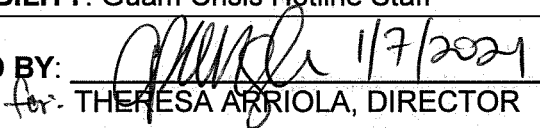


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Guam Crisis Hotline Protocol for Suicide Intervention	POLICY NO: CL-AP-13	Page 1 of 5
RESPONSIBILITY: Guam Crisis Hotline Staff		
APPROVED BY:  1/7/2021 for: THERESA ARRIOLA, DIRECTOR	DATE OF ORIGINAL EFFECTIVE:	LAST REVIEWED/REVISED:

PURPOSE:

To establish a Guam Crisis Hotline protocol for assessing the need for suicide intervention.

POLICY

- A. Guam Behavioral Health and Wellness Center (GBHWC) shall provide suicide assessments to individuals in crisis and maintain a **Guam Crisis Hotline (647-8833)**.
 1. Hotline staff will determine if there is a need to assess for suicidality and/or complete a safety plan based on the information provided by the caller;
 2. GBHWC will formulate and implement Suicide Risk Assessment Standards administered by the Guam Crisis Hotline that meet the standards of the National Suicide Prevention Lifeline to ensure proper identification of suicidal callers and the level of service each caller requires;
 3. Guam Crisis Hotline staff will be trained in evidence-based or evidence-informed practices for call center services;
 4. All callers will be provided with resources and guidance to secure assistance;
 5. GBHWC will provide follow-up services appropriate for the level of risk to promote continuity of care.
- B. All Guam Crisis Hotline staff shall be provided with training on crisis intervention to include use of the Columbia Suicide Severity Rating Scale (C-SSRS) to screen and identify level of suicide risk.
- C. If necessary, coordination with Guam Police Department (GPD), Guam Fire Department (GFD), or the Emergency Department (ED) will be implemented- Guam Crisis Hotline staff will call 911 to coordinate on-site response.
- D. Staff engaging with a caller who is deemed as imminent risk must engage in supervisory consultation soon after an active rescue call. On-call supervisory consultation will be available 24 hours/day, 7 days a week to all staff. An on-call supervisory contact schedule will be disseminated to hotline staff and posted in the hotline room for easy accessibility.
- E. Guam Crisis Hotline utilizes caller ID. In cases of imminent risk where a caller is at serious risk of harm to self or others and not willing to engage with intervention strategies to remain safe, any information appearing on the caller ID will be used to help locate the caller.

DEFINITIONS:

Crisis: Severe emotional, cognitive, behavioral disturbance which impact one's ability to function and impair one's ability to return to previous level of function, including suicidal ideations, homicidal ideations, psychotic symptoms, and an altered mental state.

Crisis Incident: An incident involving individuals who are experiencing a crisis that could cause the individual to harm themselves or others through erratic behavior.

Crisis Intervention: The emergency and temporary care given to an individual in crisis with the purpose of returning the individual to their level of pre-crisis functioning.

Active Engagement: Active engagement refers to intentional behaviors made by staff to positively affect the caller's mood, thoughts, and/or behavior, while effectively building an alliance with the caller. This is often evidenced by the degree to which a caller expresses feeling understood by the responder, the caller accepting help, and/or a mutual agreement towards actions necessary to reduce the caller's imminent risk.

Least Invasive Intervention: Action taken by staff that promotes the use of approaches that emphasize cooperation over coercion with callers at imminent risk to secure their safety, with the use of involuntary methods as a last resort. Through actively engaging the caller, the goal is to include the person's own wishes in any plan to reduce risk.

Life-Saving Services: Action taken to initiate rescue because the staff has determined *act in progress*, or the caller has already taken action with the intent and potential to cause lethal self-harm.

Active Rescue: Actions undertaken by staff that are intended to ensure the safety of individuals at Imminent Risk or in the process of a suicide attempt. "Active" refers to the staff's initiative to act on behalf of individuals who are in the process of an attempt or who are determined to be at Imminent Risk, but who, in spite of the helper's attempts to actively engage them, are unwilling or unable to initiate actions to secure their own safety. "Rescue" refers to the need to provide potentially life-saving services. Center Staff should only undertake such initiative without the at-risk individual's expressed desire to cooperate if they believe that—without this intervention—the individual is likely to sustain a life-threatening injury.

