

NENA Suicide Prevention Standard



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Prepared by:

National Emergency Number Association (NENA) PSAP Operations Committee, Standard Operating Procedures Subcommittee, Suicide Prevention Work Group.

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National Emergency Number Association
1700 Diagonal Rd, Suite 500
Alexandria, VA 22314
800-332-3911
or commleadership@nena.org

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Members:	Company/Agency
Wendi Lively ENP, PSAP Operations Committee Co-Chair	Spartanburg, SC
John Haynes ENP , PSAP Operations Committee Co-Chair	Chester County, PA
Sandra Beitel, PSAP Operations Committee, Standard Operating Procedures Subcommittee Co-Chair	Ogle County, IL
Lisa Dodson ENP, PSAP Operations Committee, Standard Operating Procedures Subcommittee Co-Chair	Harris County, TX
Dee Ann Summersett ENP, WG Chair	Tuscola County 9-1-1, MI
Amy Austin McDowell ENP	Greenville Police Department, SC
John Draper	National Suicide Prevention Lifeline
Gillian Murphy	National Suicide Prevention Lifeline
Karen Carlucci	National Suicide Prevention Lifeline
Frank Campbell	Campbell and Associates Consulting, LLC
Rick Jones ENP, Operations Issues Director, Retired	NENA
Jim Marshall	911 Training Institute & 911 Wellness Foundation, MI
Lesley Levin	Behavioral Health Response, MO
Reese Butler	Kristin Brooks Hope Center
Eduardo Vega	Los Angeles County Department of Mental Health, CA
Eve Myer	San Francisco Suicide Prevention, CA
Neal Haight	Broome County Emergency Services, NY
Diane Conti	Help Center, MT
Sandra Holden	Lycoming County Communications, PA
Pat Morris	Volunteers of America/Crisis Response Services, WA
Shari Sinwelski	Didi Hirsch Mental Health Services, CA
Sara Knox	Contact USA, IA

Manisha Vaze	National Suicide Prevention Hotline
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1 Executive Overview

The Substance Abuse and Mental Health Services Administration (SAMHSA) has initiated a multi-project effort, in an attempt to reduce suicides in the United States. One of these SAMHSA-funded projects is the National Suicide Prevention Lifeline (Lifeline), a network of more than 155 independently-operated crisis call centers around the country. The Lifeline network centers are linked via national toll-free numbers (1-800-273-TALK and 1-800-SUICIDE), which are available 24/7 from anywhere in the United States. Calls are typically routed to the nearest network center to the caller, with back-up centers in other regions providing assurance that all calls will be answered in the event the nearest center is busy. In addition to taking crisis calls, many of the network centers participate in online crisis intervention services that allow individuals at risk to access crisis centers through a chat/IM based system. All local crisis center staff are trained in crisis intervention and suicide prevention. All Lifeline network centers are certified by a national accrediting body and are bound by policies, standards and guidelines set by the Lifeline administrator, Link2Health Solutions, Inc. in NYC (L2HS). L2HS is joined by its partners, the National Association of State Mental Health Program Directors, and Living Works Inc. (international suicide intervention training organization), and receives ongoing guidance from SAMHSA and its three national advisory committees of experts in suicide prevention research, training, and practice. The Lifeline project's activities are independently evaluated by a research team from Columbia University in NYC towards improving the quality of services provided to its callers.

Establishing a collaborative relationship with the Lifeline and its network of centers will aid Communications Centers by improving the standard of care given to individuals in emotional or suicidal distress. Of particular note to Communications Centers: When this proposed information exchange procedure was implemented with Communications Centers and a crisis hotline in New York City, it facilitated more than 100% increase in hospital admissions for transported hotline callers at risk to self/others.

