Evaluation of a Centralized HRF Caring Letters Suicide Prevention Intervention

U.S. Department of Veterans Affairs
Veterans Health Administration
Quality Enhancement Research Initiative

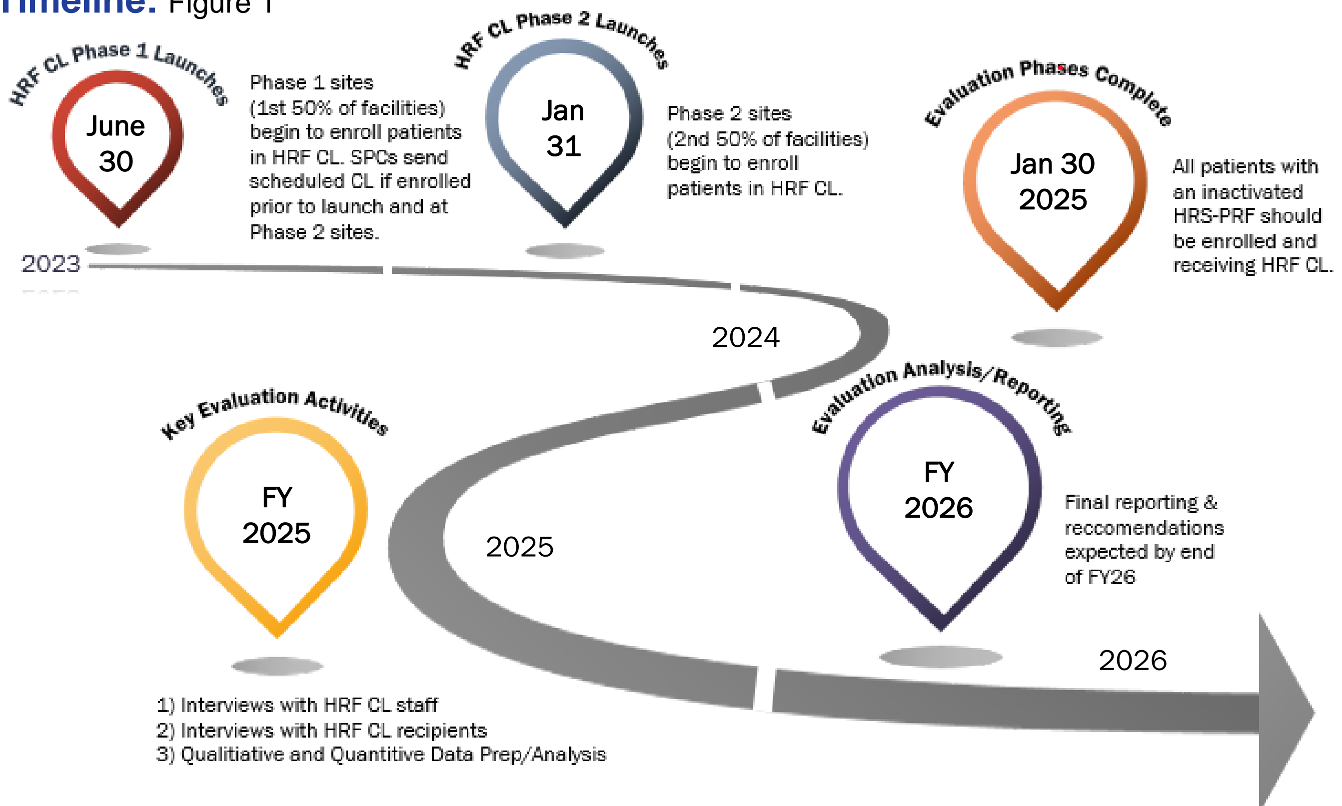
The national standardization of High Risk Flag Caring Letters (HRF CL) reduces the workload of suicide prevention teams, provides consistency in the mailings that Veterans receive, and allows for comprehensive evaluation of the program.

Centralized High Risk Flag Caring Letters (HRF CL)

The Suicide Prevention Program is taking steps to standardize and centralize Caring Letters after clinically guided inactivation of a High Risk for Suicide Patient Record Flag (HRS-PRF).

Suicide Prevention Coordinators (SPCs) are required to contact patients for 1 year following HRS-PRF inactivation by sending caring communications. Composing and mailing these letters is an administrative burden and different facilities use different versions of the intervention. With HRF CL, Veterans will continue to receive caring communications for twelve months post HRS-PRF inactivation, but they will receive them through a centralized, semi-automated system. The centralized HRF CL process is implemented in two phases with facilities being randomly assigned to two cohorts.

Timeline: Figure 1



Centralized HRF CL Evaluation:

Includes examination of nationally centralized Caring Letters vs both a historical cohort when no letters were mailed and the previous approach to letters (i.e., managed locally by SPCs).

Caring Letters is an efficacious suicide prevention intervention in some populations that may be well-suited for this large-scale, high-risk population.

The evaluation design will follow the structure of a **randomized hybrid effectiveness-implementation type 2 trial**.

The study has two main goals:

1) The first goal is to test the effectiveness of the HRF CL project for Veterans Health Administration (VHA) patients following HRS-PRF inactivation by evaluating the effects of Caring Letters on clinical outcomes and VA clinical utilization rates.

2) The second goal is to evaluate the impact of adding an implementation strategy – centralizing the work – to the existing strategy of mandating change (via policy). This includes an assessment of whether centralizing HRF CL increases reach and implementation fidelity.

Metrics/Outcomes of Interest: Figure 2

Process/Outcome Metrics	Definition
Reach	Number and % of eligible patients mailed Caring Letters Number and % of mailings returned to sender/bad address % of interviewed participants who report receiving letters
Effectiveness: Mental Health	All-cause mortality Suicide Suicide attempts
Effectiveness: Service Utilization	Psychiatric hospitalization ED visits Outpatient mental health encounters
Implementation Fidelity	Number of Caring Letters sent to each eligible patient Proportion of letters mailed as planned/scheduled
Cost	Costs of the intervention will be tracked
Veteran Perspective	Interviews - recipients' perspectives of Caring Letters
Staff & Leadership Perspective	Interviews - VA staff/leadership perspectives of centralizing Caring Letters

Centralized HRF CL will reach approximately 30,000 VHA patients with HRS-PRF inactivations per year.

For more information, check out:
[High Risk for Suicide Patient Record Flag (HRS-PRF) Enhancements (sharepoint.com)] (Internal to VA)

Principal Investigator:
Mark Reger, PhD