Regional Crisis Response (RCR) Agency
Operations Board Meeting
December 21, 2023

10:00 AM – 10:45 PM
Virtual Microsoft Teams link:
https://teams.microsoft.com/l/meetup-join/19%3ameeting_YTMxZDE1OTgtNGQwNS00NjNkLTk2NzAtYWVkNTliMDJiYjMz%40thread.v2/0?context=%7b%22Tid%22%3a%22b1fa9965-4192-4553-8bc1-b42b7815a9ba%22%2c%22Oid%22%3a%22ab91449a-59d7-4ce4-a807-fe12c13d9a53%22%7d
Meeting ID: 216 516 931 547
Passcode: 9PJyaN

1) Call to Order

2) Roll Call

3) Items from the Audience

4) Approval of the Minutes
    a. Minutes from Regular Meeting August 9, 2023

5) 988/911

6) RCR Crisis Responder Resource Deployment

7) Crisis Receiving Facility
    a. First Responder Drop Off
    b. EvergreenHealth Emergency Department Transfer Workflow Development

8) Transportation

9) Discussion: Challenges

10) Adjournment

Regional Crisis Response Agency
Operations Board Meeting Minutes
August 9, 2023

3:00 PM – 4:30 PM
Bothell Police Department
18410 101st Ave NE, Bothell, WA 98011
Community Room

1) Introductions
   Meeting started at 3:00 PM.

   Members present:
   Chief Cherie Harris, Police Chief, Kirkland Police Department
   Chief Ken Seuberlich, Police Chief, Bothell Police Department
   Chief Mike Harden, Police Chief, Lake Forest Park Police Department
   Chief Kelly Park, Police Chief, Shoreline Police Department
   Bill Hamilton, Executive Director, NORCOM
   Chief Matt Cowan, Fire Chief, Shoreline Fire Department
   Sarah Lopez, VP Implementation, Connections Health Solutions
   Monique Gablehouse, Chief Operations Officer, Post-Acute Care,
   EvergreenHealth

2) Purpose / Review Interlocal Agreement
   Regional Crisis Response (RCR) Agency Executive Director led a review of the
   purpose of the Operations Board as written in the RCR founding Interlocal
   Agreement.

3) Data Walk
   Operations Board members reviewed data provided by each represented agency
   or step on the crisis continuum.

4) System Mapping Exercise
   Operations Board members participated in a mapping exercise of the crisis
   continuum of care system.

5) Goal Identification
   Operations Board members identified strategic work lines for a Crisis Continuum
   of Care Coordination Workplan.

6) Next Meeting / Next Steps
   Staff will contact Operations Board members for scheduling of the next
   Operations Board meeting. Represented agencies will connect on next steps for

their respective strategic work lines from the Crisis Continuum of Care Coordination Workplan.

7) Adjournment
   Meeting was adjourned at 4:30 PM.

NENA Suicide/Crisis Line Interoperability Standard

Abstract: This is a standard to facilitate working collaboratively with crisis lines to help ensure that persons at imminent risk of suicide receive the emergency assistance they need.

NENA Suicide/Crisis Line Interoperability Standard
NENA-STA-001.2-2022
DSC Approval: 01/17/2022
PRC Approval: 02/25/2022
NENA Board of Directors Approval: 03/04/2022
Next Scheduled Review Date: 01/01/2025

Prepared by:
National Emergency Number Association (NENA) National Emergency Number Association (NENA) PSAP Operations Committee, Suicide Prevention Working Group

1   Executive Overview

Crisis lines and Public Safety Answering Points (PSAPs) frequently come into contact in the course of assisting individuals at risk for suicide. There are a variety of crisis lines a PSAP may come into contact with which could include (but are not limited to) the National Suicide Prevention Lifeline (and any of its 170 local independent crisis centers), Crisis Text Line, the Veterans Crisis Line (aka Military Crisis Line) and the Trevor Helpline (see Appendix A for more information on each of these). PSAPs should also be aware that crisis lines can work with people at risk using several modalities including phone, text, and chat (instant messaging). This standard provides information about crisis line processes. It also establishes guidelines for both PSAPs and crisis lines to work together effectively when emergency intervention is needed to keep an individual safe from imminent suicide. Establishing and disseminating knowledge of this standard along with the creation of collaborative relationships between crisis lines and PSAPs can serve to improve the standard of care for individuals in emotional or suicidal distress.

