

Revision	Policy Number	Date	Description
	PP103	12/08/20	<b>UW Austin – Lethality &amp; Crisis Assessment</b>

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- **1 Purpose**
  - o 1.1 The purpose of this policy is to outline UW Austin Lethality Assessment Policy and procedures
- 2 Scope**
  - 2.1 This policy applies to all UW Austin employees, interns, and volunteers.
- 3 Responsibilities**
  - 3.1 All UW Austin employees and interns will know and practice this Lethality Assessment Policy. All UW Austin supervisors and volunteer managers will ensure that all UW Austin volunteers know and practice this policy.
- 4 Definitions**
  - 4.1 I&R Specialist – Information and Referral Specialists serve as the in-bound 2-1-1 agents. I&R Specialists are primarily staff, though the role may also be filled by an intern or volunteer.
- 5 Procedure**
  - 5.1 All staff will follow the procedures for handling crisis calls according to policies and training. Staff will use the lethality assessment embedded in the database to determine the level of crisis and the most appropriate next steps based on each scenario.
  - 5.2 As a department, the UW Austin offers periodic mental health debriefings with counseling professionals we contract with, as well as informal team bi-weekly huddles and debriefing sessions, led by our call center manager to assist staff in recovery from stress associated with the call or event. The huddles provide an additional and supportive outlet for staff to debrief various types of difficult calls while providing additional tools and taxonomy terms to guide staff to the

most appropriate resources.

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## Call Handling Procedures Suicidal Callers

**Lethality Assessment:** a tool designed to assess the level of danger of a person who expresses suicidal thoughts, and the steps the I&R specialist should take depending on the caller's answers.

I&R specialists are not trained mental health counselors, and as such, should be aware of how to respond to callers who are in crisis. Suicidal callers are not the only type of crisis call, yet for these purposes, these are the only callers who receive a lethality assessment.

In order to learn more about how to perform a lethality assessment, specialists should first be aware of the information that is contained within the tool. A determination of risk factors for suicide should be considered. In addition, there are some means of suicide that are more lethal than others and should receive due consideration when trying to determine the type of intervention a specialist will undertake for that caller.

### **Suicide Lethality Scale:**

The lethality assessment uses a scale to determine if callers are a low, medium, or high level risk. To make this determination, our specialist asks a few basic questions when a caller presents with direct or indirect statements of suicidal ideation. The risk level will then determine the action taken by the I&R specialist in terms of intervention or follow-up.

### **Addressing Suicide Ideation:**

In partnership with the Austin Integral Care Travis County, I&R specialists use the Question, Persuade, and Refer (QPR) model of suicide intervention. Staff are trained to directly address both direct and indirect expressions of suicide ideation by asking if the caller is thinking of suicide. I&R Specialists use the following question:

"Are you thinking about suicide?"

### **Lethality Assessment**

2-1-1 I&R specialists are trained to consider aspects of the Suicide Lethality Scale when assisting callers. But our primary mode of determining the course of the call, is asking the question and following our procedure in ICarol.

