

# **A Comprehensive Plan for Suicide Prevention New York State Bridge Authority**

## **Briefing & Summary Report for Consideration by Transportation Agencies**



**ELIOT SPITZER**  
GOVERNOR OF THE STATE OF NEW YORK

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# Executive Summary

## Challenges & Conclusions A System-Wide Solution The NYSBA Plan for Suicide Prevention & Saving Lives

Of all the challenges posed by suicide, one of the most difficult is the widely-held belief that we can do little to prevent or control such destructive behavior.

Committing suicide by jumping off a bridge poses additional challenges for a transportation agency in that the public nature of the act, while generally rare, usually generates significant media and public attention. In addition, the governmental nature of most bridge operators creates the situation where the public demands action.

The typical layman reaction is to call for barriers to prevent suicide. While physical barriers have an appeal to the common observer, the actual effectiveness of physical barriers in preventing suicide is circumspect and the engineering and operational aspects of physical barriers is frequently questionable.

### *Is there a better way?*

In consultation with regional, state and national leaders in suicide prevention, the New York State Bridge Authority (NYSBA) has developed and implemented an alternative that has already provided verifiable and sustainable results.

## Understanding Suicide

We wouldn't change a structural deficiency without determining why the problem exists in the first place, nor would we implement a new tolling system without knowing its impact on our customers. In order to deal with the issue of suicides, we need to understand the problem first.

Depression is the leading cause of suicidal behavior. Depression is also treatable in 80% of cases which means most suicides are preventable. Educating the public to this truth is critical to the efforts at making our communities safe from suicidal behavior.

The Golden Gate Bridge is the most studied bridge in the world as it relates to suicide risk management. Many years of study at the Golden Gate conclude that if a suicidal person can be helped through his/her crises, one at a time, chances are extremely good that he/she won't die by suicide later. The difference between entertaining suicidal thoughts and acting on them can be as basic as having a casual encounter with a person - anyone - who exhibits concern and empathy.

The ambivalence of bridge jumpers and survivors points to a key strategy for saving lives:

***Maintaining a human connection with a suicidal individual  
is the best way to ensure that person's survival.***

## Constructing a 'Human Barrier' against Suicide

Preventing suicides on bridges will most likely occur if we recognize the situation for what it is: a mental health problem. But how does a transportation agency address a mental health problem?

By partnering with mental health professionals who know how to assess, refer and treat those in danger of self-harm, transportation agencies can do their job and allow these professionals to construct a 'human barrier' that will outperform any physical barrier and save more lives.

Why is the NYS Bridge Authority involved in Suicide Prevention? Because it works, it's the right thing to do and it is the best decision from a transportation management point of view.

Of course, this made some uncomfortable. ***What we discovered is that we need to be neither suicide prevention experts nor mental health consultants. We were welcomed with open arms by professionals in those fields and our efforts have received wide praise.***

The goodwill engendered by this project and the reduction in negative publicity provide added benefits to a public agency.

## A System-Wide Solution

Based on the advice of mental health professionals, the most appropriate approach for the NYSBA was to implement a comprehensive package that utilizes technology, awareness and informed intervention.

It is neither appropriate nor sufficient to deny access to our bridges for pedestrians. These spans are historic and integral components of the federally designated Hudson River Heritage Area.

The NYSBA also must keep its primary function, the efficient and safe passage of vehicles across the Hudson River, in the forefront. Physical barriers will significantly impact regular inspection and maintenance operations, cause extensive delays and costs in implementation, and divert the Authority from its primary task.

In addition, limiting access might temporarily defer a potential suicide attempt, but does nothing towards the desired outcome of long-term suicide prevention. Getting appropriate help to those who need it is the best approach.

To this end and after an extensive review of suicide mitigation efforts by bridge and transportation agencies both nationally and internationally through the International Bridge, Tunnel & Turnpike Association (IBTTA), combined with the resources of the NYS Office of Mental Health, the American Foundation for Suicide Prevention and the past Director of Suicide Prevention for New York State, NYSBA developed a concise - and implementable - plan of action.

