



IMPLEMENTING CARING CONTACTS TO PREVENT YOUTH SUICIDE

Brought to you by the
Preventing Youth Suicide Peer Learning Exchange

February 10, 2026



PREVENTING YOUTH SUICIDE COLLABORATIVE

- Implementation of the Zero Suicide framework (a quality improvement model) in variety of settings
- Began with 9 children's hospitals in 2020
- Added 30 children's hospitals in 2022-23
- 39 members represent children's hospitals in 23 states
- Funded by Cardinal Health Foundation through 2025
- Only national pediatric QI collaborative in the US exclusively addressing suicide



Preventing Youth Suicide Collaborative

AR
Arkansas Children's Hospital

AZ
Phoenix Children's

CA
Stanford Medicine Children's Hospital
Rady Children's Health (CHOC)
UCSF Benioff Children's Hospital
Valley Children's Healthcare

CO
Children's Hospital Colorado

CT
Connecticut Children's
Yale New Haven Children's

FL
AdventHealth for Children
Nicklaus Children's Hospital
Wolfson Children's Hospital

IL
Advocate Healthcare
Lurie Children's Hospital

MA
Boston Children's Hospital

MI
C.S. Mott Children's Hospital

MN
Children's Minnesota

MO
Children's Mercy Kansas City
St. Louis Children's Hospital

NC
Atrium Health Levine Children's

NE
Children's Nebraska

NY
Cohen Children's Medical Center

OH
Akron Children's Hospital
Cincinnati Children's Hospital
Dayton Children's
Nationwide Children's Hospital
ProMedica Russell J. Ebeid Children's
Hospital
Rainbow Babies & Children's Hospital

OR
Doernbecher Children's

PA
Penn State Children's Hospital

SC
MUSC Children's Hospital

TN
Le Bonheur Children's Hospital
Monroe Carell Jr. Children's Hospital at Vanderbilt

TX
Children's Memorial Hermann Hospital

UT
Primary Children's Hospital

WA
Mary Bridge Children's Hospital
Seattle Children's

WI
Children's Wisconsin

PREVENTING YOUTH SUICIDE PEER LEARNING EXCHANGE

- *Webinars, articles, resources open to all children's hospitals and partners*
- *Discussion list open to CHA members*

- **Article:** Youth Suicide Intervention Clinic Has 100% Success Rate
Lurie Children's of Chicago
- **Article:** Preventing Youth Suicide With Evidence-Based Care
Boston Children's
- **Commentary:** Mental Health Safety Planning Belongs in the ED
Monroe Carell Children's Hospital at Vanderbilt
- **Article:** A Tangible Way to Prevent Youth Suicide
Children's Nebraska
- **Commentary:** Firearm Injury Prevention Is Youth Suicide Prevention
- **Blog:** Unsecure Storage Leads to Child Suicide Deaths



TOGETHER FOR KIDS

Pediatric Quality Conference

March 23-25 / Arlington, TX

Session: Zero Suicide in Action: Driving Change Through Collaboration
Presented by Dr. Meredith Chapman, Nationwide Children's

Session: Firearm Injury Prevention – Children's Healthcare of Atlanta

Follow-up discussion

Friday, Feb. 13 | 2 p.m. ET

Sign up to chat with the presenters in more detail about Caring Contacts and how you can implement or improve your program.





Jennifer Hoffmann, MD, MS

Lurie Children's Hospital of
Chicago



Sabrina Schalley, LCSW

Children's Nebraska



Meredith Chapman, MD

Nationwide Children's Hospital



John Ackerman, PhD

Nationwide Children's Hospital

Background: Caring Contacts

Jennifer Hoffmann, MD, MS
Assistant Professor of Pediatrics
Department of Pediatric Emergency Medicine
Ann & Robert H. Lurie Children's Hospital of Chicago



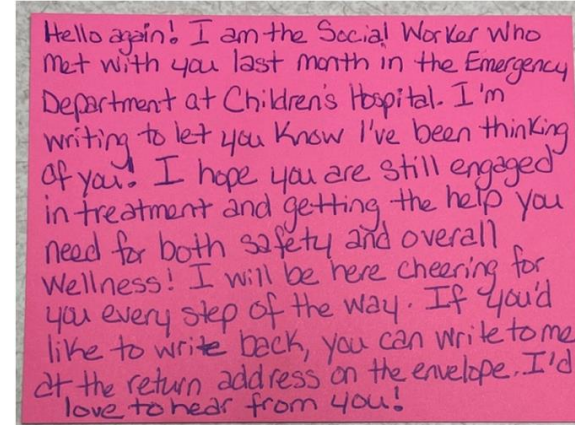
Transitions of Care are Key to Suicide Prevention

- Of youth seen in the ED for suicidal thoughts or behaviors:
 - 1 in 4 return to the ED within 6 months
 - 1 in 5 attempt suicide within 1 year

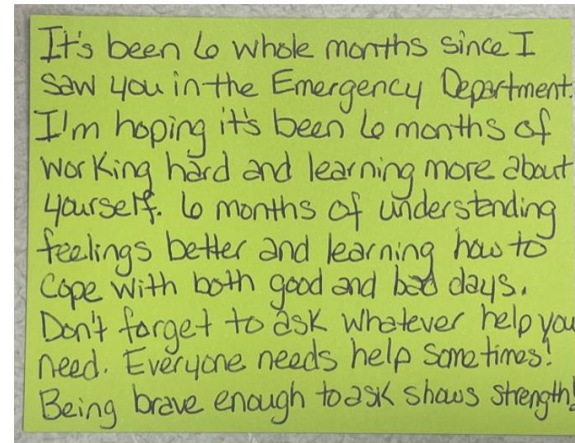


Caring Contacts: Definition & Formats

- Brief, non-demanding messages of care and concern
- Sent at regular intervals after an ED visit or hospitalization, usually over a year or more
- Traditionally sent via postal mail, but recently updated to send via text message

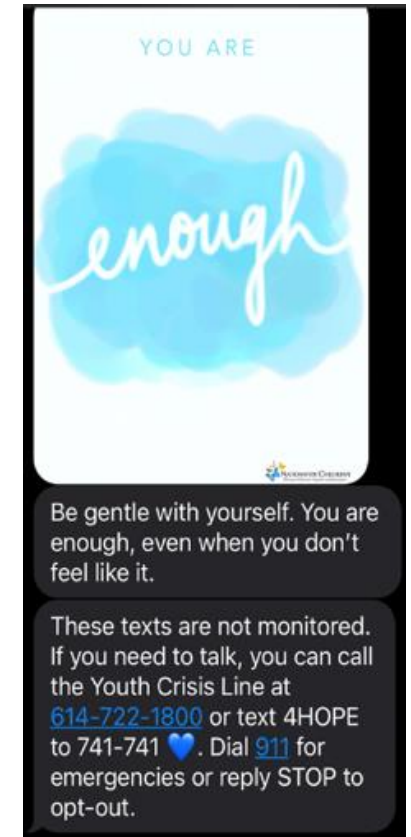


Hello again! I am the Social Worker who met with you last month in the Emergency Department at Children's Hospital. I'm writing to let you know I've been thinking of you! I hope you are still engaged in treatment and getting the help you need for both safety and overall wellness! I will be here cheering for you every step of the way. If you'd like to write back, you can write to me at the return address on the envelope. I'd love to hear from you!



It's been 6 whole months since I saw you in the Emergency Department. I'm hoping it's been 6 months of working hard and learning more about yourself. 6 months of understanding feelings better and learning how to cope with both good and bad days. Don't forget to ask whatever help you need. Everyone needs help sometimes! Being brave enough to ask shows strength!