Greater awareness and collaborative relationships between crisis lines and their local PSAP allows for improved continuity of care for at-risk individuals. When circumstances arise where all other options to keep a person at imminent risk of suicide safe from harm have been exhausted, or an attempt is already in progress, crisis centers must rely on working with PSAP staff to help get emergency intervention (active rescue) to the person at imminent risk. This document provides guidance on how PSAPs and crisis lines can best work together in these circumstances to assure the safety of the individual.

In communities where there is an option to do so, and the user's mental health concern does not constitute a medical emergency, every effort should be made to promote access to crisis response services other than (or in addition to) the PSAP service to enable the most appropriate, necessary, and least invasive alternative to care for the individual in crisis. However, when a person at imminent risk contacts a crisis line and is in need of urgent intervention by first responders, crisis lines rely upon PSAPs to locate the person and get help dispatched to them -- something that crisis lines lack the capability to do independently.

PSAPs and crisis lines should also consider collaborations outside of emergency intervention/active rescue. PSAPs may request additional trainings from crisis lines to determine how/when PSAPs may transfer non-emergency callers to the crisis line, to enhance customer service. It is also recommended that PSAPs and crisis lines collaborate with local health and mental health authorities in communicating to local practitioners, agencies, and the public at large as to when it is most appropriate to call 9-1-1. This should/may ensure the most efficient, effective care for individuals in emotional distress and/or suicidal crisis.

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2. MUST NOT: This phrase, or the phrase "SHALL NOT", means that the definition is an absolute prohibition of the specification.

3. SHOULD: This word, or the adjective "RECOMMENDED", means that there may exist valid reasons in particular circumstances to ignore a particular item, but the full implications must be understood and carefully weighed before choosing a different course.

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These definitions are based on IETF RFC 2119.

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Reason for Issue/Reissue

NENA reserves the right to modify this document. Upon revision, the reason(s) will be provided in the table below.

Document Number	Approval Date	Reason For Issue/Reissue
NENA-STA-001.1-2013	06/15/2013	Initial Document
NENA-STA-001.2-2022	03/04/2022	Expansion to be inclusive of all major crisis lines, more information for PSAPs about crisis line process/procedures, addition of suggested protocols PSAPs may use when responding to requests from crisis lines.

2   Operational Description

All agencies designated as PSAPs or operating as Emergency Communication Centers (ECCs) SHALL establish and maintain operational procedures for managing suicide emergencies. At a minimum, these procedures SHALL identify major national crisis lines (see Appendix A) and any local/regional crisis lines in the PSAP's service area. In cases where a crisis line activates emergency rescue services to secure the safety of an individual determined to be attempting suicide or at imminent risk of suicide, local PSAPs SHOULD assist crisis line staff by taking the available information from the crisis line and working within their means and the guidelines detailed below to identify and locate the individual at risk to provide assistance/intervention. The PSAP SHOULD also provide (upon the reasonable request of the crisis line) information related to confirmation of emergency service contact with the at-risk individual following the incident (providing this information to the center following an emergency call will necessitate the allocation of a non-emergency number for call back). When the PSAP is also able to provide the crisis line with information about patient transport destination, the crisis line may use this information to contact the receiving facility to relate pertinent data about the patient/caller's risk status to aid in the facility's evaluation of the patient/caller. Crisis line policies may specifically require that centers follow up with the local PSAP to ascertain the disposition status of any emergency calls made.