## Key Elements of the NYSBA Plan for Suicide Prevention & Saving Lives

The Comprehensive Plan is the culmination of the ‘best practices’ conclusions of our technology, engineering and planning departments combined with the advice and direction of state and national experts in the field of suicide prevention.

- ❖ **Implementing a Suicide Prevention Hotline Service on Every Bridge**
- ❖ **Conduct Education & Awareness Campaigns for the Community**
- ❖ **Emergency Call Training for Personnel**

### **Suicide Prevention Hotline Services**

Professionals in the field of mental health overwhelmingly agree that qualified intervention is the best way to try to stop a potential suicide and establish a process for long-term prevention of suicide.

The federally-funded National Suicide Prevention Lifeline (1-800-273-TALK) is a network of crisis centers located in communities across the country that are committed to suicide prevention. Persons in emotional distress or in a suicidal crisis can call anytime from anywhere in the nation and speak to a trained worker who will listen to and assist the caller in getting the help they need. Calls are routed to the nearest available crisis center (of more than 120) in 46 states that are currently participating in the National Suicide Prevention Lifeline network.

*The implementation of a system of direct-link phones on and/or near bridges, combined with the public awareness campaign that the service exists and is successful, is the first key accomplishment for the NYSBA plan to prevent suicides.*

### **Education & Awareness**

While not detracting from our primary mission, the Authority, as a public entity with extensive contact with the community, decided to also play a role in education and awareness by making use of its facilities and resources to inform the public that suicide is a serious, and largely preventable, act.

*A combination of signage, access to Lifeline and assistance in promotion of the help available to potential suicide victims and other interested parties are all aspects that have produced results.*

### **Emergency Call Training for Personnel**

Whether it’s a potential suicide, security threat, traumatic accident or any other emergency situation, how our personnel respond is important. Whether it is by motorist aid call box, cell phone call or physical encounter – our personnel are receiving additional training in procedures for receiving an emergency call.

The New York State Police have an effective training program for their civilian dispatchers. They are given the primary do’s and don’ts, a protocol to be followed and some basic techniques that allow the call to be taken and fully trained emergency services to be dispatched in the most professional and expeditious manner possible.

## Implementation

The Authority Board of Commissioners approved a plan for purchase of Lifeline phone systems. Technical issues were resolved and the phones were manufactured, installed and made operational in about 10 weeks. Regular inspections check operability and the system became the foundation for a comprehensive plan.

The phone system, while certainly worthy, is a 'last attempt' to intercede with a suicidal individual. Perhaps just as important, the Bridge Authority is utilizing its significant exposure to the general public, at very little cost, to promote the Lifeline service.

The Bridge Authority began an ongoing campaign to make the public aware that information on treating depression and a free, confidential service is available through mental health offices. In addition to distributing literature to patrons who ask for it, the Bridge Authority assisted in some advertising and is placing information signs on our property.

These signs do not mention the bridge or suicide, but simply let the public know that help is available and here's how to get it.

## The Results

### *The system saves lives.*

In August, 2007 – less than two months after full activation – a NYS Trooper was called to the Newburgh-Beacon Bridge by a mental health counselor who had a suicidal individual on one of the new Lifeline phones. The trooper was able to talk the person out of jumping, the person was transported to a mental health hospital and proper care was given.

This was the first of several successful 'saves'.

The suicide prevention experts tell us that we have raised awareness about the issue in a positive fashion. ***By virtue of the dozens upon dozens of positive print stories and radio and TV interviews, the Bridge Authority received praise not only for our efforts in suicide prevention, but also for inter-agency cooperation, vision and foresight in using the assets we have to serve the public in a manner that is truly beyond the scope of the typical transportation mission.***

The New York State Bridge Authority will continue its efforts by making our consultant and our in house professionals available to any agency that desires to undertake a similar program. We have authorized them to do this at our expense.



