**BP 60 Expanded Crisis Responses for Youth**

**Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)**
**New Concept ☒ (Attach New Concept Form)**
**Type of category:** New Concept

**SUMMARY:** This concept proposes to improve King County's crisis prevention and intervention programs by adding the ability for individuals to seek help via texting. This is a mode of communication that uses more current technology and would add support to the existing youth specialized telephone service. This will create a fuller range of ways that youth can reach out to find emotional support and resources when they are in crisis.

**Collaborators:**

| Name | Department |
|---|---|

**Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.**

| Name | Role | Organization |
|---|---|---|
| Kathleen Southwick | Executive Director | Crisis Clinic |

***The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.***

## A. Description

1. **Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

   This concept proposes to improve King County's crisis prevention and intervention programs by adding the ability for individuals to seek help via texting. This is a mode of communication that uses more current technology and would add support to the existing youth specialized telephone service. This will create a fuller range of ways that youth can reach out to find emotional support and resources when they are in crisis.

   Close to 90 percent of teen cell phone users use text messaging and there is data that shows texting is preferred by young people as a primary means of communication.[1] Expanding crisis programs to include texting as an option provides another way for individuals in crisis, especially youth and young adults, to connect with services in a manner that fits with their culture and also supports confidentiality.

[1] Pew Research Center report, April 20, 2010, "Teens and Mobile Phones," Amanda Lenhart, Rich Ling, Scott Campbell and Kristen Purcell, http://www.pewinternet.org/2010/04/20/teens-and-mobile-phones/

2. **Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area** (Select all that apply):

   ☒ **Crisis Diversion** ☐ **Prevention and Early Intervention**

   ☐ **Recovery and Re-entry** ☒ **System Improvements**

   **Please describe the basis for the determination(s).**

   This fits within the Crisis Diversion and System Improvements area, as it focuses on expanding the way individuals are able to connect with others for crisis services and in turn prevent use of other system services. The proposal adds texting as a mode of communication within the crisis response system, which is the primary means of communication used by many youth and young adults.

**B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes**

1. **Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

   According to the National Suicide Prevention Lifeline, "Every year, millions of Americans are directly affected by the more than 37,000 suicides and hundreds of thousands of suicide attempts made by friends or loved ones."[2]

   During 2010, there were 38,364 deaths due to suicide in the United States and 947 deaths due to suicide in Washington State, of which 226 were in King County.[3] In addition, 3,736 people in King County were hospitalized for attempted suicide during this same period.

   Local data show that youth and young people in King County are experiencing issues related to mental health and substance use disorders (SUD), and are need of support.

   According to the 2014 Washington State Healthy Youth Survey (HYS)[4], sixty-five percent of tenth grade students in King County reported feeling nervous, anxious or over the edge or not being able to stop or control worrying in the past two weeks. Approximately one in three tenth graders in King County said they felt sad or hopeless for at least two weeks over the past year. Only fifty percent of these tenth graders surveyed said they had an adult to turn to for help when they felt sad or hopeless.

   In addition, 18 percent of tenth graders in King County who were surveyed said they contemplated suicide. Fourteen percent of tenth graders made a suicide plan and nine percent attempted suicide.

[2] National Suicide Prevention Lifeline website, http://www.suicidepreventionlifeline.org/learn/prevention.aspx
[3] Washington Department of Health, Injury Data Tables, August 2012, Public Health – Seattle & King County webpage, http://www.kingcounty.gov/healthservices/health/injury/violence/suicide.aspx
[4] Washington State Healthy Youth Survey, *Depressive Feelings, Anxiety and Suicide for King County in 2014,* http://www.askhys.net/FactSheets

Although most youth do not use drugs, it is a concern, especially since drug use is related to problems such as poor school performance, unintentional injury, and risk for SUD. Furthermore, a young person's developing brain is more vulnerable to the effects of alcohol and other drugs.