## SUICIDE LETHALITY SCALE

Risk Level	Details	Mental Health	Precipitating Event	Person's Disposition	Action by I&R Specialist
<b>Low</b>	<ul style="list-style-type: none"> <li>- Person states she/he is feeling suicidal.</li> <li>- No suicide plan developed.</li> <li>- Person not in immediate danger.</li> </ul>	<ul style="list-style-type: none"> <li>- May or may not have received counseling in the past.</li> <li>- May or may not have received mental health diagnoses or treatment</li> </ul>	<ul style="list-style-type: none"> <li>- May have recent crisis or string of crises.</li> </ul>	<ul style="list-style-type: none"> <li>- Primary need seems to be someone to talk to who will listen.</li> <li>- May be open to developing a positive plan of action.</li> <li>- Person has a basic support system available.</li> </ul>	<ul style="list-style-type: none"> <li>- Explore primary issues.</li> <li>- Discuss short and long-term plans of actions including possible counseling options.</li> <li>- Offer to warm transfer to crisis hotline for their area.</li> <li>- Schedule follow-up contact in 1-3 days.</li> </ul>
<b>Medium</b>	<ul style="list-style-type: none"> <li>- Person states she/he is feeling suicidal.</li> <li>- They have a plan, but not the means</li> <li>- They have the means, but not a plan.</li> <li>- Intent is not immediate.</li> </ul>	<ul style="list-style-type: none"> <li>- May have family history of suicide and/or mental illness.</li> <li>- May have chronic mental illness diagnosis.</li> </ul>	<ul style="list-style-type: none"> <li>- May feel negative life events have been ongoing for years.</li> <li>- May resist idea of "here and now."</li> </ul>	<ul style="list-style-type: none"> <li>- Person may seem uncertain about prospect of future happiness/wellness</li> <li>- Person may be unwilling to reach for help and develop a positive plan of action.</li> </ul>	<ul style="list-style-type: none"> <li>- Explore primary issues.</li> <li>- Discuss short and long-term plans of action, including the including possible counseling options.</li> <li>- Attempt transfer to PES.</li> <li>- Schedule follow-up contact in 1-3 days.</li> </ul>
<b>High</b>	<ul style="list-style-type: none"> <li>- Person states she/he is feeling suicidal.</li> <li>- Plan and/or means developed.                             <ul style="list-style-type: none"> <li>- Intent immediate or near future.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- May have mental illness.</li> <li>- May have family history of suicide. May have attempted before.</li> </ul>	<ul style="list-style-type: none"> <li>- Possible recent crisis in addition to ongoing crisis or distress.</li> </ul>	<ul style="list-style-type: none"> <li>- Person stated intent to die.</li> <li>- May be resistant to help and not fear death.</li> <li>- I&amp;R Specialist believes immediate danger.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>If suicide is in progress, call 9-1-1.</b></li> <li>- Contract with person to speak with mental health professional.</li> </ul>



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### Logging Procedures in iCarol:

Lethality assessments must be performed on all callers who express suicidal thoughts. These calls must be logged in iCarol.

If a caller admits that they are thinking about suicide, the specialist must select the “yes” option on the drop-down menu under the crisis heading to record the lethality assessment.

**New 2-1-1 Call Report - SC**

Call Report Number: 1674256

Disaster/Event Call: No

**Crisis**

Is the client considering suicide?  
Yes +

**Lethality Assessment - Considering Suicide**

Does the caller have a specific plan?  
 Yes  No  Unsure (reset)

Does the caller have means?  
 Yes, means to carry out the stated plan  Yes, other means  No  Unsure (reset)

**High**  
If plan is immediate, offer to Warm Transfer caller to 9-1-1. Otherwise, discuss a Safety Plan and offer to Warm Transfer caller to a Mental Health Hotline resource. Request a Follow-Up with 9-1-1 operator, or crisis worker. (Total: 6.0)

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Collect the caller's name, address, and phone number. If the caller is reluctant to provide all of this contact information, gather as much as possible in order to open the client record.

Once the assessment is complete, click on "Save and Close" at the top of the form to exit the lethality assessment.

Click the "Crisis" button in the Data Tab to log as a crisis call.

**Follow-Up for Low-Lethality Callers Not Transferred to a Crisis Counselor:**

All low lethality callers should be offered the option to speak with a crisis counselor. If the caller refuses to allow a transfer to a crisis counselor, the specialist should schedule a follow-up for 1 – 3 days with the supervisor or crisis call team.

In addition, the specialist should consider appropriate referrals for the person to contact during the days prior to the follow-up contact. Not all agencies provide counseling to callers who may be suicidal. The specialist should take this issue into consideration when making referrals.

**Transferring to a Crisis Counselor**

Medium lethality callers should be warm transferred to a crisis counselor at Austin Integral Care Travis County (AICTC). When initiating a transfer, the specialist should first speak with AICTC crisis worker to give them the basic information about the caller in the event that the caller disconnects the call during the transfer. In addition, the specialist should get the name of the person who accepts the transferred call. The name of the person who accepts the transfer should be recorded in the crisis call form.

**Callers Requiring Rescue/Intervention**

A small percentage of callers contact the I&R service while suicide is in progress. If this is the case, the caller must be immediately connected to emergency services. As in any crisis call, the I&R specialist should immediately get the help from their supervisor or senior staff. The helper will contact local law enforcement authorities to give them the caller's name, location, and as much identifying information as possible so that these callers can be rescued. Some medium-level callers may require rescue/intervention services if they refuse a transfer to a crisis counselor. The shift supervisor should be made aware of the possible need for rescue services by local law enforcement and can help determine the next course of action.

