PUTTING YOUTH
MENTAL HEALTH FIRST
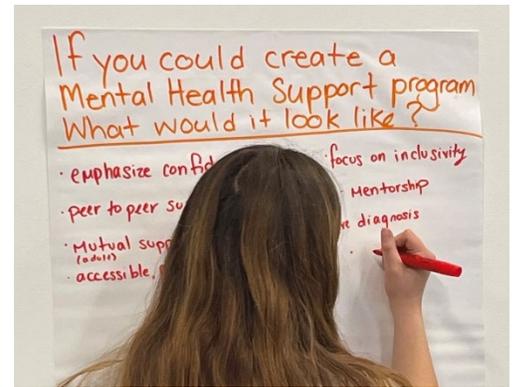
June 2023

Youth Mental Health
Listening Tour Report

Compiled by

NEW YORK STATE | Office of Mental Health | Office of Children and Family Services

Table of contents

1. Background

New York State, like the rest of the nation, is experiencing a youth mental health crisis. According to the CDC Youth Risk Behavior Survey, from 2011 to 2021, the rates of youth who persistently felt sad or hopeless increased from 21 percent to 29 percent for teen boys, and from 36 percent to 57 percent for teen girls. Those who reported that they seriously considered attempting suicide increased from 16 percent to 22 percent over the same period. According to an April 2022 Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR), when compared to students who felt close to persons at school, youth who did not feel close to persons at school reported higher rates of the following: poor mental health during the last 30 days and during the pandemic, persistent feelings of sadness or hopelessness, and having seriously considered attempting or having attempted suicide.
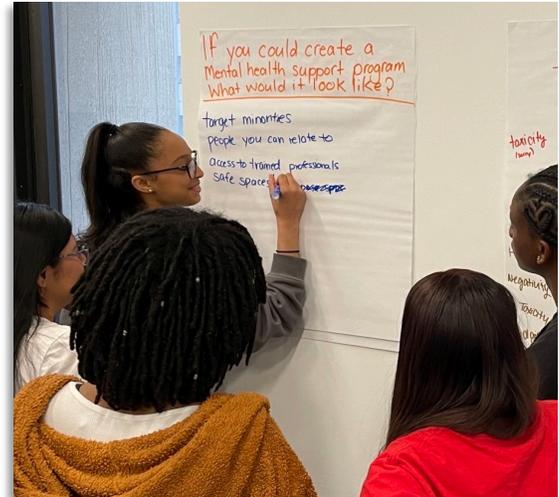
Further exacerbating the mental health crisis among youth is the public health crisis of racism. The CDC states that "a growing body of research shows that centuries of racism… has had a profound and negative impact on communities of color. …social determinants of health – are key drivers of health inequities within communities of color, placing those within these populations at greater risk for poor health outcomes." Racism can negatively impact mental health and contribute to unequal access to resources and services, including mental health care. First-hand experiences of racial discrimination, as well as witnessing or hearing about discrimination from others or in the media, can cause or intensify stress and racial trauma. The impact of systemic racism on the mental health of Black, Indigenous, and people of color (BIPOC)/youth of color was evident in the number of youth voices of color that chose to participate in the listening sessions and discussed their specific needs.

On a national scale, youth presentation for suicidal and self-harming behaviors in emergency settings has also increased, with large increases in teenage girls and LGBTQ-identifying youth. According to the Trevor Project's 2022 National Survey on LGBTQ Youth Mental Health, young black people have experienced an increase in suicide attempts, with suicide rates among young black people increasing 37% between 2018 and 2021. Black transgender and nonbinary young people also reported higher rates of all indicators of poor mental health compared to their Black cisgender LGBTQ peers.

Relatedly, there is growing concern about the negative impacts of social media on youth mental health. In addition to Governor Kathy Hochul's call for an examination of youth mental health in New York State, including the impact of social media, the Surgeon General has recently released an advisory on Social Media and Youth Mental Health detailing these impacts.

As part of Governor Hochul's historic $1-billion investment in mental health, a youth mental health listening tour was held across the state so that policy and programming can be directly informed by the young people of New York State who will be most impacted by state policies. On March 16,

2023, Governor Hochul and OMH Commissioner Sullivan met personally with over a dozen New York City middle and high schoolers to learn about their own and their peers' experiences with mental health. Following this listening session, the Governor announced listening sessions in every region of the State, which took place from April to June 2023.