HYS 2014 prevalence rates (past 30 days of survey) for in-school tenth graders in King County are as follows:

- 20 percent alcohol
- 17 percent marijuana
- 8 percent prescription drugs, not prescribed to them
- 7 percent cigarettes
- 5 percent prescription pain killers used to get high
- 5 percent other illegal drugs

The Expanded Crisis Response for Youth project provides an opportunity to expand crisis services by adding funding for the telephone helpline as well as funding texting as an additional way for individuals in crisis, in particular young people, to connect to services.

This builds upon a pilot program that occurred August 2013 through December 2014 and involved Crisis Clinic as a partner with Crisis Text Line (CTL)[5]. CTL is a national program that connects individuals in crisis with trained volunteers and employees of crisis hot-lines.

From August 2013 through December 2015, more than 11 million text messages have been exchanged through CTL. Crisis Clinic answered texts from across the country. Despite limited advertising, young people in the King County/ Puget Sound area found CTL online and 1,109 texts were exchanged (385 texts for area code 206, 353 texts for area code 253, and 371 texts for area code 425) from 12/20/2014 through 12/20/2015.

The CTL website includes trends per state[6]. The following table shows categories of problems/issues raised during text messages exchanges in Washington State (King County specific data is not available):

| Problem/Need | Frequency of Mentions |
|---|---|
| Physical Abuse | 45 |
| Sexual Abuse | 41 |
| Health Concerns | 40 |
| Relationship Issues | 37 |
| Anxiety | 35 |
| Depression | 31 |
| LGBTQ Issues | 29 |
| Stress | 29 |
| Bullying | 26 |

[5] http://www.crisistextline.org/

[6] http://www.crisistextline.org/trends

| | |
|---|---|
| Friend Issues | 24 |
| Self-Harm | 24 |
| School Problems | 23 |
| Eating Disorder | 22 |
| Suicidal Thoughts | 19 |
| Family Issues | 17 |
| Bereavement | 15 |
| Substance Abuse | 13 |
| Isolation | 12 |

As shown in the table, the problems/needs that were mentioned in texts the most related to abuse, health concerns and behavioral health.

Recent information from Crisis Text Line.org reveals that in the last 12 months there were more than 1,110 crisis texts received from youth in the 206, 425 and 360 area codes demonstrating that even without advertising in King County, youth are finding and using this resource. Advertising a crisis text option in King County through schools and communities would be expected to produce a more robust response.

If this New Concept is *not* implemented, it would reduce a form of communication for individuals, especially young people, who seek crisis services. This has ramifications that may include decreased referrals to needed services and increased mortality and morbidity.

NOTE: Currently the 911 (emergency response system) is expanding its ability for Text-to-911, the ability to send a text message to reach 911 emergency from a mobile device. This is currently available in some areas across the United States, however Text-to-911 is not available in King County at this time[7] (Public Safety Answering Points that have opted to accept emergency texts from the public). While voice calling 911 is still the preferred and recommended method to contact 911, wireless carriers need to have capability to deliver 911 emergency text messages in those areas where the service is available[8]. The Federal Trade Commission expects that text-to-911 will be become more widely available. Given the shift in other crisis emergency response systems providing a text option, it is reasonable that the local crisis response system provide a similar service for behavioral health crisis.

**2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.**

The Expanded Crisis Response for Youth project will focus on engaging youth who may have serious emotional issues, but who have not spoken about them or been identified as at-risk by the schools or other providers.

[7] http://www.kingcounty.gov/safety/E911.aspx and http://www.kingcounty.gov/safety/E911/Wireless.aspx
[8] https://www.fcc.gov/consumers/guides/what-you-need-know-about-text-911 and https://www.fcc.gov/node/23971

It builds upon the experience of the Crisis Clinic and its Teen Link services that currently provides youth in crisis three ways for them to connect , i.e., via phone, email and a chat line. Through 2015, Teen Link had 2,730 engagements with youth, specifically 1,131 chats, 487 emails and 1,112 calls, which is a 59 percent preference for electronic communications vs. talking live over the phone. The Teen Link help line has been operating since 1996 and has seen its volume nearly double in the last two years when it added a chat response.