2.1   Crisis Line Coverage

While crisis lines generally provide emotional support and crisis intervention, they can differ in their service delivery models. For example:

- The National Suicide Prevention Lifeline provides services through a network of independently owned and operated crisis centers located throughout the United States.

  - o   The majority of member centers provide coverage to phone numbers with area codes and prefixes in a geographic region near their location. Others provide coverage for the entire United States.

  - o   A subset of member centers provide chat-based services (Lifeline Crisis Chat) where coverage is less defined

  - o   **NOTE**: Calls to the Lifeline from landlines and cell phones are routed based on area code and prefix. It is important for PSAPs and crisis centers alike to note that cell phone routing based on area code does not always reflect the correct physical location of the caller. Crisis lines may, therefore, receive contacts from individuals located outside their designated region.

- In Crisis Text Line's case, its counselors and staff are located throughout the U.S., and service conversations with texters in any state in the U.S.; the texter,

counselor, and supervisor for a given conversation thus may be in up to three different jurisdictions.

Note: Refer to Appendix A for more information on these crisis lines and other types of crisis lines likely to interact with PSAPs.

2.2 Crisis Line Process for Establishing Imminent Risk/Exigent Circumstances

Crisis lines will contact local PSAPs when it is determined that an emergency rescue is required to secure the safety of an individual they have assessed to be at risk for suicide[1].

Crisis line staff are extensively trained in the assessment and management of suicide risk. In determining imminent risk, crisis lines assess an individual's desire and intent to die as well as their capability to carry through with an identified plan in an imminent timeframe. They will engage resources as needed. Crisis lines SHALL only contact a PSAP after an extensive assessment of risk/safety and after all other options have been exhausted to secure a person's safety. For crisis lines, calling the PSAP is typically a last resort.

A crisis line MAY contact a PSAP prior to a full assessment when an individual contacting the crisis line has already taken some action to end their life and immediate rescue is necessary.

Imminent risk as determined by the crisis center is analogous to the concept of exigent circumstances (circumstances that would cause a reasonable person to believe that prompt action is necessary to prevent death or serious physical harm).

2.3 Crisis Line Procedures When Calling PSAPs for Active Rescue

Crisis lines will contact the PSAP they believe to be closest to the person at risk and SHALL provide PSAPs with all relevant information they have gathered that led to their determination of imminent risk.

Crisis lines SHALL provide the PSAP with all information available to them that may assist the PSAP in locating the individual at imminent risk.

For crisis lines, this information may include any of the following: (a) the exact location of the individual as provided by the individual, (b) the caller ID only, (c) the cell phone

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[1] To be clear, there are other situations in which a crisis line may contact a PSAP (including but not limited to imminent homicidal threats to others, or medical emergencies). This document intentionally focuses primarily on the more frequent and common use case in which a crisis line contacts a PSAP to facilitate an active rescue of a person at imminent risk of suicide, and is not intended to be a complete and exclusive list of reasons why a crisis line may contact a PSAP for imminent risks to the lives of others.

number only (for text interaction), or (d) an IP (Internet Protocol) and ISP (Internet Service Provider) number for a chat interaction.

In order to ensure that an individual at imminent risk of suicide is located, assessed by emergency services, and/or transported to a facility for further care, crisis lines may request an incident/event number from the PSAP for follow up.

Crisis lines may also request a non-emergency number for the PSAP they have reached in order to follow-up regarding the disposition status of the call. This may include requesting information on (a) contact with the individual at risk, (b) transport status, and (c) name of receiving facility. This information allows the crisis line to provide additional support to the individual at risk.