Third-Party Callers: A call to the lifeline on behalf of another person who may be unwilling or unable to initiate the call on their own behalf.

Supervisory Consultation: The process of hotline staff reaching out to a supervisor to obtain guidance or information about how to proceed with a call.

Imminent Risk: A caller is determined to be at imminent risk of suicide if staff responding to the call believe, based on information gathered during the exchange from the person at risk or someone calling on his/her behalf, that there is a close temporal connection between the person's current risk status and actions that could lead to his/her suicide. The risk must be present in the sense that it creates an obligation and immediate pressure on staff to take urgent actions to reduce the caller's risk; that is, if no actions are taken, the staff believe that the caller is likely to seriously harm or kill him/herself. Imminent risk may be determined if an individual states (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to die and has the capability of carrying through his/her intent.

PROCEDURE:

- A. All staff will practice active engagement with callers determined to be attempting suicide or at imminent risk of suicide and make efforts to establish sufficient rapport so as to promote the caller's collaboration in securing his/her own safety, whenever possible. Staff will be directed to not only adopt an 'active listening' approach but to actively engage the individual at risk in a discussion of their thoughts of suicide; supporting the individual's experience, exploring strengths and resources, building hope for recovery, and empowering the caller to work towards securing their own safety. Thus, upon answering the phone, staff will attempt to build rapport with the client by utilizing verbal prompts such as "Thank you for calling," "Tell me how I can assist you," "I commend your strength in connecting with us." Upon adequate engagement, the next steps will be taken to address the caller.
- B. All staff will proceed utilizing the least invasive interventions, meaning, to the extent possible, they will engage with the caller to create a safety plan and formulate next steps based on the caller's wishes. If the caller is at imminent risk, staff will attempt to work with the person's wishes towards acting on his/her own behalf to reduce his/her risk of suicide. Involuntary interventions, such as calling 911 without caller's consent, should be a last resort and initiated in circumstances where the individual at risk is unable to participate in a plan to keep safe.
- C. Staff must fill out the "Initial Call" portion of the Crisis Hotline Call Log for all calls received. They must also complete the Master Call Log to log all calls received by the Hotline.
- D. Callers identified as needing to be assessed for suicidality will be administered the Columbia Suicide Severity Rating Scale (C-SSRS) and provided a safety plan.
 1. Individuals identified as imminent risk
 - a. If the caller has already acted with intent and potential to cause lethal self-harm, staff will call 911 to coordinate on-site response and active rescue measures will be immediately put in place.
 - i. A hotline staff member will stay on the line with the caller to obtain as much information as possible (including location, etc.).
 - ii. A second hotline staff member will utilize another phone line to contact emergency services.
 - iii. Hotline staff will stay on the line with the caller until emergency services arrive on scene and are confirmed to be taking over. If the call disconnects, staff will make efforts to reconnect.
 - iv. If a linkage with emergency services is not possible, or is not confirmed, hotline staff will identify a caller's location and inform local law enforcement authorities or other appropriate first responders and request confirmation of completed safety checks of the caller at risk.
 - b. Despite all efforts at engagement and the use of least invasive interventions as noted above, active rescue will be initiated at the decision of the staff. *Crisis line workers should only undertake active rescue interventions without the caller's expressed desire to cooperate if he/she believes that without this intervention, the caller is likely to sustain a life-threatening injury.*
 - c. After the call is ended, staff must contact the supervisor on duty for consultation about the active rescue event. In reviewing the event, supervisors should evaluate how the decision was made and documentation related to the call. Documentation should minimally include risk assessment information (noting the presence of imminent risk) and indicate that less invasive courses of action were either inappropriate for the situation or declined by the caller.

2. Individuals identified as high/moderate risk
 - a. If the caller has not already acted with intent and potential to cause lethal self-harm and 911 response is not needed, the caller will be given a Safety Plan and offered to complete an intake assessment. To ensure the caller understands the safety plan, the crisis worker will ask the caller to repeat the plan verbally.
 - b. The caller must be offered a follow-up call and follow-up procedures must be followed.
3. Individuals identified as low risk or having no suicidal thoughts/plans/intent
 - a. Caller will be offered resources and encouraged to come into GBHWC main facility or call the crisis hotline back if/when necessary.