February 26, 2007

**Cheers** \* To the State Bridge Authority for taking an enlightened approach to the challenge of preventing suicides. Instead of installing physical barriers, which have a mixed record of effectiveness, the authority is taking an educational approach to the challenge. The issue is very real, as demonstrated by recent suicides and attempts. The authority will install hot line phones connected to mental health clinics and join with organizations in the area already working on suicide prevention.



Gannett Newspaper Friday, May 25, 2007

## Emergency bridge phones may save lives

To their credit, state Bridge Authority officials have moved quickly to install emergency phone lines along the Kingston-Rhinecliff Bridge to help minimize suicide attempts on the 250-foot-high span.

The move was in reaction to two suicides off the bridge within days of each other in December. The deaths prompted a review that culminated in a decision in February to install the suicide prevention telephone lines on that span and three others - the Newburgh-Beacon, the Rip Van Winkle and Bear Mountain bridges. Another person committed suicide off the Kingston-Rhinecliff Bridge in April. The Bear Mountain Bridge will have phones installed next.

Such phones have been effective on the Mid-Hudson Bridge for more than two decades. Those call boxes go directly to a 24-hour help line, where distraught people can speak to a mental health counselor. More than 50 people have used them and have been persuaded not to jump. Seven people have jumped during that time, but only one of them used the phone.

The telephone connection used on the Mid-Hudson Bridge couldn't be replicated on the other bridges. So officials put together a variety of technologies to create the systems. Calls will be routed through the National Suicide Prevention Lifeline, which connects calls to the nearest 24-hour-a-day mental health clinic. The cost to install the phones is not expected to exceed \$166,000. That's a small price to pay for these potentially life-saving devices.

Bridge Authority officials rightfully sought to do what they could to prevent future attempts after the tragedies in December.

Surely, the phones alone won't stop all suicides. And much more needs to be done to erase the stigma surrounding mental illness that often deters people from seeking help when they most need it. Still, the phones could be a much-needed lifeline for those on the bridge feeling they have no other choice but to take their own life.

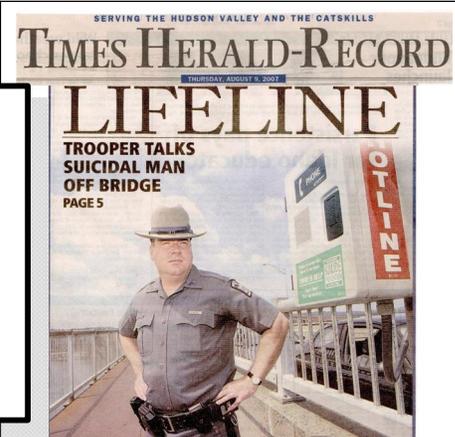


2/14/07 Kingston Daily Freeman  
Phones aim to prevent bridge jumps

Times Herald-Record February 23, 2007  
Bridge Authority will increase education, provide cell phones to prevent suicide...

**Wednesday, 9.26.2007 Poughkeepsie Journal on-line**  
**Bridge Authority recognized for suicide prevention**

"The Office of Mental Health applauds the Bridge Authority for promoting suicide awareness, and directly connecting individuals to Lifeline so they can get the help they need." - *Michael F. Hogan, PhD*, Commissioner of the NYS Office of Mental Health



When it seems like there's no hope, there is help. **1-800-273-TALK (8255)**  
National Suicide Prevention Lifeline. Sponsored by the NYSBA

# First call is a lifesaver

## Suicidal man uses new bridge phone

By Lisa Coffey  
For the Times Herald Record

**Beacon** - It was the first call ever made from the new suicide-prevention phone line on the Newburgh-Beacon Bridge.

Trooper Michael Beers was first on the scene and thought the best idea was to talk to the distraught young man who was threatening to jump off the bridge Sunday night.

"We just had guy talk," Beers said yesterday. "It was no big deal, really."

**COVER STORY** State police Troop T in Newburgh received a call from the Dutchess County Department of Mental Hygiene around 7 p.m. Sunday telling them there was a man contemplating suicide on the Newburgh-Beacon Bridge. The man had called a hot-line counselor from one of the six phone boxes that were installed in May.