It is important to note:

- **User anonymity**: Crisis lines, due to the nature of their work, will rarely have complete identifying information on the person for whom they are seeking assistance from the PSAP.

  o Callers/texters/chat visitors are not required to give their name to receive assistance from a crisis line. During the conversation some identifying details might be gleaned by the crisis line that can be shared with the PSAP to assist with identification/location but crisis lines do not have any way to test the veracity of any caller/texter provided information.

  o A person at risk may voluntarily provide identifying information or location information if they are consenting to assistance, but in many cases a person intent on suicide will not provide those details. During the conversation, if the person indicates that they are at imminent risk and intervention by emergency services is necessary, a crisis line will ask the person for their name and location. If the person at risk does not disclose this, the crisis line may have no other way to obtain the current location.

  o In general, a crisis line should be able to provide a PSAP with: the phone number being used by the person at imminent risk or the IP address (if available for an online chat service)[2]. Mobile carrier information may also be available.

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[2] Note: Various technologies developed solely to anonymize users in online spaces are becoming more advanced every single day. Many users who aim to remain completely anonymous online will be able to do so via for-profit private VPN companies, or non-profit organizations (e.g., Tor). Importantly, this is not limited to the chat/text space; with Google Voice, Skype, and other Internet-to-phone services, in addition to blocked numbers and "burner" phones, it can be difficult (or impossible) to obtain a real phone number for some persons in crisis.

- **Additional tools used by crisis centers for active rescue**: For crisis line phone calls or text conversations where the person at risk cannot, or will not, provide their name or location, the crisis line will try to use a reverse phone lookup to help identify the individual's city and state in order to find the correct PSAP to contact for assistance. [Note however, that such information from a reverse phone lookup may be outdated or inaccurate, unbeknownst to the crisis line.] Crisis lines may also use such sites to try to determine the person at risk's name or address based on their phone number. Crisis lines SHALL convey to the PSAP the source of any identifying information provided to the PSAP, for example which information has come from the at-risk person and which has come from additional tools including but not limited to those discussed here or later developed.

2.4 PSAP General Suicide Intervention Procedures for Crisis Line Initiated Active Rescue

When contacted by a crisis line, PSAPs SHOULD initiate a response according to local protocols/procedures for suicidal callers.

Crisis lines SHALL provide as much information as is available and MAY request an incident/event number from the PSAP for follow up (see details above).

PSAPs SHOULD provide this incident/event number as well as a non-emergency number the crisis line can contact for details of call outcome.

PSAP personnel SHOULD utilize all available resources in an attempt to identify the location of the individual in crisis, in accordance with local PSAP policies. Some options that have been successful:

- **Phone and Text Based Interventions**
  - A PSAP SHOULD request that a carrier ping the location of an individual at imminent risk of death or serious bodily harm when alerted to same from a crisis line.
  - A PSAP may also request subscriber information to obtain the person at risk's name and sometimes address or alternate phone number.
  - A PSAP SHOULD also search their own call records for previous interactions with the individual that may contain more identifying information and relevant history.
  - A PSAP may also consider social media searches and reverse directory searches as well depending on specific local policies.

- o A PSAP may wish to contact the person directly, if doing so would not increase the imminent risk to the person. In some instances, the person at risk may be willing to share their location with an authority.

- o Note: If the PSAP that is contacted by the crisis line for assistance turns out not to serve the area in which the caller is ultimately determined to live in – PSAPs SHOULD assist the crisis line to keep the person at risk from harm in any way that they can. The PSAP may provide the crisis line with any relevant connections to the correct PSAP (offering warm transfer when possible, but also explaining to the crisis line where they are being transferred and the phone number they're being transferred to).

- **Chat (Instant Messaging) Based Interventions**

  A crisis line will use the chat visitor's IP address to look up the visitor's general location in order to contact the correct PSAP (see above for actions the PSAP can take if they are not the correct PSAP). For IP addresses, this can be done through sites such as http://whatismyipaddress.com. The crisis line may also attempt to locate the contact information for the specific ISPs legal department through http://www.search.org/resources/isp-list.

  An ISP's legal department will not supply a crisis line with a customer's information. They will, however, provide this information to a PSAP when there is imminent risk of death or serious bodily harm to the customer.

  Crisis lines SHALL, when contacting a local PSAP regarding a chat-based crisis, provide the PSAP with the following, if available to the crisis line: (a) the IP address of the user including the date and time, (b) the associated ISP with the contact number for the ISP legal department.

