Caring Contacts Implementation Toolkit

A Practical Guide to Implementing a Two-way Text Message Caring Contacts Program for Suicide Prevention

St Luke's

ICSH Idaho Crisis & Suicide Hotline

CSPAR The Center for Suicide Prevention and Recovery

UW Medicine UNIVERSITY of WASHINGTON

Developed collaboratively by St. Luke's Health System, Idaho Crisis & Suicide Hotline, and the University of Washington

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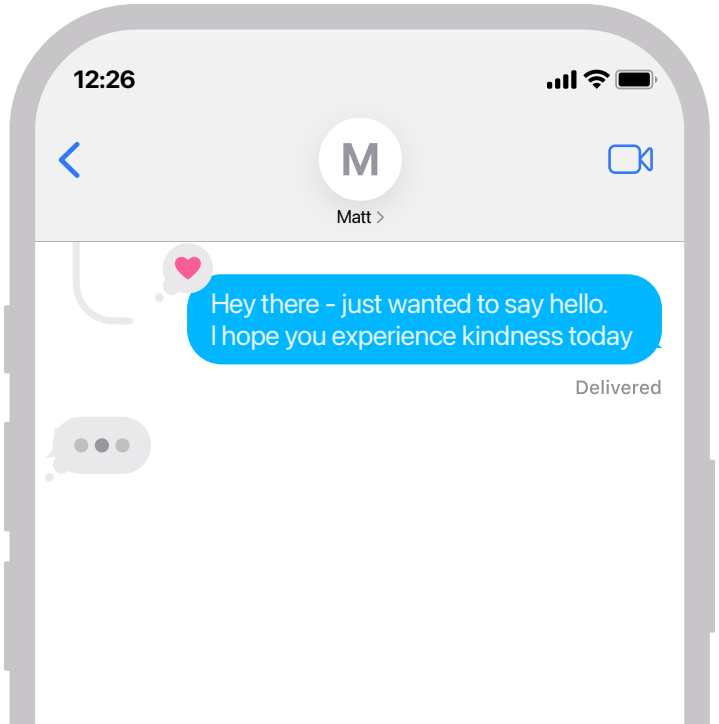


1 Introduction

Welcome and thank you for your interest in Caring Contacts. Caring Contacts is a brief suicide prevention intervention that delivers periodic messages of care and support over at least 12 months. Caring Contacts is designed to supplement, not replace, other behavioral health services. Research has shown that Caring Contacts can significantly reduce suicidal thoughts, suicide attempts, and death by suicide.[1-3]

Visit our website caringcontacts.info to learn more about the background and evidence supporting this effective suicide prevention intervention.

1.1 How to Use This Implementation Toolkit

Caring Contacts has been around since the 1970s. However, delivering them via text messages is relatively new, and there are few resources to support organizations in creating and delivering Caring Contacts via two-way text message. This toolkit aims to address that gap by providing detailed guidance, samples of standard operating procedures, workflows, and adaptive templates that you can tailor as you design and deliver your Caring Contacts program.

Who should use this toolkit?

The Caring Contacts Toolkit was developed to help health systems, clinics, hospitals, hotlines, and other organizations establish two-way text message Caring Contacts programs tailored to their population.

What is not included in this toolkit?

This toolkit serves as a practical implementation guide for two-way text message-based Caring Contacts. It does not include in-depth background, a full review of existing evidence, or a detailed discussion of the Caring Contacts model itself. It also excludes content specific to one-way text-based, email-based, or postal mail-based Caring Contacts programs. If you are looking for further reading to determine if Caring Contacts is the right program for your organization, please visit our website at caringcontacts.info to learn more about the basic concepts and research behind the intervention.

How is this toolkit organized?

This toolkit includes the following sections:

1. The **Introduction** provides an overview of the toolkit content and introduces the its authors and contributors.

2. The **Planning Guide** provides content needed to inform decisions during the planning phase, including the selection of a target population; a review of possible Caring Contacts service delivery models, legal considerations, and staffing, including recommended trainings and competencies for follow-up specialists; a high-level overview of the secure online texting platform, Mosio; and advice for estimating the scale and costs of your program.

3. The **Developing Caring Contacts** section provides an overview of the fundamental principles of the Caring Contacts intervention and explains how to draft messages and a schedule for outgoing Caring Contacts texts.

4. The **Program Delivery Guide** describes how to identify, invite, and enroll potential participants in your program. It includes information on how to deliver Caring Contacts, as well as an overview of safety and crisis management, how to complete the intervention, advice on several types of (optional) phone calls you may decide to include, and guidance on serving special populations, managing frequent responders, and how to care for program staff.

5. The **Engagement & Communication** section describes recommended practices for engaging people with lived experiences with suicide in designing and running your program, as well as tips for engaging referring physicians or clinicians and how to communicate with leaders and stakeholders about program successes.

6. The **Quality Control & Program Evaluation** section includes recommended routine quality control measures to maintain program standards and guidance on program evaluation.

7. The **Reference** section lists the sources cited throughout this toolkit.

8. The **Appendices** contain an implementation checklist, a second sample list of Caring Contacts texts and schedule ("storyline"), a phrase bank for replying to incoming texts from participants, an overview and link to access a detailed Mosio User Guide and Caring Contacts Standard Operating Procedures complete with detailed screenshots, a sample quick guide for quality control checks, a sample consent form, a sample memorandum of understanding (MOU), and sample safety and crisis management protocols.

1.2 About Us

St. Luke's Health System Applied Research Division

The St. Luke's Health System Applied Research Division (St. Luke's) conducts innovative investigator-initiated research to support patient quality of life, population health, and deliver economic value. They focus on real-world issues in health and healthcare to address practice, policy, behavior, and the environment.

Idaho Crisis & Suicide Hotline - 988

The Idaho Crisis & Suicide Hotline - 988 (Hotline) provides 24/7 free and confidential support. ICSH is committed to ensuring that those they serve are heard and empowered with options to stay safe, while supporting their emotional well-being.

St. Luke's and Hotline Caring Contacts Experience: St. Luke's and the Hotline have partnered to successfully deliver two-way Caring Contacts via text message to over 2,000 teens (ages 12-17 years) and adults (18-99 years) identified at risk for suicide in clinics and emergency departments in communities across Idaho. This program model and experience was developed over three large pragmatic randomized controlled trials[4-6] and a non-research Caring Contacts program delivered to health system employees.

Contact us at caringcontacts@slhs.org.

University of Washington's Center for Suicide Prevention and Recovery

The University of Washington's Center for Suicide Prevention and Recovery (CSPAR) promotes the recovery of individuals experiencing suicidal thoughts and behaviors and the effectiveness and resilience of the clinical staff and families by conducting rigorous and ecologically valid research, developing innovative interventions, improving policies, systems and environments of care, providing expert training and consultation, and listening to and understanding the lived experiences of those we serve.

CSPAR Caring Contacts Experience: The Center for Suicide Prevention and Recovery has successfully delivered Caring Contacts to five Native communities in Alaska, the Northern Plains, and the Southern Plains, as well as to adult patients, veterans, and active-duty military populations.

Authors of this toolkit

Contributors to this toolkit include **St. Luke's** (Anna Radin, DrPH, MPH; Jenny Shaw, MS; Tara Fouts, MHS; Elizabeth McCue, MS; Anton Skeie, MD, MPH; Hailey Pierce and Hilary Flint, PhD, MPH), **Hotline** (Matthew Biss and Erika Tingey) and **UW CSPAR** (Kate Comtois, PhD, MPH; Anna Evanson, and Barbara Wright).

2 Planning Guide

This section provides an overview of the operational decisions and planning required prior to implementing a Caring Contacts program. It includes guidance on determining your program's target population, selecting a model of service delivery, a brief overview of legal considerations, a high-level introduction to the Mosio texting platform, and an overview of staffing considerations, expected costs, and how to estimate the scale (number of participants) for a Caring Contacts program.

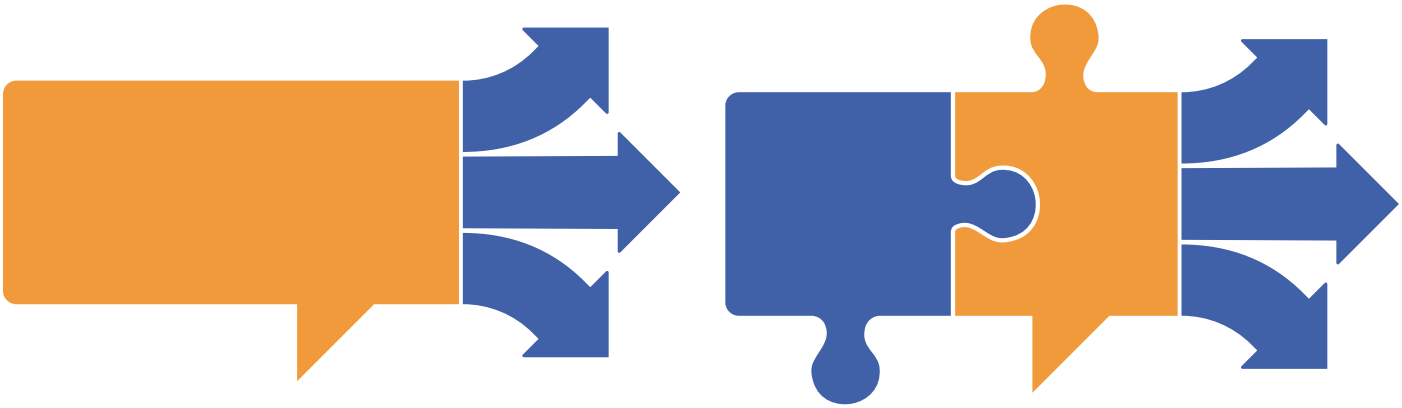
2.1 Target Population

When you decide to embark on creating a Caring Contacts program, one of the first decisions you will make is the target population for your program. Caring Contacts has been effectively tailored and delivered to adults, adolescents, veterans, active-duty service members, Native Americans, healthcare professionals, and more.




2.2 Models of Caring Contacts Program Delivery

You will also need to determine which organization will be delivering the intervention to participants. There are two high-level models for Caring Contacts service delivery:



Direct Delivery

Your organization delivers CC directly to your participants.

Delivered in Partnership

Your organization partners with another organization that delivers the intervention to your participants.

Key Questions to Consider:

Does your organization have the staff to support program delivery and manage day-to-day implementation of the program? (See section 2.4 Staffing Roles.) *Note that two-way Caring Contacts programs are not a replacement for crisis lines and do not need to be staffed 24/7.*

If you have adequate staff available to manage program delivery, consider their relationship with your target population. **It is not recommended to have staff with an existing clinical relationship send Caring Contacts to their own patients.** (See section 2.5 Trainings & Competencies for Follow-up Specialists.)

Is there a community organization available for you to partner with, and are they interested in learning to deliver Caring Contacts?

Consider partnering with a state or local 988 crisis and suicide hotline, public health agency, or another community partner.

Non-clinicians can make excellent Caring Contacts follow-up specialists. See section 2.5 Trainings & Competencies for Follow-up Specialists for more about how to prepare non-clinicians.

Examples of Successful Program Models in Research & Practice

Social Workers Deliver CC to Patients at Military Installations

Masters level social workers successfully delivered CC in a randomized, controlled trial to 329 active duty or veteran members of U.S. Army or Marine Corps who were at risk for suicide.[4]

Crisis Responders at 988 Hotline Deliver CC for Health System

A team of non-clinicians trained as crisis responders at the Idaho Crisis and Suicide Hotline (988) successfully delivered CC to over 2,000 adolescent and adult patients screening at risk for suicide in St. Luke's Health System emergency departments, primary care clinics, or behavioral health clinics through three pragmatic randomized, controlled trials.[5-6]

The Idaho Crisis & Suicide Hotline Team also partnered with St. Luke's Health System to deliver CC to health system employees (non-research).[7]

Tribal Community Members Deliver CC to Peers

Non-clinical community members from five Native communities in Alaska, the Northern Plains, and the Southern Plains delivered CC to 355 American Indian/Alaska Native participants at risk for suicide.[8-9]

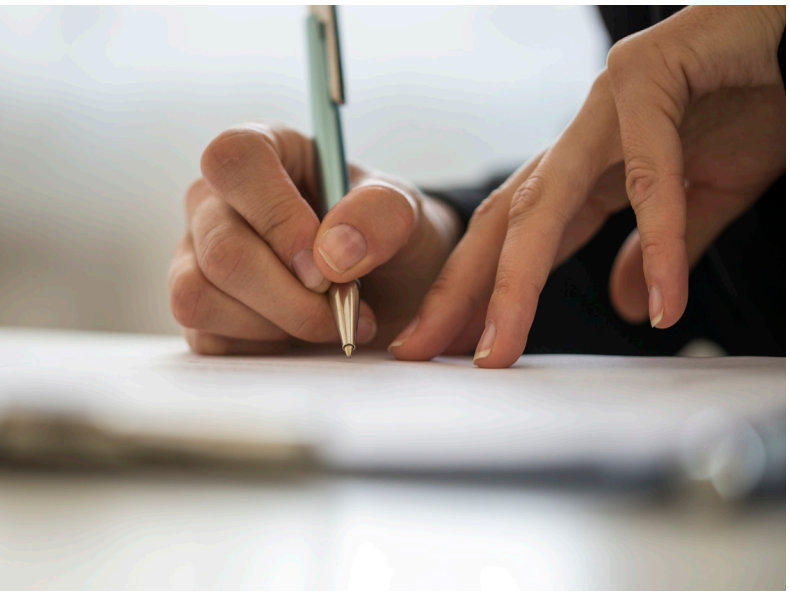
References: [4-9]

2.3 Legal Considerations

A consent form can be used to set clear expectations for participants about what the program does and does not provide in terms of type of support and hours of operation. This should be tailored to your program and reviewed by your legal team prior to implementation. A sample consent form is included in **appendix 8.5**.

