

## 988 Suicide & Crisis Lifeline Suicide Safety Policy

PROGRAM: 988 Suicide & Crisis Lifeline

EFFECTIVE DATE: 12/27/2022

REVIEW TERM: Two Years -- reviewed biennially

LAST REVISION DATE: 6/27/2024

NEXT REVIEW DUE: 5/27/2026

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### POLICY

***NOTE:** The Lifeline Suicide Safety Policy (2024) serves to replace the Lifeline Risk Assessment Standards (2007) and the Policy for Helping Callers at Imminent Risk of Suicide (2011). This policy references the Suicide Safety Policy: Supplemental Guide, available on Lifeline’s Network Resource Center (NRC), here on referenced as the Supplemental Guide.*

All Lifeline crisis contact centers shall have a written policy that specifically addresses actions to be undertaken by crisis counselors in working with those at risk of suicide that is consistent with the Lifeline Suicide Safety Policy. These requirements are as follows:

#### 1. Assessment and Intervention

Crisis contact centers shall have documented policies requiring that:

- 1.1. Crisis counselors practice **active engagement** (as defined in *Supplemental Guide: Section 1*) with all Lifeline callers/chatters/texters (“contacts”), specifically those determined to be at risk of suicide, attempting suicide, or at **imminent risk of suicide** (as defined in *Supplemental Guide: Section 1*).
- 1.2. In all Lifeline conversations, crisis counselors must **ask about suicide** (see *Supplemental Guide: Section 2*).
  - 1.2.1. If an affirmative response is received to *Have you had any thoughts of suicide in the past few days, including today?*, crisis counselors must complete a safety assessment that includes the elements outlined in the Lifeline **Four Core Principles of Suicide Assessment (FCP)** (*Supplemental Guide: Section 3*), AND is consistent with the Lifeline **Safety Assessment Model** (see *Supplemental Guide: Section 4*). This requires that:
    - 1.2.1.1. Crisis contact centers maintain a safety assessment tool that includes all elements of the FCP.
    - 1.2.1.2. A safety assessment requires that all elements noted as essential elements of the FCP are explored.
    - 1.2.1.3. Elements noted as situationally specific of the FCP are explored when clinically relevant.

- 1.2.1.4. Crisis contact centers maintain a safety planning tool consistent with the Lifeline Safety Assessment Model.
    - 1.2.2. If an affirmative response is received to *Have you taken any action to harm yourself today?*, crisis counselors must **assess immediate safety** and determine if there is an **attempt in progress** (as defined in *Supplemental Guide: Section 1*) then proceed to follow the requirements in 1.3.
  - 1.3. If an individual is determined to be at **imminent risk of suicide** (as defined in *Supplemental Guide: Section 1*) following a safety assessment, OR an **attempt in progress** is identified (as defined in *Supplemental Guide: Section 1*), crisis counselors must:
    - 1.3.1. Work to promote the contact’s participation in securing their own safety through actively engaging the individual in efforts to increase safety.
    - 1.3.2. Work with the contact to implement the **least invasive intervention** (as defined in *Supplemental Guide: Section 1*) that can secure the safety of the individual.
    - 1.3.3. Initiate an **involuntary emergency service intervention** (as defined in *Supplemental Guide: Section 1*) only as a last resort and only if, despite attempts to de-escalate and collaborate on less invasive alternatives, the individual at **imminent risk** remains unwilling and/or unable to take action to secure their own safety or there is already an **attempt in progress**. In these cases, the request to dispatch an emergency service intervention must be undertaken with or without the caller/chatter/texter’s consent.
  - 1.4. Crisis counselors must work with **third-party contacts** (as defined in *Supplemental Guide: Section 1* and guidance provided in *Supplemental Guide: Section 7*) using the least invasive and most collaborative actions to best ensure the safety of an individual believed to be at imminent risk of suicide. Crisis contact center policy must include direction to make efforts to connect to the individual at risk directly.
  - 1.5. When there is a request by the crisis contact center to dispatch services for emergency or urgent response, center guidelines must provide crisis counselors with information on when and how best to confirm contact was made with the person in crisis by those services. The policy must include actions to be taken when contact is unsuccessful and must also require documentation of actions taken by crisis center staff for instances in which contact could not be confirmed despite the crisis contact center's best efforts. Crisis contact centers must confirm contact by requested dispatched services in the following instances:
    - 1.5.1 All interventions that resulted in the request for the dispatch of an **emergency service intervention**.