Beers didn't know what to expect as he climbed over the divider separating the road from the pedestrian walkway.

"I didn't know if he had already jumped or if the man I was approaching was even the right guy," recounted Beers, who described how he positioned himself between the man and the bridge railing and placed his hands on the man. "I asked him if he was thinking about killing himself and he said 'yes.' Then I said, 'Let me talk to you a minute.'"

The man agreed and climbed over the divider with the trooper.

The conversation Beers had with the man was not rehearsed. The academy offers training for these situations, Beers said, but his was seven years ago. He simply had a conversation with the 22-year-old man, who was distraught over a recent break-up with his girlfriend.

Beers told the teary-eyed man, "She's not worth your life." The "guy talk" seemed to work. The man agreed to be transported to an emergency room.

State police Sgt. Jaime Alvear, who also responded to the incident Sunday, said the phones can prove vital.



A suicide-prevention call box on the Beacon side of the Newburgh-Beacon Bridge. A despondent man picked up one of the bridge's six phones Sunday night; a responding state trooper was able to talk the man out of taking his life.

Times Herald-Record/CHET GORDON

"The phones give us a chance to get there. Most people don't want to do it, so they pick up the phone," Alvear said.

The New York State Bridge Authority installed the phones on the pedestrian walkway on the eastbound side of the Newburgh-Beacon Bridge, as well as on three other Hudson River bridges.

There have been multiple suicides from local bridges this summer, including that of a woman who jumped from the Newburgh-Beacon Bridge in July and the suspected suicide of a 71-year-old Goshen man who is believed to have leaped from the Bear Mountain Bridge on Monday. Neither of those people used the hot-line phones.

Another woman was talked out of jumping from the Tappan Zee Bridge Sunday by a motorist.

"The (bridge) phones are the last attempt to intercede," said John Bellucci, the Bridge Authority's director of planning and public relations. "If you just want to talk to someone or if you have a friend who needs help, the call is confidential and free."

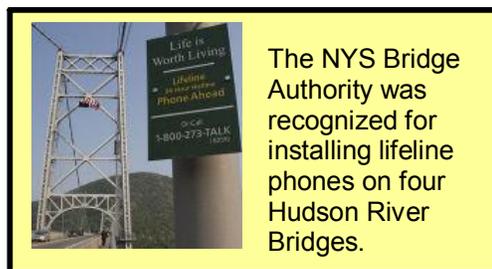
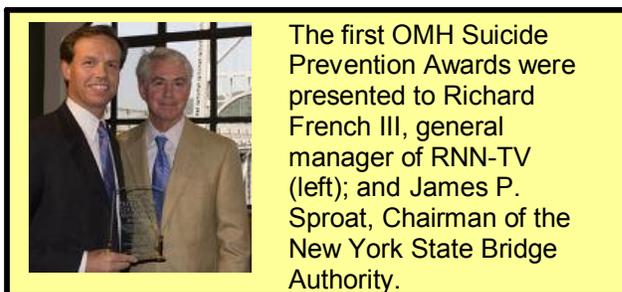
About 80 percent of those who call suicide-prevention counselors are talked out of hurting themselves, Bellucci said.

The suicide-prevention hot line can be dialed from any phone at 800-273-TALK (8255).



## Office of Mental Health

### NYS OMH Honors RNN-TV and NYS Bridge Authority for Suicide Prevention Efforts



Albany, NY September 28, 2007 (condensed)

Mike Hogan, Ph.D., Commissioner of the New York State Office of Mental Health (OMH) today presented the first OMH Suicide Prevention Awards to RNN-TV and its general manager Richard French III, and to the New York State Bridge Authority, in recognition of both organizations' substantial contributions to the prevention of suicide.