If your organization is partnering with another organization for the delivery of Caring Contacts, identification of participants, or other program deliverables, you may need a legal agreement outlining the terms and conditions such as the scope of work, data protection requirements, partnership duration, and any costs and fees.

A sample Memorandum of Understanding (MOU) can be found in **appendix 8.6**. This sample is intended to be used for illustrative purposes only, and legal advice should be sought to select the correct type of legal agreement for your partnered organizations, to ensure compliance with applicable laws and regulations, and to address any unique circumstances pertinent to the parties involved.



2.4 Staffing Roles

Project staffing will depend on the scale of the Caring Contacts program (how many participants are enrolled) and the staff available at your organization. Remember that Caring Contacts programs are not designed to replace crisis lines and do not need to be staffed 24/7. Below is an overview of the work needed to maintain a Caring Contacts project and the role(s) that encompass that work. A **small-scale project** with fewer than 600 participants could be supported by a portion of one person's time – though it is important to arrange coverage for when that person is out during normal project hours. **Larger-scale projects** may need to include a Project Manager role and will require additional staff time – *see Follow-up Specialist Ratios and Costs in section 2.7 for guidance on how many staff to plan for based on the expected number of participants in the Caring Contacts program.*

- **Follow-up Specialist(s) (Caring Contacts Author/Interventionist):** Responsible for daily work, including reviewing and responding to incoming texts, following standard operating procedures (SOPs), conducting routine quality control checks, and implementing safety protocols.
- **Project Manager (Optional):** Oversees the planning, coordination, and execution of the project. Responsible for training, reporting key metrics to stakeholders, managing budget, and ensuring compliance with policies. Supports day-to-day operations of the project, developing standard operating procedures and ensuring adherence to them, overseeing quality control checks, and ensuring all daily work is completed successfully. *Note: For smaller programs, key functions of this role may be combined with the role of the Follow-up Specialist.*

2.5 Trainings & Competencies for Follow-up Specialists

Any great **follow-up specialist** should have these core competencies:

- Capable of showing empathy and compassion for all
- Skilled in text/chat communication
- Knowledge of local services, programs, and resources
- Willing to support participants in crisis – a clinical degree is **not** needed

Most conversations with participants will not be in moments of crisis, but it is essential that Caring Contacts follow-up specialists know how to respond in crisis situations. The following training resources may be helpful.

Applied Suicide Intervention Skills Training (ASIST)[10-13]:

A two-day training that is the gold standard of its field, used by clinicians, healthcare systems, crisis lines, first responders, and more. Find an ASIST workshop near you.

https://livingworks.net/training/livingworks-asist/

QPR Pathfinder[14-18]:

An online training of 14+ hours designed to teach suicide intervention skills to those working at-risk populations.

https://qprinstitute.com/qpr-pathfinder-training

Counseling on Access to Lethal Means (CALM)[19-22]:

Free online course on Counseling on Access to Lethal Means (CALM) Training.

https://zerosuicidetraining.edc.org/

Stanley-Brown Safety Plan Intervention Training[23-25]:

A brief intervention to help those experiencing self-harm and suicidal thoughts with a concrete way to mitigate risk and increase safety.

https://suicidesafetyplan.com/training/

Suicide Prevention Resource Center[26]:

Free, self-paced online courses designed for clinicians and other service providers, educators, health professionals, public officials, and community members who develop and implement suicide prevention programs and policies.

https://sprc.org/online-courses/

Who Makes a Great Follow-Up Specialist?

Clinicians as Follow-up Specialists

Clinicians have excellent training to be able to communicate effectively with their clients and may seem like the right people to administer the intervention as a follow-up specialist. However, there are some potential limitations that clinicians may be subject to. First, a clinician with a high patient workload might not have extra time outside of their billable hours to schedule and monitor Caring Contacts messages. Second, it is **recommended that clinicians do not send Caring Contacts to their own patients** as pre-scripted, scheduled messages could seem inappropriate based on what that patient may have recently shared with their provider. Missed replies may harm the therapeutic alliance.

Crisis Responders as Follow-up Specialists

People trained as 988 or suicide crisis responders make great follow-up specialists, as they tend to be highly empathetic, comfortable discussing suicide and crisis, and their training and experience involve calls and text conversations with people who may be struggling. Partnering with a crisis and suicide hotline also provides potential for 24/7 monitoring of your participants' incoming messages (in case of emergency). Note that 24/7 monitoring is **not** required for a Caring Contacts program but is a bonus.

Typical training and competencies of crisis responders may include: acute suicidal crisis intervention, including by text, healthcare compliance, privacy, and HIPAA, suicide risk assessment, safety planning intervention, Counseling on Access to Lethal Means (CALM), trauma-informed care, scope of practice, substance use and addiction, grief and loss, documentation, emergency services, and knowledge of local resources.

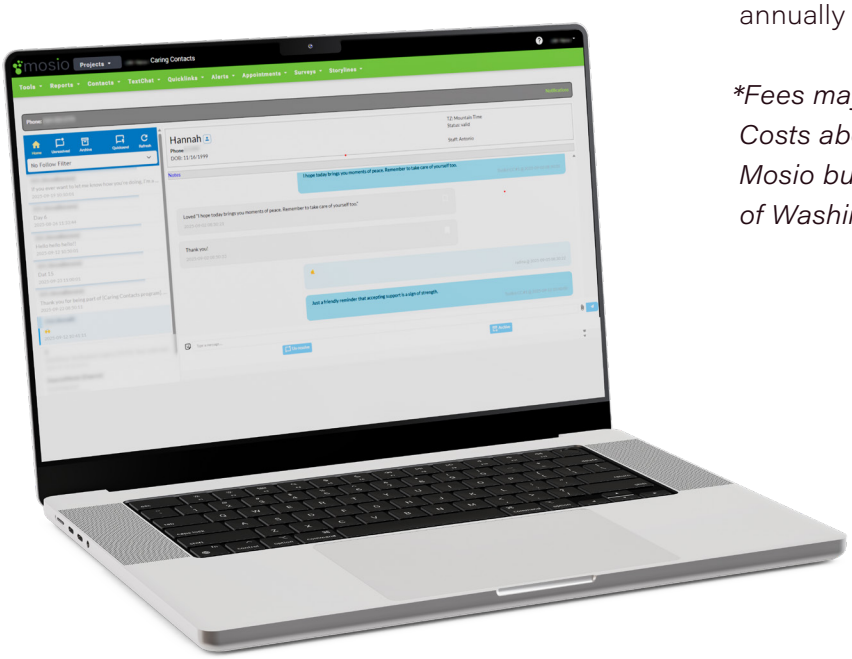
Follow-up Specialists from Other Community Organizations

Other organizations in your community with or without specific training in suicide crisis intervention may serve as follow-up specialists. Individuals with the core competencies described earlier in this section may be trained in suicide crisis intervention. Consider including clinical oversight in these cases.

2.6 Texting Platform: Mosio

Mosio is a web-based HIPAA-compliant SMS texting platform that allows you to easily manage and correspond with a large number of participants. The platform allows you to send personalized text messages, schedule an automated message, or a series of messages, making it an ideal platform for delivering two-way Caring Contacts. You can also use Mosio's click-to-call function for phone calls with participants. If you decide to utilize Mosio, you may download a **Mosio User Guide for Caring Contacts,** which our team developed as a companion document to this toolkit. It includes detailed standard operating procedures with screenshots for general Mosio account setup, message delivery, content personalization, and utilizing reporting tools – all the daily functions needed to successfully manage a Caring Contacts program in Mosio.

Download the **Mosio Caring Contacts User Guide here:** idahocrisis.org/caringcontactstoolkit



2.7 Caring Contacts Program Costs

Program costs will primarily consist of licensing fees for the texting platform and personnel costs as outlined below.

Mosio Fees

Mosio provides organizations with the flexibility to utilize a texting platform that can be custom-built to best suit the needs of the organization. Our team worked with Mosio to develop a customizable templated build for two-way Caring Contacts.

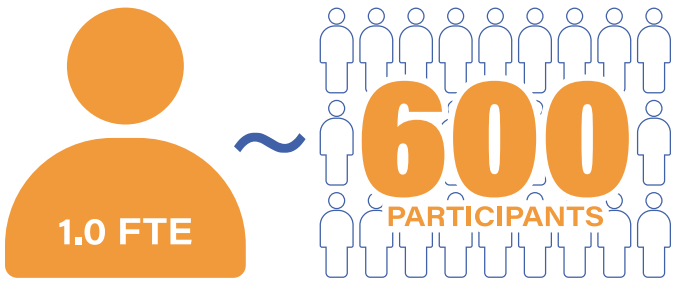
Configuration of System Build ($2,994):* Allows organizations access to a templated two-way Caring Contacts standard build that our team developed with Mosio. This includes texting number registration, account configuration, and access to video guides to introduce the dashboard and provide a detailed walk-through for the functionalities included, plus two-way texting and click-to-call services, and ongoing technical support for the duration of the project. Additionally, there is an annual licensing fee of $2,388 (Plus Plan), which Mosio charges annually thereafter.

**Fees may vary depending on program complexity. Costs above were quoted for the Caring Contacts Mosio build developed by St. Luke's and University of Washington in June 2025.*

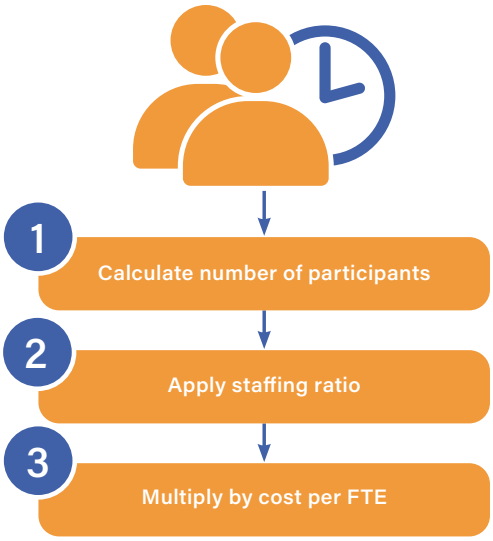
Additional Services: You can order project setup assistance, virtual training sessions, additional messages, or logins through its online ordering page. Contact Mosio directly for estimated cost of specific add-on requests that fall outside the scope of the standard setup.

Follow-up Specialist Ratios & Costs

Maintaining an appropriate ratio of interventionists to participants is key to ensuring personalized outreach and consistent message delivery in a Caring Contacts program. Previous work in the SPARC and SPRING trials has demonstrated that one part-time FTE would be sufficient for a few hundred participants, and 1.0 full-time equivalent (FTE) program staff/follow-up specialist can successfully manage up to ~600 enrolled participants. Additional staff should be trained in Caring Contacts and available to provide coverage when the primary follow-up specialist is out of the office during normal program hours. An additional ~0.5 FTE is recommended for each additional ~300 participants in the program. This staffing ratio (with appropriate plans for out-of-office coverage) allows for flexibility in scheduling for anticipated or unexpected life events, and the ability to perform necessary daily work and quality control checks. For budgeting, teams should calculate the number of FTEs needed for the program and multiply by the cost per FTE.



0.5 FTE ~ 300 PARTICIPANTS



2.8 Estimating Program Scale

Caring Contacts can be delivered by two-way text message to a large number of participants by a small team. The capacity of a Caring Contacts program is primarily limited by the ratio of follow-up specialist FTE available to support participants. To estimate how many participants your program might serve, you will need to make some assumptions about what proportion of eligible potential participants will enroll in the program. In the SPARC trial, about **36%** of eligible patients screening at risk for suicide were referred to the study by their primary care physician/provider or ED social worker, and **42%** of referred patients went on to enroll in the study. Once these participants graduated from the study, they were offered the opportunity to continue receiving Caring Contacts in a non-research program. About **5%** of SPARC participants opted to receive an additional year of Caring Contacts support. Enrollment rates in your organization may differ based on referring staff awareness and attitudes about the program, potential participants' interest, and ease of enrollment workflows.

3 Developing Caring Contacts

This section provides an overview of the fundamental principles of Caring Contacts and describes how to draft a schedule and content for outgoing Caring Contacts messages.

3.1 Fundamental Principles of Caring Contacts

A person struggling with suicidal ideation can be encouraged to continue living by regular and long term contact with another person who expresses concern about their well-being. The guidelines below refer to developing a standard set of pre-scheduled outgoing Caring Contacts text messages. Crafting replies to incoming text messages from participants is covered in section 4.5 Responding to Caring Contacts.

Effective Caring Contacts messages:[1,2]

- Are nondemanding
- Express unconditional care and interest
- Are authentic and human
- Are sent over the long term (follow-up continues for at least 12 months)

What do we mean by "nondemanding"?

Caring Contacts should be designed to let participants know they are cared for without expecting anything in return. Outgoing messages should be carefully crafted to let participants know we're here and care about them but are not expecting a response to minimize the pressure participants may feel to reply. Outgoing Caring Contacts should not include questions, suggestions, or reminders that may portray any sort of expectation or a "demand," even if well-intentioned. Participants may decide whether to respond to your Caring Contacts, and either is OK. Research has demonstrated that even if people aren't replying to you, Caring Contacts delivered over at least 12 months are still bolstering their safety from suicide.

Poor:

> Hey Josh, I care about you and was wondering how you're doing — I'd love to hear from you!

