

Existing Protocols Review

Since December 2021, 211 LA has begun to develop two new protocols—one for CRAs and one for Care Coordinators—for call processing and care coordination in an attempt to address the problem of violent extremism. In time, these protocols will be subject to evaluation. It should be noted that 211 LA has dozens of helpline programs. These target a variety of issues, including homelessness, mental health, and bullying. As a starting point for 211 LA’s exploration of how to address violent extremism, we can look to their already-established anti-hate crime and incident program. Preventing violent extremism will constitute a new initiative for 211 LA to be encompassed within their Los Angeles Open, Resilient Communities (“LA-ROC”) initiative. LA-ROC focuses on referring friends and family of individuals who are thought to be at risk of radicalization or mobilization to violent extremism to relevant local services.

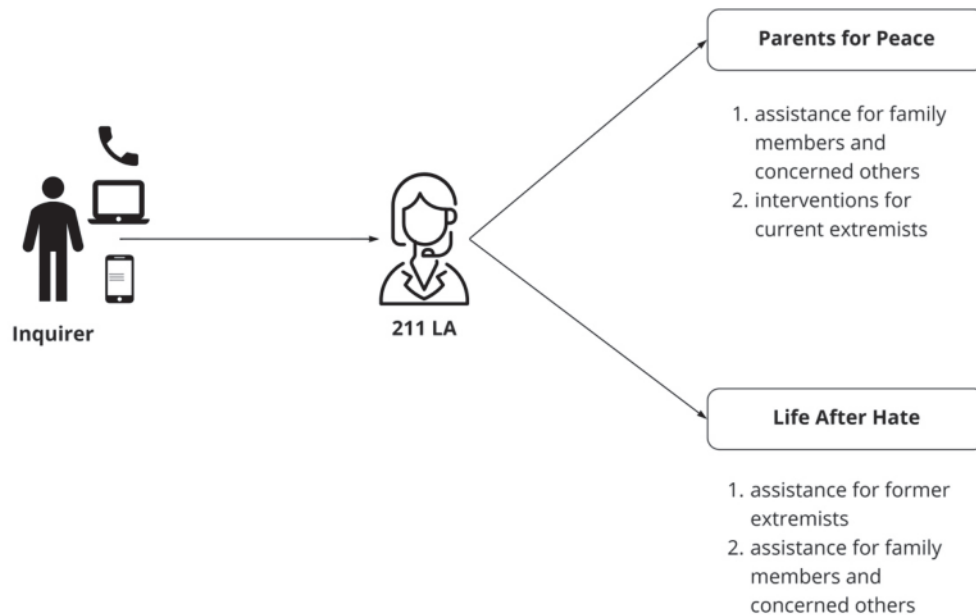
A general intake form for the prevention of violent extremism program will be included on the 211 LA website with its own webpage, similar to their anti-hate report. As a template for the development of the LA-ROC enquiry-handling protocols, staff at 211 LA have drawn on their existing anti-hate protocols. It is not clear yet whether protocols will necessarily differ in content between call-based enquiries and text-based inquiries, though there is evidence to suggest (see below) that text-based enquiries may warrant tailored considerations.

211 LA has thus far implemented the following changes:

Program Change 1 – Identify community providers and resources

Two partner agencies have been identified and agreed to act as referral agencies—Parents for Peace, and Life After Hate (see Figure 1 below). Parents For Peace, founded in 2015, is a non-governmental public health nonprofit empowering families, friends, and communities to prevent radicalization, violence, and extremism by providing peer support for families and friends, and intervention for current and former extremists. Life after Hate, founded in 2011, aims to interrupt violence committed in the name of ideological or religious beliefs through education, interventions, academic research, and outreach. Both organizations provide interventions, either to current or former extremists, and concerned individuals, such as family members and friends.

Figure 1. *Two Relevant Partner Agencies*



211 LA is considering additional resources that might be of aid to the friend or family member of an individual who is radicalizing and/or mobilizing to violent extremism, such as community organizations that provide relevant additional services, even if not directly related to violent extremism (e.g., mental health services).