  PSAPs can then contact the ISP legal department to request additional information regarding the user associated with the IP address provided, or the mobile carrier's legal department with the phone number provided.

  The ISP may send a form to the PSAP to complete and fax back which describes the information the PSAP is requesting, the reason for the request, and the IP address and time of communication. A subpoena is not required in situations of imminent risk, and the ISP typically responds to the request immediately.

  Due to the nature of Instant Messaging communications, the crisis chat center calling the PSAP may be outside the PSAP's jurisdiction.

  IP addresses can be assigned to multiple individuals at one time. This can be the case in any situation but is particularly relevant in areas such as large apartment buildings, schools, libraries, public WIFI areas, etc. If this is the case, it may not

be possible to determine which person in the apartment building or business was the one who reached out for help.

It is important to note that, while sometimes difficult, locating an individual via their IP address is possible in many situations. Crisis centers that provide chat-based services have reported that, once the PSAP has agreed to try to contact the ISP, they have experienced a roughly 90% success rate in locating the individual.

2.5 Follow-Up between PSAPs and Crisis Centers

Crisis lines often provide follow-up services to individuals at risk of suicide. This service is of particular importance regardless of whether an individual is located or transported to a facility.

When an individual is not located or transported to a facility, a crisis line may make efforts to further engage the individual, provide support, and engage other community-based resources. If transported, treated, and released, this support can also be vital.

PSAPs SHOULD make every effort to provide the disposition status of a call initiated by a crisis line, upon reasonable request of a crisis line. The crisis line SHALL call the PSAP on a non-emergency number provided during the initial call, along with the appropriate incident/event number (if provided by the PSAP), to ascertain the disposition of the call. Some PSAPs may choose to call the crisis line back with disposition information (making sure to get a local 10-digit number for the crisis line to do so) if it is their preference.

Crisis lines and PSAPs SHOULD make every effort to develop collaborative working relationships in order for information sharing to be as seamless as possible during a suicide crisis.

2.6 HIPAA (Health Insurance Portability and Accountability Act), Privacy and Legal Issues

PSAPs are legally permitted to obtain or request that a mobile carrier obtain the geolocation of a subscriber at imminent risk of death during exigent circumstances threatening death or serious bodily harm. (See, e.g., 47 U.S.C. § 222(d)(4)(A); see also Michigan v. Fisher, 558 U.S. 45 (2009) and citations in Section 7). PSAPs SHOULD thus understand that they may -- and SHOULD -- request that a carrier ping the location of an individual at imminent risk of death or serious bodily harm when alerted to same from a crisis line. Subscriber information can also be requested to obtain name and sometimes address or alternate phone number.

There is no reasonably foreseeable legal risk (including with regard to HIPAA) to a PSAP for requesting that a carrier ping the imminent risk user's location during exigent circumstances that threaten the user's life or that of a third party. Nor is there a reasonably foreseeable legal risk (including with regard to HIPAA) for the PSAP to

provide the crisis line with disposition information relating to the attempted rescue of such user.

For reference see: OCR/HIPAA Privacy/Security Enforcement Regulation Text, 45 CFR 164.512(j) [8]

3 Impacts, Considerations, Abbreviations, Terms, and Definitions

3.1 Operations Impacts Summary

Impacts in accordance with section 2.4 of this document.

3.2 Security Impacts Summary

Impacts in accordance with section 2.6 of this document.

3.3 Anticipated Timeline

Deployment/Implementation will take place as required.

3.4 Cost Factors

PSAPS may incur costs related to training per recommendations in Appendix B should they choose to implement.

3.5 Additional Impacts (non-cost related)

Impacts will only be related to PSAP staff time for trainings and/or relationship building efforts.

3.6 Abbreviations, Terms, and Definitions

See the NENA Knowledge Base for a Glossary of terms and abbreviations used in NENA documents. Abbreviations and terms used in this document are listed below with their definitions.

