram, the Secretary shall consult with—

1 (A) the Secretary of Health and Human
2 Services;

3 (B) the National Institutes of Health;

4 (C) public and private institutions of high-
5 er education;

6 (D) educators;

7 (E) experts in suicide assessment, treat-
8 ment, and management;

9 (F) veterans service organizations; and

10 (G) professional associations the Secretary
11 of Veterans Affairs determines relevant to the
12 purposes of the program.

13 (d) STAFF LEADERS; PROGRAM ELEMENTS.—The
14 program shall consist of not less than ten weeks of edu-
15 cation regarding suicide care, beginning with the selection
16 of five to ten staff leaders from each site selected under
17 subsection (e) who shall carry out the following program
18 elements:

19 (1) Complete the organizational self-study of
20 the Institute as a team.

21 (2) Attend the two-day Zero Suicide Academy
22 of the Institute.

23 (3) Formulate a plan to collect data to support
24 evaluation and quality improvement using the data
25 elements worksheet of the Institute.

1 (4) Communicate to staff at the respective site
2 the adoption of a specific suicide care approach.

3 (5) Administer the workforce survey of the In-
4 stitute to all staff at the respective site to learn
5 more about perceived comfort with and competence
6 in caring for patients at risk of suicide.

7 (6) Review, develop, and implement training on
8 processes and policies regarding patients at risk of
9 suicide, including—

10 (A) screening;

11 (B) assessment;

12 (C) use of electronic health records;

13 (D) risk formulation;

14 (E) treatment; and

15 (F) care transition.

16 (e) SITES.—

17 (1) NUMBER.—The Secretary shall carry out
18 the program at five medical centers of the Depart-
19 ment of Veterans Affairs, one of which primarily
20 serves veterans who live in rural and remote areas
21 as determined by the Secretary.

22 (2) TIMELINE.—The Secretary shall select—

23 (A) 15 candidate sites for the program not
24 later than 180 days after the date of the enact-
25 ment of this Act; and

1 (B) the final five sites not later than 270
2 days after the date of the enactment of this
3 Act.

4 (3) CONSULTATION.—In selecting sites at which
5 to carry out the program, the Secretary shall consult
6 with experts including officials of—

7 (A) the National Institute of Mental
8 Health;

9 (B) the Substance Abuse and Mental
10 Health Services Administration of the Depart-
11 ment of Health and Human Services;

12 (C) the Office of Mental Health and Sui-
13 cide Prevention of the Department of Veterans
14 Affairs;

15 (D) the Health Services Research Division
16 of the Department of Veterans Affairs;

17 (E) the Office of Health Care Trans-
18 formation of the Department of Veterans Af-
19 fairs; and

20 (F) the Zero Suicide Institute.

21 (4) FACTORS.—In selecting sites for the pro-
22 gram, the Secretary shall consider the following fac-
23 tors:

1 (A) Interest in, and capacity of, the staff
2 of the medical centers to implement the pro-
3 gram.

4 (B) Geographic variation.

5 (C) Variations in size of medical centers.

6 (D) Regional suicide rates of veterans.

7 (E) Demographic and health characteris-
8 tics of populations served by each medical cen-
9 ter.

10 (f) ANNUAL PROGRESS REPORT.—

11 (1) IN GENERAL.—Not later than two years
12 after the date on which the Secretary establishes the
13 program, and annually thereafter until termination
14 of the program, the Secretary shall submit to the
15 Committee on Veterans' Affairs of the Senate and
16 the Committee on Veterans' Affairs of the House of
17 Representatives a report on the program.

18 (2) ELEMENTS.—Each report under paragraph
19 (1) shall include the following:

20 (A) Progress of staff leaders at each site
21 in carrying out tasks under paragraphs (1)
22 through (5) of subsection (d).

23 (B) The percentage of staff at each site
24 trained under paragraph (6) of subsection (d).

1 (C) An assessment of whether policies and
2 procedures implemented at each site align with
3 standards of the Institute with regard to—

4 (i) suicide screening;

5 (ii) lethal means counseling;

6 (iii) referrals for comprehensive as-
7 sessment of suicidality;

8 (iv) safety planning for patients re-
9 ceiving referrals under clause (iii);

10 (v) risk management during care
11 transitions; and

12 (vi) outreach to high-risk patients.

13 (D) A comparison of the suicide-related
14 outcomes at program sites and those of other
15 medical centers of the Department of Veterans
16 Affairs, including—

17 (i) the percentage of patients screened
18 for suicide risk;

19 (ii) the percentage of patients coun-
20 seled in lethal means safety;

21 (iii) the percentage of patients
22 screened for suicide risk referred for com-
23 prehensive assessment of suicidality;

1 (iv) the percentage of patients re-
2 ferred for comprehensive assessment who
3 complete safety planning;

4 (v) emergency department utilization;

5 (vi) inpatient psychiatric hospitaliza-
6 tions;

7 (vii) the number of suicide attempts
8 among all patients and among patients re-
9 ferred for comprehensive assessment of
10 suicidality; and

11 (viii) the number of suicide deaths
12 among all patients and among patients re-
13 ferred for comprehensive assessment of
14 suicidality.

15 (g) FINAL REPORT.—

16 (1) IN GENERAL.—Not later than one year
17 after the termination of the program, the Secretary
18 shall submit to the Committee on Veterans' Affairs
19 of the Senate and the Committee on Veterans' Af-
20 fairs of the House of Representatives a final report.

21 (2) ELEMENTS.—The report under paragraph
22 (1) shall include the following:

23 (A) A detailed analysis of information in
24 the annual reports under subsection (f).

1 (B) An evaluation of the effectiveness and
2 outcomes of the program, including an evalua-
3 tion of all data collected during the program.

4 (C) The determination of the Secretary
5 whether it is feasible to continue the program.

6 (D) The recommendations of the Secretary
7 whether to expand the program to additional
8 sites, extend the program, or make the program
9 permanent.

10 (h) TERMINATION; EXTENSION.—

11 (1) IN GENERAL.—Subject to paragraph (2),
12 the program shall terminate on the date that is five
13 years after the date on which the Secretary estab-
14 lishes the program under subsection (a).

15 (2) AUTHORITY TO EXTEND.—The Secretary
16 may extend the program for not more than two
17 years if the Secretary notifies Congress in writing of
18 such extension not less than 180 days before the ter-
19 mination date under paragraph (1).