Method

OMH and OCFS partnered to collect feedback from New York State youth, specifically middle and high schoolers ages 13-18, on the impact of the pandemic on their mental health, the evolving role social media has played in their lives; how schools can promote wellness among their students; the types of mental health programs they could envision helping them at school; and the advice they'd give to their peers struggling with mental health issues.

After the kick-off listening session hosted by Governor Hochul in New York City in March, additional listening sessions were conducted with approximately 200 youth in five locations across New York State (Plattsburgh, Binghamton, White Plains, Garden City, and Rochester) in April and May 2023. An additional virtual session is planned for June 5, 2023, and this report will be updated to reflect any findings and/or recommendations once additional feedback is analyzed.

OMH and OCFS developed a brief listening session guide that addressed the themes outlined above. Almost 200 youth (N = 197) were recruited through email list servs, advertisements, and word of mouth and indicated their interest by registering online. Registration included submission of a guardian's consent and youth assent to participate in the sessions. All youth who registered and met age criteria were invited to participate. Registration was halted after reaching target participation of 60, in order to ensure that breakout groups were small enough to encourage meaningful participation (target of 15 young people per each of targeted 4 breakouts per site).

Sessions were held in person on weekdays from 6-8pm. Each session welcomed youth along with any parent/caregivers in attendance with a brief introduction from senior leadership of OMH and/or OCFS. In this introduction, participants were informed of the Governor's efforts to gather perspectives directly from young people, and youth were encouraged to be honest and open in their discussions. Breakout groups, comprised of no more than 15 young people, were held for approximately 75 minutes. Parents and caregivers were not present in the breakout group and were given the opportunity for a separate facilitated discussion, where applicable.
Following the breakout groups, all participants were brought back together for a report-out to the larger group.

Each breakout group was staffed by at least three individuals: a Youth Peer Advocate facilitator who guided the discussion, a notetaker (employed by OMH or OCFS) who recorded the discussion, and an executive level staff member from OMH and/or OCFS. Listening sessions were not recorded to encourage honest discussion of mental health experiences and challenges. The quotes provided in this report may not reflect verbatim responses of youth but were recorded by notetakers as faithfully as possible. OCFS and OMH staff transferred notes to a spreadsheet

organized by question/area of inquiry for the ensuing thematic analysis. An analyst independent from the listening sessions conducted an inductive thematic analysis organized by the areas of inquiry. In some cases, youth requested to send additional written comment and this information was analyzed alongside the breakout group notes.

Youth Characteristics

Each listening session had 2-4 breakout groups and an estimated average of 15 attendees at each breakout group (minimum of 12, maximum of 24 attendees per breakout group). Characteristics of youth who registered for the listening sessions are described in Table 1. Note that some registered youth did not attend, and some unregistered youth participated after completing the required consent/assent forms. As a result, the demographic summary of youth who participated may be somewhat different than presented. The age of registered youth ranged from 13-18 years old with an average of 15.9 (*SD* = 1.4). About half of the registered youth identified as cisgender female (53%), a quarter as cisgender men (27%), a fifth (19%) of registered youth preferred not to report their gender, and 3% identified as non-binary.

Although some youth did not describe their racial identity, data suggests that registered youth reflected diverse racial identities. Almost one-third (32%) identified as White, another third (31%) as Black, 14% indicated multi-racial (selected more than one racial identity), 5% identified as Asian, and 1% identified as American Indian, Alaskan Native or Native Hawaiian/ Other Pacific Islander.

Table 1: Demographics of Registered Youth (N = 196)

Demographic	M	SD
Age	15.9	1.4
	N	*%*
Gender		
Cisgender Women	104	53%
Men	52	27%
Non-binary	3	2%
Prefer not Answer/ Unknown	37	19%
Grade Level		
Middle School/Highschool	23	12%
High School	166	85%
College/ Trade School	6	3%
Missing/ Unknown	1	1%
		0%
Ethnicity		
Hispanic/ Latina/o/x		
Yes	53	27%
No	137	70%
Prefer not to answer/Don't know	7	4%
Race		
Black/ African American	60	31%
Asian	10	5%
American Indian/ Alaskan Native	1	.5%
Multiracial	27	14%
Native Hawaiian/ Other Pacific Islander	1	.5%
White	63	32%
Prefer not Answer/ Unknown	12	6%
Other not listed	22	11%
Session Location		
Long Island	60	31%
White Plains	60	31%
Rochester	37	19%
Binghamton	23	12%
Plattsburgh	16	8%

2. Session Themes and Key Takeaways

Six overall themes emerged from the youth listening sessions. As noted above, to protect youth confidentiality, quotes provided in this report reflect paraphrased statements from youth.