Term or Abbreviation (Expansion)	Definition / Description
HIPAA (The Health Insurance Portability and Accountability Act of 1996)	A federal law that required the creation of national standards to protect sensitive health information from being disclosed without the patient's consent and knowledge.
Imminent Risk	Evaluation by a crisis line of an individual's risk of suicide. There must be a close temporal connection between the person's current risk status and actions that could lead to serious bodily injury or

	death. The person indicates intent to die, a plan, and the capability to carry out their intent.
Active Rescue	Actions undertaken that are intended to ensure the safety of individuals at Imminent Risk of suicide or in the process of a suicide attempt.

4 Recommended Reading and References

[1]   National Emergency Number Association. *NENA Master Glossary of 9-1-1 Terminology*. NENA-ADM-000.24-2021. Arlington, VA: NENA, approved June 22, 2021.

[2]   Draper J, Murphy G, Vega E, Covington DW, McKeon R. Helping callers to the National Suicide Prevention Lifeline who are at imminent risk of suicide: the importance of active engagement, active rescue, and collaboration between crisis and emergency services. Suicide Life Threat Behav. 2015 Jun;45(3):261-70. doi: 10.1111/sltb.12128.

[3]   National Suicide Prevention Lifeline: Policy for helping callers at Imminent risk. December, 2010. https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Lifeline-Policy-for-Helping-Callers-at-Imminent-Risk-of-Suicide.pdf

[4]   Joiner, T. Why people die by suicide. Harvard University Press, 2007.

[5]   Joiner T, Kalafat J, Draper J, Stokes H, Knudson M, Berman AL, McKeon R. Establishing standards for the assessment of suicide risk among callers to the national suicide prevention lifeline. Suicide Life Threat Behav. 2007 Jun;37(3):353-65.

[6]   47 U.S.C. 222: https://www.law.cornell.edu/uscode/text/47/222

[7]   Michigan v. Fisher: https://supreme.justia.com/cases/federal/us/558/45/

[8]   [8]   45 CFR 164.512(j) Uses and disclosures for which an authorization or opportunity to agree or object is not required. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-public-health-activities/index.html

5 Appendix A: Types of Crisis Lines that may reach out to PSAPs for assistance with Active Rescue

Descriptions of major crisis lines in the United States and their operations follow, along with a description of other kinds of hotlines/helplines that may request PSAP assistance with active rescue.

- National Suicide Prevention Lifeline

  The National Suicide Prevention Lifeline provides free and confidential emotional support and crisis counseling to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 170 local crisis centers, uniting local resources with national standards and best practices. The National Suicide Prevention Lifeline number (1-800-273-8255) routes callers to the nearest accredited crisis center in the caller's area. Trained crisis counselors at those crisis centers provide callers with crisis counseling and mental health referrals. The Lifeline's Crisis Chat Service (suicidepreventionlifeline.org) routes chat visitors to a subnetwork of crisis centers accredited in providing online emotional support. Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Vibrant Emotional Health, the National Suicide Prevention Lifeline is a leader in suicide prevention and mental health crisis care. Since its inception in 2005, the Lifeline has engaged in innovative public messaging, development of best practices in mental health, cutting-edge partnerships, and more to improve crisis services and advance suicide prevention for all.

- Crisis Text Line

  Crisis Text Line is a 501c3 not-for-profit organization headquartered in New York that provides free, 24/7, high-quality text-based mental health support and crisis intervention by empowering a community of trained volunteers to support people in their moments of need. Its volunteer crisis counselors (each of which undergo rigorous training based upon best practices in the industry and are overseen by trained staff who are mental health professionals) take conversations with texters via SMS messaging by texting to its 741741 shortcode, chat, and other third party messaging services. The volunteers operate remotely nationwide, as do certain of its staff; Crisis Text Line does not use a regional model, but rather a model which triages texters regardless of their location so that any available volunteer can connect with a texter in need in order of the nature of the crisis that the texter has indicated. Crisis Text Line's practices and procedures are informed by its board of directors, its public safety, legal, data, and clinical advisory boards, and research partners at leading universities throughout the country.