- 1.5.2 Any interventions that resulted in the request for the dispatch of a **mobile crisis response** (as defined in *Supplemental Guide: Section 1*) involuntarily or when an individual remains at imminent risk and the mobile crisis response is requested in order to de-escalate imminent risk.

## 2. Supervisory Support and Training

Crisis contact centers shall have documented policies requiring that:

- 2.1. **Supervisory access** (“supervisor” defined in *Supplemental Guide: Section 1*) is available during all hours of the crisis contact center’s operations for timely consultation from crisis counselors when needing assistance in determining the most appropriate intervention for an individual at imminent risk of suicide. This is of particular importance when an involuntary emergency service intervention is required. Each crisis contact center’s individual policy must clearly outline procedures for accessing supervisory consultation and when crisis counselors are required to do so (ideally crisis contact center procedures would direct crisis counselors to seek approval from a supervisor before requesting dispatch of an emergency service intervention).
- 2.2. All interventions that have resulted in requesting a PSAP to dispatch an emergency service intervention, either voluntary or involuntary, must undergo a **supervisory review** that includes the element listed in *Supplemental Guide: Section 5*. This must occur in a timely manner (ideally within 72 hours). When possible the crisis counselor who responded to the crisis conversation being reviewed should be included in this review.
- 2.3. All current crisis counselors, and those who supervise, support, review for quality, or train those taking 988 conversations are required to complete and pass all of the core online self-paced training courses that have been identified by the 988 Lifeline as required. These courses include information on the **Lifeline Safety Assessment Model** and **training on the use of involuntary emergency service interventions**.
  - 2.3.1. All crisis contact centers responding to Lifeline Crisis Chat and Text conversations must also take the required training(s) specific for chat and text crisis conversations.

## 3. Community Engagement

In support of the requirement to provide the least invasive, most collaborative intervention, the requirement to confirm emergency service contact, and the requirement to use involuntary emergency service interventions as a last resort, Lifeline crisis contact centers are required to:

- 3.1. **Investigate alternatives to emergency service interventions** within the community. Crisis contact centers must collect information on all available local resources that could be used as alternate interventions before requesting dispatch of an emergency service intervention from a PSAP (alternatives such as mobile crisis teams), and educate crisis counselors on how to access such services. To the extent that no such alternatives exist

in their coverage area, crisis contact centers must document strategies for outreach/education efforts to public/private entities to address this need (see *Supplemental Guide: Section 6*).

3.1.1. Should a mobile crisis response (or similar community outreach team) exist and/or serve the crisis contact center's designated service territory, a formal relationship must be developed between the crisis contact center and any such entities, such as an MOU. This formal relationship should include agreement between entities on the goal of the collaboration, the roles and responsibilities of each collaborator (or agency), and the protocols for intervention and/or support for crisis contact center contacts (if a formal relationship cannot be put into place, the crisis contact center must provide documentation of efforts to secure a formal relationship).

3.2. **Establish collaborative relationships with emergency service providers** in the community. This should include, at a minimum, establishing a formal relationship with the closest local public safety answering point (PSAPs/911 centers, tribal emergency responders) to establish cooperative relationships and protocols for working together (if a formal relationship cannot be put into place, the crisis contact center must provide documentation of efforts to secure such an arrangement). Crisis contact centers should also work to establish formal or informal collaborative relationships to the extent possible with all PSAPs in the crisis contact center's service territory, as well as with other local emergency services providers. Lifeline centers must submit proof of the formal collaborative relationship with their local PSAP (see *Supplemental Guide: Section 9*).