1) **The impact of the pandemic varied among youth and over time.** The impact of the pandemic ranged from very negative to positive, with older youth reflecting on a negative impact more often than their younger peers. Youth who were younger during the pandemic were more likely to note it had no impact or a positive impact on their mental health. Examples of positive impact included the chance to be outside more, develop their own interests, and have time for introspection. Youth who were older during the pandemic noted mostly negative impacts, such as the loss of loved ones, social isolation, loss related to missed rites of passage, difficulty navigating academic material without the support of the classroom, and for some, difficulties with substance use and abuse.

> "I feel like I lost a part of my life [because of the COVID-19 pandemic]."

> "[The pandemic impact] may have been worse if I was older – [I] was riding bikes with friends and spending time outside."

Many young people noted specific challenges and associated mental health impacts with school re-entry. Some reported that they had anxiety regarding academic and athletic performance. They also reported concerns with bullying and other difficult peer interactions upon returning to school. Many noted that some of the patterns that they had established during the pandemic, such as use of substances, high levels of social media use, etc., were difficult to shake after returning to school. Youth also felt that teachers were often unable to recognize their academic stress and mental health challenges because they were primarily focused on making up the lost learning from the pandemic. This sometimes inadvertently contributed to student's stress, anxiety, and loss of trust.

2) **Youth keenly understand the benefits and risks of social media and potential strategies to support healthy use.** Young people across New York State reported a nuanced grasp of the benefits and risks of social media, and its impact on mental health.

Youth referenced benefits of social media including coping with COVID-related distress and developing positive friendships online. Young people who felt isolated because of specific identities, for example being LGBTQ+, noted the possibility of affinity groups online that were not accessible in their home or local environment. Some young people noted that social media was a resource to help them identify their mental health symptoms.

"I first heard about depression on TikTok, and I think a lot of awareness is spread by TikTok and other social media."

However, there were many reports of negative impacts of social media. Young people reported cyberbullying, misinformation about the pandemic, increased focus on their physical appearance resulting in a lower sense of self-worth, pressure to create social media content, and a sense of urgency to monitor and value peer responses (e.g., likes and comments).

Several young people reported specific negative impacts on girls, especially regarding appearance and shaming, as well as toward minorities.

"There is a lot of hatred on social media, especially to minorities."

Youth identified a need to train young people in the healthy use of social media. Many reported that they had identified strategies that worked for them, including deleting apps after recognizing overuse or having a negative reaction and placing a timer on the daily duration of social media app use.

"I see both aspects, helpful and harmful, I think [social media]
is a tool and like any tool it depends on how it is used. But it can be
harmful by encouraging girls to have eating disorders or harm
themselves... with the negative aspects there is a need to
be aware of them... to keep them from affecting you."

3) **Developing positive peer relationships and social skills is challenging, and youth are calling for multiple school and community-based approaches to assist in the development of interpersonal skills and friendships.** Several young people recognized that the pandemic disrupted and set back the development of interpersonal skills. They noted that online friendships do not always translate to "in real life" friendships, and there are some safety concerns associated with online friendships. Several young people reported social anxiety which was exacerbated by loss of confidence in social skills (or actual loss of social skills) as a result of the pandemic.

Bullying and cyberbullying were repeatedly noted as barriers to positive peer relationships. Some young people reported that they experienced prolonged harassment, especially after making a stand or disclosing a struggle. Many noted a direct connection to poor mental health due to bullying and cyberbullying.

Many young people, particularly in but not limited to rural areas, noted that there are few safe spaces to establish communities. As detailed further in the Youth Recommendations section, young people frequently suggested more clubs and community spaces or the establishment of youth-friendly gyms and other "third spaces" (i.e., neither school nor home) in which young people can gather. Youth also expressed the desire for non-clinical activities that would support those relationships in addition to the spaces.