Good:

> I hope something nice happens for you today, Josh. I'm here if you ever feel like sharing how things are going.

Unconditional Care and Support

Caring Contacts participants may be experiencing the lowest of lows, or they may be doing just fine on any given day. In a Caring Contacts program, our role is to be supportive and on their side, to show empathy and be nonjudgmental.

Authenticity

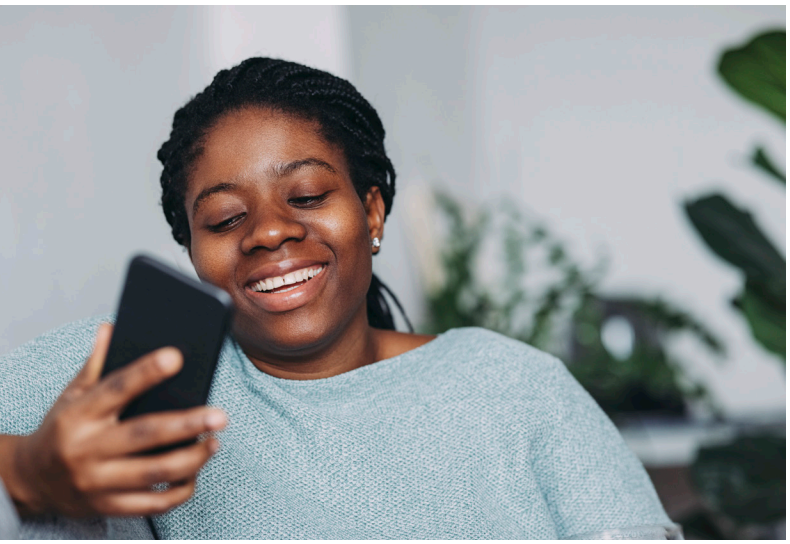
Caring Contacts need to feel "real" and personal, while being broad enough to land effectively for a wide audience, which includes individuals you may never have spoken to and know little about. With advancements in artificial intelligence (AI), it's even more important who we portray ourselves as real human beings that care about participants and their well-being. Below are a few tips:

Include Participant's Preferred Name in Outgoing Texts

You can use a tag in Mosio to automatically insert a participant's name into a message.

Images, Emojis & Gifs

In your text conversations with friends and family, do you use images, emojis, and gifs? Most people do, and Caring Contacts may feel more authentic if you include some. 😊☘️⛄🏈😂



Tone

Caring Contacts need to be crafted in a way that could land well with someone having an exceptionally dark and difficult day – or someone having a great day. Having the wrong tone can turn people off.

- Avoid "*thinking of you*" sentiments, which some participants perceived as "creepy," especially if their follow-up specialist was older or of the opposite sex.
- Avoid sending Caring Contacts that assume someone will be depressed or in crisis when they receive them. If they receive such a message when they're having a great day, it may feel like a swing and a miss to them.

✘ **I know things are difficult right now, but I also know you've got what it takes to get through it.**

- Similarly, take care to avoid an overly positive/cheery tone. Over-the-top encouragement can have the opposite effect if someone finds themselves struggling.

✘ **The next chapter of your life is going to be so amazing.**

Because our Caring Contacts are delivered to a wide variety of people over time, we strive for a positive, calm, supportive tone that doesn't make assumptions or predictions.

Long Term

This toolkit recommends sending scheduled outgoing messages for at least 12 months, which is aligned with findings from all Caring Contacts research trials published to date. Sending messages for at least 12 months is a key part of the Caring Contacts model.

3.2 Developing Caring Contacts Schedule & Messages

Developing the content of your Caring Contacts messages and the schedule for when they are sent should be done thoughtfully. Delivering two-way Caring Contacts is not an automated intervention. There's a real relationship established, and participants should expect that follow-up specialists will be sending messages with care, and reviewing and responding authentically to any incoming texts from participants. If follow-up specialists become aware of new information about participants based on text replies, the next scheduled message might need to be updated accordingly. For example, if a participant shared that their father died, the next scheduled text should be modified so that the tone is appropriate, not "hope all is well."

Note that drafting and revising Caring Contacts texts and the schedule are things that should be done in close consultation with individuals with lived experiences from your target population. Be sure your messages align with principles of Caring Contacts (nondemanding, unconditional support, authentic, long term) to ensure fidelity to the Caring Contacts model.

If you decide to use the Mosio texting platform (see section 2.6 Texting Platform: Mosio), note that Mosio refers to a Caring Contacts schedule of outgoing text messages as a "storyline." Below is a sample storyline with 25 outgoing messages sent out over 12 months that you may use as a starting point to adapt for your audience. A second sample storyline is included in **appendix 8.2.**

Sample Caring Contacts Storyline

#	Day	Content
1	1	[Text 1/2]: Hi [name], my name is [name] with the [Organization Name] Team. I'll be texting you over the next year to send kind words your way. I am here to support you – [my team and I are available Monday – Friday 9-5], so I won't see messages sent outside of those hours right away. Please feel welcome (but never pressured) to reply or share anything on your mind. I'm so glad we have this chance to connect! [OPTIONAL: Text 2/2]: Even though we do not personally know each other, I truly value your well-being, and I want the best for you. If you would like to have a phone call so we can get to know one another, I'd be happy to schedule something with you. No pressure either way. :)
2	3	Hi %pref_name%, I just want you to know I'm glad to be texting with you. I'm here if you need some support.
3	9	%pref_name%, I hope something nice happens for you today.
4	15	If life was a roller coaster, I'd be here for both the ups and downs... 🎢 This is a safe space to share or vent if you ever need it. -%staff_name%

#	Day	Content
5	25	Hey %pref_name%, you are strong, even on the days you don't feel like it. 💪
6	33	I hope today brings you moments of peace. Let me know if you'd like a couple of ideas for how to get there.
7	38	Just a friendly reminder that accepting support is a sign of strength.
8	53	I care about how you're doing, %pref_name%. If you ever find yourself struggling, feel free to text me.
9	65	Hey %pref_name% , I'm sending some encouragement your way today! 📣
10	80	%pref_name%, it's a new day! 🌞
11	93	If you ever want to let me know how you're doing, I'm just a text away. -%staff_name%
12	106	Hey — this is a little reminder that you are deserving of good things, and I hope today brings something positive your way.
13	137	I just wanted to say that I'm glad we're in touch — thanks for being you! 🌻 -%staff_name%
14	164	Hey %pref_name%, just a reminder that I'm on your team. Feel free to reach out if you ever need it.
15	190	I care about how you're doing and want the best for you.
16	219	I just wanted to say hello, and I hope you experience kindness today.
17	249	Hey! If you ever want to drop any thoughts, feelings, or jokes, I'd be happy to hear from you. 💬
18	276	%pref_name% — remember to go at your own pace and celebrate the small victories in life. :)
19	304	Hi %pref_name%, I saw this quote and just wanted to share: "Sometimes when you are in a dark place, you think you have been buried, but actually you have been planted." — Christine Caine 🌻

#	Day	Content
20	331	Sending you positive vibes, %pref_name%. 😄
21	360	I can't believe it's already been a year, %pref_name%! 🎓 This is my last text, [OPTIONAL: but let me know if you'd like me to continue reaching out and I'll gladly get you signed up for another year. 😊] I want you to know that it's been a pleasure to connect with you, and I'll be cheering you on! -%staff_name%
22	Birthday	Happy Birthday %pref_name%! May this year be kind to you and full of good things. 🎂
23	Thanksgiving	Hello %pref_name%, I'm grateful for you — know that you are valued and supported. 🧡
24	Holidays	Wishing you peace and happiness this holiday season, %pref_name%. If you ever find yourself struggling, feel free to text me. ☃️
25	New Year	Wishing you a year full of new adventures, growth, and moments that make you smile. 🎇

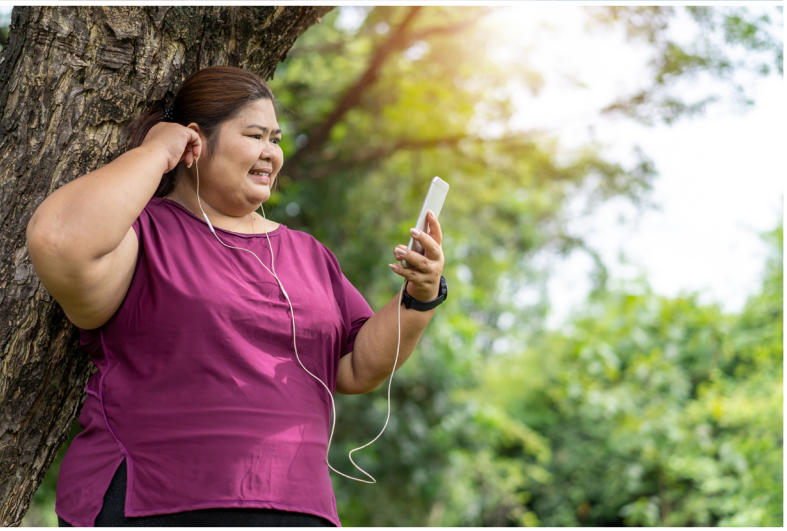
First and Last Caring Contacts Messages

The first outgoing message should introduce the assigned follow-up specialist, reiterate the working hours when incoming texts will be reviewed/ responded to, and invite the participant to reply to messages without pressuring them to do so.

The last outgoing message should make it clear that it's the last Caring Contact, and close on a positive note. Optionally, programs may invite participants to sign up for a second year of Caring Contacts in the final outgoing text.

Schedule for Outgoing Caring Contacts Messages

A thoughtful Caring Contacts schedule for outgoing texts helps ensure messages feel timely, supportive, and not robotic. Caring Contacts are typically sent over at least a 12-month period (sometimes longer). Most research-based Caring Contacts programs sent participants 11-25 text messages over 12 months. Sending more frequent contacts at the beginning can help establish rapport and may be helpful if someone has experienced a recent crisis. Tapering messages down to monthly toward the end of the year is designed to help ease participants off the support over time. Participants who wish to continue receiving Caring Contacts at the end of the intervention may be given the option to re-enroll. See section 4.8 Completing Caring Contacts Intervention.



Timing of Scheduled Outgoing Messages

The time of day when individual text messages are sent plays a key role in how messages are received. Sending Caring Contacts during your team's working hours ensures that you'll be staffed to respond to replies and may make it more likely that the message is seen and appreciated by participants. Varying the day of the week and time of delivery will seem more authentic than sending every message on Fridays at 10 AM.

Holidays

Holidays are a great opportunity to reach out to let someone know you're thinking about them. Several Caring Contacts studies have demonstrated that holiday messages receive the most engagement with participants – especially if it's their birthday! The storylines in this toolkit provide some examples for birthdays, Thanksgiving, New Year's, and the winter "holiday season". You can stick with those or customize your list for your population. Unless you're planning on staffing the holidays, don't send Caring Contacts on an actual holiday. If the participant replies and they do not receive a response, they may perceive that there is not a real person behind the outgoing message. Instead, send the messages on a weekday prior to the holiday so that someone is available to reply should a participant respond. In fact, plan on this being one of the busiest days of the year for your Caring Contacts program!

Scheduling conflicts may occur between regular scheduled outgoing Caring Contacts messages and Caring Contacts holiday messages. This should be reviewed by follow-up specialists for each participant when they enroll in the program, with adjustments made to regular scheduled outgoing messages to avoid redundant contact on the same day.

3.3 Authoring Caring Contacts

The individual "authoring" Caring Contacts is the person (follow-up specialist or interventionist) from whom the Caring Contacts are sent. As the purpose of a Caring Contacts program is to show the recipient that someone cares about and supports them, it's important that the named author for a two-way Caring Contacts text program be a real individual person rather than multiple people or an institution as a whole. Participants will build better rapport and be more willing to share when they're at risk if they're working with an individual author who they can get to know over time.

- **Do NOT use team or group names** as authors, such as "St. Luke's Staff" or "SPARC Team".
- **DO assign an individual person** to serve as the primary follow-up specialist for each participant, using their name (or pseudonym) as the author for the duration of the program.

Author (Follow-up Specialist) Names

What name will be attached to the Caring Contacts you send? Several models have been tested and are summarized below. Ultimately, the decision is up to each author or follow-up specialist.

- ✓ **Using a pseudonym.** This may not be practical in all situations, but using an alias can protect a follow-up specialist from the rare participant who becomes too attached or has ill intentions. Having just your first name and knowing your workplace, it takes little effort for an internet sleuth to learn a lot about you.
- ✓ **Using your real name.** Many clinicians and healthcare workers who are already using their name with their patients and clients may be comfortable with using their real name.
- ✘ **Do NOT use a fake persona**. Rather than just using a pseudonym, this approach involves inventing a fictional person with a backstory to match. Whomever happens to be responding to a participant's replies attempts to adopt this persona and responds as the fictional person would. This approach may be ethically questionable and may come across as inauthentic. It's better to just be yourself!

Transitioning to a New Follow-up Specialist

Staff changes are bound to occur over time, and it's important to have a plan in place to let participants know if they have a new follow-up specialist. Pretending the new follow-up specialist is the old one is deceitful and ethically questionable, so it's better to be honest when there are staff changes. To make the transition smooth, you should:

- Have the original follow-up specialist send a message to their participants letting them know they'll be leaving and say goodbye, and let them know their replacement will be texting from the same number.
- Update the author/follow-up specialist's name in Mosio.
- Adjust Mosio storylines if there are any Caring Contacts texts that will go out during this transition.
- Have the new follow-up specialist introduce themselves over text.

