

**Addendum for Mental Health  
Veterans Administration Facilities  
April 30, 2019**

**Please answer the following questions for your Veteran Administration facility.**

**VA1. Does this facility have a standardized process or workflow for referring clients to appropriate care settings depending on their individual mental health treatment plan?**

- 1  Yes
- 0  No

**VA2. Is the facility engaging in the follow-up of clients of mental health care with suicidal thoughts and suicidal behavior, beginning in the immediate period following their inpatient facility visits?**

- 1  Yes
- 0  No

**VA3. Which of the following suicide prevention services are offered at this facility?**

**MARK ALL THAT APPLY**

- 1  Lethal Means Safety Training
- 2  Free Gun Locks
- 3  Suicide prevention related Community Outreach of Workshops
- 4  We do not offer any of these suicide prevention services

**VA4. When are staff who have contact with clients trained on suicide prevention strategies? Please include staff such as clerks, schedulers, and those who are in telephone contact with Veterans.**

**MARK ALL THAT APPLY**

- 1  When they begin working
- 2  At trainings held at regular intervals
- 3  None of these staff are trained on suicide prevention strategies

**VA5. Which of the following suicide risk screening programs has this facility implemented?**

**MARK ALL THAT APPLY**

- 1  Indicated (those known to be at risk)
- 2  Selected (those at increased risk)
- 3  Universal (total client population)
- 4  We have not implemented a suicide risk screening program

**VA6. For clients receiving inpatient mental health treatment, does this facility identify warning signs for suicide and violence that clinicians should assess?**

- 1  Yes
- 0  No

**VA7. Does this facility assess each client's level of risk for suicide to determine appropriate action?**

- 1  Yes
- 0  No

**VA8. Does this facility maintain a list of clients who are high risk for suicide?**

- 1  Yes
- 0  No → **GO TO VA9**

**VA8a. Does this facility have a process for ensuring that high risk for suicide clients are followed up with when mental health or substance abuse appointments are missed?**

- 1  Yes
- 0  No

**VA9. Please indicate how many full time Suicide Prevention Coordinators (SPCs), care managers for high suicide risk clients, and program support assistants for high risk clients are currently employed at your facility.**

**ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")**

a. Number of SPCs	_ _ _
b. Number of care managers	_ _ _
c. Number of program support assistants	_ _ _