"Being by themselves helps them grow comfortable
with themselves, but when we had to return to school
they didn't know how to interact with others."

4) **Youth highly value confidentiality, and when they perceive privacy and confidentiality has been violated it deters youth from developing connections with adults and seeking help.** Youth repeatedly raised issues of privacy and confidentiality when describing trusted adults, including educators and mental health professionals. When describing the benefits of peer support, and ideal community programs, confidentiality was a frequently endorsed requirement for youth.

Violations or fear of broken confidentiality discouraged youth from seeking help from any adult, particularly in school settings. Many noted that their own confidentiality or that of their peers has been broken or perceived to be broken without adequate setting of expectations. Some young people shared that adults whom they confided in were unable to distinguish between more minor events ("a bad day") and more serious disclosures, and diminished trust by reporting perceived minor events to parents. Some youth identified the need for adults to be transparent about the limits of confidentiality, and to be explicit in setting shared expectations of privacy and accountability.

"If I just tell my teacher I'm having a bad day, I don't need them to call my mom. I just want to tell my teacher I'm having a bad day."

5) **Youth prefer mental health interactions with trusted adults who are like them (age, demographics) and reported an overall perception of a lack of empathy and cultural sensitivity in adults.** Throughout all discussions, young people reported that having access to trusted adults who are more like them would increase disclosure and help-seeking behavior. Representation was identified as critical in demographics including race/ethnicity, and socio-economic backgrounds. Many also identified that younger/peer providers would be more relatable.

Many youths who had interactions with mental health professionals or other adults perceived a lack of empathy and not being treated as individuals. While some did report positive experiences with these professionals, several reported feeling rushed and not being listened to as an individual.

"We want therapists that are more our age, like peer programs and mentors."

Many youths identified a need for cultural awareness for everyone, including peers and mental health providers. Youth specifically mentioned a need for culturally aware diagnosis and a need for teachers and students to be trained in cultural awareness. Youth encouraged New York State leadership to widen the diversity among mental health providers to reflect the demographics and experiences of youth.

"All psychiatrists are the same, like do the same way, go straight to the pills, don't really listen, rush the process. They are there to get you in and out. They need to care about their work. They can't go into it with a bad attitude. If someone needs your help, they need to really want to help."

"I feel more comfortable talking to and connecting with
adults that come from a similar background or
share the color of my skin, ethnicity, etc."

Several young people reported that they know their parents want to help them, but that parents, like other adults, need more training about how to be non-judgmental and supportive. Some youth noted that there is stigma around mental health treatment in their families and communities.

"We love saying diversity and inclusion, but it's
a buzzword if you don't know what it means."

6) **Youth want increased accountability for other students, teachers, and school policies.** Youth called for greater global accountability. Several young people noted that their peers are not held to standards put into place to support wellness, e.g., peers may not comply with the rules of safe spaces but are allowed to continue to stay in the environment. Several youths wanted stricter bullying policies that were enforced. Some young people noted that even after mental health crises precipitated by bullying, the bully or bullies had no consequences for their actions at school or otherwise. Youth recommended that peers be held accountable for their behavior and make efforts to understand the reasons for levied consequences.

Another theme focused on holding adults accountable to the promises of caring about youth. Many young people reported that adults who promise confidentiality and violate trust should be held accountable. Schools that fail to help youth in need should be held accountable. Part of school accountability was a call for universal screenings and check-ins. Most sessions included recommendations for all youth to have a check-in, a 1:1, or a mandatory meeting with the psychologist. The frequency of check-ins varied from daily to annually and who was conducting the check-in (i.e., teachers, counselors, psychologist).

"ENFORCE SAFE SPACES. Teenagers can be monsters, calling something a "safe space" doesn't make it a safe space!"

"School staff say they will be there when the students are having a hard time, but they don't practice what they preach."

3. Youth Recommendations

During the listening sessions, agency leadership stressed the importance of hearing any recommendations that the youth might have, noting that the Governor was committed to directly understanding what is needed by listening to young people in their own words.

YOUTH RECOMMENDATION 1: Involve young people in policy making and program design. Young people stated that policies that are designed with their input are more likely to be relevant to their lives. They expressed interest in more opportunities to meet with State leadership and additional methods of becoming involved in program design. They noted that school and community programs with youth representation on leadership and advisory boards are more likely to be successful.