Coverage and Out-of-Office Considerations

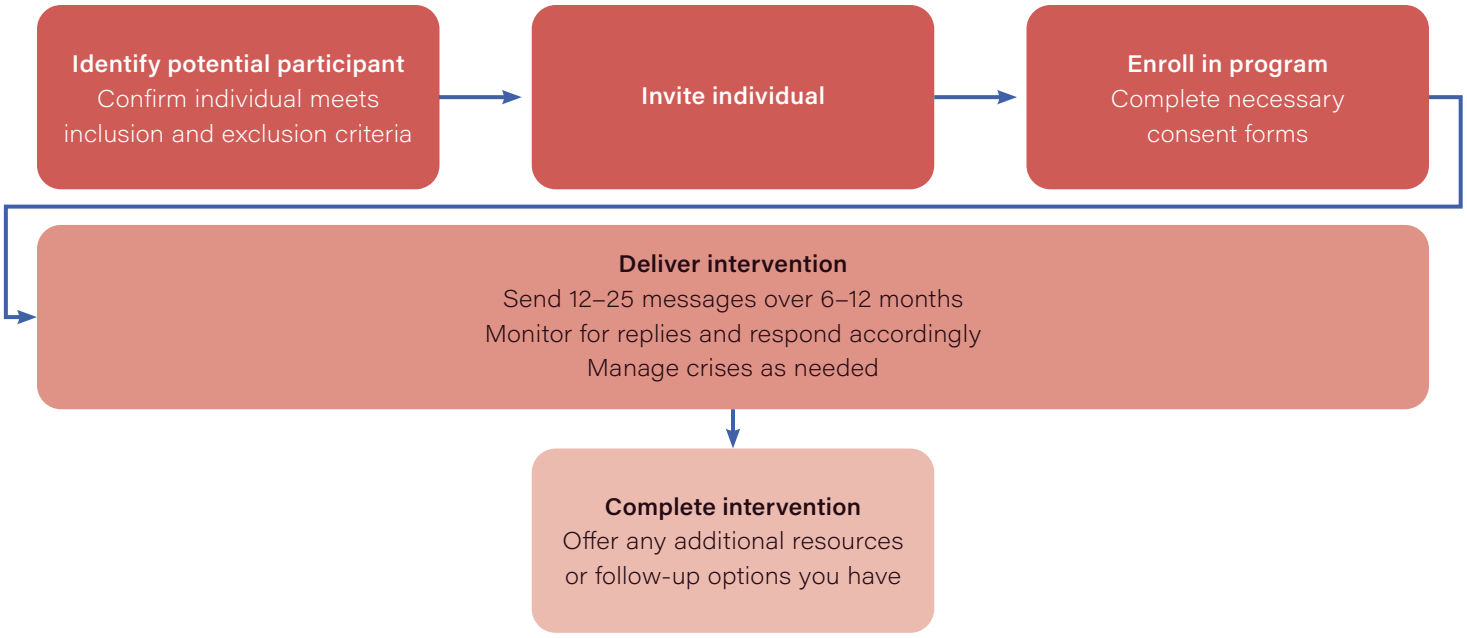
Due to limited staffing and coverage needs, the follow-up specialist assigned to a participant (author) may not always be available to reply within a reasonable time frame (24 hours). In such cases, another team member should provide coverage and respond on their behalf. This arrangement can be detailed in the Terms and Conditions that are provided to participants up front.

Auto-replies

The use of auto-replies outside of office hours is not recommended. People with lived experiences with suicide shared that auto-replies made the intervention feel inauthentic and less caring. After all, you wouldn't get an auto-reply from your caring friend if you texted them late at night while they were asleep; you'd understand they'll get back to you when they can. Instead, make sure participants are aware of your team's in-office hours and understand that responses to texts sent after-hours will be delayed.

4 Program Delivery Guide

There are five stages to a Caring Contacts program: (section 4.1) Identify Potential Participants from Your Target Population, (4.2-4.3) Invite and Enroll Interested Participants in the Caring Contacts Program, (4.4-4.7) Deliver Two-Way Caring Contacts Texts to Participants Over at Least 12 Months, and (4.8) Complete the Intervention, Which May Include Offering Re-Enrollment and Additional Resources to Graduating Participants. This section also includes information on (4.9) Optional Phone Calls, (4.10) Considerations for Special Populations Like Youth, Older Adults, and Others, (4.11) Advice for Managing Out of Scope Requests, and (4.12) Caring for Follow-up Specialists.



4.1 Identify Potential Participants from Your Target Population

Once you have developed a storyline (standard schedule for and content of outgoing Caring Contacts texts), the next step is to identify potential participants for the program. Caring Contacts is designed to support individuals experiencing suicidal ideation, emotional distress, or other mental health challenges. Your organization may choose to consider clinical presentation, environment, age, or other factors when identifying participants for your program.

Evidence-based screeners can identify individuals at elevated risk for suicide. Screeners can be integrated into your electronic health record (EHR) workflows or administered prior to ambulatory encounters, or during intake, triage, or follow-up visits. Other sources of potential participants for a Caring Contacts program include individuals with:

- Recent discharge from inpatient psychiatric care or emergency departments
- History of suicide attempts or self-injury
- Diagnosis of depression, anxiety, PTSD, or other mental health conditions
- Reports of isolation, hopelessness, or recent life stressors
- Referrals from behavioral health providers, case managers, or crisis teams
- Referrals from other clinical environments where patients may benefit from the program such as pediatrics, oncology, urgent care, obstetrics and gynecology, or neurology and neurosurgery to name a few

4.2 Invite & Enroll Participants in Program

Caring Contact programs may have various pathways to invite and enroll participants. Screening and referrals from healthcare providers are commonly used to identify potential participants in healthcare settings. Referrals from healthcare professionals may be needed in some situations, or patients may be allowed to directly opt in to the program.

Embed Caring Contacts Referrals into Standard Workflows

Referring patients to a Caring Contacts program must be an easy lift for frontline clinicians. Here are several ways to facilitate Caring Contacts referrals:

Use pop-up alerts in the EHR triggered by positive responses to suicide risk screeners to prompt referral to your CC program. This results in an efficient referral workflow with just 1-2 clicks in the EHR.

Add referral options to your EHR system using smart phrases, order sets, or discharge checklists.

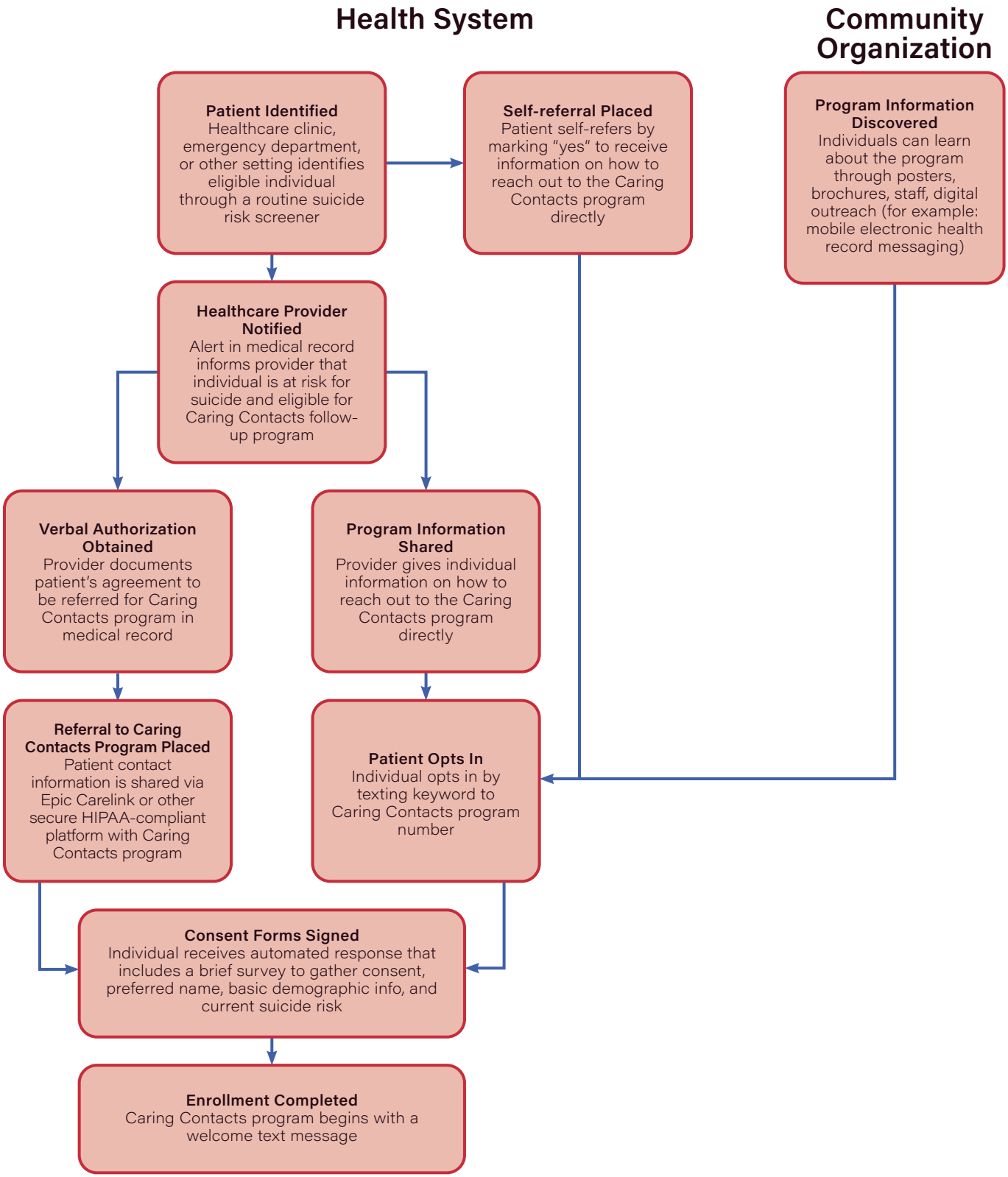
Train staff to offer CC as part of safety planning or discharge conversations.

Include a QR code or instructions on how to enroll on After Visit Summaries.

Automatically display the option to enroll to patients who report suicide risk on routine screeners on an iPad at the clinic or at home in mobile EHR.

Sample Invitation/Referral & Enrollment Workflows

Below are several sample workflows for potential enrollment pathways.



4.3 Consent Considerations

When enrolling a participant in a Caring Contacts program, it is essential to acquire their consent before beginning. The consent process should include an explanation of the program so that the individual knows what to expect from their participation, and document their agreement to participate. Depending on the requirements of your organization, consent may include verbal consent upon referral to the program, written consent, or simply a "yes" response to an invitation text. A sample consent form is included in **appendix 8.5**.

If you are partnering with another organization to deliver the Caring Contacts, you may need to consider prior authorization for release of information to share contact information, in addition to documenting consent to participate in the Caring Contacts program.

For minors, documentation of consent from a legal guardian – plus the minor's agreement to participate – is generally required. Consider any local legislative requirements around youth healthcare to ensure compliance.

4.4 Deliver Caring Contacts

Once participants have been enrolled in the Caring Contacts program, they should be assigned a follow-up specialist and assigned to one or more storyline(s) in Mosio, which will initiate the process of automatically delivering their pre-scheduled standardized Caring Contacts texts from the designated follow-up specialist. Our **Mosio User Guide for Caring Contacts** idahocrisis.org/caringcontactstoolkit provides detailed step-by-step instructions on how to do this in Mosio. While standard outgoing messages can be automated, it's important to note that two-way text message Caring Contacts is not an automated intervention overall – reviewing and responding to any incoming text messages from participants in a timely manner is key.

4.5 Responding to Caring Contacts

Types of Incoming Messages

While some participants may never reply (and that's OK!) many (~67% based on our previous studies) do reply at least sometimes. Here are some types of replies:

Doing Well/OK	I'm feeling better today than I have in a while, thank you.
Appreciation	Thank you. That text meant the world to me.
Reciprocation	Hope ur well also!
Adversity	This week has been tough but I'm getting through
Nonurgent	Just really stressed out
Urgent Distress	I need to talk to someone, totally overwhelmed
Crisis	I really want to kill myself

The majority of participant replies are in the "Doing Well/OK," "Appreciation," and "Reciprocation" categories. In our studies, we have found that <5% of replies indicate urgent distress or crisis.

Crafting an Ideal Caring Contacts Response

Replying in some way to each incoming text message is a best practice in the Caring Contacts two-way messaging programs. Some incoming messages – like, "Thanks!" – may call for a simple emoji response (👍), or a quick "Any time!" But other incoming texts will require a more thoughtful reply. Crafting an ideal reply to a text from a participant should include unconditional support and may also involve reflection, validation, and/or identification of strengths. A Phrase Bank is included in **appendix 8.3** and includes a list of words and phrases that may be especially helpful for writing Caring Contacts replies.

Unconditional Support

Caring Contacts is designed to help participants feel that their follow-up specialist is supportive, on their side, and empathetic to whatever they are experiencing.

- "You are coping with so much right now. I am here to listen and support you."

Reflection

Reflection shows the participant that you are listening to and doing your best to understand what they are going through. Without reflection, it can be hard to tell if they are communicating what they want you to know. This needs to be done subtly so that it feels natural and not forced or repetitive. Participants may feel agitated if it seems that their follow-up specialist is parroting back what they just said every time.

- "It sounds like you're not feeling supported by your family right now."

Validation

Validation shows that you accept the participant's emotions without judgment. This gives them space to feel the way they feel and know that you support them.

- "Thank you for sharing all that. It sounds like it's been an extremely tough week."

Identifying Strengths

Identifying strengths helps to point out the positives in our participants, especially because individuals who are suicidal/in crisis often focus on the negatives. Identifying strengths is most effective when tied with an action they've shared.