- Veterans Crisis Line/Military Crisis Line

The Veterans Crisis Line provides mental health crisis support for service members, Veterans, and their families 24 hours a day, 7 days a week, 365 days a year. As a free and confidential resource, the Veterans Crisis Line uses online chat, text, and phone capacities to connect Veterans and their family members to caring, qualified, and trained responders. Callers do not have to be enrolled in or receiving services from the U.S. Department of Veterans Affairs (VA) to use this service. If a Veteran agrees, a referral can be made to a local, facility-based Suicide Prevention Coordinator who will respond and provide support and resources as needed.

The majority of calls to the Veterans Crisis Line do not result in law enforcement involvement. Veterans Crisis Line staff members work diligently with callers to de-escalate crises, develop safety plans, and link callers to local services. Veterans Crisis Line staff members also help callers use personal resources and support systems to avoid ambulance rides and hospital visits when possible. However, police welfare checks are required when there are high lethality risks. Once law enforcement is contacted, Veterans Crisis Line staff members follow up to obtain a disposition to ensure that police contact has been made with at-risk individuals.

Although the Veterans Crisis Line is a part of the federal government, many internet service providers will release individual subscriber information and street addresses only to law enforcement. This is especially important when a welfare check is initiated for individuals using Veterans Crisis Line chat services. In these emergency situations, local law enforcement must directly contact the internet service providers to obtain contact information for the individual.

The Veterans Crisis Line has three facilities: Canandaigua, New York; Atlanta, Georgia; and Topeka, Kansas. There is also a contingency center in Portland, Oregon. Responders at these sites receive calls from across the nation and world. Calls are routed not by geographic location but by responder availability.

- The Trevor Project

The Trevor Project offers accredited life-saving, life-affirming programs and services to LGBTQ youth that create safe, accepting and inclusive environments over the phone, online and through text. Crisis intervention services include:

Trevor Lifeline—The only national 24/7 crisis intervention and suicide prevention lifeline for LGBTQ young people under 25, available at 1-866-488-7386.

TrevorChat—A free, confidential, secure instant messaging service for LGBTQ youth that provides live help from trained volunteer counselors, open daily.

TrevorText—A free, confidential, secure service in which LGBTQ young people can text a trained Trevor counselor for support and crisis intervention, available daily by texting START to 678678.

- Local Crisis Lines: almost all of the crisis lines in the Lifeline network also provide locally branded crisis services. There are also local crisis lines that are not affiliated with the National Suicide Prevention Lifeline.

- Specialized helplines where emergency intervention with an individual at imminent risk of suicide might be requested - including: addiction lines, gambling lines, 211 services, domestic violence lines, and sexual violence lines.

6 Appendix B: PSAP Training Needs

Calls involving suicide risk are one of the most difficult call types for 9-1-1 professionals. Training in suicide call management is not only essential to foster best practice, it can also equip dispatchers with the skills they need to boost confidence, which can buffer them from serious stress-related impacts.

This appendix provides valuable guidance for PSAP leaders to use to improve in-house training on this topic. This guidance addresses three elements of emergent care that are important to include in 9-1-1 training:

- Connecting with the Caller and Building an Alliance
- Assessment of Risk
- Intervening with the Caller

It should be noted that the three elements of connecting, assessing, and intervening with callers are not mutually exclusive nor are they necessarily sequential, since effective connecting and assessing both have intervention power (to help save life).