Nebraska Children's Postcards



Nationwide
Children's Texts

Caring Contacts: Proposed Mechanisms

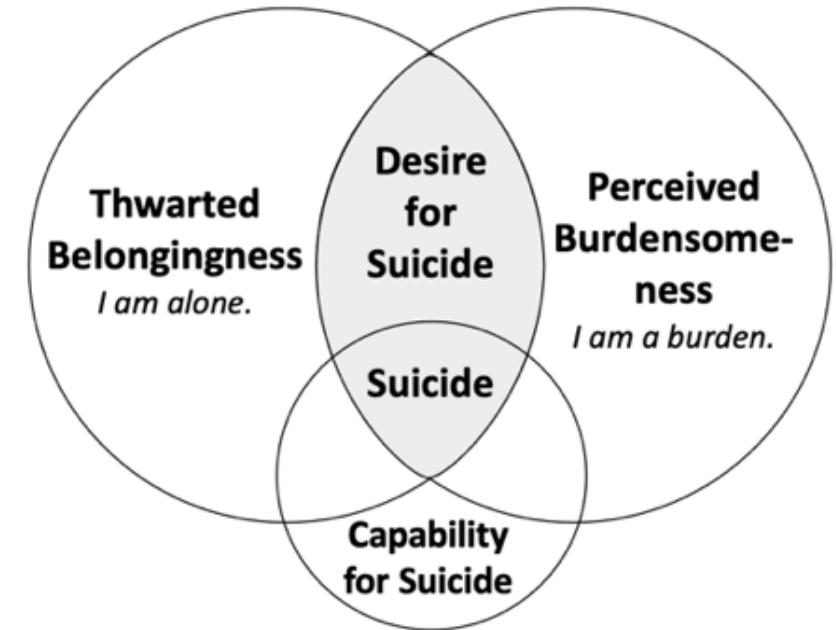
↑ Belongingness
↑ Interpersonal connectedness
↑ Perceived social support
↓ Hopelessness

"Thank you for taking
the time to recognize
that I exist."

"I felt like my life
matters."

Caring Contacts Recipients

Interpersonal Theory of Suicide



Key Prior Literature

Meta-Analysis of 6 Adult RCTs

- Relative risk reduction in suicide attempts at 1 year of 43% (range 20-60%)

Hopkins QI study (N=37)

- 93% satisfied with texts
- 92% felt peers would be helped by the texts
- 67% felt messages reduced suicidal ideation
- 74% felt messages helped prevent suicidal behavior

Nationwide Children's QI study

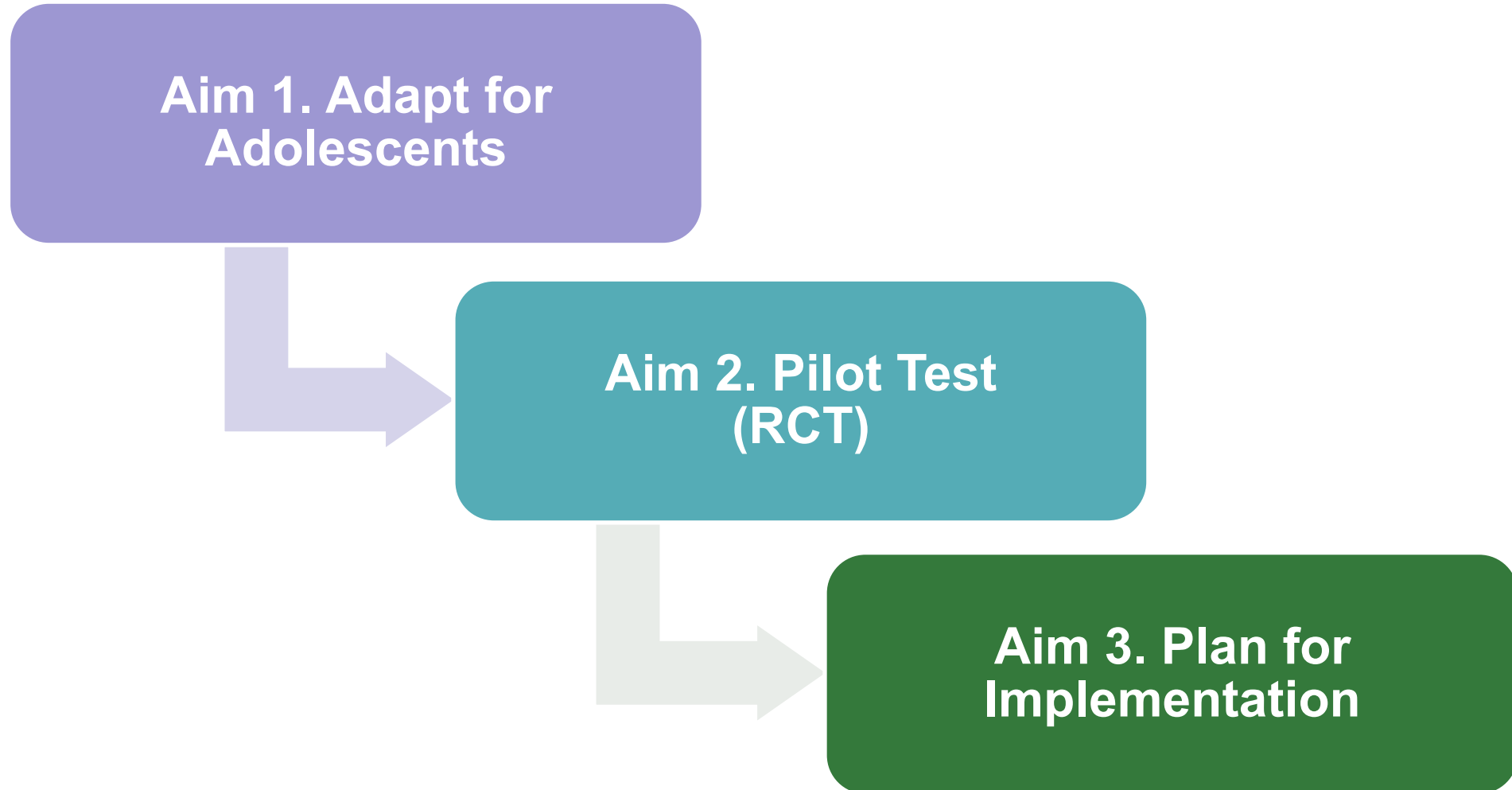
- N=1889 enrolled, N=264 completed optional survey
- 78% reported Caring Contacts positively impacted their mental health
- 74% indicated the texts helped prevent engagement in suicidal behavior

Nebraska Children's Implementation Study

- 98% enrollment rate
- N=614 enrolled
- 96% had cards sent per the intended schedule
- 88% had cards written by the intended writer
- Costs per participant: \$4.54 in materials, 0.9 h personnel time.

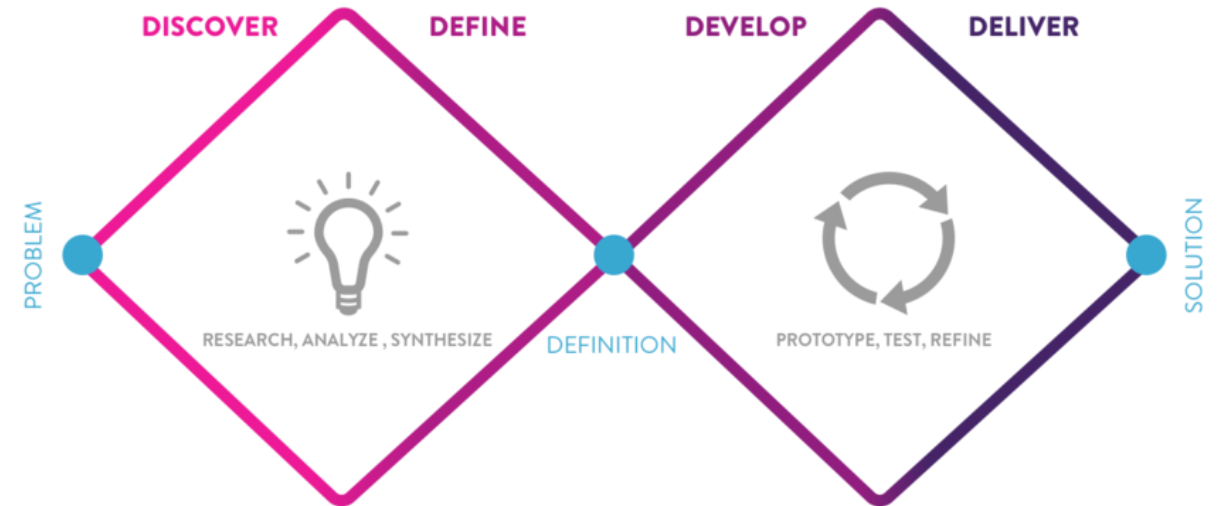
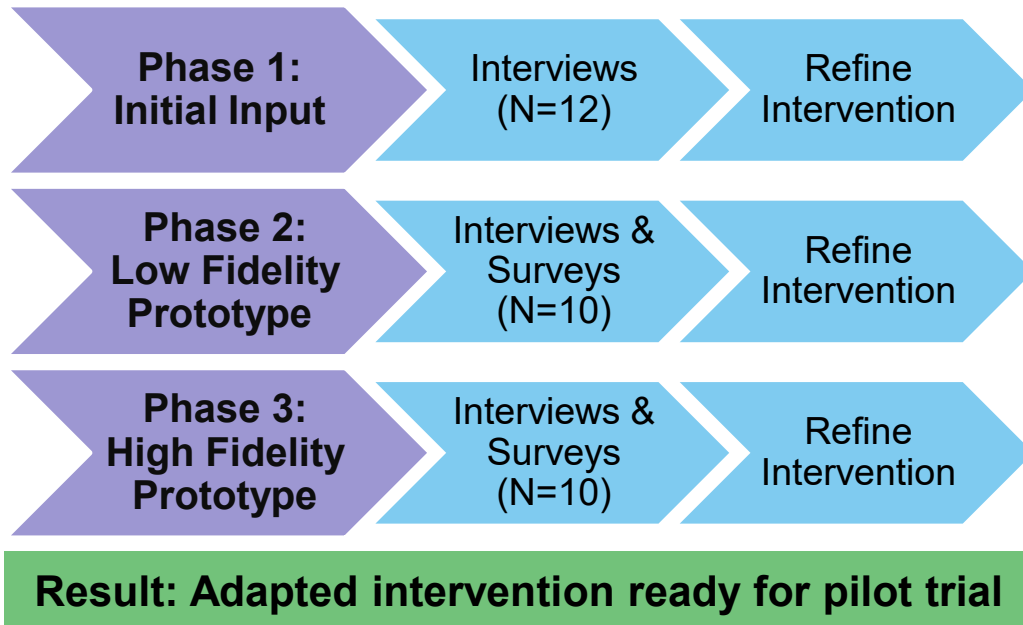
Skopp NA et al. *Psychol Serv.* 2022.
Ryan TC et al. *Psychiatr Serv.* 2022.
Thomas GV et al. *JMIR Pediatr Parent.* 2024.
Schalley S et al. *J Am Coll Emerg Physicians Open.* 2024