- "It takes a lot of strength to deal with this for so long."

Positive Acknowledgment

Many incoming Caring Contacts texts won't really need a reply (for example, "I appreciate it!"), but it's still nice to send a brief acknowledgment of incoming texts if appropriate. A good rule to follow is when in doubt, reply and acknowledge.

- "You bet!", "😊, or "💛"

Emojis & GIFs

It's perfectly fine to use emojis in your replies, whether at the end of a message or as a brief acknowledgment. When the tone of the conversation is appropriate, they're an easy, fun way to make participants feel seen and connected. Emojis or GIFs may be a good response to "thank-you" texts from participants. GIFs of helpful graphics, like the "5-4-3-2-1 Grounding Technique," may be appreciated by participants requesting support.

Pacing Conversations

Pacing conversations is a helpful way to manage communication with frequent responders (those who frequently reach out to text or chat but are not in crisis). It involves setting gentle boundaries around follow-up specialist response time to ensure participants don't develop the expectation of immediate or extended replies. This can be accomplished by intentionally delaying responses to incoming texts for 30 minutes to two hours to pace the conversation. Some Caring Contacts programs deliberately use this pacing consistently for all participants, while other programs opt to employ this technique only when needed with frequent responders. Both are good options.

Frequent Responders

Caring Contacts is not meant to encourage extended dialogue or over-dependency on the program. Participants who are prolific texters may benefit from pacing conversations and gentle reminders of available resources – such as 988 – without being dismissive. For example:

> *"Sorry that I missed your messages last night. It sounds like things were really rough. I think you know this already but wanted to be sure you know that I'm not able to see any texts you send outside the hours of 9-5, M-F. I care about you and want to be sure you get help right away when you need it, so when I'm not here, please remember you can always text or call 988."*

You may also experience participants requesting more frequent text messages than the standard scheduled outgoing texts or asking for phone calls when not in crisis. You may remind these individuals that they can reach out via text if there's a day when they'd like additional support and let them know that you care about them and how they're doing, even if they do not receive a text from you every day. Participants requesting frequent phone call support should be encouraged to connect with professional counselors or therapists and reminded to use 988 for urgent or crisis needs.

4.6 Safety & Crisis Management

The safety of participants should always be the top priority in your Caring Contacts program. While most conversations with Caring Contacts participants won't be about crisis and suicide, it's important for follow-up specialists to be prepared to identify safety concerns, assess risk, and provide support to participants in crisis. Specific protocols should be developed for safety escalation and mandatory reporting. A sample safety protocol can be found in **appendix 8.7**.

The key elements of a follow-up specialist's Crisis Management Plan are:

- Follow a recognized model for acute crisis intervention (i.e., ASIST, QPR)
- Provide empathy and support
- Conduct a safety check to assess current risk
- Plan for immediate and short-term safety
- Use the least invasive response that ensures safety
- Share local resources, including emergency/crisis resources
- Document the safety check, risk assessment, safety plan, and resources shared

Threshold for Escalation

One significant obstacle to participants sharing information when they're in crisis is their fear of police or involuntary hospitalization. Many believe that if they share that they're considering suicide, they'll be involuntarily hospitalized or the police will show up at their home. Such measures can be traumatic and should only be used when truly necessary.

Consider providing this information to participants as part of the consent form when they enroll or during introductory calls (if applicable):

Most safety interventions can be completed without involving a welfare check from police. In a review of hundreds of safety checks for high-risk participants in Caring Contacts trials, emergency response was necessary in less than 1% of cases. If program staff become concerned about a participant's safety, they will consider these options first:

- ✓ If able, call the participant to perform a safety check over the phone.
- ✓ Help to initiate in-person support from a trusted individual.
- ✓ Recommend visiting a community crisis center (a safe space for people to go to when experiencing an emotional or mental health crisis, providing resources and support).
- ✓ Call a Mobile Crisis Team (many communities have mobile behavioral health professionals that travel to support someone in crisis in lieu of law enforcement).

Safety First Escalation Scenarios

When a participant isn't able or willing to stay safe with the above options, it's time to consider escalation. If harm to self and/or others is occurring or about to occur, activate emergency response. If they are unable to participate in the intervention, activate 24-hour monitoring (if able) or emergency response.

Suggestions for making the emergency response go as smoothly as possible:

- ✓ If it's safe to do so, tell the participant why you're activating emergency response.
- ✓ Continue talking with the participant while waiting for help to arrive.
- ✓ Have them prepare by putting pets away, getting dressed, and gathering their things for when help arrives.
- ✓ Remove any dangerous items from the immediate area.
- ✓ Be ready to answer the door or even stand outside to wait for help to arrive.

Mandatory Reporting

If a participant shares information revealing abuse, neglect, abandonment, domestic violence, sexual abuse, or threats of violence, you may be required to report it to local authorities. It's imperative to know your state and local laws regarding mandatory reporting. Mandated reporters often include those who work with vulnerable populations, such as teachers, physicians, and police officers, but all adults are considered mandatory reporters in many states. Ensure your team has the information needed to quickly and accurately provide a report when necessary.

4.7 Documentation of Caring Contacts

In some environments – such as healthcare – it may be important to document key components of the intervention in the electronic health record. Your organization can decide on the extent of documentation needed (e.g., Every text exchange? Start and end date for the intervention? Any crisis intervention delivered and outcomes?). Outside healthcare, there may be other systems for tracking this information. The Mosio texting platform tracks all outgoing and incoming text messages, the time and duration of any phone calls, and includes notes fields for additional documentation.

4.8 Completing Caring Contacts Intervention

The Final Caring Contacts Text

Be sure to let participants know that the program is ending by including something in your final or second to final text to let them know. Consider offering re-enrollment and/or additional resources as the intervention ends, and be sure to let participants know you'll be rooting for them as they graduate.

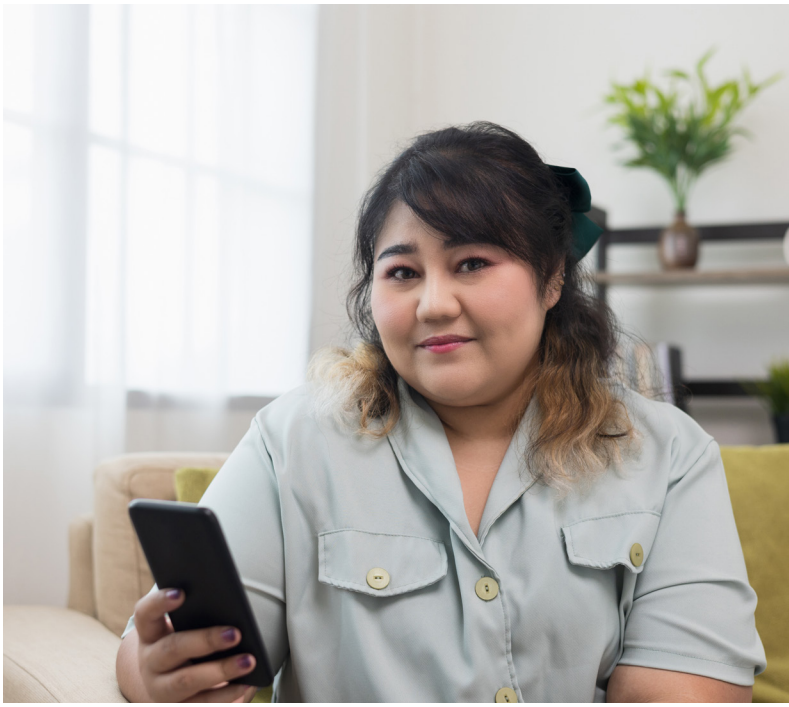
Program Re-enrollment

Most participants who complete their Caring Contacts intervention can "graduate" and move on safely. Some participants may prefer to stick with you and, if offered, would opt to enroll for another year. Some participants simply aren't ready to lose the additional support Caring Contacts offers. These participants can be re-enrolled to extend their program. You may consider only offering the option to select participants, but it is recommended to offer the extension for all participants (in our studies, acceptance rates for a second year were ~5%).[5,6]

When a participant opts to continue, you should choose a new storyline for them with different content and timing, so they aren't receiving the same messages they've already received. Consider adding "year 2" storylines specifically for this purpose.

Withdrawing Participants

Participants may choose to withdraw from Caring Contacts programs at any time for any reason. Program staff may also choose to withdraw participants if deemed necessary (for example, due to failure to adhere to the program's consent form, psychological or physical safety or other concerns for program staff, etc.). Participants should be notified if they are withdrawn from the program and provided appropriate resources for support.



4.9 Optional Phone Calls

While a Caring Contacts program can function well and be effective with or without phone calls, you may decide to include an option to make calls to participants in your program. This provides an opportunity to build rapport as a participant starts Caring Contacts, as well as providing a way to check safety at any time during the program or check in with participants when a lot of information needs to be exchanged. Below are several examples of phone calls that may be included as part of Caring Contacts interventions.

Introductory Phone Call

Starting off a participant's Caring Contacts intervention with a phone call is a great way to build rapport. For them, it helps put a voice and personality behind the messages they'll be receiving, and it provides significant background information for the follow-up specialists who can aid in forming a genuine connection and assessing safety if needed. It's recommended that phone calls be offered to new participants, but it's OK if they decline. Some participants, after getting a feel for the program, may ask for that introductory call later.

Safety Planning

It's recommended that participants at risk of suicide have a safety plan, which includes developing a prioritized list of coping strategies and supports. You may choose to complete a safety plan with a Caring Contacts participant over the phone rather than over text. If you are conducting introductory phone calls or safety checks, safety plan development can be included on those calls.

Safety Checks

The purpose of a safety check is to intentionally and efficiently check in with participants who may be experiencing a suicidal crisis. Safety checks may be triggered by survey responses (if you are collecting data from participants) or incoming texts from participants that indicate immediate risk. This includes situations involving suicidal ideation, suicide attempts, thoughts of self-harm, or other high-risk behaviors. The goal is to assess safety, provide support, and connect participants with appropriate resources. Section 4.6 focuses on Safety and Crisis Management, and **appendix 8.7** provides some additional resources related to safety protocols, how to assess safety via text, and sample documentation for safety checks.

Follow-up Calls

Additional follow-up calls may occur for several reasons. You may choose to check in with a participant during or after a crisis situation, or a participant may request an additional call. Some participants may struggle to easily unpack their thoughts and feelings over text, preferring to talk over the phone. Your program should determine whether you want to offer phone calls or not, and what the criteria are. See section 4.11 Managing Out-of-Scope Requests for help navigating this.

4.10 Considerations for Special Populations

Your Caring Contacts program may include populations that require special considerations. The following recommendations are suggested for specific populations.

Youth and Teens

We have found that youth and teens interact with a Caring Contacts two-way text program differently than adults. For example, some teens may initially present as bored, defensive, or skeptical. It's important to take extra care in the beginning to respond to their incoming messages promptly and consistently to build trust. Teens may also engage in the program intermittently as their needs evolve over weeks and months.

Teens may also be unable to view or respond to texts sent during school hours, which is especially important to know if assessing safety. Finally, while some teens may have especially high mental health literacy and be very comfortable sharing about their mental health concerns, others may be hesitant to do so.

The table below includes strategies to build trust and rapport with youth and teens early in the program.

STARTING THE INTERVENTION
■ Schedule outgoing messages to be sent outside of school hours when feasible. ■ Ask for and be sure to use preferred pronouns and names. ■ Consider potential variation in the level of support available at home. Some youth may be significantly undersupported, and not every teen is comfortable talking to a parent or caregiver, especially about suicidal ideation or self-harm. Others may have very supportive home environments.
DELIVERING THE INTERVENTION
■ Respond promptly to initial incoming messages, even if it is just to acknowledge their reply. Teens in research trials have given feedback that a delayed text reply feels uncaring and insincere. ■ Communicate that you are on their side. Use statements such as *I'm here for you either way," or "I'm on your team."* ■ Validate their emotional turmoil, no matter how small it may sound. ■ Choose words and tone carefully to avoid sounding judgmental. (i.e., avoid "you should" statements). ■ Cultivate awareness of subtext, slang, memes, punctuation usage, and emojis. ■ Be responsive to activities, hobbies, projects, or any interests that they share as a way to reinforce a sense of genuine care. ■ Once rapport is established, be prepared to respond to requests for advice on navigating relationships with parents, friends, and/or significant others.

It may take more time to build a relationship with teens. However, once trust has been established, teens may be more likely than adults to initiate contact with their follow-up specialist, offering an opportunity to reinforce safety and well-being during periods of calm or crisis.

Older Adults

Caring Contacts have successfully supported older adults – including those over the age of 90. It's important not to underestimate the digital engagement of older individuals, but be aware that there may be a range of comfort with technology in this age group. Many are not only capable of texting but may also benefit greatly from a text-based program.

When you're supporting older adults, consider the following:

- If you are collecting data, consider additional support that may be needed, such as offering to complete surveys via phone call.
- Adapt tone, language, and grammar to mirror the participant. Respond in full sentences, and utilize more formal grammar if the participant does so.
- Note that stigma around mental health may be more pronounced in older generations.
- Be aware that discomfort discussing emotional well-being may be more common.