A collaborative relationship between the Lifeline centers and local Public Safety Answering Points (PSAPs) would allow for better continuity of care for at-risk individuals. This standard states that PSAPs should assist Lifeline centers by providing contact confirmation status and the destination of the receiving emergency facility. HIPAA does not preclude the transfer of information in emergency situations where such information is needed to support the individual's care and follow-up with receiving facilities can provide vital information about the caller's risk, enabling a more thorough evaluation of the individual at the receiving site. More informed assessments of individuals in emergency facilities can, in turn, increase the likelihood of appropriate disposition and care of the individual reported to be at risk of suicide.

1.1 Purpose and Scope

The purpose of this document is to detail the importance of PSAP collaboration with local Lifeline network crisis centers in order to help ensure that persons at imminent risk of suicide receive the assistance they need to reduce that risk. This document discusses why PSAPs should assist Lifeline

centers and the importance of that assistance in maintaining the safety of individuals at risk of suicide.

1.2 Reason to Implement

Implementation of this standard will help ensure that persons at imminent risk of suicide receive vital assistance to reduce risk.

1.3 Benefits

Implementation of this standard will:

- Provide a vital service to the local community in assisting suicidal individuals
- Allow Lifeline centers to gather data vital to continuing their mission to better ensure the health, safety and well-being of callers and community members they serve across the United States.

2 Introduction

2.1 Operations Impacts Summary

Not applicable.

2.2 Technical Impacts Summary

Not Applicable.

2.3 Security Impacts Summary

Not applicable.

2.4 Document Terminology

The terms "shall", "must", "mandatory", and "required" are used throughout this document to indicate normative requirements and to differentiate from those parameters that are recommendations. Recommendations are identified by the words "should", "may", "desirable" or "preferable".

2.5 Reason for Issue/Reissue

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

Doc #	Approval Date	Reason For Changes
NENA-STA-001	06/15/2013	Initial Document

2.6 Recommendation for Additional Development Work

Not applicable.

2.7 Date Compliance

All systems that are associated with the 9-1-1 process shall be designed and engineered to ensure that no detrimental, or other noticeable impact of any kind, will occur as a result of a date/time change up to 30 years subsequent to the manufacture of the system. This shall include embedded application(s), computer-based or any other type application.

2.8 Anticipated Timeline

Not applicable.

2.9 Cost Factors

Not applicable.

2.10 Cost Recovery Considerations

Not applicable.

2.11 Additional Impacts (non cost related)

Impacts will only be related to PSAP staff time for trainings and/or relationship building efforts as described in sections 3 and 4 of this document.

2.12 Intellectual Property Rights Policy

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1700 Diagonal Rd, Suite 500
Alexandria, VA 22314
800-332-3911
or commleadership@nena.org

2.13 Acronyms/Abbreviations, Terms and Definitions

Some acronyms/abbreviations, terms and definitions used in this document may have not yet been included in the master glossary. After initial approval of this document, they will be included. See NENA 00-001 - NENA Master Glossary of 9-1-1 Terminology located on the [NENA web site](#) for a complete listing of terms used in NENA documents. All acronyms used in this document are listed below, along with any new or updated terms and definitions.

The following Acronyms are used in this document:		
Acronym	Description	(N)ew (U)pdate
<i>LIFELINE</i>	National Suicide Prevention Lifeline	N
<i>IM</i>	Instant Messaging	
<i>IP</i>	Internet Protocol	
<i>ISP</i>	Internet Service Provider	

3 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 address awareness of local crisis centers that are (a) members of the Lifeline or (b) crisis centers that have been certified by a national accrediting body. In cases where the Lifeline or an accredited crisis center activates emergency rescue services to secure the safety of individuals determined to be attempting suicide or at risk of suicide, local PSAPs should assist Lifeline center staff by providing information related to: (a) confirmation of emergency service contact with the at-risk individual and (b) destination of the at-risk individual if they were transported. 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 provides the Lifeline with information about patient transport destination, the Lifeline 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. Lifeline policies specifically require that centers follow up with the local PSAP to ascertain the disposition status of any emergency calls made.

