Imminent Risk Protocol and Procedure

Imminent Risk Protocol and Procedure Key Terms and Definitions

- **Lethality Assessment** – Found in the forms section of REFER, this form is completed for all Suicide and/or Homicide calls. It is not intended to be asked verbatim, but the sections of the form help the Specialist to complete a thorough evaluation of the client’s situation and help gauge how significant the immediate risk for the client (Low, Moderate or High Risk) based on known suicide/homicide risk factors like, but not limited to, intention, means, past history, and available support system. Additionally the form allows the Specialist to record all interventions/actions related to the call and whether or not follow up was scheduled.

- **Imminent Risk** – Based on the Lethality Assessment completed by the Specialist, the client (or intended victim of the client) is at high risk for serious harm or death if no outside intervention occurs in close proximity to the time of the call.

- **Active Engagement** - Specialists will employ all active listening skills, offer empathy for the client’s situation, attempt to build rapport and engage collaboratively with the client to work towards finding the most appropriate referrals for their situation, based on their level of risk, past history, level of support and ability to follow through with given referrals to prevent suicide or homicide.

- **Least Invasive Intervention** – Specialists will work collaboratively and cooperatively with the client to find referrals and resources that match the client’s needs and reduces their risk of suicide/homicide. Specialists will only initiate involuntary intervention as a last resort in situations of imminent risk.

- **Active Rescue** – Requesting emergency personnel go to the client (with or without permission) if the client is unable to participate in securing their own safety. Active rescue can be voluntary or involuntary. Involuntary Active Rescue should be considered as a last resort and only initiated in cases of imminent risk.

- **Third-Party Callers** – Persons who are contacting Connect2Help with concerns about another person who may be suicidal/homicidal and are requesting that Connect2Help contact the client to lower their risk.

- **Caller ID** – The phone number of the person calling Connect2Help shown on the Specialist’s phone screen and recorded in the ACD history.
Imminent Risk Protocol and Procedure

Protocol: Assessment and Documentation for Suicidal/Homicidal Clients

Policy: Specialist must complete a Lethality Assessment for any caller who indicates he/she may be considering Suicide/Homicide or knows someone who may be considering harming him/herself or others.

When a caller/client mentions or implies they are considering homicide/suicide during a call, the Specialist will respond as follows:

Procedure:

1. The Specialist will fully assess the caller/client’s situation using their active engagement skill set (active listening, rapport building, and crisis caller management skills, etc).

2. The Specialist will complete the Lethality Assessment form for all Suicide/Homicide calls, including the interventions completed as part of the call.

3. For clients determined to have the intent and means to follow through with Suicidal/Homicidal threats, the Specialist will attempt to engage the client in a “no harm contract” during and after the completion of the call.

4. The Specialist will immediately notify the Supervisor on Duty when completing a Lethality Assessment.

5. The Specialist will mark the “Crisis Call” contact marker

6. The Specialist will work as collaboratively as possible with the client to find the most appropriate but least invasive programs and referrals to meet their needs. This could include, but is not limited to helping the client get connected to a trusted support person/family member, a current or previous counselor, facilitating a connection to a local mental health organization or support group, connecting them to the crisis line at a local community mental health center to help expedite an intake at that facility, coaching the client on utilizing an emergency room for care and/or helping to organize transportation, if necessary to that facility.

7. The Specialist will save all referrals given during the call.

8. The Specialist will complete a detailed narrative of the call, the client’s situation, the interventions given and outcome of the call.
9. When appropriate, the Specialist will attempt to schedule a follow up with the client and record the follow up information within the record. For situations where active rescue is required and it would risk the client’s safety to attempt to organize a follow up at the time of the initial call, the Specialist will schedule a follow up call without permission and record that information within the record.

10. For clients only given referrals for future use, the Level of Service is marked as “Assessment”. For clients who are connected to an outside agency for additional service (i.e. Community Mental Health Center crisis intake counselor) or who emergency personnel is contacted about (i.e. non-emergency police or ambulance) the Level of Services is coded as “Advocacy”.