Veterans and Active-Duty Service Members

There has been extensive research into the preferences of veterans for their Caring Contacts. You can find more details on their feedback about Caring Contacts, including modality and author preferences, on our website, caringcontacts.info/examples. If supporting veterans and active-duty service members with two-way text message Caring Contacts, consider the following feedback that was collected as part of an assessment in a VA emergency department.[10]

- Two-thirds of veterans preferred messages to continue at the same frequency over time, compared to tapering off toward the end.
- Include Veterans Day in holiday messages. Other important holidays to consider are Memorial Day, Armed Forces Day, July Fourth, Christmas, and 9/11.
- Veterans had a stronger preference for an inpatient or outpatient mental health counselor or primary care physician as the Caring Contacts author compared to other correspondents (e.g., a fellow veteran they had not met, a crisis worker, or a provider from a Caring Contacts program).

Individuals with Complex Mental Health Diagnoses

In rare situations, Caring Contacts may not be a suitable follow-up support program for some individuals with complex mental health diagnoses, or it may require modifications. Seek guidance from behavioral health professionals on how to manage participants with complex clinical diagnoses that may require alterations to the program.

4.11 Managing Out-of-Scope Requests

Allowable and Unallowable Modifications

Consider developing a standard operating procedure outlining allowable and unallowable modifications to the standard schedule of outgoing texts for your program. For example, a participant requesting more frequent check-ins may not be an allowable reason to alter the schedule, but if a participant shares something that a good friend would follow-up to check in on (e.g., something traumatic or difficult such as a housing crisis, domestic violence situation, or suicidal crisis), then an additional outgoing text to check in the next day or two may be warranted.

Out-of-Scope Requests

Caring Contacts is not intended to serve as a replacement for any other behavioral and mental health services but is designed to supplement other services. It is important for follow-up specialists to stay within their scope of practice and refer to clinicians for guidance where appropriate.

Examples of care that are generally not within the scope of a Caring Contacts program include:

- ✘ Medication management
- ✘ Counseling
- ✘ Diagnosing mental or behavioral health conditions
- ✘ Advising on treatment for mental or behavioral health conditions

4.12 Caring for Follow-up Specialists

Working as a follow-up specialist can be deeply rewarding – but also emotionally taxing. The role often involves connecting with individuals on both their best and most challenging days, offering steady support through a wide range of emotions and experiences.

Without intentional self-care, follow-up specialists may experience empathy fatigue or even burnout. Supporting others effectively requires emotional strength, and self-care is what builds and sustains that resilience. It's essential for your well-being to stay in tune with emotions and recognize when rest or support is needed. It's also important to create healthy boundaries between participants and follow-up specialists. Boundaries help protect emotional space and allow follow-up specialists to separate work from personal life. Self-care is a key tool for maintaining those boundaries. Finally, follow-up specialists should be encouraged to utilize their team for support. Sharing challenges can lighten the emotional load and foster stronger team connections.

5 Engagement & Communication

This chapter outlines strategies for engaging stakeholders, including people with lived experiences, referring clinicians, and organizational leaders. You'll learn how to incorporate feedback and communicate program successes effectively.

5.1 Engaging People with Lived Experiences

We highly recommend engaging people who reflect the range of patients and communities that your program will serve to ensure it is relevant to them. Advisors with lived experiences with suicide can be invaluable contributors for the duration of the program. Incorporating their feedback into the development of your Caring Contacts program can improve the tone, cultural appropriateness, and participant experience. Gathering input on lived experiences can take many forms: hiring an individual with a lived experience to run your program, routinely convening a lived experience advisory board, or conducting focus groups as you develop your Caring Contacts messages.

Consider the Following to Support Meaningful Collaboration:

Representation. Your advisors should reflect the community your program serves.

Compensation. Pay your advisors for their time and contributions to the program. Consider $50/hour or an agreed-upon rate appropriate for your community.

Expectations. Establish group expectations early and often throughout engagement. Include a sensitive topic reminder during meetings – suicide is a sacred and deeply personal topic, and it is important to treat all input with respect to create a safe meeting space. It may be beneficial to include a mental health clinician to offer support during or immediately after meetings.

Training. Take time to train lived experience advisors on the Caring Contacts model. Communicate clearly which elements of the program can be modified based on their feedback and which pieces cannot change before asking for input.

Roles & Responsibilities. Be clear about responsibilities and time commitment.

Promote transparency. Communicate all decisions back to advisors so they can see the positive impact their participation has on the program.

5.2 Engaging Referring Physicians & Clinicians

Engaging referring clinicians and care teams can be a highly effective way to ensure a steady flow of referrals if your Caring Contacts program will identify and recruit participants in a healthcare setting. Clinicians are more likely to refer patients to programs they trust and view as responsive, competent, and collaborative. Consider including engagement activities with referring clinicians in the program budget.

Clinic/Emergency Department Site Visits

In-person site visits are the most successful way to introduce the program and build trust. Provide lunch or refreshments, when possible, and join an existing regular staff meeting to maximize attendance. Site visits should be brief and focus on:

- Sharing information about your Caring Contacts program.
- Reviewing referral workflows with frontline clinicians and ensuring they are as easy as possible (1-2 clicks in the electronic health record is ideal).
- Sharing successes so they see the value for their patients (see section 5.3 Communicating Success Stories).
- Recognizing and celebrating high-referring clinicians at each site

If you do not have the resources for in-person site visits, consider virtual meetings or send treats to referring clinics or hospitals with handwritten thank-you cards.

5.3 Communicating Success Stories

Communicating success stories about the program to your leaders, partners, and stakeholders is an essential component to building and maintaining trust, sustaining support, and demonstrating the value of your Caring Contacts program. While reporting quantitative metrics is also important, we have found that stakeholders are more likely to remember individual stories and/or text responses directly from participants. Ensure that any stories or text replies do not include any identifiable information. Consider:

- Sharing text message responses from participants in a meeting with leaders.
- Sharing a story of how the program impacted an individual's life during a site visit presentation with referring clinicians.
- Sharing text replies or participant satisfaction feedback from the post-intervention survey in an email or newsletter to program funders or executives.
- Sharing in the success of the program can validate efforts of referring clinicians, staff, and partners by demonstrating the positive impact of Caring Contacts on recipients.

6 Quality Control & Program Evaluation

This chapter includes information that will help you identify key quality control processes and program evaluation measures that are important to maintaining reliability and consistency in your program.

6.1 Quality Control Checks

Quality control checks are processes that ensure a high-quality Caring Contacts program is delivered consistently. Routinely conducting quality control checks will help identify and correct any errors early on before they escalate into larger problems. Documenting issues identified through quality control checks allows you to monitor patterns and identify systemic issues that occur because of gaps in standard operating procedures, inconsistencies in daily workflows across team members, or technology issues. See **appendix 8.4** for a sample quick guide for quality control checks.

6.2 Program Evaluation

Program evaluation will help you determine how successful your Caring Contacts program is by providing a structured way to assess effectiveness and efficiency. Findings from evaluations can help you identify ways to improve your program and guide decision-making. Consider the following potential sources of data: Mosio texting platform, electronic health records, data from brief pre-/post- or satisfaction surveys.

Sample Outcomes for Program Evaluation

- Suicidal ideation and behavior (can be collected using a validated screener such as the Columbia Suicide Severity Rating Scale, Patient Health Questionnaire-9, or Asking Suicide Screening Questions).
- Other measures of mental well-being (may be available in electronic health records or can be collected directly via patient surveys).
- Mental healthcare utilization (self-reported use of outpatient mental healthcare, and suicide-related ED utilization or hospitalization).
- Participant satisfaction with the intervention (see Participant Satisfaction section on next page).

Process Evaluation & Reporting Metrics

Process evaluation will help you monitor the reach of your program, representativeness of participants relative to your target population, and if key program activities are delivered as intended.

Sample process evaluation data may include:

- Number of participants enrolled
- Proportion of eligible or referred potential participants enrolled in the program
- Number of participants that withdrew from the program
- Number of participants who contacted the program during a crisis
- Ratio of staff to program participants
- ZIP code or regions served, or number of patients served per referring clinic
- Participant demographics such as age, race/ethnicity, income level, etc.

Participant Satisfaction

We recommend collecting participant feedback about their experiences in the program by administering a brief satisfaction survey at the end of the intervention. Participant feedback can be a key indicator of success and guide adjustments to improve the program. Consider including the following questions in your patient satisfaction survey:

- Have you received text messages from [follow-up specialist's name]?
- The tone and content of the messages were [just right, too cheery, too serious, something else (free-text field)].
- I would have liked to have received [the same amount of text messages, more messages, fewer text messages, or no text messages].
- Is there anything you would recommend we change in the future about these text messages?

If you are interested in a longer participant survey, you may download the "Caring Contacts Reception" survey from the Practical Guide on the caringcontacts.info website.

References

Below is a summary of references cited throughout this toolkit, including foundational research on Caring Contacts effectiveness.

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8 Appendices

The appendices contain practical tools and templates, including checklists, sample forms, message examples, and protocols that can be adapted for your organization.

For questions, email caringcontacts@slhs.org.

8.1 Implementation Checklist & Decision Tracker

This checklist provides a high-level step-by-step guide to develop a functional Caring Contacts program and includes space for your team to record your decisions. Each item is discussed in more detail elsewhere in this toolkit; the numbers listed in the "Steps" column refer to specific sections with relevant content.

✓ **Planning Your Caring Contacts Program**

- ❑ 2.1 Determine Your Target Population
- ❑ 2.2 Determine Your Model of Delivery
- ❑ 2.4, 2.7 Determine Program Scale & Staffing Needs
- ❑ 2.5 Train Staff
- ❑ 2.6 Determine Texting Platform/Technology

✓ **Developing Caring Contacts**

- ❑ 3.2 Determine Program Start Date
- ❑ 3.2 Develop Schedule and Timing of Caring Contacts
- ❑ 3.2 Develop Content of Standard Outgoing Caring Contact Messages
- ❑ 3.3 Determine Who Will Send And Reply to Caring Contacts

✓ **Program Delivery**

- ❑ 4.1 Determine How You Will Identify Participants
- ❑ 4.2-4.3 Determine Invitation and Consent Processes
- ❑ 4.5-4.7 Logistics for Delivering Program: Replying to Messages and Managing Safety
- ❑ 4.8 Ending the Intervention
- ❑ 4.9-4.12 Determine Program Scope

✓ **Engagement & Communication**

- ❑ 5.1-5.3 Develop an Engagement Plan

✓ **Quality Control & Program Evaluation**

- ❑ 6.1 Quality Control
- ❑ 6.2 Program Evaluation

Implementation Checklist & Decision Tracker

STEP/TASKS	CHECKLIST	DECISIONS	NOTES
PLANNING YOUR CARING CONTACTS PROGRAM			
2.1 Determine Your Target Population	Document target population for your program		
2.2 Determine Your Model of Delivery	Determine which organization will deliver and manage the CC program Establish MOU or other legal agreement between partners (if needed)		
2.4, 2.7 Determine Program Scale & Staffing Needs	Estimate number of program participants Determine number of staff (follow-up specialists)/% FTE needed based on expected # participants Determine who (in your organization or a partner organization) will serve as follow-up specialists		
2.5 Train Staff	Determine existing competencies of your follow-up specialists Develop and deliver needed trainings prior to starting program		
2.6 Determine Texting Platform/ Technology	Select a secure platform to use for two-way texting Complete contracts/legal agreements if needed		*We recommend Mosio, a web-based, HIPAA-compliant texting platform, for two-way texting with an optimized build for two-way Caring Contacts.*

STEP/TASKS	CHECKLIST	DECISIONS	NOTES
DEVELOPING CARING CONTACTS			
3.2 Determine Program Start Date	Set a target start date for the program		
3.2 Develop Schedule and Timing of Caring Contacts	Determine length of program *(12+ months)* Consider fundamental principles of Caring Contacts		*Review sample Caring Contacts storylines for examples of a tapered schedule.* *Be sure to vary date/time of outgoing messages.*
3.2 Develop Content of Standard Outgoing Caring Contact Messages	Review sample Caring Contacts storylines for examples of outgoing messages Adapt the sample Caring Contacts storyline messages for your population, considering fundamental principles of Caring Contacts Review your messages with local people similar to your target population		
3.3 Determine Who Will Send And Reply to Caring Contacts	Determine how the follow-up specialist's name will appear in outgoing messages (real name vs. pseudonym)		
PROGRAM DELIVERY			
4.1 Determine How You Will Identify Participants	Document inclusion/ exclusion criteria for potential participants		
4.2-4.3 Determine Invitation and Consent Processes	Develop opt in/out process Develop consent forms and intake/referral workflows		*Review the sample consent form.*

STEP/TASKS	CHECKLIST	DECISIONS	NOTES
4.5-4.7 Logistics for Delivering Program: Replying to Messages and Managing Safety	Review and train on best practices for replying to incoming text messages (review section 4.5 and phrase bank in **appendix 8.3**) Develop coverage plans for PTO and out of office during normal operating hours (does not need to be 24/7, but operating hours must be clearly communicated to participants) Determine what should be documented, who will document, where, and when (Mosio or your alternate texting platform may be sufficient) Identify threshold for escalating safety concerns (review section 4.6) Develop standard operating procedures for safety and crisis management (review section 4.6 and sample safety protocol in **appendix 8.7**)		
4.8 Ending the Intervention	Ensure last text informs participants that the program is ending Determine post-intervention procedures ✓ Consider offering to continue the program ✓ Consider administering a satisfaction survey		
4.9-4.12 Determine Program Scope	*Optional:* Will your program include phone calls? If so, what kind? Determine out-of-scope requests and how they will be handled		

STEP/TASKS	CHECKLIST	DECISIONS	NOTES
ENGAGEMENT & COMMUNICATION			
5.1-5.3 Develop an Engagement Plan	Determine program stakeholders Develop a communication and engagement strategy with each stakeholder group ✓ Lived experiences advisors ✓ Referring clinicians ✓ Leadership		*We strongly recommend beginning engagement as early as possible and engaging at all phases of the project.*
QUALITY CONTROL & PROGRAM EVALUATION			
6.1 Quality Control	Develop standard operating procedures for routine quality control checks ✓ Frequency ✓ Person responsible ✓ Track errors		*Review which includes sample quality control checks for a Caring Contacts program.*
6.2 Program Evaluation	Identify which metrics you will track and/or report for your program		

8.2 Sample Caring Contacts Storyline

Sample Caring Contacts Storyline

#	Day	Content
1	1	Howdy, %pref_name%! I'll be reaching out over the next 12 months by text just to let you know I'm here if you need me. Feel free to reply, but there's no pressure to. I'm happy to be in touch! - %staff_name%
2	3	Just a quick message to remind you that you don't have to have it all figured out right now. Feel free to let me know how things are going if it helps.
3	9	Hey, %pref_name%, I'm glad we're in touch.
4	15	Just a friendly reminder that accepting support is a sign of strength. - %staff_name%
5	25	No matter where you're at today, I'm sending good energy your way. 🌤️
6	33	%pref_name%, this quote made me smile, and I wanted to share it with you. "What lies behind us and what lies before us are tiny matters compared to what lies within us." – Ralph Waldo Emerson
7	38	Sending this energy today!
8	53	Can you feel the crisp high five I'm sending your way, %pref_name%? 🖐️
9	65	Today's a new day! 🌄
10	80	I care about how you're doing, %pref_name%. If you ever find yourself struggling, feel free to text me. - %staff_name%
11	93	%pref_name%, I'm sending a bit of light your way today. 🌠
12	106	Just thought I'd drop in and say hi! Hope you're doing alright and that something nice happens for you this week. 👋
13	137	I just want you to know I'm glad to be in touch with you. Thanks for reading my messages!