The Expanded Crisis Response for Youth project is two-fold; it includes an expansion of more hours of service for young people to call into Teen Link that currently operates four hours per evening (6:00 pm to 10:00 pm daily) and the proposal is to expand to 12:00 am daily. It also would add texting, which offers an important, familiar, safe way to engage youth and young adults who are seeking help.

Texting provides a way for individuals, especially youth, to bring up questions and issues in a confidential way vs. talking over the phone or in-person. It is a low barrier way for them to gauge a response and determine if sufficient trust has been established that may lead them to seek more in-depth help.

According to the Crisis Clinic, texting appeals to youth struggling with issues such as gender identity issues, bullying, experimentation with alcohol or drugs, and dating violence. It offers youth an opportunity to engage about their struggles in a more private way and build trust to encourage them to connect to community resources.

From the young person's perspective, they may be reluctant to use other forms of communication because other people may overhear them on the phone or may see the computer screen if email or the chat line is used. Also, tone and judgment is more apparent from exchanges on the phone. From Crisis Clinic's experience in the pilot project, young people seemed more disinhibited when texting and shared openly, such as, "I'm being abused" and, "I feel like killing myself."

3. **What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

Cell-phone texting has become the preferred channel of basic communication between teens and their friends, and cell calling is a close second. Some 75 percent of 12-17 year-olds now own cell phones, up from 45 percent in 2004. Those phones have become indispensable tools in teen communication patterns. Fully 72 percent of all teens[2] – or 88 percent of teen cell phone users — are text-messengers. That is a sharp rise from the 51 percent of teens who were texters in 2006. More than half of teens (54%) are daily texters.[9]
In a New Yorker Magazine article about CTL, Fred Conrad, a cognitive psychologist and the director of the Program in Survey Methodology at the University of Michigan Institute for Social

[9] Pew Research Center report, April 20, 2010. Ibid.

Research, said: "people are 'more likely to disclose sensitive information via text messages than in voice interviews." [10]

The following summarizes published reports related to texting:

- Popularity of texting - [11]
- Mobile phones and short message services (SMS) communication related to youth outreach mental health services - [12]
- A meta-review found eight out of nine sufficiently powered studies demonstrated text messaging as a tool for behavior change - [13]

**4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Promising Practice and Evidence Based. Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

As described in question 3, there is research that texting is a useful form of communication as related to outreach and behavioral health services. It has evidence and is considered a promising practice.

Crisis lines[14] and warm lines[15] (Teen Link - crisis phone line for youth) have been found to be effective in reducing costs other crisis response systems and research had shown reduction in distress levels, suicide ideation status, hopelessness and psychological pain.[16]

[10] The New Yorker magazine, February 9, 2015, "R U THERE? – A new counselling services harnesses the power of the text message" Alice Gordon, http://www.newyorker.com/magazine/2015/02/09/r-u

[11] http://www.pewinternet.org/2010/04/20/teens-and-mobile-phones/ Pew Research Center report, ibid

[12] Journal of Adolescent Health, January 2011, Volume 48, Issue 1, Pages 113-115, "How Adolescents Use SMS (Short Message Service) to Micro-Coordinate Contact With Youth Mental Health Outreach Services," Gareth V. Furber, Ph.D., Ann E. Crago, B.N., Kevin Meehan, B.S.W., Tom D. Sheppard, R.N., Ken Hooper, F.R.A.N.Z.C.P., Dorothy T. Abbot, B.Ed., Stephen Allison, F.R.A.N.Z.C.P., Clive Skene, M.A.Psyc, http://www.jahonline.org/article/S1054-139X(10)00264-8/abstract?cc=y=

[13] Oxford Journals Epidemiologic Reviews, July 6, 2015, "Text Messaging as a Tool for Behavior Change in Disease Prevention and Management," Heather Cole-Lewis* and Trace Kershaw http://epirev.oxfordjournals.org/content/early/2010/03/30/epirev.mxq004.short

[14] Crisis Lines: This service provides a person with a confidential venue to seek immediate support with the goal of decreasing hopelessness; promotes problem-solving and coping skills; and identifies persons who are in need of facilitated referrals to medical, healthcare, and/or community support services" (SAMHSA, 2012).