E. In the event of a third-party suicide call, staff will:

1. Try and determine if the caller is calling for him/herself.
2. Work to build a rapport with the caller and learn what their relationship is to the person they are concerned about.
3. Obtain contact information from the third-party caller as well as contact information for the person at risk.
4. Identify risk factors and warning signs that the caller has observed.
5. Work through a risk assessment with the caller and get as much information as possible on the person at risk.
6. Educate the caller on the process of establishing a safety plan; making sure to provide the caller with all applicable resources possible.
7. Emphasize the need for collaboration with the third-party in helping to keep the at risk individual safe. Offer anonymity only if the third-party will not agree to anything else. Examples of recommended measures that may be undertaken by crisis line workers when working with third-party callers include, but are not limited to:
 - a. Facilitating a three-way call with the third-party caller and the person reported to be at risk so hotline staff may assess and intervene with the individual directly, with the support of the third-party caller's concerns and information.
 - b. Facilitating a three-way call with the third-party caller and the Lead Provider to discuss the current situation and potential safety plans, only if the person at risk is in treatment, unwilling or unable to inform his/her caregiver of his/her risk, and the third-party caller has access to the caregiver's contact information and agrees to a three-way call.
 - c. Confirming that the third-party caller is willing and able to take reasonable actions to reduce risk to the person, such as:
 - i. Removing access to lethal means
 - ii. Maintaining close watch on the person at risk during a manageable time interval between the call and the scheduled time when the person is seen by a treatment professional, or
 - iii. Escorting the person at risk to a treatment professional or to a local urgent care facility (e.g., hospital emergency room)
 - d. Using information obtained from the third-party caller to contact another third party or the individual at risk directly, in cases where the third-party caller is either unwilling or unable to help directly with the intervention.
8. Recommended exceptions for preserving third-party caller anonymity include:

- a. When the crisis line worker has a reason to believe that revealing the identity of the third-party caller to the person at risk might aggravate risks to either the third-party caller or the person, he/she is concerned about (e.g., a victim of domestic violence reports her husband is planning to kill her, his children, then himself); or
 - b. When the third-party caller declines to give his/her name and his/her identity is reasonably believed to be less relevant than his/her report of a clear and present risk to the safety of the person he/she is calling about (e.g., a stranger near a bridge reports a person climbing over the rail and standing on the ledge.)
9. The person at risk could be living in a situation that may be aggravated by a crisis line worker reaching out (e.g., family violence where they would be put at risk of harm as the result of an outreach call being made)
 - a. In these types of cases, no outreach call is made and other options for helping are explored.
10. When talking with a third-party suicide caller, the crisis worker will remember that although there is a potentially at-risk person out there for us to help, our primary "client" is the third-party caller. All staff will engage and reflect the feelings of the third-party caller and will emphasize that we are about and want to support them, as well.
11. Third-party suicide calls where information has been collected that clearly suggests that he/she is a credible reporter of the at-risk person's status and that active rescue is needed will result in supervisory consultation.

ATTACHMENT(S):

Crisis Hotline Call Log
Master Call Log



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

CRISIS HOTLINE CALL LOG

Staff Name (Not alias): _____

Call Log # (corresponds with Master Call Log): _____

INITIAL CALL

Date: _____ Time Answered: _____ Time Ended: _____ Call Duration: _____

Reason for the call (explain briefly):

Name: _____ 3rd Party Caller

Call Back #: _____

Disposition: (check all that apply)

Active Rescue (911 dispatched) Safety Plan Issued Resources Offered/Information Given

Referred for Intake Assessment Other: _____

Risk Level (based on C-SSRS) : Imminent Risk High/Moderate Risk Low Risk

FOLLOW-UP AGREEMENT (Follow-up calls offered to ALL crisis callers- anyone with a call log #)

“Before we end the call, I want you to know that I am concerned about you and that we want to make sure that you are safe. We would like to call you back in a few days and see how you are doing. Would you be open to allowing us to re-contact you soon?” Yes or No below

If the caller says “No”, log their information on the Declined Follow-up Log.