Lurie Children's K23 Research Aims



Aim 1: User-Centered Design

Study Phases



Preliminary Findings

Findings from Interviews	Exemplar Quotes
During the post-ED discharge period, teens appreciated receiving messages from family and friends that were validating, supportive, hopeful, future-oriented, and non-demanding.	“My mom recently said, no matter how many times I went to the hospital, she would still be there for me. And my sister was like, I'll always be there for you, and that's really nice.” (P14, 197-198).
A few teens did not receive these kinds of supportive messages from others but would have wanted to receive them.	“I would have liked a message or two just saying that, I don't know, someone was there for me and that they cared or something like that.” (P9, 271-280)
Initial reactions to the concept of sending Caring Contacts by text message were very positive.	“These texts are incredibly wholesome. They definitely are incredibly wholesome, and I would be incredibly happy to receive them... They would probably make people feel appreciated and feel like someone actually loves them. If they think no one loves them, and that's why they're going through with wanting to commit suicide... They make me feel happy, and they feel like I do matter... They're the perfect text for a kid like me.” (P6, 325-335)
Most teens were okay with one-way messages, but a few would have preferred two-way.	“I sometimes get automated texts for some stuff... it doesn't really change my perception of what the quotes or the statements or the images mean to me, if that makes sense.” (P11, 462-464) “That's sad because imagine you want to talk to that person, but you can't because you realize it's nothing but a message.” (P16, 481-482).

New Caring Contacts Texts



We're proud of you for trying your best.

-From your Lurie Emergency Care Team 🤝

Remember, we're not able to reply. If you'd like to talk, you can always call or text 988 to speak with Crisis Lifeline counselors 🧡. Reply "stop" if you don't want to receive future texts.

Remember, you matter.



Be patient with yourself. Getting better takes time.

-From your Lurie Emergency Care Team 🤝

Remember, we're not able to reply. If you'd like to talk, you can always call or text 988 to speak with Crisis Lifeline counselors 🧡. Reply "stop" if you don't want to receive future texts.

Remember, you matter.



The journey to getting better does not always follow a straight path.

-From your Lurie Emergency Care Team 🤝

Remember, we're not able to reply. If you'd like to talk, you can always call or text 988 to speak with Crisis Lifeline counselors 💙. Reply "stop" if you don't want to receive future texts.

Remember, you matter.



We hope this year brings you moments of joy and the confidence to keep growing into the person you're meant to be. Happy birthday! 🎂

-From your Lurie Emergency Care Team 🤝

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Remember, you matter.



On World Mental Health Day, remember that hope grows in small moments—reaching out, taking a breath, and choosing to keep going.

-From your Lurie Emergency Care Team 🤝

Remember, we're not able to reply. If you'd like to talk, you can always call or text 988 to speak with Crisis Lifeline counselors 💙. Reply "stop" if you don't want to receive future texts.

Remember, you matter.

Caring Contacts

February 2026
Sabrina Schalley, LCSW

Director of Behavioral Health Integration
sschalley@childrensnebraska.org
402.955.3902

November 2019 - An Idea?!

TIME

OCT 24, 2019 8:12 AM CT

Suicide Is Preventable. Hospitals and Doctors Are Finally Catching Up



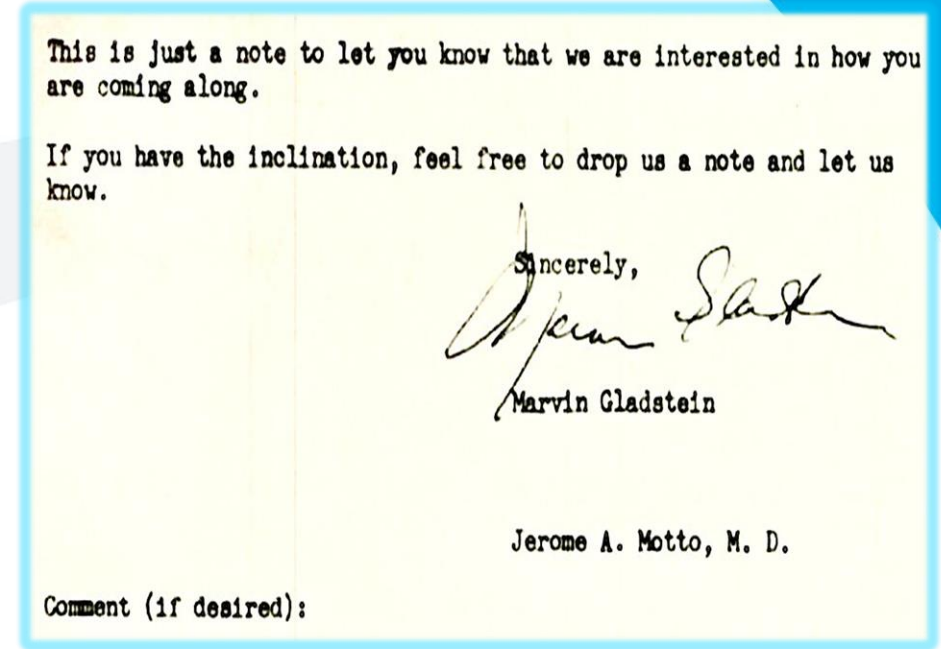
by Mandy Oaklander

OAKLANDER IS A SENIOR EDITOR AT TIME.

Where it all began....

- Initial idea came from psychiatrist, Jerome Motto
 - Received letters during World War II
- Started a research project in 1969
 - Letters sent after psychiatric inpatient visit
 - Utilized a randomized control group
 - Contact group had significantly lower suicide rate

(Motto & Bostrom, 2001)



Where it began in Pediatrics and Children's Nebraska...

Rates of suicidal ideation and suicide behavior doubled in Children's Hospitals (Dinh & Carr, 2018)

- Encounters increased from .66% in 2008 to 1.82% in 2015

Children's Nebraska

- The number of children being seen in Children's Nebraska's ED for suicidal ideation and suicidal behavior more than doubled (2008-2019).
- And, in 2020, the average percentage of patients screening positive for depression and suicide increased by nearly 100% across Children's continuum (ED, Inpatient, Specialty, Primary, and Urgent Care) since 2015.

Social Work project began in January 2020

- Pilot in the ED
- Our first introduction to Zero Suicide framework

Who, What, When, Where & Why

Any youth discharging due to suicidality

Handwritten note cards of support and encouragement

Mailed over the course of a year

- 1mo, 2mo, 3mo, 6mo, 9mo, 12mo

Youth discharges from ED/Acute Care programs

Achieve Zero Suicide for Children's patients

Hello again! I am the Social Worker who met with you last month in the Emergency Department at Children's Hospital. I'm writing to let you know I've been thinking of you! I hope you are still engaged in treatment and getting the help you need for both safety and overall wellness! I will be here cheering for you every step of the way. If you'd like to write back, you can write to me at the return address on the envelope. I'd love to hear from you!