YOUTH RECOMMENDATION 2: Strengthen and start youth-led programs. Suggestions for successful programs included peer mentors and counselors and specific programming that uses peer ambassadors for mental health messaging (such as Sources of Strength). Young people recommended that these interventions are most likely to engage their peers who are disconnected and/or untrusting of adults.
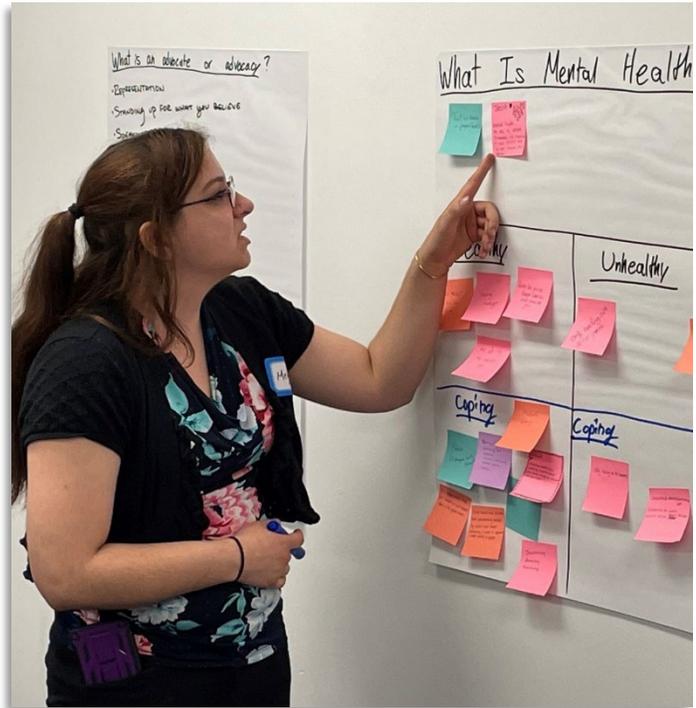
"My school has a program that takes ideas from students and from it we saw that a lot of people were lacking positive affirmations, so we put positive affirmations around the school in places people would see."

"Youth led mental health seminars within schools for education from students to get the conversation started. Youth will be more inclined to share if they knew they wouldn't feel disrespected."

YOUTH RECOMMENDATION 3: **Educate and train adults on how to support young people, including training on mental health literacy, how to establish clear expectations and confidentiality, and how to respectfully listen without judgment.** Qualities of trusted adults were identified as nonjudgmental, empathic, understand of mental health issues, and thoughtful about confidentiality. Parents, educators, and mental health professionals need to learn directly from youth what they need.

"Have youth educate adults to help them to bring up the subject of mental health with their children, have professionals and parents learn from the youth perspective."

"Adults need to be open minded and less judgy."

YOUTH RECOMMENDATION 4: Invest in community-based resources for recreation and mental wellness promotion. Young people asked for social, recreational, and mental health prevention activities. Many young people feel that there are no community leisure activities available to them at low-or no-cost. This was particularly salient in rural areas. Several young people noted they would like access to physical activity outside of organized sports, such as through gyms.

"A lot of [youth] aren't into sports, which is what is available through school, they would like cooking/baking classes, gardening program, music program, arts/crafts, etc."

YOUTH RECOMMENDATION 5: Schools have a critical role in mental health promotion, prevention, and intervention. Young people made several recommendations related to resources available in schools.

- Increase mental health resources in schools by hiring additional well-trained mental health providers and school psychologists.
- Increase culturally competent supports by hiring trained guidance counselors from diverse backgrounds representative of the community.
- Improve physical environment by designing more safe spaces and updating study spaces to be comfortable and free of harassment.
- Implement mental health/suicide prevention and anti-stigma campaigns and promote mental health services literacy at schools. Hold assemblies and protect time to discuss mental wellness.
- Decrease academic burden by allowing more breaks, considering ending Regents testing, and relaxing rules so that students can eat lunch in classrooms.
- Provide spaces and opportunities to increase peer socialization, such as 15-minute community circles to get to know classmates.
- Provide students information about resources for evaluation for learning disabilities and other challenges as well as 504 and IEP plans, which are both designed to ensure that students with disabilities have access to a free and appropriate public education.
- Implement and enforce consequences for bullying, including accountability for students who bully and for adults who enable bullying.
- Provide educators more resources to promote student wellness.