3.1 Lifeline Coverage and Training

The Lifeline network receives calls from individuals calling from any/all area codes in the United States. All Lifeline centers accept a zone of coverage on behalf of the national network. Assigned coverage areas may be designated by any one or more of the following: area codes, counties, zip codes, and states.

In addition to receiving calls, a number of crisis centers also provide chat/IM based services. Some centers accept chats from across the United States while others within the network accept chats only from their local community. In this instance, when coverage is limited, chats are geographically routed to centers based on the IP address of the user.

One or more PSAPs may service callers/chatters residing in a Lifeline center's specified coverage area.

Lifeline centers should provide the PSAP with information about their designated zone of coverage, and PSAPs should provide information to the Lifeline about their coverage area. Where more than one PSAP is servicing the Lifeline center's coverage area, PSAPs are encouraged to provide the Lifeline center with any relevant administrator contact information they may have for the other PSAPs responding to calls in the Lifeline center's region. This contact information may assist the Lifeline center in establishing similar collaborative relationships with neighboring PSAPs.

All Lifeline centers train their call/chat specialists in risk assessment, suicide prevention and intervention. PSAPs and Lifeline centers are encouraged to share training and protocol information related to these practices in efforts to mutually improve the quality and/or efficiency of their services to callers in crisis.

It is in the best interests of the public and health authorities that individuals with mental health concerns and/or suicidal thoughts that *are not* currently in the act of killing themselves receive the most appropriate service when they are in crisis. In communities where there is an option to do so, and the caller'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.

PSAPs may request additional trainings from Lifeline centers to determine how/when PSAPs may transfer non-emergency callers to the Lifeline center, to enhance customer service.

It is also recommended that PSAPs and Lifeline centers 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 911 or the local Lifeline center, to ensure the most efficient, effective care for individuals in emotional distress and/or suicidal crisis.

3.2 Lifeline Initiated Event

Lifeline centers will contact local PSAPs when it is determined that emergency rescue is required to secure the safety of an individual they have assessed to be at risk for suicide. [It is important to note that crisis centers contact PSAPs following an extensive assessment of risk and after all other options have been exhausted. For the crisis center, calling the PSAP is the last resort.]

Lifeline centers will provide PSAPs with all the information they have gathered that led to their determination of imminent risk.

Lifeline will provide the PSAP with all information available to them to assist the PSAP in locating the individual at imminent risk.

For the Lifeline center, this information may include any of the following: (a) the exact location of the individual, (b) the caller ID only, (c) the cell phone number only (for text interaction), or (d) an IP and ISP number for a chat interaction (See Appendix 2 for additional information).

PSAPs will initiate a response according to local protocols/procedures for suicidal callers.

Lifeline centers will request an incident/event number for purposes of follow-up.

PSAPs will provide the incident/event number and a local non-emergency number for Lifeline centers to call for follow-up information.

3.3 Lifeline Follow Up

Lifeline centers will call the local PSAP on the non-emergency number provided to ascertain the disposition status of a previous call.

Lifeline centers will provide the PSAP with the incident/event number associated with the call.

PSAPs should assist Lifeline center staff by providing information related to: (a) confirmation of emergency service contact with the at-risk individual and (b) destination of the at-risk individual if they were transported.

3.4 Non-Lifeline Crisis Lines

PSAPs may have interaction with local suicide hotlines that are not members of the Lifeline. Training and operational practices of these centers vary widely. In Appendix I there are criteria that Lifeline perceives important in evaluating these centers.

It is recommended that PSAPs obtain a list of their local crisis lines that may require information for follow up.

3.5 HIPAA, Privacy and Legal Issues

It is not a HIPAA violation to provide Lifeline centers with the information listed above. When the individual or patient is not present, or it is impractical due to emergency circumstances, HIPAA does not prevent disclosures of information to person(s) responsible for the individual's care, family members or others, if it is believed that, in exercising professional judgment such disclosure is in the best interest of the individual or patient (45 CFR 164.510(b)). It is standard practice for psychiatrists seeking to protect their patients from self-harm to notify and/or counsel the individual's family or caretakers of potential suicide risks and possible methods and to mobilize them to remove access to lethal means or take other actions to better ensure the individual's safety.