It's been 6 whole months since I saw you in the Emergency Department. I'm hoping it's been 6 months of working hard and learning more about yourself. 6 months of understanding feelings better and learning how to cope with both good and bad days. Don't forget to ask whatever help you need. Everyone needs help sometimes! Being brave enough to ask shows strength!

Zero Suicide Step 6: Transition

The transition period is a critical time for individuals at risk of suicide

Research indicates the month after being seen is the highest risk time for suicide

Brief interventions such as caring contacts are proven to reduce subsequent suicide attempts

(Doupnik et al, 2020)



Card Writing Schedule

Cards sent on the 1st and 15th of each month

ROI Signed: 5/3

Letter 1: 6/1

Letter 2: 7/1

Letter 3: 8/1

Letter 4: 11/1

Letter 5: 2/1

Letter 6: 5/1

ROI Signed: 5/30

Letter 1: 6/15

Letter 2: 7/15

Letter 3: 8/15

Letter 4: 11/15

Letter 5: 2/15

Letter 6: 5/15

Four Principles of Caring Contacts



Focus on relationships:
Reciprocal relationships and connections are important



Consistent long-term contact: Someone expressing caring and asking about well-being



Provider initiated and non-demanding: allows to be seen as unconditional concern and reduce feeling of isolation



Target high risk individuals with unmet needs: works best for those who struggle to engage in traditional helping systems

Essentials Components

Consistency!

Maintaining the same author throughout the year, to the extent possible.

Strengths-Based!

Caring Contacts should assist in highlighting strengths and protective factors.

No pressure!

There is no pressure to enroll AND there is no pressure for them to write back. The program is voluntary and free.

Stick to the script!

There are set scripts written for each letter that are important to maintain.

Hand-Written!

Who doesn't love a hand-written letter? Yes, it will take more time, but the impact feels greater.

Personalization

Sign your name

Use stickers or bright colors to make it fun

Add a favorite or discussed coping skill

Song/movie quotes

Mental health hygiene tips

Positive affirmations

Happy Birthday wishes in the right month



Risks of Caring Contacts

The span of the intervention is one year. It is a commitment that needs to be followed through

It is important to maintain professional boundaries

Suicide cannot be predicted. The nature of the work is high risk, and it is possible the youth will still attempt or complete suicide

Rewards of Caring Contacts

Reduce recidivism for suicidal youth

Increase prevention of youth completing suicide

Positively impact/normalize community perception of mental health needs

Increase youth and parent awareness of the importance of being engaged in mental health services

Provides ability to maintain relationships and trust with youth

Reduces burnout rate for staff

And this magic happens.....

Thank you so much for all of your letters!
It means a lot to me! I have finally made it out
of treatment. I have been doing better but not
quite perfect. I never really got the chance to

thank you
for saving
my life ♥

*May all your dreams
come true this Christmas!*

Thank you so much and have a great holiday

Tight,

I do appreciate you writing to me for an entire year since I was seen. I honestly did not want to write back for a long time because I didn't know quite what to say. You said it was the last card so I didn't want to miss my opportunity one last time, even though it's really late.

When I was seen, I thought the only way out was that "permanent solution" and it is still so hard for me to talk about. I want you to know I am insanely grateful for you cheering me on, and I have gotten SO much better since then. Bad days and bad things happen all the time, still...

But I know now that it's not forever and there are so many other solutions besides suicide.

I know that life has so much to offer and thank you so so much for pushing me in the right direction.

I don't expect you to write back, but I want you to know I'm grateful that you wrote me all those notes and helped me out so so much. You are truly part of the reason I'm still here.



I have always meant to write back to you but time has always managed to slip away from me. The cards mean so much to me, each one is hanging up in my room! I wanted to let you know how much of an impact the cards have and to know someone I met once cares so deeply for me. I am doing the best I have been since a year ago, I never imagined this much happiness was waiting for me.

There have been hard times but I have been able to overcome them and become better in the end. I can never thank you enough for all you have done in my healing journey.



Thamk's
talking with
my so

much at

The Children's
Hosp I will
try ~~to~~ to keep
my self safe

Thank's

The Results

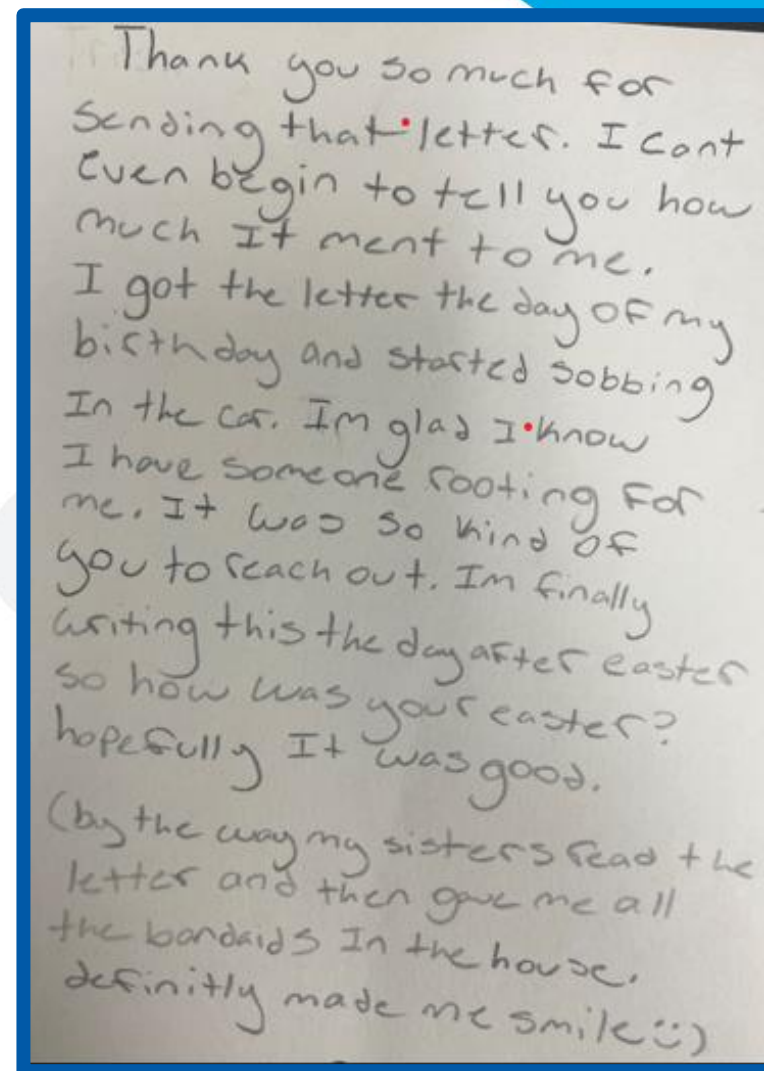
Over 1,300 patients enrolled and over 6,000 card mailed

98% of patients voluntarily enrolled in the Caring Contacts Project

23% have experienced a repeat incidence of suicide ideation and 15% have a repeat suicide behavior—compared to between 30-60% youth recidivism rates nationally.

Over 100 patients and family members have responded

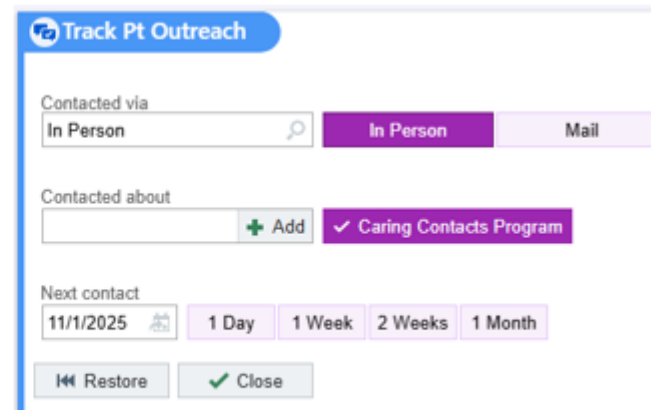
ZERO Suicide has been achieved - There are no patient deaths of enrolled patients reported to date since the program began on May 1, 2020.