"Be more empathetic, more forgiving of students who are overworked."

"Increase the number of licensed clinicians in schools and make them accessible to all students, even if the student is not identified as needing counseling or having difficulties."

YOUTH RECOMMENDATION 6: **Provide youth-vetted training on navigating social media to young people and parents.** Shutting down social media entirely is not the answer, but young people report needing more skills to help regulate social media.

YOUTH RECOMMENDATION 7: Increase resources for no cost and low-cost mental health care that is confidential, respectful, and culturally competent, including increased diversity in mental health providers. Mental health services need to ensure that expectations around confidentiality are clearly explained to young people. Participants in the sessions noted that peer counselors can be helping in explaining their rights and navigating confidentiality. Participants noted that insurance can be a challenge with access to services and both insured and uninsured youth reporting challenges finding providers.
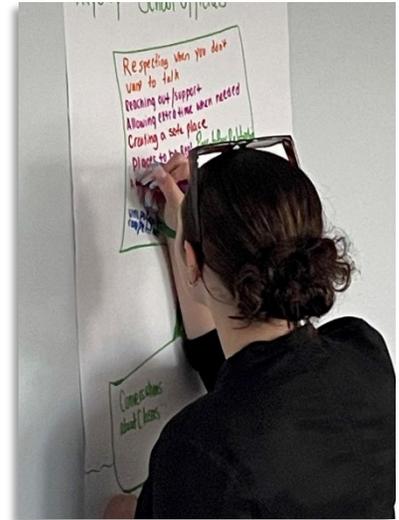
"Kids are afraid to call crisis lines because police come, handcuff you, and take you away if you talk about feelings of suicide."

4. Next Steps

To build on the successful conversations with youth and families during the Statewide Youth Listening Sessions, New York State has identified some next steps.

1. **Youth Mental Health Summit**

Governor Hochul will be convening a Youth Mental Health Summit on June 15, 2023 in New York City. The Summit will bring together a broad array of national subject matter experts and stakeholders from the mental health, education, technology, and law enforcement fields to discuss the challenges and experiences impacting the well-being of our youth, including the role social media plays in their lives. The goal of the Summit is to explore and advise on future policy initiatives that can help tackle the youth mental health crisis.

2. **Incorporating Recommendations from the Youth Listening Sessions**

Recommendations from the Listening Sessions will be used to inform the expansion and development of school-based clinic and prevention services. Continued youth input in program development will be a priority.

3. **Formation of Advisory Boards**

A Youth Advisory Board and Parent/Caregiver Advisory Board will be formed to ensure that youth-informed best practices continue to be incorporated in the development of programs and policies. Ensuring that the Boards represent the diversity of New York State will be a priority.

Addendum: Resources for Youth Parents and Educators

These resources were distributed to all youth and parents/caregivers who registered for any listening session.

NYS Multiple Systems Navigator

https://www.msnavigator.org

- Access helpful health, education, human service, and disability information on one user-friendly website
- Built for youth, parents, family members and caregivers who utilize supports from multiple child and family serving systems

Children's Single Point of Access

https://www.clmhd.org/contact_local_mental_hygiene_departments/

- Each local government in New York State must designate a Single Point of Access for Children and Families (SPOA). The SPOA is available to helps all families with information and linkage.

NYS OMH Contact Information

Customer Relations   https://omh.ny.gov/omhweb/contact/   (800) 597-8481

Regional Field Offices   https://omh.ny.gov/omhweb/aboutomh/fieldoffices.html

Central New York	(315) 426-3930
Hudson River	(845) 454-8229
Long Island	(631) 761-2508
New York City	(212) 330-1650
Western New York	(716) 533-4075

Ombudsman Program – CHAMP (NYS's Community Health Access to Addiction & Mental Healthcare Project)

https://oasas.ny.gov/system/files/documents/2019/07/CHAMP-Brochure.pdf

(888) 614-5400

- CHAMP is an ombudsman program to assure that families receive appropriate behavioral healthcare from their insurance plan