#	Day	Content
14	164	If you ever feel like chatting or need someone to listen, I'm here. - %staff_ name%
15	190	Whatever you're facing right now, I just want you to know that you're not alone. - %staff_name%
16	219	Just wanted to send you some warm thoughts and a smile today. 😊
17	249	I care about how you're doing. This is a safe space to share or vent if you ever need it.
18	276	I saw this quote and just wanted to share it with you: "Try to be a rainbow in someone else's cloud." — Maya Angelou 🌈
19	304	Just a friendly reminder that I want the best for you. Sending you positive vibes today, %pref_name%.
20	331	%pref_name%, hoping things are going well for you. 🌞
21	360	I have truly enjoyed being in touch over the past year, %pref_name%. This is the final text I'll be sending, [OPTIONAL: but let me know if you'd like me to continue reaching out and I'll gladly get you signed up for another year. 😊] Please remember that you can always reach out to 988 for support and know that I'm rooting for you! - %staff_name%
22	Birthday	Sending warm birthday wishes your way, %pref_name%! Wishing you all the best today and always. 🎂
23	Thanksgiving	This season reminds me how thankful I am for people like you. 🍂
24	Holidays	%pref_name%, I'm sending you warm wishes for a happy and peaceful holiday season. I would be happy to listen if you could use some extra support.
25	New Year	Wishing you a bright year ahead, %pref_name%!

8.3 Phrase Bank for Replies to Incoming Texts

Strong responses to text messages from participants express unconditional support and may also include reflection, validation, and/or identification of strengths. Here are a selection of words and phrases that may be helpful.

Unconditional Support

- "I'm really sorry you're going through this. I'm here for you if you need me."
- "That sounds very difficult. How are you coping?"
- "I'm glad you told me. I know it's not easy to share these things."

Reflection

- It sounds like...
- It seems like...
- I'm hearing that...
- I can tell that...
- You seem to be feeling...
- So, you're feeling...
- I get the feeling that you...
- I'm getting the impression that...
- I'm sensing that you...

Validation

- It's understandable that...
- It's normal to...
- It makes sense to...
- It's natural to...
- It's reasonable to...
- That's fair.
- You're going through a lot.
- Going through ____ can be intense.
- That's a difficult situation.
- That's a lot to handle!

Identifying Strengths

Example: [+ strength] "It takes courage [+ visible action] to make your well-being a priority."

STRENGTH	VISIBLE ACTION
It takes strength...	...to ask for help.
I can tell that you have great insight...	...because you've identified a problem and you're willing to work on it.
It's inspiring/admirable/commendable...	...how much work you're putting into getting help for yourself.
You're resilient...	...for dealing with _____ for so long.
I can tell you're self-aware...	...by how well you know yourself and what you're going through.
I appreciate your bravery...	...I know it's not easy to share these things

Feeling Words

afraid	agitated	angry	anxious	ashamed
confused	defeated	depressed	disappointed	discouraged
disheartened	distant	distressed	embarrassed	fragile
frustrated	furious	guilty	helpless	hesitant
hopeless	horrified	humiliated	hurt	inferior
insecure	intimidated	irritated	isolated	panicked
powerless	rejected	scared	shocked	terrified
tired	worried	upset	violated	vulnerable

Frequently Useful Phrases Expressing Care & Validation

- I'm here for you.
- I care about how you're doing.
- Thank you for sharing this with me.
- I'm sorry you're going through this.
- I'm here if it helps to share more.

Positive Acknowledgment

Here are some ways to briefly acknowledge "Thanks!" or other common responses that don't require a substantive reply. A good rule: When in doubt, reply and acknowledge.

- Of course
- I'm happy to be here for you
- Anytime
- You are so welcome
- You're welcome anytime
- Always
- For sure
- Absolutely
- Definitely
- Ofc or yw 😊 (shorthand for "of course" or "you're welcome")

8.4 Sample Quality Control Checks Quick Guide

This sample quality control checks quick guide lists the basic steps of each quality control check recommended for a two-way text Caring Contacts program. Determine the frequency with which your team will complete these checks.

Note: These procedures assume your program will utilize the accompanying project management tools.

Recommended Quality Control (QC) Checks

Add New Participants

Objective: Confirm that all participants have been imported into Mosio.

- Sort the Mosio Contact List by "Date" with newest entries on top.
- Confirm participants identified in your original source data appear in the Mosio Contact List.
- Document any issues and QC check completion.

Verify Preferred Name in Mosio

Objective: To verify that the Preferred Name field in Mosio is correct for new participants, with appropriate capitalization and no extra spaces, so that automated communication sent from Mosio looks natural.

- In Mosio Contact List, sort participants by date using filter at the top of the date column.
- For each new participant, verify that the Preferred Name field includes the given preferred name, is capitalized correctly, does not include the participant's last name, and doesn't have a space before or after the name.
- Make corrections if needed and then save. Note: If this field is imported from another source, the original source will need to be updated as well.
- Document any issues and QC check completion.

Confirm Storylines & Staff Names Assigned Appropriately

Objective: To ensure that new participants are enrolled in the correct storylines and assigned a follow-up specialist; to ensure two CC texts don't get sent on the same day.

- In Mosio Contact List, sort participants by date using filter at the top of the date column.
- Verify that a staff name is listed in the Staff Name field of the participant's profile in Mosio. If adding or changing staff name, be sure to click "Save Participant Data." Note: If this step is missed, the first Caring Contact the participant receives will be missing the staff name.
- In the Mosio Contact List, review the "Storylines" column to verify that all appropriate storylines have been assigned to each participant.
- If you need to add a storyline, select the "Storylines" tab in Mosio from the drop-down menu, choosing today as the start date, and clicking on the "+". Add additional storylines, such as those for holidays and birthdays, if missing.
- Review all storylines to ensure the participant won't receive two messages on the same day (a result of holiday messages landing on a standard CC day). Adjust the date of the Caring Contact message when needed to avoid duplicate messages.

- Review the birthday text to ensure it isn't sent on a day without staff coverage.
- Document any issues and QC check completion.

CC Intervention Monitoring

Objective: Monitor text history to ensure texts are being sent as intended, and (optional) document delivery failures.

- Open the Contact List in Mosio to review the listed records. Check that scheduled Storyline texts were sent as intended and that any incoming texts were replied to.
- For participants who have opted out, withdrawn, completed their intervention, or are deceased, update their Mosio profile accordingly.
- Optional: Review recent activity in text history or daily summary email to check for message delivery failures, messages of substance that weren't replied to, and other text irregularities.
- Optional: For any failed messages ("unreachable destination handset" in Mosio), attempt to manually resend the text to the same phone number to see if it resolves the issue. If not, consider reaching out to the participant by alternate means (if available) to obtain a new/functional phone number.
- Document any issues and QC check completion.

8.5 Sample Consent Form

[Caring Contacts program name] Consent

By registering for [Caring Contacts program name], you are agreeing to the following terms and conditions related to the use of this service.

Description

[Caring Contacts program name] is a text-based program that provides positive support to people who are experiencing a challenging time. Once you sign up, you'll be connected to a real person who will send periodic caring messages through text. You can reply and converse over text if you'd like, or you can choose not to respond and only receive messages. If you find [Caring Contacts program name] to be helpful, you are welcome to re-enroll after 12 months. This service is free to use, confidential, and you can opt out at any time.

[Caring Contacts program name] is operated by [organization name].

Conditions of Use/Code of Conduct

1. By participating in [Caring Contacts program name], you agree to receive text messages (SMS/MMS) to the mobile number you provide. Message and data rates from your carrier may apply. [Caring Contacts program name] and [program name] are not responsible for any additional charges from your wireless provider.

2. You may opt out of this service at any time by texting "STOP" to us. If you wish to re-enroll later, you may do so by registering for [Caring Contacts program name] again. You agree to treat [organization name] staff with respect and agree that you will not share lewd content with, harass, or abuse said staff in any way. If such behavior occurs, you may be withdrawn from the program with or without warning.

3. You understand that [organization name] staff are not permitted to share identifiable information, images of themselves, or their immediate location through [Caring Contacts program name] communications.

4. [Caring Contacts program name] is not monitored 24/7 and replies to your incoming messages may not be immediate. Responses will generally come within one business day or less but replies to your messages may be delayed in the evenings, on weekends, or on holidays. If you are in crisis, you are urged to contact 988, which IS monitored 24/7.

5. Messages from [Caring Contacts program name] will be primarily provided by your assigned follow-up specialist but may come from another staff member when needed.

6. Information shared with [organization name] through [Caring Contacts program name] will only be available to the program's staff and will not be shared with anyone outside of the program, except when required by law. While rare, this may occur when immediate threats to safety are a concern and can't be resolved or due to a court order.

Limitation of Liability

The use of this service does not constitute mental healthcare or treatment and is not a substitute for professional care. [organization name] and its employees are not responsible for any decisions or the results of the decisions you make when participating in [Caring Contacts program name]. By using this service, you agree to indemnify us of all damages. [Organization name] expressly disclaims all warranties of any kind and makes no warranty that [Caring Contacts program name] will: a) meet your requirements; b) be uninterrupted, timely, or error-free; or c) meet your expectations.

Privacy

We take your privacy and security very seriously. Security controls, including encryption and authentication, are in place to ensure the protection of your information. Any information provided by you or collected about you will not be shared or disclosed with any third party, except in case of emergency and/or as required by law. You agree to use this service and submit information at your own risk. You agree that [organization name] has no liability regarding unauthorized access to this service by a third party.

Choice of Law

Third-party links on this site may direct you to third-party websites that are not owned by or affiliated with [organization name]. We are not responsible for examining or evaluating the content or accuracy, and we do not warrant and will not have any liability or responsibility for any third-party materials or websites, or for any other materials, products, or services of third parties.

[Organization name] reserves the right at all times to disclose any information as necessary to satisfy any law, regulation, or governmental request, or to refuse to post or to remove any information or materials.

Modification of the Terms, Conditions, and Privacy Statement: This statement may be modified from time to time. Any changes will be effective immediately upon posting.

Any disputes arising out of or related to this Policy shall be adjudicated, if necessary, and resolved in the state and federal courts located in [location of program]. [State of program] law, exclusive of its choice of law provisions, applies to and governs this Policy.

8.6 Sample MOU

Memorandum of Understanding between [Party 1] and [Party 2]

Note: This document is a sample Memorandum of Understanding provided for illustrative purposes only and does not constitute legal advice. It is essential to tailor the content to meet the specific needs and requirements of each organization involved. Legal advice should be sought to ensure compliance with applicable laws and regulations, and to address any unique circumstances or considerations pertinent to the parties. Adjustments and modifications may be necessary to accurately reflect the intentions and agreements of the organizations.

Note: This Sample Memorandum of Understanding Template is meant to represent an agreement between a health system providing recipients of Caring Contacts [Party 1] to the external organization conducting a Caring Contacts program [Party 2].

This Memorandum of Understanding ("MOU") is made effective this [date] ("Effective Date"), by and between [Party 1], [brief description of Party 1], [Party 2], [brief description of [Party 2]], each a "Party" and collectively the "Parties."

WHEREAS, [description of Party 1's health system]; and

WHEREAS, [description of Party 2's organization]; and

WHEREAS, [Party conducting Caring Contacts] conducts a Caring Contacts program for patients who consent to participate in receiving Caring Contacts, including delivery of support via phone or text message, safety checks, quality controls, etc. (Services); and

WHEREAS, the Parties wish to collaborate to ensure that individuals who may be interested in receiving such Services from [Party 2] are identified and provided with the opportunity to receive such Services.

NOW THEREFORE, the undersigned Parties agree as follows:

Guiding Principles

The Parties are committed to collaborating to ensure Services are made available by [Party 2] to individuals who have been identified by [Party 1] with self-injurious behavior, thoughts of suicide, self-harm, or significant risk factors for suicide or self-harm, or other mental distress.