Thank you so much for
Sending that letter. I cant
Even begin to tell you how
much it ment to me.
I got the letter the day of my
bith day and started sobbing
In the car. Im glad I know
I have someone rooting for
me. It was so kind of
you to reach out. Im finally
writing this the day after easter
so how was your easter?
hopefully it was good.
(by the way my sisters read the
letter and then gave me all
the bandids in the house.
definitely made me smile :))

Caring Contacts Epic Build

- Document caring contacts by creating a new patient outreach to ensure date is tracked correctly *(If MHA is completed between the 1st and 14th of the month, next outreach will be the 1st of following month/ If completed between the 15th and 31st of the month, next outreach will be the 15th of the following month)*
- A progress note can be added that the patient was enrolled, but not required in the pt outreach
- Ensure all necessary information is correctly added to the flowsheet, see below:



Encounter type	
SW Interventions	caring
Outcomes-General	Caring Contacts Cards
Date of alert - if applicable	Caring Contacts Enrollment
Lethal Means	
Financial Outcomes	Next Row

If family/patient denies enrollment, enter “Caring Contacts Enrollment” under SW intervention, then “Declined Enrollment” under Caring Contact Enrollment

Entering “Caring Contacts Enrollment” under SW Intervention will prompt additional flow sheet

Caring Contacts Project

Caring Contact Enrollment	Initial enrollment
MHA	10/23/2025
ROI	10/23/2025
Card Writer/Owner	Megan Heidenr...
Discharge Decision	Home with Saf...

Replication & Publication

50 Schools/organizations & 23 hospitals received replication kits



Manuscript published in JACEP Open

“Retrospective Evaluation of Implementation of Caring Contacts for Youth Suicide Prevention in an Emergency Department”

A Patient's Story...

<https://www.youtube.com/watch?v=cllIDciv97o&t=15s>



Behavioral Health & Wellness Center

Opened January 7, 2026



Within 2 Weeks:

- 763 Patients seen by Behavioral Health Outpatient
- 208 Patients served by Crisis Assessment Center
- 75 Patients have been cared for in Behavioral Health Inpatient
- Mental Health *and* Eating Disorders Partial Hospitalization programs reached full capacity in only 14 days
- Patients from 112 different communities across Nebraska and Iowa have been served by the BHCW

Behavioral Health & Wellness Center

SERVICES & LEVELS OF CARE

Primary Care



0-19 Years

Well-child visits
Physicals
Screening
Parent Education
Medication Mgmt

Crisis Assessment Center



0-19 Years

Assessment
Intervention
Crisis Observation
Stabilization
Navigation Support

Outpatient



2-19 Years

Family Therapy
Individual Therapy
Medication Mgmt
Navigation Support

Partial Hospitalization

Mental Health



5-19 Years

Day Treatment
Group Therapy
Family Therapy
Individual Therapy
19+ hrs per week

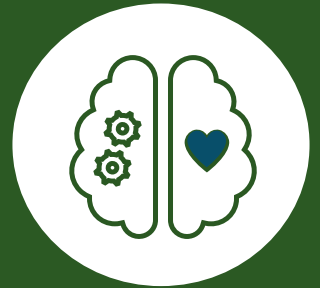
Eating Disorder



8-19 Years

Day Treatment
Group Therapy
Family Therapy
Individual Therapy
19+ hrs per week

Inpatient Mental Health



0-19 Years

Inpatient stay
Group Therapy
Family Therapy
Individual Therapy
Avg. Stay 7 Days

Caring Contacts: Enhancing Post- Discharge Safety for Suicidal Youth

John Ackerman, PhD - Meredith R. Chapman, MD

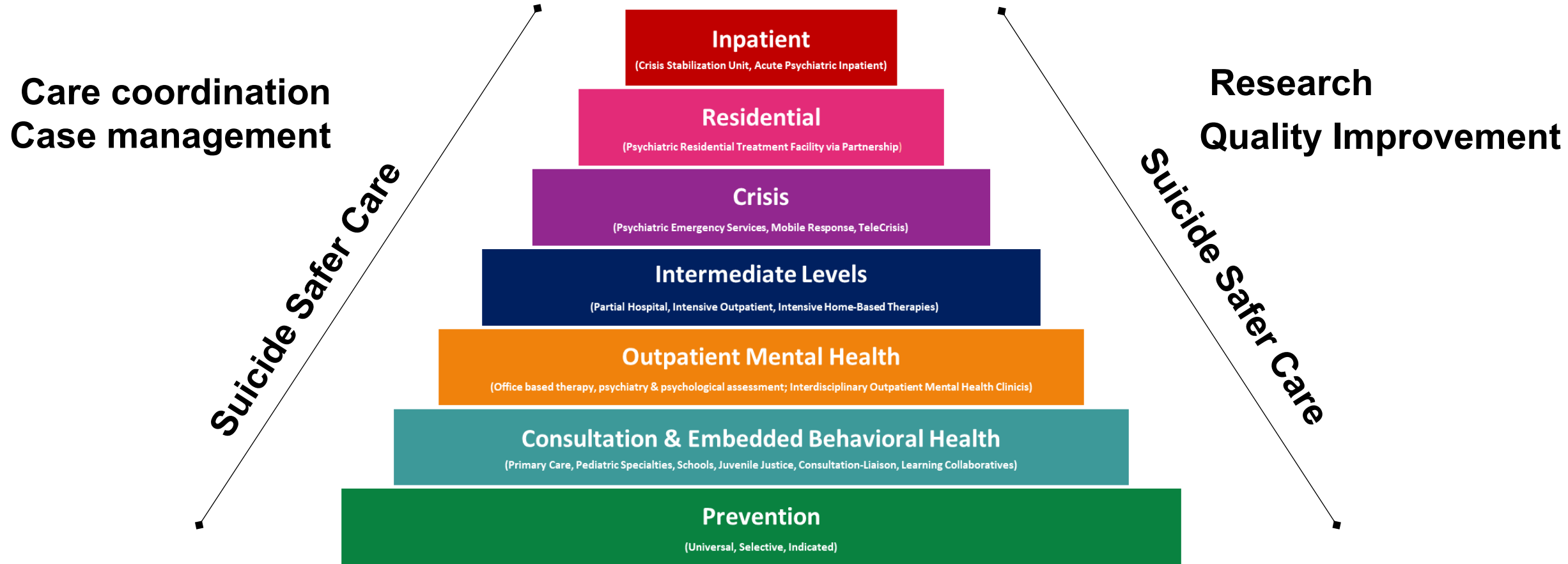


Center for
Clinical Excellence

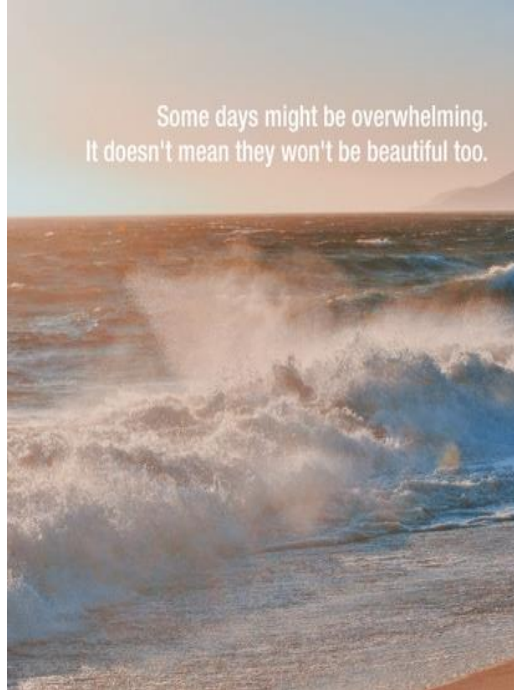


Zero Hero™
Create a safe day. Every day.

