

116TH CONGRESS
2D SESSION

H. R. 7541

To direct the Secretary of Veterans Affairs to establish the Zero Suicide Initiative pilot program of the Department of Veterans Affairs.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2020

Mrs. LEE of Nevada (for herself, Mr. BERGMAN, Mr. CISNEROS, Mr. LEVIN of California, and Mr. ROSE of New York) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to establish the Zero Suicide Initiative pilot program of the Department of Veterans Affairs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “VA Zero Suicide Dem-
5 onstration Project Act of 2020”.

6 **SEC. 2. ZERO SUICIDE INITIATIVE PILOT PROGRAM.**

7 (a) ESTABLISHMENT.—Not later than 180 days after
8 the date of the enactment of this Act, the Secretary of
9 Veterans Affairs shall establish a pilot program called the

1 “Zero Suicide Initiative” (referred to in this section as the
2 “program”).

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

8 (c) DEVELOPMENT.—The first year of the program
9 shall be dedicated to program development, including
10 planning and site selection. In developing the program, the
11 Secretary shall consult with—

12 (1) the Secretary of Health and Human Serv-
13 ices;

14 (2) the National Institutes of Health;

15 (3) public and private institutions of higher
16 education;

17 (4) educators;

18 (5) experts in suicide assessment, treatment,
19 and management;

20 (6) veterans service organizations; and

21 (7) professional associations the Secretary de-
22 termines relevant to the purposes of the program.

23 (d) STAFF LEADERS; PROGRAM ELEMENTS.—The
24 program shall consist of not less than 10 weeks of edu-
25 cation regarding suicide care, beginning with the selection

1 of five to ten staff leaders from each site selected under
2 subsection (e) who shall carry out the following program
3 elements:

4 (1) Complete the organizational self-study of
5 the Institute as a team.

6 (2) Attend the two-day Zero Suicide Academy
7 of the Institute.

8 (3) Formulate a plan to collect data to support
9 evaluation and quality improvement using the data
10 elements worksheet of the Institute.

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

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

17 (6) Review, develop, and implement training on
18 processes and policies regarding patients at risk of
19 suicide, including—

20 (A) screening;

21 (B) assessment;

22 (C) use of electronic health records;

23 (D) risk formulation;

24 (E) treatment; and

25 (F) care transition.

1 (e) SITES.—

2 (1) NUMBER.—The Secretary shall carry out
3 the program at five medical centers of the Depart-
4 ment of Veterans Affairs, one of which primarily
5 serves veterans who live in rural and remote areas
6 as determined by the Secretary.

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

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

11 (B) the final five sites not later than 270
12 days after the date of the enactment of this
13 Act.

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

17 (A) the National Institute of Mental
18 Health;

19 (B) the Substance Abuse and Mental
20 Health Services Administration of the Depart-
21 ment of Health and Human Services;

22 (C) the Office of Mental Health and Sui-
23 cide Prevention of the Department of Veterans
24 Affairs;

1 (D) the Health Services Research Division
2 of the Department of Veterans Affairs;

3 (E) the Office of Health Care Trans-
4 formation of the Department of Veterans Af-
5 fairs; and

6 (F) the Zero Suicide Institute.

7 (4) FACTORS.—In selecting sites for the pro-
8 gram, the Secretary shall consider the following fac-
9 tors:

10 (A) Interest in, and capacity of, the staff
11 of the medical centers to implement the pro-
12 gram.

13 (B) Geographic variation.

14 (C) Variations in size of medical centers.

15 (D) Regional suicide rates of veterans.

16 (E) Demographic and health characteris-
17 tics of populations served by each medical cen-
18 ter.

19 (f) ANNUAL PROGRESS REPORT.—

20 (1) IN GENERAL.—Not later than two years
21 after the date on which the Secretary establishes the
22 program, and annually thereafter until termination
23 of the program, the Secretary shall submit to the
24 Committees on Veterans' Affairs of the Senate and

1 the House of Representatives a report on the pro-
2 gram.

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

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

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

10 (C) An assessment of whether policies and
11 procedures implemented at each site align with
12 standards of the Institute with regards to—

13 (i) suicide screening;

14 (ii) lethal means counseling;

15 (iii) referrals for comprehensive as-
16 sessment of suicidality;

17 (iv) safety planning for patients re-
18 ceiving referrals under clause (iii);

19 (v) risk management during care
20 transitions; and

21 (vi) outreach to high-risk patients.

22 (D) A comparison of the suicide-related
23 outcomes at program sites and those of other
24 medical centers of the Department of Veterans
25 Affairs, including—

1 (i) the percentage of patients screened
2 for suicide risk;

3 (ii) the percentage of patients coun-
4 seled in lethal means safety;

5 (iii) the percentage of patients
6 screened for suicide risk referred for com-
7 prehensive assessment of suicidality;

8 (iv) the percentage of patients re-
9 ferred for comprehensive assessment who
10 complete safety planning;

11 (v) emergency department utilization;

12 (vi) inpatient psychiatric hospitaliza-
13 tions;

14 (vii) the number of suicide attempts
15 among all patients and among patients re-
16 ferred for comprehensive assessment of
17 suicidality; and

18 (viii) the number of suicide deaths
19 among all patients and among patients re-
20 ferred for comprehensive assessment of
21 suicidality.

22 (g) FINAL REPORT.—

23 (1) IN GENERAL.—Not later than one year
24 after the termination of the program, the Secretary
25 shall submit to the Committees on Veterans' Affairs

1 of the Senate and House of Representatives a final
2 report.

3 (2) ELEMENTS.—The report under this sub-
4 section shall include the following:

5 (A) A detailed analysis of information in
6 the annual reports under subsection (f).

7 (B) The determination of the Secretary
8 whether it is feasible to continue the program.

9 (C) The recommendation of the Secretary
10 whether to extend the program or make the
11 program permanent.

12 (h) TERMINATION; EXTENSION.—

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

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

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