[15] A warm line is "a direct service delivered via telephone by a [peer] that provides a person in distress with a confidential venue to discuss their current status and/or needs SAMHSA, 2012). Unlike hotlines, warm lines are for situations that are not considered emergencies but could potentially escalate if left unaddressed.

[16] Substance Abuse and Mental Health Services Administration. Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies. HHS Publication No. (SMA)-14-4848. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. http://store.samhsa.gov/shin/content/SMA14-4848/SMA14-4848.pdf

5. **What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

   Increased access to crisis services by youth.
   Improved linkages to needed services.
   Reduction in use of crisis services and feelings of isolation.

**C. Populations, Geography, and Collaborations & Partnerships**

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

- ☐ **All children/youth 18 or under**
- ☐ **Children 0-5**
- ☒ **Children 6-12**
- ☒ **Teens 13-18**
- ☒ **Transition age youth 18-25**
- ☐ **Adults**
- ☐ **Older Adults**
- ☐ **Families**
- ☐ **Anyone**
- ☐ **Offenders/Ex-offenders/Justice-involved**
- ☐ **Other – Please Specify:**
- ☒ **Racial-Ethnic minority (any)**
- ☐ **Black/African-American**
- ☐ **Hispanic/Latino**
- ☐ **Asian/Pacific Islander**
- ☐ **First Nations/American Indian/Native American**
- ☐ **Immigrant/Refugee**
- ☐ **Veteran/US Military**
- ☐ **Homeless**
- ☒ **GLBT**
- ☐ **Women**

**Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.**

This program would be focused on youth and young adults, up to age 24. There are approximately 425,000 youth and young adults, ages 10-24, in King County. The program would be available to any youth or young person in crisis, as they define it, and would not be limited to any specific demographic or behavioral health diagnosis. It would benefit those individuals who are experiencing depression and suicidal thoughts. Currently, 75 percent of youth calling the help line who provided their racial background identified as youth of color. In addition, 16 percent of youth identified as LBGTQ.

2. **Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection**: County-wide

This crisis service would be for any individual who has access to a cell phone. For those who use the texting crisis service, this would be available county-wide to anyone who has access to a phone that is text-capable.

3. **What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

   In order to implement this New Concept, there would need to be a collaboration involving Crisis Clinic and a crisis texting company to provide the platform as well as to generate data specific to King County. The texting service and text number need to be marketed to youth, schools, youth-serving organizations, LGBTQ organizations/groups, domestic violence providers, and the behavioral health network. Social media channels are another place to publicize the crisis texting service.

**D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches**

1. **What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

   It is not foreseen that there are factors/drivers which might impact the need for or feasibility of this New Concept.

   The Federal Trade Commission made a recommendation that all mobile carriers in the United States support text-to-911 by the end of 2014; the four largest carriers moved forward in early 2014 to update their systems for this feature. Having texting in place for 911 opens the door for crisis lines and working with mobile carriers if/where there are gaps for individuals trying to place a text message.

2. **What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

   Potential barriers to implementation may be lack of accessible, affordable companies to create and maintain the text service platform. Those involved with implementation would need to be aware of current organizations, such as CTL and iCarol, which may be able to support this texting service. Other potential barriers might be concerns related to HIPAA, specifically, privacy, security and confidentiality. Crisis Clinic would need to develop policies, procedures and protocols to ensure they are in compliance with HIPAA rules and regulations. They would be required to train staff and volunteers on this issue.