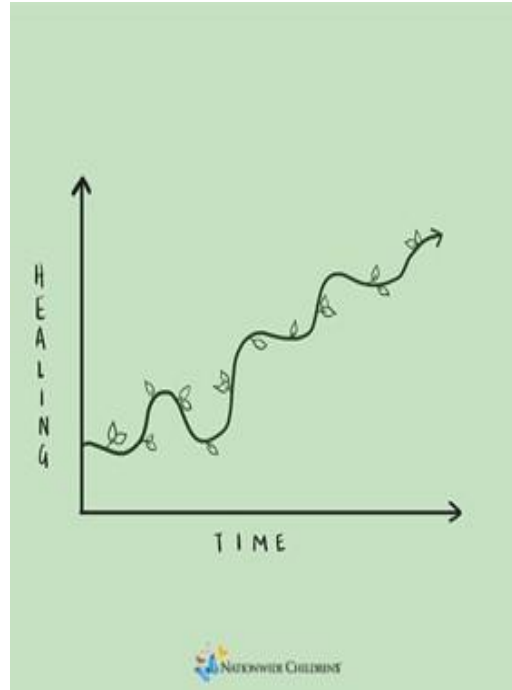
NCH Behavioral Health Continuum of Care



Post Discharge Suicide Prevention Practices



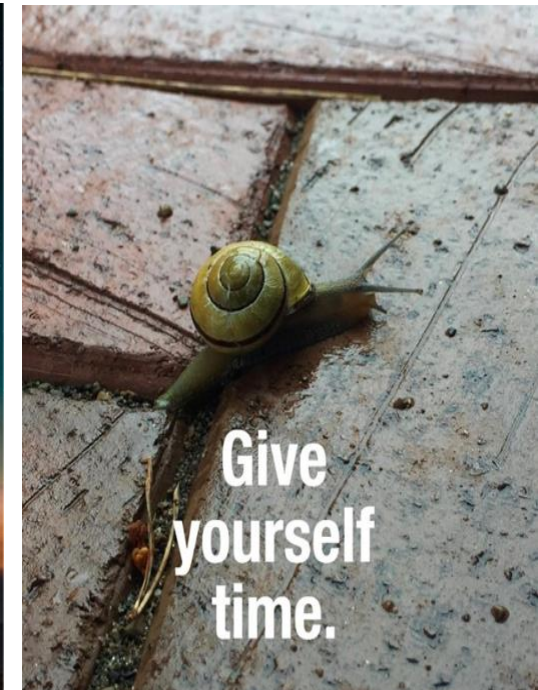
Safety
Planning



Lethal Means
Safety



Warm
Handoffs



Follow-up
Contact

Key Functions



Provide a Reminder of Support

Serve as a gentle reminder to individuals transitioning from acute psychiatric treatment that they are not alone-others care about them, and support is always available.



Offer Outreach Without Pressure

These messages proactively extend care and resources from providers to clients without requiring a response, reducing the burden on the individual while maintaining connection.



Support Suicide Prevention Outcomes

While methods and targeted outcomes vary across studies, Caring Contacts have been associated with reductions in suicidal ideation, suicide attempts, and psychiatric re-hospitalization.

Why Text?



Efficiency and Reach



Consistency Over Time

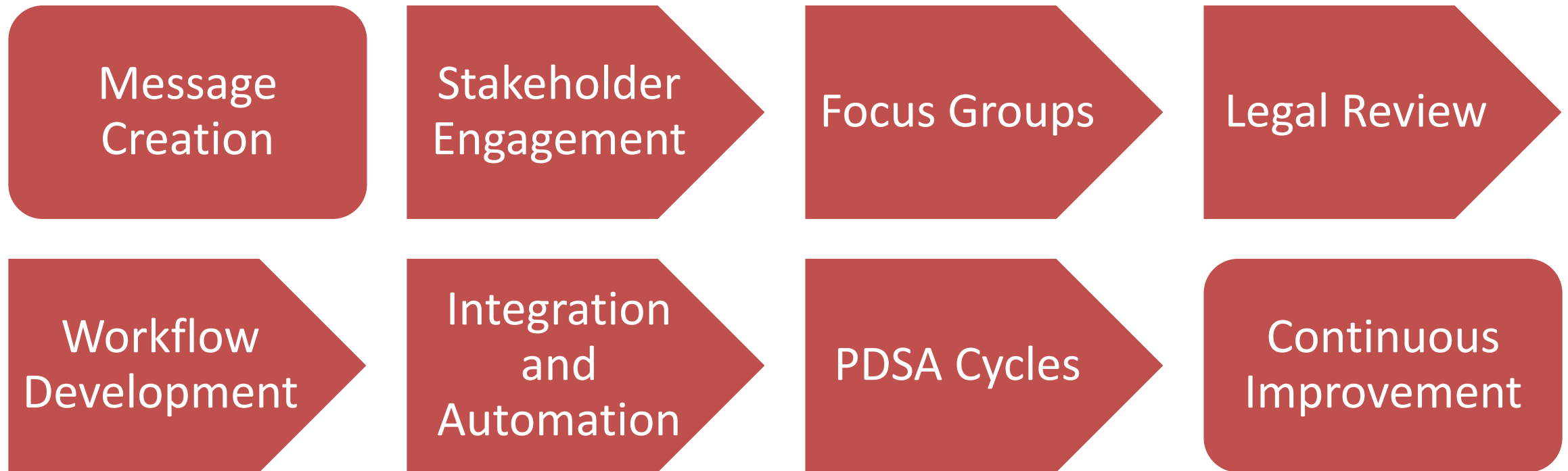


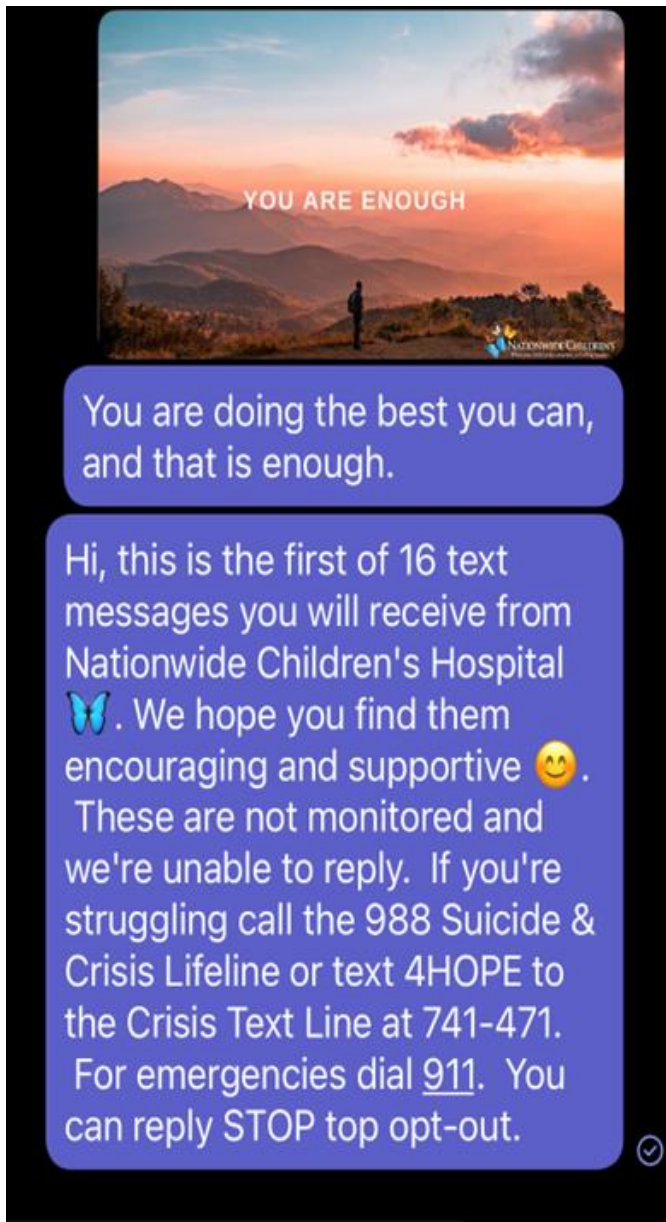
Engagement



Integration

Quality Improvement Process





Encouraging quote + image:

- Low effort
- Promotes **hope**
- Validating in nature

Establishes ongoing **connection**

Emphasizes messages are a one-way communication

Promotes awareness and availability of **crisis resources**

Legal & Consent Considerations

Involving minors, we had to clarify assent/consent and privacy obligations

General consent form was updated to include children in the consent for automated calls and texts section

Three words were added "and/or my child" to cover the scope of our program

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

GENERAL CONSENT
Consent for Medical Treatment:
I, the undersigned, being the parent or legal guardian of the child, do hereby consent to let the doctors, nurses, and employees of Nationwide Children's Hospital, attending to the child, (or assistants/designees) or persons, do all things that may be needed to diagnose, treat and care for the needs of above-referenced child.
(* Throughout this document the use of the term "I" will refer to "I and/or my parents or guardians." The use of the term "me" "myself" will refer to the patient. The use of "the Hospital" will refer to Nationwide Children's Hospital, its attending doctors, other doctors, or other hospital staff.)

I understand that a pharmacist may be utilized in the management of my care, and I consent to such pharmacist management. I further understand that I have the right to withdraw my consent to the utilization of a pharmacist in the management of my care at any time.

The Hospital may keep, preserve and use, or properly dispose of any tissue, samples, parts or organs that are taken during operative procedures(s). These specimens may be used for diagnostic or teaching programs.