Project TEACH

https://projectteachny.org/parent-and-family-page/

https://projectteachny.org/

- Videos and flyers to help parents and family members identify and navigate children's mental health concerns.
- Project TEACH provides primary care providers, including pediatricians, access to a child psychiatrist for consultation and assistance with making referrals and linkages to mental health services.
- Project TEACH provides training and education in mental health for primary care providers

Mental Health First Aid

https://mhanys.org/mhfa/
- MHFA is a free skills-based training that teaches people how to identify, understand and respond to signs and symptoms of a mental health or substance use challenge
- Similar to physical First Aid and CPR, MHFA helps you assist someone experiencing a mental health or substance use crisis until professional assistance is obtained or the crisis is resolved
- Mental Health First Aiders learn a 5-step Action Plan to recognize warning signs of a mental health or substance use challenge, provide help in crisis and non-crisis situations, and understand where to turn for additional assistance

Suicide Prevention Center of New York State (SPCNY) at the Office of Mental Health

https://www.preventsuicideny.org/support-and-resources-for-individuals/

Unwinding from the COVID-19 Public Health Emergency: A Communications Tool Kit to Keep New Yorkers Covered

https://info.nystateofhealth.ny.gov/PHE-tool-kit

NYS Youth Mentoring Programs

https://public.tableau.com/app/profile/nys.youth.justice.institute/viz/NYSYouthMentoringPrograms/LandingPage
- Explore mentoring programs by population throughout NYS

Families Together in NYS

https://www.ftnys.org/
- Families Together in New York State is a family-run organization that represents families of children with social, emotional, behavioral and cross-systems challenges. Our goal is to ensure that ALL children and youth have the support they need to succeed. We represent thousands of families from across the state whose children have been involved in many systems including mental health, substance abuse, special education, juvenile justice, and foster care. Our board and staff are made up primarily of family members and youth who have been involved in these systems.

Youth Power – Families Together in NYS

https://www.ftnys.org/youthpower/
- Youth Power is a New York State network hosted by Families Together in NYS that is run for and by youth and young adults. We work to ensure young people have meaningful involvement on all levels of the services they receive. We ensure the availability of Peer Support through persistent advocacy, technical assistance and by offering training and education opportunities.

Hotlines

Crisis Text Line
New York State has partnered with Crisis Text Line, an anonymous texting service available 24/7. Starting a conversation is easy. **Text GOT5 to 741741.**

OASAS HOPEline
New York State's 24/7 problem gambling and chemical dependency hotline. For Help and Hope call **1-877-8-HOPENY** or **text HOPENY**

988 Suicide & Crisis Lifeline
If your life or someone else's is in imminent danger, please call 911. If you are in crisis and need immediate help, please call: **988**

Domestic Violence
If you or someone else is in a relationship is being controlled by another individual through verbal, physical, or sexual abuse, or other tactics, please call: **1-800-942-6906**

NYC WELL:
New York City's free, confidential support and crisis intervention for anyone seeking help for mental health and/or substance misuse concerns, available 24/7. **Text "WELL" to 65173** or call **1-888-NYC-WELL**.

OCFS HEARS Family Line (Help, Empower, Advocate, Reassure, and Support)
The HEARS family line assists parents and families by providing resources and referrals to a variety of services. Caring representatives guide families to services including food, clothing, housing, medical and behavioral health care services, parenting education and childcare. **Call 1-888-55HEARS (1-888-554-3277) Monday-Friday 8:30a.m. -4:30 p.m.**

National Runaway Safeline
Free, confidential support for youth who have left home or are thinking about leaving home to find safety and support. **Call 1-800-RUNAWAY (1-800-786-2929) or chat online at www.1800runaway.org**

National Center for Missing and Exploited Children (NCMEC)
National clearing house to help locate missing youth and support their return. NCMEC also supports the families of missing and exploited youth with expertise in promoting internet safety and law enforcement investigations to support youth. **Call 1-800-THE-LOST (1-800-843-5678) or make a cybertip at https://report.cybertip.org/**

National Anti-Trafficking Hotline
Free, confidential hotline to connect with supports for human trafficking and commercial sexual exploitation. Available 24/7. **Call 1-888-373-7888**

Emergency Assistance
- Call 911.
- Go to a Comprehensive Psychiatric Emergency Program (CPEP).
- Go to the emergency room at your local hospital.