According to HIPAA:

A covered entity may, consistent with applicable law and ethical codes of conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure (i)(A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and (B) Is to a person or persons reasonably able to prevent or lessen the threat; or (ii) Is necessary for law enforcement authorities to identify or apprehend an individual...

OCR/HIPAA Privacy/Security Enforcement Regulation Text, 45 CFR 164.512(j)

Check with your local legal counsel.

4 PSAP Training Needs

It is recommended that all PSAPs provide training to their staff on suicide prevention and intervention.

While local PSAPs each maintain autonomy and responsibility for designing specific suicide call management procedures, certain essential information about suicide assessment and intervention should be shared by all PSAPs to assure best practice in suicide call management. Information on the key elements to be included in any training on how to effectively work with a caller at risk for suicide are outlined below.

4.1 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:

Ask about suicide:

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

Assess for immediate risk:

- 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

Explore further risk factors:

- History of suicide attempts
- History of violence to others
- History of exposure to suicide (family, friends, other)
- Intoxication
- Extreme agitation
- Symptoms of mental illness
- Hopelessness

- Helplessness
- Perceived burden on others
- Feeling trapped
- Feeling intolerably alone

4.2 Staying with the Caller

There may be occasions when PSAP staff are speaking with a caller that is expressing suicidal thoughts but who is not forthcoming about details (such as plan or location – particularly relevant with cell phone calls) that could facilitate the dispatch of emergency rescue. Beyond an understanding of the information needed to assess for risk, it is important for PSAP staff to know techniques that can assist in eliciting information and keeping the caller engaged until emergency services can locate him/her. This can be a particularly stressful time 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:

Establishing good contact

- Effectively connecting with caller
- Using active listening skills
- Building rapport

Collaborative problem solving

- Identifying event that precipitated the call
- Exploring what the caller has tried to do to solve the problem
- Identifying alternatives that will work for him/her
- Avoiding taking responsibility to fix the problem
- Avoiding judgment

Effectively eliciting information – Exploring protective factors (or buffers)

- Immediate supports
- General social supports
- Ambivalence for living/dying
- Planning for the future
- Core values/beliefs

5 Appendix I

5.1 Reviewing Non-Lifeline Crisis Lines

PSAPs may have interaction with local suicide hotlines that are not members of the Lifeline network. While this should not impact PSAP service provision in any way, there may be times when, in the development of collaborative working relationship, the PSAP requires additional crisis center information. As the training and operational practices of these centers vary widely, it is recommended that PSAPs inquire as to whether the crisis center is accredited or licensed by any of the following:

- American Association of Suicidology (AAS)
- CONTACT USA (CUSA)
- Alliance of Information and Referral Systems (AIRS)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- The Joint Commission (JCAHO)
- State/County licensure

All Lifeline centers are confirmed to have at least one of the above accreditations or licenses.

6 Appendix 2

6.1 Chat (IM) Based Event: Locating the individual at risk

Crisis centers that provide services through online chat may contact the local PSAP with little information on the whereabouts of the individual at risk for suicide beyond the assigned IP address of the chat user.

In these situations, the crisis center will use the IP address to look up the specific ISP to get a general location (this can be done through sites such as <http://whatismyipaddress.com>). The crisis center will also attempt to locate the contact information for the specific ISPs legal department through www.search.org/programs/hightech/isp/).

An ISP's legal department will not supply a crisis center with a customer's information. They **WILL**, however, provide this information to the PSAP when there is imminent risk of danger.

Crisis centers will, when contacting a local PSAP regarding a chat based crisis, provide the PSAP with the following: (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.

6.2 Chat (IM) Based Event: Issues to note

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 IM 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. 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.

7 Recommended Reading and References

None listed.

8 Previous Acknowledgments

Not applicable. This is the initial standard.