Program Change 2 – Update the database system

The two partner agencies have been added to 211 LA’s database system (taxonomy) of referable providers for CRAs and Care Coordinators to use.

Program Change 3 – Develop and implement training

CRAs, Care Coordinators, and Performance Coaches have received training on violent extremism and issues surrounding its detection and prevention. On 15th November 2021, Brette Steele—the Senior Director for Preventing Targeted Violence at the McCain Institute for International Leadership—delivered training on violent extremism to 211 LA staff who will be tasked with handling violent extremism cases. In December 2021, 211 LA’s PVE partner agencies, Life after Hate and Parents for Peace, provided training on violent extremism-related content, their experiences working with radical and/or mobilized individuals and their friends or family, and other insights. Based on these training sessions, in addition to research material provided by the GSU research team, 211 LA staff will create standard internal training for staff taking these cases.

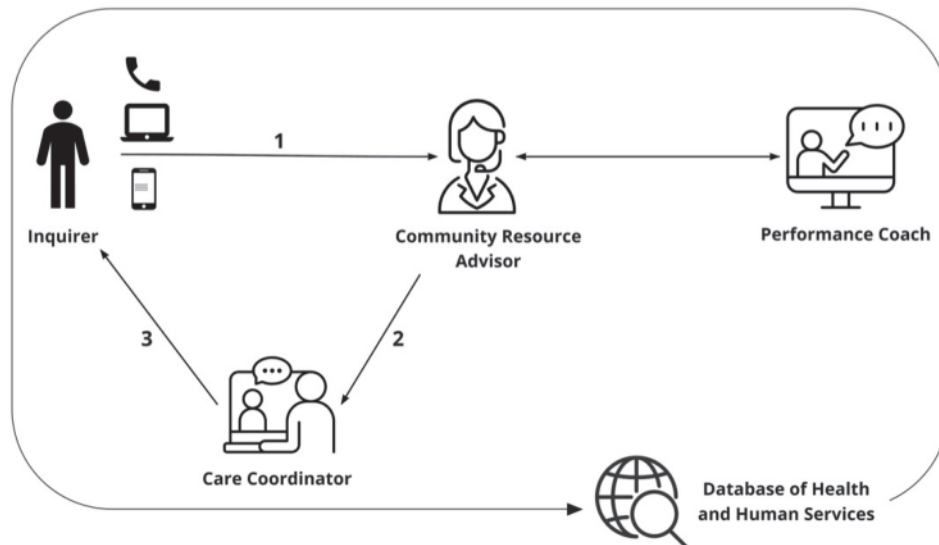
The following describes 211 LA’s current protocols for all their helpline programs, including LA-ROC and LA vs. Hate.

Protocol Step 1 – The inquirer reaches out to 211 LA

An inquirer reaches out to 211 LA via phone or website report form (with possible program expansion to include texting and/or live web chat). When calling 211 LA (step 1 in Figure 1), inquirers first reach a menu with prerecorded menu items. Callers can choose from a

variety of options, such as “If you have been the victim or have witnessed hate crime or bullying, press 4.” The live web chat also allows the inquirer to directly connect with 211 LA staff.

Figure 2. 211 LA Process Steps



Protocol Step 2 – The CRA files a report

A Community Resource Advisor (CRA) answers inquiries via either the helpline phonelines, live chats, web report forms or emails. CRAs follow designated protocols for inquiry and referral (I&R). There are 40-50 CRAs at any given day, all trained to take any call, including ROC inquiries. Each CRA handles 40+ calls a day. A CRA takes, on average, 7-8 calls an hour during peak hours (Sharan et al., 2017). Though median call time is between 7-10 minutes, some calls extend over 30 minutes. CRAs answer a call with a standard greeting, such as “Thank you for calling 211 LA, my name is _____. What referral can I provide for you today?” The CRA determines the inquiries’ case category (e.g., ROC, hate-related, etc.) during the inquiry.