I understand this is a teaching hospital and that I am included in its teaching and training programs. I also understand that I may be asked to participate and/or follow-up regarding such programs as applicable.

I authorize Hospital to take photos, video, or audio recording of me for diagnostic, teaching, identification, care conferencing, academic and quality improvement purposes.

I understand that the Hospital is not responsible if any of my clothes or belongings are lost. I am aware that the practice of medicine involves risks and acknowledge that no guarantees have been made to me about the result of my examination or treatment at the Hospital.

Patient Rights and Responsibilities (see next page):
I understand I have the right to take part in decisions about my health care and plan for treatment. I have the responsibility to wear identification at all times while at the Hospital. In addition, my parents/family/guardian/visitors have the responsibility to wear identification at all times. I have received a copy of the Patient Rights and Responsibilities, and my questions have been answered.

Consent to Release Medical Information:
I consent to let the Hospital share/release/exchange information such as clinical, physical, mental, drug alcohol, HIV or AIDS (including state and federal law and accreditation agencies require) to/with my doctors, my referring doctors, or referring/referral health care or to any insurance company or organization that helps pay my bill. The Hospital may also give information to any welfare organization that may have applied or may apply for aid.

Assignment of Insurance Benefits:
I assign to Hospital, my physician, and other healthcare professionals involved in my care, all my rights and claims for reimbursement under my private health insurance policy, Medicare, Medicaid, or any other programs that I identify for which benefits may be available to pay medical services provided to me. I agree to cooperate and provide information as needed to establish my eligibility for such benefits.

Financial Responsibility:
I (or my guarantor, if appropriate) will pay all bills for my care including bills that insurance benefits do not pay. This includes bills for services provided by physicians or any other entities that provided services during my care. I certify that the information I have given the Hospital regarding my insurance and income is accurate to the best of my knowledge.

Nationwide Children's Price Disclosure:
I have a right to see a list of prices for common medical and surgical procedures. I can ask the Patient Accounts Department about my bill.

Removal from Nationwide Children's Hospital:
If I decide to stop my medical care against the advice of doctors, I understand that the Hospital and doctor(s) are not responsible for my care after I leave.

Acknowledgment of Receipt of Notice of Privacy Practices:
I hereby acknowledge that I was offered a copy of the Notice of Privacy Practices which sets forth the ways in which my personal information may be used or disclosed by the Hospital and outlines my rights with respect to such information.

Consent for Automated Calls and Texts:
I expressly authorize Nationwide Children's Hospital, its affiliated entities, and third party service providers to call or text me and/or my child at the wireless phone number associated with my account(s), including any phone number that may result in charges to me, whether provided by present, or future, carrier. I agree that methods of contact may include use of pre-recorded or artificial voices or an automatic dialing system. That my refusal to provide the consent described in this paragraph will not affect, directly or indirectly, my right to receive healthcare services from Nationwide Children's.

Workflow

Inclusion criteria

- Youth ≥ 13 years with suicidal ideation or behavior as indicated by ASQ and/or C-SSRS

Sequence

- Pilot: 8 texts over a 4-month period (first day post enrollment, weekly for 4 weeks, monthly for 3 months)
- Adaptation: 19 texts over 1 year period (first day post enrollment, weekly for 8 weeks, monthly for 10 months)

*Youth or parents can decline initial enrollment or can opt out by replying “STOP” to text messages

Psychoeducation & Scripting

Caring Contacts For Teens



Nationwide Children's Hospital is committed to providing the best care. We will follow up with you after you go home because we want you to do as well as possible after you leave the hospital. This follow-up will include:

 **Encouraging text messages:**

- We know going to a hospital for emergency care is stressful and support afterward can be very helpful.
- Encouraging text messages can remind you that you matter and that people care about you.
- Texts will be sent to you weekly for the first eight weeks, starting the day after you leave the hospital, and then monthly for the following 10 months (a total of 19 texts).
- You must be at least 13 years of age to receive these texts.
- **Please note:** These texts are **one-way, cannot be replied to and will not be monitored. There cannot be an ongoing text conversation.** To opt out of receiving these texts, call (614) 722-4230 or reply "STOP"

Franklin County Youth Psychiatric Crisis Line

 (614) 722-1800 • 24/7 support

If you or someone you know is experiencing a mental health crisis, call the Franklin County Youth Psychiatric Crisis line at 614-722-1800, the 988 Suicide & Crisis Lifeline, or text 4Hope to the Crisis Text Line at 741-741. There will always be a skilled professional available 24/7 to talk with you. If you ever have immediate/urgent concerns about your safety or the safety of anyone else, please call 911.

 **NATIONWIDE CHILDREN'S**
When your child needs a hospital, everything matters.

Caring Contacts For Parents and Guardians



As part of our ongoing efforts to provide the best care possible, Nationwide Children's Hospital will follow up with you and your teen after discharge. This follow-up will include:

 **Encouraging text messages to your teen:**

- We know going to a hospital for emergency care is stressful and the more support young people receive after discharge, the greater the chance they'll do well.
- Your support is the most important support your teen can have. But encouraging texts like these may also help them cope better after leaving the hospital.
- Texts will be sent to your teen weekly for the first eight weeks, starting the day after discharge, and then monthly for the following 10 months (a total of 19 texts).
- The texts will include resources in case of a crisis.
- Children must be at least 13 years of age to receive these texts.
- **Please note:** These texts are **one-way, cannot be replied to and will not be monitored.** To opt out of receiving these texts, call (614) 722-4230 or reply "STOP"

 **Encouraging text messages to you:**

- We know that caring for a teens after emergency care is challenging and you may benefit from additional support too.
- The texts are encouraging and share helpful resources.
- Texts will be sent to you weekly for the first eight weeks and then monthly for the following eight months (a total of 16 texts).
- The texts will include resources in case of a crisis.
- **Please note:** These texts are **one-way, cannot be replied to and will not be monitored.** To opt out of receiving these texts, call (614) 722-4230 or reply "STOP"

 **NATIONWIDE CHILDREN'S**
When your child needs a hospital, everything matters.

Epic Integration

Pre-enrollment

Suicide Risk

SUICIDE RISK TOOLKIT

Risk Summary

Ask Suicide Screening Questions (ASQ)

Ask Suicide (ASQ)

COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS)

C-SSRS (Full)

RISK AND PROTECTIVE FACTORS

Risk Factors

SUICIDE RISK CATEGORIZATION

Risk Category Le...

SAFETY PLAN

Safety Plan

Caring Contacts

Patient Cell Phone Number

Caring Contacts

☐ Currently Enrolled

☐ Enrollment Needs Updated (enrolled over 1 year ago)

When all of the items below are true, a patient is eligible for the Caring Contacts program.

- Positive ASQ or SI Q1/Q2 C-SSRS or SB Q1 on C-SSRS
- Patient is 13 years or older
- Patient has a cell phone to receive text messages

Caregivers of the patient can enroll in the Caring Contacts Caregiver Program. Enroll Caregiver(s) below.

Caring Contacts - Patient Cell Phone Number

Would you like to receive messages in one of the following languages (instead of English)?

☐ Arabic ☐ Somali ☐ Nepali

☐ Spanish

Declined (PHP, CAT-C) due to:

☐ No cell-phone

☐ Parent opt-out

☐ Developmentally Inappropriate

Would parent/guardian like to receive Caregiver Text Set?

☐ Yes

Our Practice Advisory

Caring Contacts Eligible

No assigned Attending

Allergies: Not on File

CHIEF COMPLAINT

No chief complaint on file

Temp Pulse Resp BP

SpO2 Weight

Caring Contacts Eligible

Test is eligible for the Caring Contacts Program

What do I need to do?

- Click the link to enroll the patient
- OR
- Open the Suicide Risk Toolkit to enroll the patient

You can also enroll Caregivers in a supportive text set or provide patient with a printed Caring Contacts card set (only available in some departments).