6.1 Connecting with the Caller and Building an Alliance

It is important for PSAP staff to know techniques that can assist in eliciting information about suicide risk and keeping the caller engaged until emergency services can locate him/her. These conversations can be particularly stressful for PSAP staff and the more tools available to staff in this circumstance, the more equipped staff will feel to manage such calls. It is recommended that any training that focuses on the suicidal caller also cover the following:

- Effectively connecting with caller
- Using active listening skills
- Building Rapport
- Affirming caller's collaborative efforts
- Avoiding judgment of caller

6.2 Assessment

In reviewing suicide risk and ways to work with a suicidal caller, it is helpful for trainings to begin by outlining national and local statistics on suicide as well as common myths. A greater understanding of the prevalence of suicide within the community will reinforce the need to be better equipped to manage calls from those at risk. In addition, all trainings on suicide SHOULD provide information on how to do the following if a caller indicates hopelessness or other statements that might indicate they are at risk:

Ask about suicide

- Ask directly and openly if the person is intending to kill him/herself

Assess for immediate safety:

- Is an attempt in progress?
- YES:
    - Follow internal protocols for dispatch of immediate rescue
- NO:
    - Has the caller expressed intent to kill him/herself?
    - Has a plan for killing him/herself been developed?
    - Does the caller have access to means for killing him/herself?
    - Separate caller from means
    - Does the caller intend to complete their plan imminently (<48 hours)?

Explore further risk factors:

- Hopelessness
- History of suicide attempts
- History of self-harm
- Current intoxication
- Dysregulation
- History of violence to others
- History of exposure to suicide (family, friends, other)
- Extreme agitation
- Symptoms of mental illness
- Helplessness
- Perceived burden on others
- Feeling trapped
- Feeling intolerably alone

6.3 Intervening with the Caller

Beyond an understanding of the information needed to assess for safety, it is important for PSAP staff to know techniques that can assist in eliciting additional needed information to locate a caller or to de-escalate the situation if the caller cannot be located. This kind of conversation is often out of the comfort zone of the PSAP staff and training that focuses on the following techniques to help stabilize and de-escalate the situation are recommended in any training:

- Listening to what led the caller to thoughts of suicide (exploring their reasons for dying; Discussion may also occur as part of Risk Assessment)
    - Trying to convince the caller to live before giving them the opportunity to express reasons for dying can worsen their struggle
- Exploring protective factors (or buffers)
    - Immediate supports - are there others on the premises that can help?
    - General social supports

- o Ambivalence for living/dying
- o Planning for the future
- o Core values/beliefs
- Safety planning and collaborative problem solving
  - o Exploring what the caller has tried to do to solve the problem
  - o Identifying alternatives that will work for him/her
  - o Helping the caller to identify warning signs of a future crisis
  - o Helping the caller to identify coping skills and distraction techniques that could help them
  - o Work with the caller to identify people in their life that could act as safety contacts for them in a time of crisis
  - o Offer referrals/connections to mental health resources in your community
    - ▪ Inform callers of the National Suicide Prevention Lifeline, Crisis Text Line, the Veterans Crisis Line, the Trevor Project or other relevant hotlines
    - ▪ Connect the caller directly to the local crisis line in the area of your PSAP with their consent
  - o Explore the safety of the caller's environment - can they disable their suicide plan? Are there other possible methods (especially firearms) in their home that need to be secured?
- Preparing caller for arrival of emergency services:
  - o Defining steps caller is to take in prep for/and upon arrival of responders
  - o Optimizing the caller's willingness to work collaboratively with field responders upon arrival

PSAPS may also wish to work with local crisis lines to establish mutual support relationships. In many communities PSAPs may have arrangements in place to transfer/conference emotional distress calls to their local crisis line provider.

7   Appendix C: Major Crisis Line Quick Reference Guide for PSAP Staff

- National Suicide Prevention Lifeline (phone, chat, text)
  1-800-273-8255
  www.suicidepreventionlifeline.org

- Crisis Text Line (text)
  Text HOME to 741741
  www.crisistextline.org

- Veterans Crisis Line/Military Crisis Line (phone, chat, text)
  1-800-273-8255 Press 1
  Text 838255
  www.veteranscrisisline.net

- The Trevor Project (phone, chat, text)
  1-866-488-7386
  Text START to 678678
  www.thetrevorproject.org

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