It can be challenging to correctly categorize an incident. Consequently, CRAs receive extensive training and ask direct questions when filing a report. CRAs have multiple protocols to draw on during this process, depending on what the situation requires per their training. 211 LA has been using protocols for 35+ years and they vary slightly for each program. Each new program (e.g., Anti-Hate, ROC, etc.) builds on the protocols from an existing program that may be relevant (e.g., Anti-Hate is the most relevant for ROC). Using the protocols, the CRAs identify practical and psychosocial concerns pertaining to the case that they record into the notes of the case report. The CRA is trained to actively listen to each inquirer. This allows CRAs to identify the needs of each enquirer, and in some cases, this allows the CRA to provide immediate support and direct referral to appropriate services. On occasion, the crisis protocol gets triggered, in which case the CRA will involve a second staff member while determining what the immediate needs are. In most cases, however, CRAs will inform the enquirer that their case will be further referred to one of 211 LA's Care Coordinator (i.e., a case manager). Care Coordinator will follow up with the enquirer to ensure that they are referred to appropriate service providers.

Across all methods of contact, inquirers have the option to accept or decline whether a Care Coordinator may follow up with them. Most inquirers accept follow up and receive referrals, unless the inquirer declines follow up (for example, only 4% of inquirers with hate-related cases decline). If the call or live chat takes place during business hours, CRAs may transfer the inquirer directly to a Care Coordinator once they have agreed to care coordination. Once an inquirer has agreed to receive care coordination support, they are subsequently referred to as “clients”.

Protocol Step 3 – Care Coordination

A Care Coordinator follows up with clients to refer them to service providers. Once an inquirer has agreed to follow up from a Care Coordinator, a Care Coordinator takes on responsibility for the case. Care Coordinators work in teams. They look at new case reports to determine which team member takes on a specific case. The Care Coordinator reviews the intake call, or other recorded communication between the CRA and the inquirer, to ensure that the CRA correctly assessed the situation, and to determine what questions to ask the client. The Care Coordinator will verify if the case is hate-related, and whether the client needs any particular resources. A Care Coordinator will typically follow up with a client within 5-10 business days. Care Coordinators will attempt to reach the client 3 to 5 times. Even if the Care Coordinator cannot reach the client on the phone, the Care Coordinator will write an email to the client requesting a time to “check in.”

Once the Care Coordinator has reached a client, the Care Coordinator starts building a relationship. The Care Coordinator begins by verifying what the client’s priorities are and informing the client how they can be of assistance. The Care Coordinator assures the client that they (the Coordinator) will only offer recommendations—i.e., that the client is ultimately in control over how to proceed. The Care Coordinator identifies services and either “cold transfers” the client (by giving the client a providers’ contact information if not a phone transfer to a service provider) or “warm transfers” (i.e., staying on the line with the client and the referred provider for a three-way call). Care Coordinators provide warm transfers to make the referral process easier and smoother, if not also for clients who are uncomfortable calling a provider themselves. Additionally, Care Coordinators will provide warm transfers for clients who do not feel confident speaking English. The Care Coordinator will follow up with the client regarding whether the provider(s) rendered services to the client and, if so, whether that has helped.

211 LA will need to develop text-based modality (e.g., SMS or webchat) protocols and policies for their LA-ROC program. Below are our recommendations based on available research, with a research review thereof.

Text-Based Helpline Protocol Research & Recommendations

Text-Based Helpline Research

While 211 LA has a live chat function on their website, it has not been tested for LA-ROC. However, 211 LA discussed that the Care Coordinator testing the LA-ROC would in theory have been the one to answer any incoming live chats during business hours. 211 LA does not have any SMS texting for a program at this point.