"RNN-TV and the NYS Bridge Authority have both showed tremendous initiative and leadership in the area of suicide prevention," said OMH Commissioner Hogan. "Both have taken real steps toward preventing these tragedies, and have recognized the importance of the human connection in preventing suicides. I commend their consideration and compassion for others, and I am pleased to publicly recognize and applaud their contributions toward saving lives in New York State."

RNN-TV and French were honored for RNN's media coverage around suicide prevention efforts. The television station's news coverage of regional suicide prevention efforts, including an outstanding series on suicides in the Hudson Valley area, effectively put a face on the tragedy of suicide by providing valuable information about risks, warning signs, and steps someone can take if they are concerned about the possibility of suicide.

The State Bridge Authority was honored for taking definitive action to prevent suicides on the Authority's Hudson Valley bridges. The Authority installed lifeline phones on four Hudson River bridges this year, with the phones providing a direct connection to the National Suicide Prevention Lifeline. In their first few weeks of operation, the new bridge phones have already proven effective in saving lives.

"Studies have shown that suicide attempts are crisis-oriented and acute in nature. We have learned that if a suicidal person can be helped through his or her crisis, chances are extremely good that he or she won't die by suicide later. Prevention programs like these can truly make a difference and save lives," said OMH Commissioner Hogan.

Bridge Authority Chairman James P. Sproat said "We are honored by this award. The leadership Commissioner Hogan and Governor Spitzer have shown in suicide prevention is noteworthy and set the groundwork for the plan the Bridge Authority adopted. This is proof that agencies with very different missions, working together for the benefit of all New Yorkers, can make a difference."

## Selected Research

### **Gary L. Spielmann, MA, MS**

Former Director of Suicide Prevention, New York State Office of Mental Health  
Principal Author & Senior Advisor, New York State Suicide Prevention Strategy and Plan  
Member, New York State Suicide Prevention Council (2002-2006)

### **IBTTA**

International Bridge, Tunnel and Turnpike Association, Neil Gray, Director of Governmental Affairs

Forth Estuary Transportation Authority, South Queensferry, UK

Chesapeake Bay Bridge and Tunnel Authority

Port Authority of NY/NJ

South Africa National Road Agency

Aurora Bridge, Seattle, Washington

Coronado Bridge, San Diego, CA

Cold Spring Canyon Arch Bridge, Caltran

Golden Gate Bridge, San Francisco, CA

New York State Office of Mental Health & New York State Suicide Prevention Council, *Saving Lives in New York: Suicide Prevention and Public Health, vol. 1. Challenge, Strategy and Policy Recommendations, vol. 2. Approaches and Special Populations, vol. 3. Data Book* (Albany: November 2005).

Spielmann, Gary L., *The Challenge of Suicide Prevention in New York*, Presentation to the New York State Summit on Suicide Prevention, Saratoga Springs, NY: November 14, 2005

Suicide Prevention Resource Center, SAMHSA, *Registry of Evidence-Based Suicide Prevention Programs*, (Newton, MA: 2006)

Suicide Prevention Resource Center, SAMHSA, *Reporting on Suicides: Recommendations for the Media*, (Newton, MA: 2001)

### Additional References

New York State Bridge Authority, *“A Comprehensive Plan for Suicide Prevention, Education & Awareness”*, full report, February 2007

New York State Bridge Authority, *“An Executive Summary for Suicide Prevention, Education & Awareness”*, February 2007

## Technical Summary Regarding Suicide Mitigation Efforts

The Information Technology Department was tasked with researching solutions to reduce the number of suicides at NYSBA facilities. Options were measured against many factors (Note: the following are in no particular order):