11. The number of interventions made on behalf of or with the client is coded in the “Interventions” field.

12. A daily Suicide/Homicide crisis report will be generated by the Data Analyst and forwarded to the agency management team for review. The report will contain the call contact number, the Lethality Assessment Risk Level Assigned, the interventions completed, follow up date, and the referrals given, unmet needs recorded and narrative information.
Protocol: Confidentiality and Permission to Intervene for Clients at Imminent Risk

Policy: Specialists will gain the client’s express permission prior to connecting them to an outside organization and/or disclosing their personal information to another agency unless there is a legal duty to report or an ethical duty to warn for Suicidal/Homicidal clients found to be at Imminent Risk.

Procedure:

1. During the call, prior to connecting the client, via 3-way-call to another organization, the Specialist will ask the client’s permission to connect them to that specific agency. If appropriate, the Specialist will also ask permission before contacting another agency on their behalf.

2. The Specialist will complete a “warm transfer” of the client to any/all outside agencies or individuals.

3. If the client requires active rescue (wellness check, ambulance, police intervention), the Specialist will remain on the line with the client and the Supervisor on Duty or another Specialist will contact the emergency personnel to request the appropriate level of assistance from that agency.

4. If the Specialist has made every attempt to engage with the client and has assessed their need to be imminent (High Risk on the Lethality Assessment), but believes asking permission to initiate Active Rescue will exacerbate the situation, in consultation with the Supervisor on Duty, a call can be made to emergency personnel without permission.

5. If the Specialist did or did not have permission to break confidentiality should be recorded in the Permission to Intervene field.

6. The Level of Service is marked as Advocacy.

7. The number of outside calls made with or on behalf of the client is noted in the Interventions field.

8. Once a client has been transferred to the appropriate agency for additional assistance, if the Specialist is satisfied the client will receive assistance, they can alert the client that they are going to disconnect and allow them to continue to speak, in private, with the outside agency.
Protocol: Active Rescue for Clients in Life Threatening Situations

Policy: Specialists will attempt to initiate Active Rescue when it becomes clear the situation with a client/caller presents a potentially life threatening risk to an individual or individuals.

Some examples that warrant contacting emergency personnel are:

- person who has a suicide attempt in progress and refuses or cannot to get to the hospital
- suicidal person who has been assessed to be at high risk to make an attempt, particularly if he/she is unwilling to contract and/or has the planned means of suicide available to them at the time of the call
- person who is making homicidal threats
- person in need of immediate medical attention or person who wants to go to the hospital
- to investigate reports of young children or dependent adult left alone or unattended

Procedure:

1. When a Specialist recognizes that this is a crisis call, they will record the phone number shown in Caller ID in the Narrative Box. If appropriate to the call, the Specialists should also attempt to ask the client for a call back number. The number given should also be recorded in the record in the client phone number field.

2. The Specialist will notify the supervisor that a potential crisis situation is occurring.

3. The Supervisor will utilize the silent monitor feature of the C2H phone system to monitor the progress of the call and/or will provide direct support to the Specialist on the phone.

4. The Specialists will record a detailed narrative of the situation in the record which is reviewed by the Supervisor as part of the daily crisis report.

5. The Specialist will attempt to learn the client’s name and location during the call. This information will be relayed to the supervisor and recorded in the record.

6. When appropriate, the Specialist will attempt to schedule a follow up with the client and record the follow up information within the record. For situations where active rescue is required and it would risk the client’s safety to attempt to organize a follow up at the time of the initial call, the Specialist will schedule a follow up call without permission and record that information within the record.

7. An attempt will be made to gain permission from the client before making any Active Rescue intervention if the Specialist feels that in so doing the situation will not be made more dangerous.
8. If the Specialist feels that asking permission may escalate the situation, he/she may make an intervention, in consultation with the Supervisor, without the caller/client's permission.

9. Whether or not permission to break confidentiality was gained should be recorded in the Permission to Intervene field.

10. If the Specialist cannot confirm an address for the client, the Supervisor will attempt a “reverse look-up” of the number on the Internet, or in cases where no address can be located (often with cell phone numbers), the Supervisor can contact the 9-1-1 supervisor (via the non-emergency police number) to request the address be subpoenaed from the cell phone company.