Post-enrollment

Patient Currently Enrolled in Caring Contacts Program

Center for
Clinical Excellence



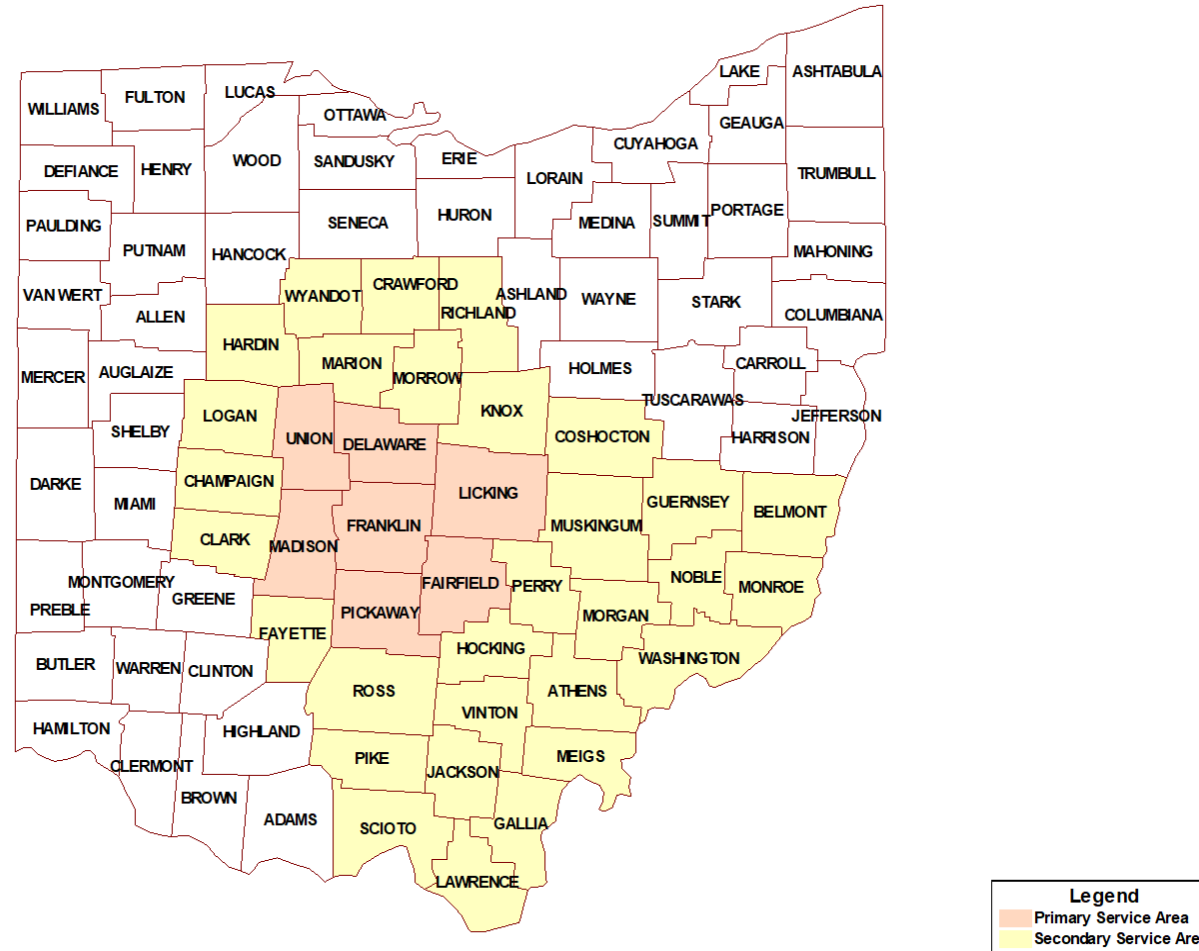
Zero Hero™
Create a safe day. Every day.

Caring Contacts Reach 2020-25

More than
12,000 youth
enrolled

More than
190,000 texts
delivered

Caring Contacts Reach 2020-25



Survey Feedback



Felt more **hopeful** after receiving Caring Contacts text messages



Felt more **supported** after receiving Caring Contacts text messages



Believed that others like them would be **helped** by similar messages

I don't know if the hospital can read this but you guys helped me so much and I really appreciate everything you guys did ❤️

thank you 💕💕💕

please keep doing these

Loved an image

Loved "You are important. Give yourself time. At your own pace, you'll get"

Thanks you n Fasho I'm not rushing

BOUT TIME! What did the automatic messages go on a vacation or somethin?

how do you guys always know when i need you the most

it said earlier that these aren't monitored but thanks

thanks robot thing

Resubscribe

awww

that's beautiful

Thank you so much 🙏 these messages have honestly helped me so much and the pictures are just lovely 😊

Continuous Improvement



Expanded to include multiple languages and additional departments and disciplines.



Standardized processes for development and implementation and shared with other health systems regionally, statewide and nationally.

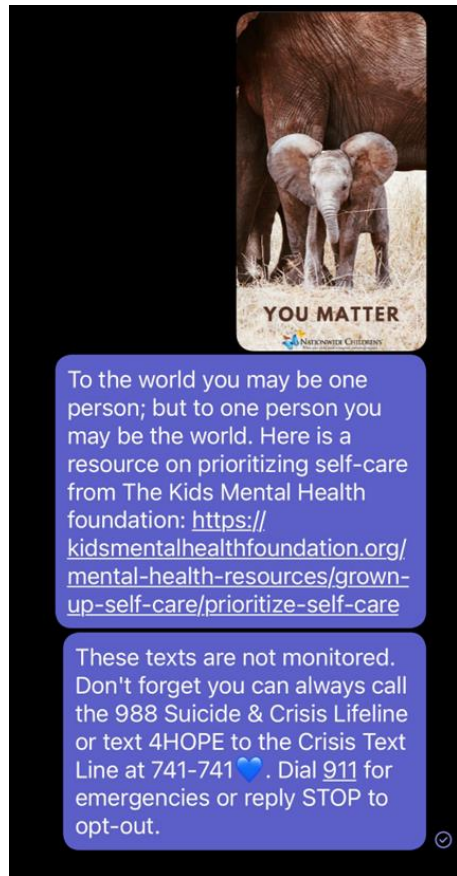


Published our early experiences with implementation in JMIR Pediatrics and Parenting.



Developed and piloting caregiver-specific caring contacts.

Caregiver Caring Contacts



- ① Support the caregivers of youth experiencing mental health challenges
- ② Provide validating messages that enhance a caregiver's sense of self-efficacy and connection to others
- ③ Remind someone caring for a youth in crisis that others care about them and there is always support

Clinical Relevance and Summary

Automated Caring Contacts are a sustainable/scalable tool within broader suicide prevention frameworks

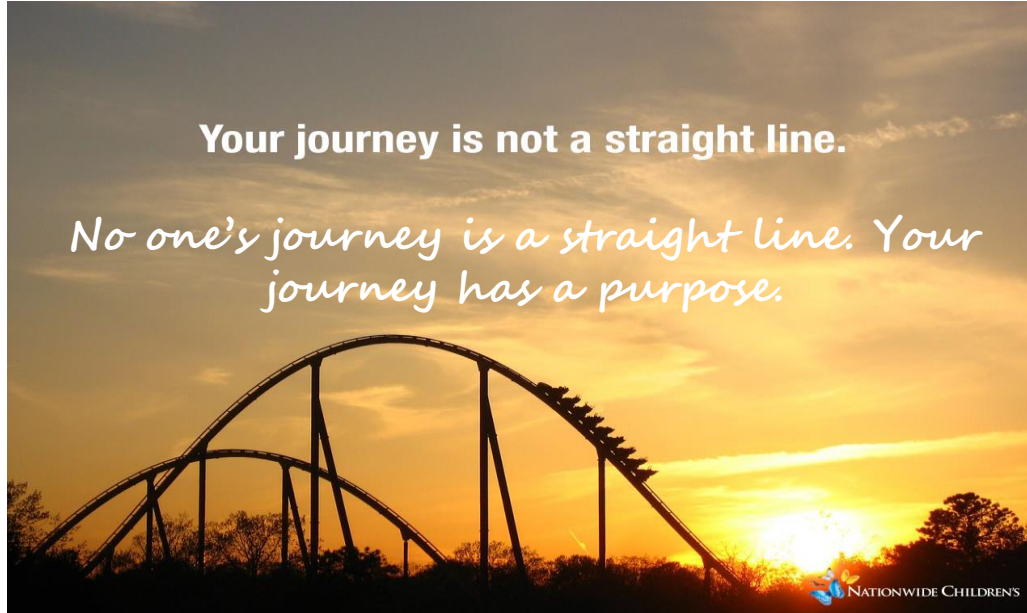
Engagement strategies, like images, may enhance adolescent receptivity to digital interventions

Acceptability supports broader use in suicide prevention post discharge practices for youth at risk

Technology can expand access to mental health support and promote inclusive, long-term prevention strategies

Future research should examine the uptake and effectiveness of Caring Contacts across diverse youth and care settings

Learn More & Stay Connected



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Center for
Clinical Excellence



Zero Suicide Care
Transitions Podcast Series
Podcast #2: Caring
Contacts Innovation:
Reaching Youth after
Hospital Care



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