[Party 1] Responsibilities

Prior to discharge from the Emergency Department (ED), Inpatient hospitals, primary care, and behavior health clinics in [Party 1], [Party 1] may identify adult or adolescent patients who either historically or currently demonstrate self-injurious behavior, thoughts of suicide or self-harm, or significant risk factors for suicide or self-harm ("Identified Patients").

[Party 1] may develop and implement a workflow for providers and staff to inform Identified Patients about Services offered by [Party 2]. If an Identified Patient is interested in receiving Services by [Party 2], [Party 1] will obtain appropriate consent from the Identified Patient to share relevant patient data with [Party 2], allowing [Party 2] to initiate contact with the Identified Patient. [Party 1] may share relevant patient data, which may include completed consent forms, contact information, demographic data, C-SSRS (suicide risk) score, and patient safety plans, including connection and support plans via a secure, HIPAA-compliant data-sharing platform (including, but not limited to, EpicCare Link, secure fax, REDCap, or Mosio) with [Party 2].

[Party 1] will coordinate with [Party 2] to ensure the consent form captures information required by both Parties.

[Party 1] will track the quantity of consent forms and patient safety plans sent to [Party 2] each month for research projects.

[Party 2] Responsibilities

[Party 2] will review any consent forms and safety plans received from [Party 1] at least every 24 hours. Upon receipt of a completed consent form from [Party 1], [Party 2] will attempt to initiate contact with the Identified Patient within 24 hours after discharge whenever possible.

[Party 2] will develop and implement a workflow for the provision of Services to Identified Patients, protection of confidential information, and cessation of Services.

[Party 2] will track the total number of Identified Patients referred to [Party 2].

Records

The Parties agree to share information obtained that is relevant to collaboration for the provision of Services pursuant to this MOU, provided such information is not otherwise excluded from disclosure under the Health Insurance Portability and Accountability Act and its implementing regulations (collectively "HIPAA") or other confidentiality protections.

The Parties agree and acknowledge that any protected health information ("PHI") received, obtained, or maintained by [Party 1] shall be the property of [Party 1] and may only be used and disclosed in compliance with HIPAA and with a signed consent form. Such PHI will not be released to [Party 2] personnel without appropriate authorization.

Term & Termination

This MOU shall be effective for one (1) year following the Effective Date (the "Term"). The Term of this MOU shall automatically renew for additional one (1) year periods (each a "Renewal Term") for a maximum of five (5) additional Renewal Terms. Notwithstanding the foregoing, this MOU may be terminated by either Party without cause upon thirty (30) days' written notice to the other Party.

Notice

Any notice required or permitted to be given by this MOU shall be given postpaid, first class, registered or certified mail, or by courier, properly addressed to the other Party at the respective address as shown below:

If to [Party 1]: [Party 1 Organization, Representative, and mailing address]

If to [Party 2]: [Party 2 Organization, Representative, and mailing address]

All notices hereunder shall be in writing and shall be deemed to have been given on the date received if delivered personally or by recognized overnight delivery service, or three days after the date postmarked if sent by registered or certified mail, return receipt requested, postage prepaid, addressed to such party as set forth herein. Either Party may change the address to which to send notices by notifying the other party of such change of address, in writing, in accordance with the foregoing, without formal amendment.

MISCELLANEOUS PROVISIONS

Independent Contractor. The Parties agree that they are independent contractors and neither is an agent, employee, partner, or joint venturer of the other. Nothing in this MOU shall be construed to create a partnership, joint venture, or agency relationship between the Parties. Furthermore, neither Party shall assume or incur any liability or obligation of any kind on behalf of the other Party without the other Party's express written consent. Nothing in this MOU shall be interpreted or construed as creating or establishing the relationship of employer and employee between the Parties. Each Party will be solely responsible for payment of all compensation owed to its employees, as well as federal and state income tax withholding, Social Security taxes, and unemployment insurance applicable to such personnel as employees of the applicable Party.

Indemnification. Each Party shall indemnify and hold the other party harmless from loss, damage, liability, or expense, including reasonable legal fees, which result from damage to personal property of a third party, or injuries, including death, to third parties to the extent caused by a negligent act, or an intentional act of fraud or misconduct by the Party providing indemnification or a Party's subcontractors, agents, or employees during the performance of this MOU. Such indemnification shall be reduced to the extent damage or injuries are attributable to others. The indemnifying Party shall defend the other Party in accordance with and to the extent of the above indemnification, provided that the indemnifying Party is: i) promptly notified by the other Party, in writing, of any claims, demands, or suits for such damages or injuries; ii) given all reasonable information and assistance by the other party; iii) given full control over any resulting negotiation, arbitration, or litigation, including the right to choose counsel and settle claims, or the indemnifying party's obligations herein shall be deemed waived.

No Use of Name. Neither Party shall use the other Party's trade names, service marks, logos, nor any other intellectual proprietary property related thereto, for advertising or any other purposes, without the prior express written consent of the other Party.

Equal Opportunity. [Party 1] shall abide by the requirements of 41 CFR 60-1.4(a), 60-250.5, 60-300.5(a), and 60-741.5(a), and [Party 2] shall abide by these regulations to the extent applicable. These regulations prohibit discrimination against qualified individuals based on their status as protected veterans or individuals with disabilities and prohibit discrimination against all individuals based on their race, color, religion, sex, sexual orientation, gender identity, or national origin. Moreover, these regulations require that covered prime contractors and subcontractors take affirmative action to employ and advance in employment individuals without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.

Compliance. It is the intent of the Parties that the terms of this MOU will be in strict compliance with applicable laws, statutes, rules, and regulations. If, in the opinion of either Party's legal counsel, laws, regulations, interpretations, or rulings raise questions regarding the enforceability of this MOU, or if strict compliance with this MOU would not be consistent with any applicable laws, statutes, rules, or regulations, or if the payment terms of this MOU are inconsistent with a Party's tax-exempt status, or if any authority commences regulatory or enforcement action, the Parties shall renegotiate any terms of this MOU to cure the unenforceable term to secure such strict compliance. In the event the Parties, after exercising the utmost good faith, have been unable to renegotiate the terms of this MOU within thirty (30) days, either Party shall be entitled to terminate this MOU.

Governing Law. The Parties acknowledge that this MOU has been negotiated and entered into in the State of [State of parties]. The Parties expressly agree that this MOU shall be governed by, interpreted under, and construed and enforced in accordance with the laws of the State of [State of parties].

Entire Understanding. This MOU constitutes the entire understanding of the Parties and supersedes all prior statements, promises, representations, agreements, and understandings, either oral or written, with respect to the matters set forth herein. Each Party acknowledges and represents that it has not executed this MOU in reliance upon any promise, representation, or warranty whatsoever that is not expressly set forth in this MOU.

Severability. If any part of this MOU shall be determined to be invalid, illegal, or unenforceable by any valid Act of Congress or act of any legislature or by any regulation duly promulgated by the United States or a state acting in accordance with the law, or declared null and void by any court of competent jurisdiction, then such part shall be reformed, if possible, to conform to the law and, in any event, the remaining parts of this MOU shall be fully effective and operative insofar as reasonably possible. This preceding provision shall expressly survive the termination or expiration of this MOU.

Nonexclusive. Nothing in this MOU shall be construed as limiting the rights of either Party to affiliate or contract with any other institution on either a limited or general basis while this MOU is in effect.

Amendment. This MOU may only be amended in a writing signed by both Parties.

Signatures

IN WITNESS WHEREOF, the parties have caused this Memorandum of Understanding to be executed.

[Party 1]:

Dated: _____ BY: _____

[Party 1 Representative]

[Party 1]

[Party 2]:

Dated: _____ BY: _____

[Party 2 Representative]

[Party 2]

8.7 Sample Safety & Crisis Management Protocol

What follows are sample materials from a safety and crisis management protocol, including sample scripting language that can be used via text or over the phone, sample phone-based protocols for participants in crisis, and a sample reporting template. These are provided for illustrative purposes only and do not constitute legal advice. It is essential to develop your own safety protocols to ensure compliance and alignment with your organization's policies and any other local requirements.

Patient in Crisis: Sample Scripting Language

- If a patient is presenting with language that could suggest suicidality, the staff member should address the situation in a straightforward and caring manner.
- Staff should ask directly about their current suicidal ideation (SI).
  - *E.g.: "I'd just like to check with you and see if you're having any thoughts of suicide **today**?"*
    - Note: Be sure to clarify **current** SI in the question.
- With each answer, be sure to **wait** for a response from the patient before asking the next question.
- If the patient confirms SI, acknowledge the participant's situation in an empathetic manner. Follow up the acknowledgement with a question about any plans to act on the SI.
  - *E.g.: "I'm so sorry to hear that you've been struggling. Do have any plans to act on those thoughts **today**?"*
    - As with the initial message, be sure to specify any current plans.
- If the patient **does** have an active plan:
  - Thank the patient for sharing that information, share concern with the patient, and inform of your intent to call in the next few minutes. Be direct, and ask no open-ended questions.
    - *E.g.: "Thank you for sharing with me. Because of what you've shared, I'm concerned about your safety. I'd like to call you in the next five minutes and conference in the Idaho Crisis & Suicide Hotline" or _____*
  - If unclear, determine whether the patient currently has access to the means in their plan.
    - Provide the Hotline's phone number (dial 988) as a resource and inform of availability.
      - *E.g.: "I just want to let you know that you can always call the Crisis and Suicide Hotline – they are available 24/7 for phone calls or text – and you don't have to be actively suicidal to call. Dial 988."*
  - Connect with supervising staff to describe the situation and determine additional crisis support measures for de-escalation.
  - Document the interaction using your organization's established safety protocols.
- If the patient **does NOT** have an active plan:

  - Thank the patient for sharing that information.
- Provide the Hotline contact information as a resource and inform of its availability.
  - *E.g.: "Thanks for sharing that with me. We will talk more tomorrow, but I just want to let you know that you can always call the Idaho Crisis and Suicide hotline – they are available 24/7 for phone calls or text – and you don't have to be actively suicidal to call. Dial 988."*
- Finalize documentation the interaction appropriately.

Patient in Crisis: Suicide Attempt in Progress

The following steps outline a protocol for staff who become aware of an active suicide attempt during a phone call with a patient. These steps are intended to provide clear and timely instructions to maximize patient safety.

- Confirm the caller's current location.
- Inform the caller that you will be adding 911 to the call.
  - Repeat back the harmful phrase used by the caller.
  - State "For your safety, I will be adding 911 to the call."
  - IF PATIENT REFUSES 911: State "Your safety is the most important, and I am going to stay with you and bring in the 911 dispatcher."
- Conference in the 911 dispatch.
  - Use the phone conferencing system to add 911 dispatch to the call.
- Keep caller on the line to allow 911 to provide the caller support .
- Provide the 911 dispatcher with the caller's name, phone number, current location and request EMS – stay on the line until EMS advises OK to disconnect.
- If you have called the participant through Mosio, inform the dispatcher and patient that if you hang up it will end the call for everyone.
  - "When I hang up, it will end the call for everyone."
- **DO NOT** drop off the call until a plan has been established and 911 dispatch/EMS advises you to disconnect.
- End the call once 911 dispatch/EMS advises to do so.
- Document event using established reporting tools.

Patient in Crisis: Caller Expresses Suicidal Ideation

- Caller expresses one of the following intentions:
  - Caller threatens harm to self.
  - Caller expresses suicidal ideation.
- Repeat the phrase back for accuracy.
  "To confirm, you said… Is that right?"
  Does the patient confirm these statements?
  - **NO**
    - Complete call as normal.
    - Document event as per your organization's policies.
  - **YES**
    - Inform the individual that you will be adding the Hotline to the call.
      - "I am concerned about your safety. How about we pause the enrollment call, and I would like to connect you to someone at the [State Hotline] who can support you right now."
    - Conference in the Hotline (988)
      - Warm transfer to the Hotline providing as much of the following as possible: 1) Caller name, 2) Caller phone number, 3) Caller current location, 4) Caller address.
      - If you use Mosio to call participant, tell the Hotline and patient that if you hang up it will end the call for everyone. Make a plan with the Hotline to either (1) have the RC stay on the line for the conversation, or (2) the Hotline can call participant back after everyone disconnects.
        - *"When I hang up, it will end the call for everyone. Would you like me to stay on the line, or I can hang up and you'll need to call [individual's name] back."*
      - **DO NOT** drop off the call until a plan has been established and the Hotline responder clears the staff member to disconnect.
      - Document event as per your organization's policies.

Patient in Crisis: Sample Reporting Template

PART A: Participant Information		
Participant Name:		Date:
Participant's DOB:		Age:
PART B: Description of Crisis Event		
Please only complete relevant information	❑ Healthcare Encounter ❑ Text Conversation	❑ Phone Call ❑ Other
Describe the event and outcome:		
Were any suicide risk screeners completed?	Screener: Risk Level & Numeric Score:	
Was the participant transferred to 988 Hotline?	❑ Yes	❑ No
Was 911 dispatch contacted?	❑ Yes	❑ No
Caller location:		
If participant is a minor: **Was the participant's parent/guardian notified of the event?**	❑ Yes	❑ No ❑ Not Applicable
Was Child Protective Services or Adult Protective Services contacted?	❑ Yes	❑ No ❑ Not Applicable
PART C: Staff Details		
Study Staff Name & Signature:	Date:	
Supervisor Name & Signature:	Date:	

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stlukesonline.org | idahocrisis.org | uwcspar.org | uwmedicine.org

St Luke's

ICSH Idaho Crisis & Suicide Hotline

CSPAR The Center for Suicide Prevention and Recovery

UW Medicine UNIVERSITY of WASHINGTON