11. While the Specialist keeps talking to the caller, the Supervisor on Duty or another Specialist will call non-emergency police to give the dispatcher the details of the situation. The Specialist who first fielded the call will never put the client on hold and will make every attempt to keep the caller on the phone until help arrives. The Supervisor will request the appropriate emergency personnel be sent to the scene (wellness check, ambulance, or police intervention).

12. When emergency personnel arrive at the scene, if possible, the Specialist will request to speak to someone from that team prior to disconnecting the call to confirm the client’s safety.

13. If the client disconnects the call before emergency personnel arrive, the Specialist will attempt to contact them back to determine if further intervention is needed.

14. If the client disconnects and no further contact is successful, the Supervisor will re-contact non-emergency police dispatch to attempt to learn the outcome of the situation and to determine if further intervention is needed and/or update them that we are no longer in contact with the client.

15. The Specialist will save all referrals given and/or intervention agencies contacted under the appropriate taxonomy terms.

16. The number of outgoing calls made with or on behalf of the client will be recorded in the Interventions field.
Protocol: Working with Third Party Callers

Policy: The main responsibility of the I & R Specialist will be to make certain the friend, relative, or responsible professional caller receives any and all resources and problem solving assistance in order to allow for them to proactively assist the client. However, in certain circumstances, third party calls are possible and will be processed according to C2H standards.

Procedure:
1. The Specialist will actively engage the caller and respond to the caller's feelings using active listening and problem solving techniques.
2. The Specialist will reassure the caller that he/she is doing the right thing by taking the situation seriously.
3. The Specialist will provide information such as warning signs, risk factors, assessment, helpful techniques (staying with the person, talking about suicide openly, etc.) and resources to help the caller assist the client.
4. The Specialist will encourage the caller to take action to help the client (such as those discussed above) and remind the caller that this could be a matter of life or death.
5. The Specialist will suggest the caller give the suicidal person the Lifeline/Suicide Hotline numbers and/or 2-1-1/926-HELP
6. The Specialist will complete a Lethality Assessment, using the information provided by the caller as well as a full assessment of the caller’s relationship to the client, how they came to know about this situation, and if possible, gathering the third party caller’s information and record that in the record.
7. If the caller is insistent that a Specialist speak with the suicidal person, after consulting with the Supervisor on Duty related to the details of the case, the Specialist may be given permission to make an outgoing call to the suicidal client. If the Specialist is concerned that having the caller participate in the call could exacerbate the situation or if the caller wants to remain anonymous, the Specialist does not have to bring the caller into the outgoing call.
8. If the caller wishes to remain anonymous, the Specialist should respect that wish and inform the client that we had received an anonymous tip that they could be experiencing a crisis.
9. Once the client is on the line, if appropriate, the Specialist will follow the crisis call protocols and procedure with the client.
Protocol: Connect2Help Use of Caller ID

Policy: Use of Caller ID will be limited in keeping with the spirit of the Connect2Help confidentiality and anonymity policy.

Note: For purposes of this Protocol and Procedure document, “Caller ID” includes, the number shown on the Specialist’s phone screen during the call, the number shown on the ACD screen at the Supervisor’s desk and the number recorded in the Liquidware recording system. Any of these systems could be used to retrieve a number if deemed necessary.

Procedure:

1. The Specialist may change a misstated phone number to reflect what is showing on Caller ID. The Specialist will read the corrected number back to the caller for clarification.

2. If the client is unwilling to offer their number and/or the Specialist believes they will disconnect the call if asked, the phone number may be retrieved to call child or adult abuse reporting authorities without the caller's permission.

3. If the client is unwilling to offer their number and/or the Specialist believes they will disconnect the call if asked the phone number may be retrieved to call to initiate active rescue without permission for a person deemed at imminent risk.