- I. Effectiveness – Will the option effectively reduce the number of successful suicide attempts or could it potentially lead to an increase in the number of incidents? Studies show that certain methods may actually make a despondent individual more aware of the option to use a facility to carry out their end.
- II. Reliability – Is the option reliable? Will it stand up to the harsh elements associated with the bridge environment? If technology based, are we using a proven technology that is not prone to service interruptions? Does the option have lasting power or will it need to be replaced frequently?
- III. Maintenance – Maintenance is a two fold consideration. What is the maintenance required to keep a solution up and running? Secondly, what impact will the solution have on our ability to properly maintain the facility? Also included in this category is the impact on the ability to perform proper bridge inspections.
- IV. Impact on Mission: Does the option impede our ability to maintain and operate safe vehicle crossings over the Hudson River?
- V. Aesthetics – Countless efforts have been made in the Hudson Valley to keep the river aesthetically pleasing. Are there any historic considerations or visual considerations that must be addressed?
- VI. Incident Response – Does the installed measure help or hinder incident response personnel?
- VII. Sensitivity – Does the solution offer an individual a path to ‘help’ or does it simply cause them to find another location to carry out their plans?
- VIII. Cost – What are the short term costs associated with design and installation? What long term costs are there? Where will funding for a system come from?

The following is a list of prevention strategies that have been evaluated for the Kingston-Rhinecliff Bridge. This summary has applications throughout the NYSBA System. Each strategy is followed by a brief list of benefits and/or negative factors that contribute to the final recommendation.

### **Fence:**

1. Effectiveness – Effective at limiting access to potential jump areas. Can be scaled.
2. Reliability – Once installed, there is very little to go wrong.
3. Maintenance of Option – Easy to maintain by existing workforce (assuming chain link fence).
4. Maintenance of Facility – Severe hindrance to snow removal requiring possible closure of bridge. Hinders bridge maintenance and inspection operations.
5. Impact on Mission – May impede crossing of some over height vehicles. Snow removal may require closing of bridge.
6. Aesthetics – History shows fencing will cause opposition from scenic and wildlife groups.
7. Incident Response – May hinder emergency personnel. An individual who has scaled the fence would be unreachable by responders. May impede efforts involving fire or other emergencies on bridge.
8. Sensitivity – While a fence may stop an individual from jumping from the bridge, it does not offer help to the person. A fence says, ‘we don’t want you jumping here’ as compared to ‘we care about you and want to help you find a non-destructive solution.’
9. Cost – Extremely high cost for design and installation. Requires a long period of time for installation.

### **Cellular Callbox:**

1. Effectiveness – Based on statistics from the Mid-Hudson Bridge, call boxes appear to be very effective. Out of the last 60 individuals to use a callbox on MHB, only one proceeded to jump.
2. Reliability – Localized installation should increase reliability.
3. Maintenance of Option – Low maintenance. Batteries would have to be replaced periodically. Signage or labels need replacement as they fade.
4. Maintenance of Facility – No impact.
5. Impact on Mission – No impact.
6. Aesthetics – No impact. (Note: signage or labels on box will fade over time and need to be replaced).
7. Incident Response – Allows responders to know the location of the individual.
8. Sensitivity – Can be configured to call a crisis hotline with trained individuals answering calls.
9. Cost – \$6500 per callbox (rough estimate) + \$12/month service fee.

**Satellite Callbox:**

1. Effectiveness – See ‘Cellular Callbox’ (Note: calls from this type of callbox may take 30 to 60 seconds for a connection to be made.)
2. Reliability – Somewhat reliable. Environmental factors such as solar flares may cause service interruptions.
3. Maintenance of Option – Unknown at this time. Batteries would have to be replaced periodically. Signage or labels need replacement as they fade.
4. Maintenance of Facility – No impact.
5. Impact on Mission – No impact.
6. Aesthetics – No impact. (Note: signage or labels on box will fade over time and need to be replaced).
7. Incident Response – Allows responders to know the location of the individual.
8. Sensitivity – User could call crisis center to talk to a trained professional.
9. Cost – \$8,000 per callbox. \$50/month + \$1 per minute. Cannot restrict what number is dialed.

