

Crisis intercept mapping helped identify community-specific solutions, suggesting that nationwide implementation may strengthen the crisis care infrastructure to support 988.

INTRODUCTION

- The increase in calls, texts, and chats to the 988 Suicide & Crisis Lifeline indicates a need to strengthen the crisis infrastructure for community-based follow up care.
- Crisis Intercept Mapping (CIM)**, delivered by SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center, **assesses gaps in community crisis care systems** and helps identify potential solutions to improve the capacity of communities to provide follow up care.

METHODS

- Mixed-methods analysis of
- Notes from CIM technical assistance sessions with **24 communities**
 - Community Information Gathering Tool with **272 organizations**

RESULTS BY INTERCEPT

1 First Contact

Gap: Lack of consistent protocols for universal suicide risk screening and military service screening
Solution: Develop formal screening processes

2 Acute Care

Gap: Limited knowledge and confidence among providers in safety planning and lethal means counseling
Solution: Raise awareness and train providers

Percentage of participating organizations offering best practices (n=267)

	%
Safety planning protocol	42.3%
Lethal means counseling upon discharge	39.8%

3 Care Transitions

Gap: Lack of cross-organization communication
Solution: Form partnerships and develop interagency agreements

Average number and range of partnerships among participant organizations, by intercept

Crisis Intercept	Average Number of Partnerships	Range
Intercept 1: First Contact	8.2	2 – 13
Intercept 2: Acute Care	8.3	4 – 15
Intercept 3: Care Transitions	3.2	0 – 6
Intercept 4: Ongoing Treatment and Recovery Support	2.9	0 – 6

4 Ongoing Care

Gap: Lack of policies and protocols for follow up. For example, only **20.6%** of participating organizations had a protocol for providing caring contacts.
Solution: Develop protocols and ensure all parties know their role in follow up

CONCLUSIONS

- Findings demonstrate that **gaps in suicide care** found in health system extend to the community level. These include low levels of **screening, safety planning, and follow-up care**.
- Limited **collaboration** and **lack of policies and protocols** were key gaps that prevented communities from effectively providing suicide care and care transitions.
- Findings suggest a need for partnership building and training to **build capacity within communities to provide crisis care** following calls and texts to 988.



Scan here for more information on CIM.