3. **What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?**

   There are potential unintended consequences that youth who text to the crisis services would be misunderstood due to misspellings and auto-correct features of some phones. There is the

possibility as well of interruption of communication due to technical issues. Furthermore, for youth who lose their phones who haven't deleted their texts, there may be fall out due to disclosure of the text or phone call records, especially, when sensitive, confidential information is seen by others.

4. **What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?**

   For youth who are not comfortable speaking/chatting/emailing with a crisis-line operator, the potential unintended consequences might be that they do not seek assistance at all. There is also the potential that youth may use other nationally-based crisis-lines but would not be directed to appropriate, local resources.

5. **What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

   This new concept is unique. It might be merged with an existing MIDD strategy related to investing in prevention and early intervention. Specifically, it may be linked to the Collaborative School based strategy because it includes a youth suicide prevention component, however, this new concept is distinct because it focuses on crisis response services.

**E. Countywide Policies and Priorities**

1. **How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

   This new concept fits within the continuum of care as part of prevention and intervention services. It also aligns with *All Home* and its outcome to "Make homelessness brief and one-time by: addressing crisis as quickly as possible." It fits as with the *Youth Action Plan* although outcomes have not yet been identified. *Best Starts for Kids* is now underway and prevention/crisis intervention would likely fit with this initiative to improve the health and well-being of children, youth and young adults by investing in prevention and early intervention strategies.

2. **How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

   This new concept fits with principles of recovery[17], including:

[17] CSAT White Paper: Guiding Principles and Elements of Recovery-Oriented Systems of Care. http://media.samhsa.gov/samhsaNewsletter/Volume_17_Number_5/GuidingPrinciples.aspx

- Recovery involves a personal recognition of the need for change and transformation.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.
- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.

There is also alignment with all of the trauma-informed care principles:[18]

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, historical, and gender issues

**3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?**

By expanding crisis services for youth, more young people will have increased access to health and human services as well as support to help them thrive. As discussed above, Crisis Clinic said they respond to many youth of color and youth who identify as LBGTQ. This would further the County's equity and social justice efforts by increasing crisis phone and text services.

**F. Implementation Factors**

**1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program** (staff, physical space, training, UA kits, etc.)**?**

Based upon Crisis Clinic's experience, the following resources would be needed for a text response services offered from 4PM to 12am every night: two staff, office space, text capable phones, and training.

**2. Estimated ANNUAL COST. $100,001-500,000 Provide unit or other specific costs if known.**

The estimated annual cost for the texting expansion would be $272,500, supporting 23,000 texts per year. Another $80,000 annually would support the telephone help line, specifically, increased hours of service through Teen Link.

Based upon 2015 cost estimates that the Crisis Clinic gathered from iCarol http://www.icarol.com/About/, per unit technical costs for this project include:

- $400 one-time set-up fee
- $12,000 annual fee to retain a special text number, if needed ($3,000 per quarter)

[18] SAMHSA News, Guiding Principles of Trauma-Informed Care, http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

- $720 annual service fee ($60 per month)
- Per text message charges would range from $15 per 1,000 messages (if over 5,000 text messages per year) - to $40 per 1,000 messages (if under 3,000 messages per year)
- Staffing to respond to texts line

The total annual costs for the Expanded Crisis Response for Youth project is $352,500

**3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.**

During February 2015, Crisis Clinic submitted a request for funding to the State of Washington Department of Social and Health Services' Division of Behavioral Health and Recovery to add texting as part of the Washington Recovery Helpline/ Teen Link services, however, funding was not awarded. It is unknown whether there are other public or private revenue sources to support this type of service.

**TIME to implementation: Less than 6 months from award**

**a. What are the factors in the time to implementation assessment?**

This project could be implemented within a very short time frame. Crisis Clinic currently provides the Teen Link service and expanded hours would require an amended contract;, for the crisis texting component, there is already a relationship with iCarol (text vendor) and the contractor would then hire and train staff to respond. Advertising the text number could be done through the contractor's existing relationships with schools and via social media. The text number could be the existing Teen Link help line number.