When contacting law enforcement officials, keep the caller on the phone as long as possible, or until assistance arrives at the caller's location. Another staff



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member or the shift supervisor should make contact with law enforcement so that the specialist can continue talking with the caller.

In addition, if the caller is based in the City of Austin, request that a Crisis Intervention Officer respond to the situation. These officers have received special training to de-escalate situations involving individuals in crisis. The specialist should keep notes as to the action taken by law enforcement and record them in the crisis call form after the call. The specialist should schedule a follow up with the caller for within 1 to 3 days for a supervisor or crisis call team member to conduct.

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Revision	Policy Number	Created	Description
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	PP104		<b>UW Austin –911 Crisis and Endangerment Procedure</b>





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## **Purpose**

- 1.1 The purpose of this policy is to outline 211 911 Crisis and Endangerment Procedures.

## **6 Scope**

- 6.1 This policy applies to all UW Austin employees, interns, and volunteers.

## **7 Responsibilities**

- 7.1 All UW Austin employees and interns will know and practice this 911 Policy. All UW Austin supervisors and volunteer managers will ensure that all UW Austin volunteers know and practice this policy.

## **8 Definitions**

- 8.1 I&R Specialist – Information and Referral Specialists serve as the in-bound 2-1-1 agents. I&R Specialists are primarily staff, though the role may also be filled by an intern or volunteer.

## **9 Procedure**

- 9.1 I&R Specialists may be presented with crisis or endangerment situations on calls. Crisis situations may involve: callers who are suicidal or homicidal, or experiencing other mental health crises, situations involving child abuse, elder abuse, relationship violence, or disaster situations.
- 9.2 When to invoke the 911 procedure
  - 9.2.1 Staff actively listen and are trained to identify clues that indicate a crisis situation. Staff must directly address crisis situations by asking pertinent questions to determine if emergency services or abuse reporting may be necessary.
  - 9.2.2 Crisis Situation: Emergency services are necessary when a caller reports or is involved in a situation of immediate danger. This occurs when: 1) active abuse or violence is occurring while the caller is on the line or may occur imminently. This includes abuse or violence of children or adults of any age, and 2) when a caller states that they are going to commit suicide and they have the means and intent to do so at the present moment.
- 9.3 When emergency services are necessary, Specialists MUST:
  - 9.3.1 Ask the caller to hang up and dial 911;



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- 9.3.2 Ask the caller if we can call 9-1-1 on their behalf;
  - 9.3.3 Flag down a manager or lead specialists to assist;
  - 9.3.4 Try to obtain the caller's address;
  - 9.3.5 Try to keep the caller on the line while someone else contacts 911;
  - 9.3.6 If the caller refuses help or wishes to remain anonymous (this generally applies to callers who are suicidal or victims of abuse)
    - Inform the caller that we will make every attempt to keep their information confidential but that we are obligated to report situations of imminent danger to the police;
  - 9.3.7 Attempt to keep the caller on the phone until emergency services arrives;
  - 9.3.8 Report the call to 9-1-1 or 3-1-1, with the assistance of another staff member;
  - 9.3.9 Document the call as a Crisis Call (see Crisis Call Flow).
- 9.4 Endangerment: An endangerment situation occurs when a caller reports abuse or neglect or is the victim of abuse or neglect, but the abuse is not immediate.
- 9.4.1 Specialists follow procedures outlined in the APS/CPS training sheet for reporting abuse of children, aging adults, and people with disabilities.
  - 9.4.2 In an endangerment or crisis situation, 2-1-1 specialists do not have to gain the permission of the caller to share pertinent information with emergency services. 2-1-1 I&R specialists can use Caller ID to provide emergency services with needed information to conduct rescue services.
  - 9.4.3 If callers wish to remain anonymous but require emergency services, 2-1-1 I&R staff must inform the caller that we attempt to keep the information as confidential as possible; however, 2-1-1 staff are obligated to seek emergency services for all endangerment calls.
  - 9.4.4 If a call is disconnected and we feel a caller is in danger and we have enough information to report – even if the only information we have is a phone number, we will report the situation to 9-1-1 without the permission of the caller.



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- 9.4.5 Specialists will work with management and lead staff to determine the best course of action.
  - 5.5 Follow-Up
- 5.5.1 Specialists follow-up with endangerment calls on a case-by-case basis, with the assistance of management or lead staff, to make sure the caller receives services.

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