If the caller says “Yes”, complete the following:

1. Best days and times to call: _____

2. If you have caller ID, should we block our identity when we call (*67)? Yes or No

3. Is it okay for us to leave a message? Yes or No

Special instructions for message: _____



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

4. If someone else answers the phone, is it okay for us to leave a message with the person who answers? Yes or No; Special Instructions: _____
5. Is there another contact person that we can call if we are unable to reach you and are concerned? We will only use this contact if there are three unsuccessful attempts to reach you at the number you provided. Yes or No

Contact Name: _____ Relationship: _____

Contact Number: HOME / CELL / WORK _____

Concluding Script (Staff chooses appropriate response to end call with):

"Thank you for providing us with this information. I want you to know that the information you have provided us with is strictly confidential. The only exception to this is if your life is in danger. In this case, we may only share information about you with individuals or agencies that we believe can assure your immediate safety."

"I or another hotline staff member will attempt to stay in contact with you until:

- a. You are connected to appropriate care;
or
- b. You are safe and no longer in need of crisis line follow-up;
or
- c. The crisis line is unable to reach you and has made a minimum of three attempts.

"You can choose to have us stop following up with you at any time. You are also free to contact us here directly at any time to get more help, whenever you need it."

"Staff will check back with you within 24 hours. If you need any help between now and then, please don't hesitate to call. We want to make sure that you get through this difficult time, and we are here for you whenever you need us."

Follow-up Date & Time: _____



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

1st FOLLOW-UP PHONE CALL

Staff: _____ Date: _____ Time: _____

Goals → Reassess Risk (C-SSRS) Review Safety Plan Identify Successful Coping Skills

“How are you doing? How safe are you feeling today? What actions are you taking to keep yourself safe?”

Risk Level (based on C-SSRS): Imminent Risk High/Moderate Risk Low Risk

Briefly summarize your call: _____ Follow-up Date & Time: _____

Unsuccessful attempts to reach client:		
1. Staff: _____	Date & Time: _____	Left Message? Y / N
2. Staff: _____	Date & Time: _____	Left Message? Y / N
3. Staff: _____	Date & Time: _____	Left Message? Y / N

2nd FOLLOW-UP PHONE CALL

Staff: _____ Date: _____ Time: _____

Goals → Reassess Risk (C-SSRS) Review Safety Plan Identify Successful Coping Skills

“How are you doing? How safe are you feeling today? What actions are you taking to keep yourself safe?”

Risk Level (based on C-SSRS): Imminent Risk High/Moderate Risk Low Risk

Briefly summarize your call: _____



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

Unsuccessful attempts to reach client:

1. Staff: _____ Date & Time: _____ Left Message? Y / N
2. Staff: _____ Date & Time: _____ Left Message? Y / N
3. Staff: _____ Date & Time: _____ Left Message? Y / N



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913
TEL: (671) 647-5330 FAX: (671) 649-6948

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Guam Crisis Hotline Protocol for ~~Crisis~~ Suicide Intervention
Policy No: CL-AP-13
Initiated by: Policy Committee

Date	Signature
10/16/20	<i>Helen Onadera</i>

Helen Onadera, MS
Project Director – Project Tulaika

Date	Signature
10/20/20	<i>KristiAnna Whitman</i>

KristiAnna Whitman, MS, PhD
Project Director – Focus on Life

Date	Signature
12.17.20	<i>Annie Unpingco</i>

Ms. Annie Unpingco, LCSW, LPC
Child Adolescent Services Division Administrator

Date	Signature
DEC 09 2020	<i>Reina R. Sanchez</i>

Reina Sanchez, M.A
Clinical Administrator

Date	Signature
12/30/20	<i>Ariel Ismael</i>

Ariel Ismael, MD
Medical Director

Date	Signature
12-11-2020	<i>Leonora Urbano</i>

Leonora Urbano MSN, RN-BC
Nursing Administrator

Date	Signature
1/5/2021	<i>Carissa Pangelinan</i>

Carissa Pangelinan MPA
Deputy Director

