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

<table>
<thead>
<tr>
<th>Percentage of participating organizations offering best practices (n=267)</th>
</tr>
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<tbody>
<tr>
<td>Safety planning protocol</td>
</tr>
<tr>
<td>Lethal means counseling upon discharge</td>
</tr>
</tbody>
</table>

3. **Care Transitions**
   - **Gap:** Lack of cross-organization communication
   - **Solution:** Form partnerships and develop interagency agreements

<table>
<thead>
<tr>
<th>Crisis Intercept</th>
<th>Average Number of Partnerships</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept 1: First Contact</td>
<td>8.2</td>
<td>2 – 13</td>
</tr>
<tr>
<td>Intercept 2: Acute Care</td>
<td>8.3</td>
<td>4 – 15</td>
</tr>
<tr>
<td>Intercept 3: Care Transitions</td>
<td>3.2</td>
<td>0 – 6</td>
</tr>
<tr>
<td>Intercept 4: Ongoing Treatment and Recovery Support</td>
<td>2.9</td>
<td>0 – 6</td>
</tr>
</tbody>
</table>

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.