**b. What are the steps needed for implementation?**

1. Amend contract with contractor
2. Sign contract with text vendor
3. Update training materials
4. Contractor hires and trains staff
5. Update operational policies
6. Promote text on Teen Link materials

**c. Does this need an RFP?**

A sole source waiver with Crisis Clinic would be proposed since this organization provides the consolidated Washington Recovery Helpline/ Teen Link related to substance abuse, problem gambling and mental health. The Teen Link help line has operated since 1996 and it widely known by youth because of their suicide prevention training in schools and their *Where To Turn for Teen*s resource guide.

**G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?**

Texting is becoming more standard practice and is used by other national crisis help lines, such as The Trevor Project[19]. The Trevor Project is a national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
The Idaho Suicide Prevention Hotline recently received a $300,000 donation to add texting and chatting options[20].

[19] http://www.thetrevorproject.org
[20] http://magicvalley.com/news/local/suicide-prevention-hotline-to-launch-texting-service/article_b847b3fb-6bd6-5338-bb1b-345ccd0dcbcb.html.

**New Concept Submission Form**

**Please review the preceding pages before completing this form.**

**Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.**

## #60

## Working Title of Concept: Crisis Text Response for Youth

**Name of Person Submitting Concept: Kathleen Southwick**
**Organization(s), if any: Crisis Clinic**
**Phone: 206-346-2980**
**Email: ksouthwick@crisisclinic.org**
**Mailing Address: 9725 3rd Avenue NE #300 Seattle, WA 98115**

***Please note that county staff may contact the person shown on this form if additional information or clarification is needed.***

*Please share whatever you know, to the best of your ability.*
*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

**1. Describe the concept.**
**Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.**

King County's crisis prevention and intervention programs need to keep pace with the times, especially for young people. Evidence is clear that for youth, texting is a primary means of communication. King County should fund a crisis text response for youth as an additional way for youth in crisis to connect to services. A text response enables youth a more confidential way than phone or in-person to talk about their issues and connect to services. It is a low barrier way for them to gauge a response and determine if sufficient trust has been established to reach out for more in-depth help. "Research bears out this observation. According to Fred Conrad, a cognitive psychologist and the director of the Program in Survey Methodology at the University of Michigan Institute for Social Research, people are "more likely to disclose sensitive information via text messages than in voice interviews." To those who didn't grow up texting, this seems counterintuitive. Texts are a written record, after all, and what if the wrong person saw them? But, in practical terms, text messaging affords a level of privacy that the human voice makes impossible. If you're hiding from an abusive relative or you just don't want your classmates to know how overwhelmed you feel about applying to college, a text message, even one sent in public, is safer than a phone call. What's more, tears go undetected by the person you've reached out to, and you don't have to hear yourself say aloud your most shameful secrets. (The New Yorker, RU There? Feb. 2015)

**2. What community need, problem, or opportunity does your concept address?**
**Please be specific, and describe how the need relates to mental health or substance abuse.**

For 18 months, Crisis Clinic was a partner with Crisis Text Line.org (CTL), a national platform for youth in crisis. We responded to texts 24/7 from youth across the country. It became very clear that text was the mode that teens prefer. With virtual no advertising, the use of CTL soared, responding to more than a million texts in the first year.

"Depression is common among teens, and its consequences are volatile: suicide is the third leading cause of death for Americans between the ages of ten and twenty-four. In that same age group, the use of text messaging is near-universal. The average adolescent sends almost two thousand text messages a month. They contact their friends more by text than by phone or e-mail or instant-message or even face-to-face conversations. A. T. & T. offers parents a tutorial in deciphering acronyms used by children (PIR stands for "parent in room"). For teens, texting isn't a novel form of communication; it's the default. Promotion is solely by word of mouth, and within four months CTL was receiving texts from all two hundred and ninety-five area codes in the United States. The organization's quantified approach, based on five million texts, has already produced a unique collection of mental-health data. C.T.L. has found that depression peaks at 8 p.m., anxiety at 11 p.m., self-harm at 4 a.m., and substance abuse at 5 a.m." (The New Yorker, RU There, Feb. 2015)