**Landline Callbox:**

1. Effectiveness – Very Effective – see paragraph on MHB call boxes at end of document.
2. Reliability – Very reliable.
3. Maintenance of Option – Low Maintenance. Signage or labels need replacement as they fade.
4. Maintenance of Facility – No impact.
5. Impact on Mission – No impact.
6. Aesthetics – No impact.
7. Incident Response – Allows responders to know the location of the individual.
8. Sensitivity – Can be configured to call a crisis hotline with trained individuals answering calls.
9. Cost – \$46,000 +/- for conduit and copper installation. \$500 +/- per callbox. Waiting on monthly fee from Telco. Conduit costs will vary significantly by bridge. Total solution across all facilities \$365,000.

**Radio Callbox:**

1. Effectiveness – Allows individual to reach out for help. (Note: radio calls would come in over our existing radio system and be answered by Authority personnel.)
2. Reliability – Very reliable.
3. Maintenance of Option – Low maintenance. Batteries would have to be replaced periodically. Signage or labels need replacement as they fade.
4. Maintenance of Facility – No impact.
5. Impact on Mission – No impact.
6. Aesthetics – No impact
7. Incident Response – Allows responders to know the location of the individual.
8. Sensitivity – Allows individual to speak to a live person. Authority personnel are not trained in crisis management. Calls cannot be connected to a trained suicide prevention counselor.
9. Cost – \$2,000 + \$800 (if solar is needed for power).

**Video Cameras:**

1. Effectiveness – Will help with incident management, but in and of itself will have no effect on number or outcome of incidents. Some studies indicate that publicized surveillance may act as an attraction.
2. Reliability – Very reliable.
3. Maintenance of Option – Requires a higher level of maintenance. Malfunctioning cameras must be replaced. Preset view locations must be maintained.
4. Maintenance of Facility – Low.
5. Impact on Mission – Aids in the management of traffic flow.
6. Aesthetics – Low impact.
7. Incident Response – Allows responders to know the location of the individual.
8. Sensitivity – N/A
9. Cost – \$20,000 to \$500,000 – Fixed vs. Pan/tilt/zoom.

**Safety Net:**

1. Effectiveness – If the individual is aware of safety netting, they may choose not to use KRB but move on to another location. During the time it takes to move on, certain individuals may change their mind. Individuals that are caught by the net could still maneuver to the edge and jump.
2. Reliability – Depends on material of netting.
3. Maintenance of Option – High maintenance. Must be inspected on a regular basis.
4. Maintenance of Facility – May hinder certain maintenance operations such as painting. Could create a dangerous safety situation for maintenance personnel.
5. Impact on Mission – No impact.
6. Aesthetics – High impact for appearance of bridge.
7. Incident Response – May hinder response. Could create a dangerous safety situation for responders.
8. Sensitivity – Does not offer psychiatric help to the person.
9. Cost – High – Design/study will need to be completed for total cost estimate.

**Lighting:**

1. Effectiveness – It is not certain if installed lighting would help reduce suicides.
2. Reliability – Very reliable.
3. Maintenance of Option – Occasional replacement of bulbs required.
4. Maintenance of Facility – No impact.
5. Impact on Mission – No impact.
6. Aesthetics – Some environmental groups are against lighting.
7. Incident Response – May aid in search and recovery efforts.
8. Sensitivity – Does not offer psychiatric help to the person.
9. Cost – Design/study will need to be completed for actual cost estimate.

**Patrols:**

1. Effectiveness – Somewhat effective. The noticeable presence of patrols may discourage potential suicide victims.
2. Reliability – Past experience shows that outsourced, private services may not be reliable. Law enforcement patrols are not always present or available.
3. Maintenance of Option – No impact.
4. Maintenance of Facility – No impact.
5. Impact on Mission – No impact.
6. Aesthetics – No impact.
7. Incident Response – Properly trained patrols may allow for quicker response.
8. Sensitivity – Properly trained patrols allow for a sensitive response.
9. Cost – High.

**Conclusion:** Regardless of the solution, it is felt that there is no way to completely prevent suicide attempts at our facilities. Based on the evaluation above, call boxes have the greatest success in reducing deaths. They have a very low maintenance cost and a reasonable cost for installation. Call boxes offer individuals help from qualified suicide prevention specialists.