Texting has outpaced calling as a growing means of reaching helplines, particularly youth helplines (Mathieu et al., 2021). Currently, there are very few studies of helplines specifically for violence-related programs that use text-based modalities (e.g., Messman et al, 2022; Sanz et al., 2022). Most research on text-based helpline modalities is focused on issues relevant to other prevention targets (e.g., drug use, suicidality, homelessness, etc.). Similarly, most helpline studies found in systematic reviews focus on call- as opposed to text-based modalities (Mazzer et al., 2021)—and specifically texting is even less well studied than web chat or email modalities (Hoffberg et al., 2020). However, Hoermann and colleagues (2017) found in their systematic review of mental health helplines that synchronous written conversations (or “chats”) show significant and sustained improvements in clients’ mental health outcomes compared to face-to-face and telephone counseling waitlisting (i.e., when clients must wait to speak in person or on the phone with a counselor). They also found that clients who receive “chat” counseling do not experience significantly worse post-treatment mental health outcomes than those who did not have to wait for face-to-face or telephone counseling. Mazzer and colleagues (2021) found in their systematic review of crisis support services that users had neither significantly different outcomes (measured by emotional state, user satisfaction, and referral plan) nor expectations between phone, “chats,” and SMS modalities.

Systematic reviews of youth helpline research (e.g., Mathieu et al., 2021) suggest that text-based helpline modalities may help thwart the barriers of shame and stigma associated with help-seeking, by facilitating access or initial contact for users. Young men may most acutely experience these barriers, compared to women and older people, and therein may be the least likely to use helplines (Mathieu et al., 2021); this is a particularly important consideration for LA-ROC as it is well established that young men represent the most likely demographic to engage in violent extremism (Horgan, *in press*). Text-based modalities might also be particularly helpful for violent extremism related clients as clients report experiencing greater anonymity and privacy via text (Mathieu et al., 2021).

A major consideration in the development of, or scaling up of text-based interaction is whether and how text-based enquiries present unique challenges for both enquirers and handlers. For instance, there has been an increasing number of studies exploring the importance of conveying empathy via text-based modalities (Mathieu et al., 2021); noted challenges¹ to that, however, are building rapport without face-to-face or verbal cues, and managing text duration. Some counselors express concern to researchers (Mathieu et al., 2021) regarding text-based modalities due to communication difficulties, the risk of misrepresentation, challenges in effectively expressing empathy, and maintaining professional ethics²—though generally, studies thus far indicate that both clients and counselors appreciate text-based modalities.

These concerns speak to fundamental considerations around distinguishing a *crisis* situation from a *non-crisis* situation via text (Evans, Davidson, & Sicafuse, 2013). Therefore, some helpline protocols and training resources (e.g., [Vera House’s Web Chat Training Tool](#)) place

¹ See similar difficulties discussed in the literature on sexual assault text helplines (e.g., Moylan et al., 2021).

² E.g., ethical response to text disclosure of intent of suicide, homicide, or child abuse (Callahan & Inckle, 2012).

extra emphasis on distinguishing such scenarios as well as how to effectively convey empathy via text, through the use of such techniques as “mirroring” the texting style of the client (Evans, Davidson, & Sicafuse, 2013).

With respect to the duration of interactions, research suggests that longer but fewer counselor messages delivered in quick response may be associated with the best impact both immediately post-conversation and 2 weeks later (Mathieu et al., 2021). Furthermore, text-based helpline research and evaluation typically use post-conversation surveys, with up to 2 weeks follow up reassessment for SMS users (Mathieu et al., 2021), which may be an appropriate standard for use in helpline program assessment and quality assurance.

Text-Based Helpline Recommendations

Based on the research into relevant text-based helplines, we suggest the following considerations for 211 LA’s ROC text-based protocol development.

- Phone inquiry menu options could automatically offer text-based modalities during high wait times or outside of phone helpline business hours to encourage initial contact (even if a bot answers and lets the texter know that someone will reach out during business hours the next day)
- Protocols and training should encourage CRAs and Care Coordinators to send *longer*, but *fewer*, messages delivered in *quick* response
- Protocols and training ought to emphasize effective strategies to convey *empathy*—particularly, how to overcome the challenges of doing so in text (e.g., [Vera House’s Web Chat Training Tool](#); 211 LA CRAs and Care Coordinators may employ strategies such as “mirroring,” as mentioned by authors Evans and colleagues (2013))
- Protocols and training ought to help CRAs and Care Coordinators consider a client’s potential *stigma* and *shame* in help-seeking—particularly for young male clients
- Protocols and training ought to emphasize reminding clients of the *anonymity* and *privacy* afforded to them when seeking help via 211 LA
- Protocols and training ought to clearly outline when a *text* response triggers the “*crisis* protocol”
- Protocols should include client exit and referral surveys *immediately* after initial CRA-opened case, *and* as part of the Care Coordinator follow-up 5-to-10 business days later for program assessment and QA