4. If the client is unable to offer their number because of a suicide attempt in progress and/or other health/wellbeing emergency (i.e. domestic violence, sexual assault, etc), the phone number may be retrieved so emergency personnel can be directed to the scene.
Protocol: Follow up contacts with Crisis Clients

Policy: Whenever possible, during the initial call Specialists will attempt to organize a follow up call with crisis clients.

Procedure:

1. During a crisis call, if appropriate, Specialists will attempt to schedule a follow up contact with the client. Typically Follow Up should be scheduled 12-72 hours from the time of the initial call depending on the client’s assessed risk level (high risk clients would be contacted sooner than lower risk clients).

2. For situations where active rescue is required and it would risk the client’s safety to attempt to organize a follow up at the time of the initial call, the Specialist will schedule a follow up call without permission and record that information within the record.

3. In the rare case that active rescue is initiated but is unsuccessful (i.e. the client disconnects the call and then is not at the address when emergency personnel arrive), the Specialist will attempt to re-contact up to three times before closing out the record.

4. If the Specialist who had the initial contact will not be available to follow up in a reasonable time-frame and/or time frame appropriate for the client (i.e. the client needs a call in the morning and the specialist isn’t scheduled until the afternoon), in consultation with the Supervisor on Duty, the Specialist will schedule the follow up for another Specialist who is on the schedule at the needed time. If possible, the Specialist will alert the client who will be contacting them at follow up.

5. The Specialist will clarify if it is okay to say the Connect2Help is calling at Follow Up. If not okay, instructions will be included in the follow up notes.

6. The Specialist will record the number, date and time to call and any appropriate notes about the follow up in the follow up scheduling portion of the record.

7. The Specialist will attempt three times to make a follow up contact for all scheduled follow ups before closing out the record (preferably at different times of day if the first attempt is not successful)

8. If the phone number is not correct/disconnected at the follow up call attempt, the follow up can be closed out.

9. During the follow up contact, the Specialist will check on the client’s welfare and if appropriate offer further resources.

10. The Specialist will encourage the client to contact Connect2Help again if needed.
Imminent Risk Protocol and Procedure

**Protocol:** Additional Community Crisis Services for Clients (Explanation of Collaborative Relationships)

**Policy:** C2H maintains Memorandums of Understanding with the local 9-1-1 and Mental Health Association, specifically related to Crisis/Suicide Calls. As C2H is also a 2-1-1 center, most of the local hospitals, police, non-profit mental health centers, support groups, etc. voluntarily list their organizations/programs in our database with the expectation that we will refer appropriate clients to them. To be included in the 2-1-1 database, organizations must also provide specific instructions on how clients access their specific services, any fees involved, hours of operation, etc.

**Procedure:**

1. The Specialist will fully assess the client/caller’s situation using their active engagement skill set. Specialist will complete a lethality assessment (See Assessment and Documentation for Suicidal/Homicidal Clients protocol).

2. If appropriate, typically for low or medium risk clients, the Specialist will complete a warm transfer to or provide referral information about community-based mental health services, support groups, warm lines (often the local chapter of Mental Health America) medical care, or other appropriate resources.

3. For clients determined to be at Imminent Risk without intervention (high risk), if life-saving services are required, the Supervisor on Duty will contact the non-emergency police line to request assistance (wellness check, ambulance, or police intervention).

4. For clients determined to be at imminent risk (high risk) who have support persons immediately available to them, the Specialist will advise the client to seek out walk-in psychiatric services (For most counties, this typically is the closest Hospital Emergency Room). If possible the Specialist will confirm with the support person that they are prepared and able to escort the client to the Emergency Room.

5. For clients determined to be at Imminent Risk, who are refusing to give their location, the Supervisor on Duty (SOD) will first attempt a “reverse look-up” of the client’s phone number (in necessary retrieve the number from the Caller ID) using the Internet. If the Internet search fails to give an address connected to the number, the SOD can contact the 9-1-1 supervisor to request that they do a search for the address. This involves 9-1-1 subpoening the number from cell phone companies and can take a few minutes to complete. Once the address is located, the SOD will request the appropriate emergency personnel go and assist the client.

6. The Specialist will schedule a follow up with the client with or without permission (See Follow up contacts with Crisis Clients protocol).