CTL developed a website ranking the "problem/needs" of text responders, "Crisis Trends" http://crisistextline.org/trends/. It also includes the raking of various problem/needs by state. This shows WA State ranking for each of the problem/needs.

| Problem/Need | Ranking |
|---|---|
| Isolation | 7 |
| Substance Abuse | 8 |
| Family Issues | 10 |
| Self-Harm | 11 |
| Bereavement | 12 |
| Depression | 13 |
| Eating Disorder | 14 |
| Suicidal Thoughts | 16 |
| LGBTQ Issues | 20 |
| School Problems | 20 |
| Anxiety | 23 |
| Bullying | 24 |
| Stress | 24 |
| Friend Issues | 26 |
| Relationship Issues | 27 |
| Physical Abuse | 29 |
| Sexual Abuse | 37 |
| Health Concerns | 38 |

Although this information is for WA State, we believe it would be very similar to the needs of King County youth. As you can see, the highest problem/needs are consistent with MIDD priorities—substance abuse, self -harm, depression, suicidal thoughts, etc. WA State was a high utilizer of text services, even though no marketing was done in WA State, and we would expect that of King County youth.

**3. How would your concept address the need?**
**Please be specific.**

We would propose that a text response be offered from 4PM to 12am every night, with two staff responding to texts. It was our experience that staff could handle between 3-4 texts per hour and

an average text interaction was 45 minutes. Those with high acuity often went 60-90 minutes. What has most surprising the number of texts that led off with suicide ideation, self-harm or abuse situations…there was no "easing" into the subject. We believe it is very important to have a local response to youth to provide information on local resources and to be able to connect to intervention services. This was a deficit of the national mode. Most referrals could only be done to national programs such as RAINN, the Treavor Project, etc

**4. Who would benefit? Please describe potential program participants.**

This service would be available to any youth to age 24 living in King County. There are approximately 425,000 youth, ages 10-24, in King County. We are not limiting it to any specific demographic or behavioral health diagnosis. We will leave it to the youth to define "crisis".

**5. What would be the results of successful implementation of program?**
**Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.**

The provider would need to consult with the County regarding the measures. It would like depend on the text application being used and what questions could be asked/data collected. The most used measures are a pre and post text assessment of distress reduction. There could also be key word searches to determine the frequency of lethality in the texts.

**6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)**

☐ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
☐ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

**7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?**

Most of the programs in MIDD are focused on adults with a few focused on getting youth with mental health /substance disorder issues into treatment. This would be a broader program focused on engaging youth who may have serious emotional issues, but who have not spoken about them or been identified as at-risk by the schools or other providers. Text appeals to youth struggling with gender identity issues, bullying, experimentation with alcohol or drugs, dating violence, etc. It offers youth an opportunity to engage about their struggles in a more private way and build trust to encourage them to connect to community resources. Especially now with the de-criminalization of marijuana, we would expect more youth to have questions/concerns about its impact, especially edible forms of marijuana, etc.

**8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.**

This would be a stand-alone program, but the service could be publicized in schools and through the behavioral health programs serving youth. Once the number is on social media, we would expect an immediate usage of the service

**9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?**

**Pilot/Small-Scale Implementation:** **$ 272,500 per year, serving 23,000 texts people per year**
**Partial Implementation:** **$** # of dollars here **per year, serving** # of people here **people per year**
**Full Implementation:** **$** # of dollars here **per year, serving** # of people here **people per year**

**Once you have completed whatever information you are able to provide about your concept, please send this form to *MIDDConcept@kingcounty.gov*, no later than 5:00 PM on October 31, 2015.**

**If at any time you have questions about the MIDD new concept process, please contact MIDD staff at *MIDDConcept@kingcounty.gov*.**