Text-based Helpline Review & Policies

Policies can help guide programs, from training staff, to implementation, and creation of protocols. We see a need for explicit policies for 211 LA, as is common in similarly sensitive helpline content areas. For example, SAMSHA-funded evaluations of crisis centers determined the need for explicit policies regarding high-risk individuals (Draper et al., 2015). The National Suicide Prevention Lifeline for example, was the first helpline to implement a national policy for “Helping Callers at Imminent Risk of Suicide” establishing the following three principles,

“active engagement, active rescue, and collaboration between crisis and emergency services” (Draper et al., 2015, p. 261). Lifeline trained staff at network centers on practices consistent with this policy (e.g. active engagement of callers), and a SAMHSA-funded evaluation found significant reductions in caller’s suicidality (Gould, et al., 2013), demonstrating that development of policies, consistency in training and implementation can be effective.

Existing Policy Review

While 211 LA has a general privacy and Title VI policy on their website, they do not currently have policies in place that sit outside of, or otherwise govern their call protocols. While the protocols serve as step-by-step procedures to be followed and explain the “how,” they are lacking the reasoning behind the actions taken—the “why.” Policies can play an important role in guiding helpline staff training. 211 LA’s current protocols act as policies for existing programs but might not be sufficient for LA-ROC.

For example, the crisis call protocol defines crisis as the inquirer is threatening suicide, homicide or assault as well as inquirers experiencing domestic abuse, child abuse/neglect, elder abuse/neglect, sexual assault, runaway youth, psychiatric emergency, substance abuse, natural or human-made disaster or other forms of violence. The protocol focuses on getting the caller’s phone number early on, seeing if they need an ambulance or the police, and generally de-escalating the situation if possible. However, it is less clear how a CRA or Care Coordinator should proceed *if* the inquirer threatens *homicide* or discloses plans of an act of *terrorism*. Additionally, training for de-escalating a perpetrator might be needed, and guidelines for when to involve law enforcement must be in place. 211 LA staff are *not* mandatory reporters and typically do not contact law enforcement with evidence incriminating their clients.

When talking to 211 LA staff and during the focus groups, it became clear that the organization has strong *unofficial* guidelines regarding interaction with inquirers and clients. Staff talked about the “why” behind their actions and 211 LA’s philosophy. As the LA-ROC program adds new components compared to other 211 programs (e.g. privacy in case of a potential perpetrator of violent extremism, family members calling on behalf of a child that is not a minor), we recommend that a new document spelling out policies be created. This would ensure continuity and help other 211s and organizations when implementing the ROC program.

Text-Based Helpline

A text-based helpline would have similar policies as a phoneline, but would need to take into consideration additional privacy concerns (e.g. depending on the platform used, the text-based interaction might be less secure and could be viewed post-inquiry by anyone accessing the phone). Additionally, how CRAs and Care Coordinators interact with a client might differ when it comes to text-based inquirers and clients.

Text-Based Helpline Policy Recommendations

- Expand privacy policy to reflect text-based challenges
- Address referrals (e.g. “We will share an agency or service provider’s information with you, but never your information with them”)
- Address how to deal with frequent callers and program dependency

- Determine when to involve law enforcement (e.g. "We may share information that identifies you if necessary to help you or someone else at imminent risk of death, or if we are legally required to do so" - <https://www.crisistextline.org/privacy>)

After 211 LA decides whether they will incorporate a text-based modality to address concerns about violent extremism and, if so, which platform (e.g., SMS, WhatsApp, or online chat), the GSU team can advise on further details regarding protocols and policy development and implementation.

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