



Crisis Intercept Mapping Gaps to Outcomes Tool

	Identified Gap	Desired Outcome	Potential Action
IDENTIFY AND SCREEN Screen for Military/Veteran status Train primary care providers Screen for suicide risk Connect to appropriate care	<ul style="list-style-type: none"> Screen for V status Screen for S Lack of knowledge/capabilities/capacity to No standard Suicide screening 	<ul style="list-style-type: none"> Capture data Identify Veterans Identify resources available for V Have medical providers conduct suicide screening at all appointments 	<ul style="list-style-type: none"> Education about why it's so important to ID V Build systems to capture data Implementation of ATQ Be able to provide accurate/available resources Screening – be able to provide BH referrals Create a list of BH providers
SAFETY PLANNING & CRISIS RESPONSE PLANNING Screening and assessing for suicide risk Lethal means safety training Develop safety plans Mobile crisis partnership	<ul style="list-style-type: none"> Lack of safety plan training Lack of CIT Training 	<ul style="list-style-type: none"> More providers providing Safety Plans 	MHFA Training/ASIST through 988 for identified organizations/agencies <ul style="list-style-type: none"> Identify which trainings are appropriate for which org/ag Identify FREE trainings Identify which trainings the group wants offer Incorporate LMS into safety plan
LETHAL MEANS SAFETY	<ul style="list-style-type: none"> Lack of knowledge/training about what it is Lack of screening if there are LM in the home 	<ul style="list-style-type: none"> More providers being trained in LMS Increase community awareness 	<ul style="list-style-type: none"> CALM Training for BH providers Handing out gun/medication boxes to community



SUPPORTIVE & CARING CONTACTS Follow up contact Peer supports Helping with care continuity	<ul style="list-style-type: none"> • People are defaulting to MC, overwhelming LE response • Lack of community awareness of crisis resources available in CC • 988 Diversion is under-utilized in all facets (warm line, SDOH, referrals, resources) 	<ul style="list-style-type: none"> • Diversion of cases that aren't applicable to LE • Reduce calls to 911 through de-escalation • Reduce burden on EDs for psychiatric reasons 	<ul style="list-style-type: none"> • Community awareness campaign to raise awareness –what it is and what it doesn't do • Route 4 Billboard • Awareness through church bulletins, youth/adult sports leagues/rec centers/ public bathroom/school systems/TVs in waiting rooms/PSAs •
TRAINING	<ul style="list-style-type: none"> • Life Skills Training • Lack of Community Knowledge about 988, how it works, what to expect when you call, what will they ask, who will have access to that information 	<ul style="list-style-type: none"> • Prevention of relapsing into same situation • Have a level of comfort/knowledge about 988/Diversion in the community to increase usage 	<ul style="list-style-type: none"> • Education re: boundaries, self-care, accountability, budgeting through community supports/events • Connect through Hannah to Margie at the state about additional funds for an awareness campaign • Invite CIM team members to monthly Provider meetings (to attend and possibly present)
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	

Additional Items:

- Affordable housing
- Public transportation
- What is currently existing in resources/ who are the key players & are they willing to change or stay the same?
- Teaching Life Skills for support
- Table opportunities- Veteran Expo- Health & Wellness, other events to share resources/ATQ/Enrollment
- Education on – It's OK to seek help, lock up firearms, enroll in the VA
- Trainings offered:
 - MHFA, TIC, ASIST, CALM
 - Military Cultural Training
 - COMPACT Act training (ER's-acute care's)
 - Mil. Cult Comp- for PCP's



- Psych Armour- for staff/front line/call takers

PARKING LOT

- HIPAA training on sharing of information
- PCP's & clinicians- 2 way sharing of info
- Don't have specialty services that individuals may need
- Lack TriCare BH providers is a huge gap
- DDS – numbers of hyper utilization of EMS/in-patient
- Adult Interdisciplinary team



CIM Opportunities Tool

Ref Number	Example Community Stakeholder	Identifying SMVF & Screening for Suicide Risk	Lethal Means Safety	Safety Planning	Supportive Contacts & Active Outreach
		No Veteran specific services to complete the initial screening at Emergency Department Providers do not counsel family to understand lethal means safety	Only a small percentage of providers in the system have attended CALM training	Gap in understanding about provider practices for safety plan development with high risk SMVF	Difficult to get private PCPs to share information about veterans in crisis
	CalvertHealth Medical Group	<ul style="list-style-type: none"> No screening currently (plans soon), unsure how many vets we serve/how many work with us, inadequate support staff currently for those needing services EHR is not ideal for handling of these items – must add on content rather than have it default 	<ul style="list-style-type: none"> No training that I know of; would love to implement training (Mental Health First Aid, CALM, and more). 	<ul style="list-style-type: none"> We do no safety planning for patients currently – if suicidal or have thoughts of harming self we refer to crisis line. 	<ul style="list-style-type: none"> We use Peers if needed; will add in Community Health Outreach Workers in the future Needs more of a hub for referrals/resources (finding this online for child/adolescent)



	CSSI/988	<ul style="list-style-type: none"> • 988 has a designated line for Veterans so that they receive Culturally Competent support with individuals trained to address their needs • We specifically screen for military/tactical training prior to connecting Mobile Crisis Teams to ensure the safety of all parties involved 	<ul style="list-style-type: none"> • CALM training is offered, but we can expand on how often/how many specialists are trained. • Means restriction is a key piece of training. All specialists are required to explore access to means when suicidal ideation is confirmed. 	<ul style="list-style-type: none"> • All specialists are required offer safety planning with callers who are experiencing thoughts of suicide • Safety planning is a collaborative effort where the caller determines what they need in order to remain safe. 	<ul style="list-style-type: none"> • 988 is a peer-support line and that can translate to in-person peer support (MCT) if needed. • We'd like to create more partnerships with clinicians in the area where we can expedite appointments for those in need
	Calvert County Behavioral Health	<ul style="list-style-type: none"> • All individuals receiving any services through CCBH are screened to determine if they have served in the military, as well screened for suicide risk using the C-SSRS. 	<ul style="list-style-type: none"> • Many staff are trained in CALM and gun locks are available at all four clinic locations, as well as on the Mobile Crisis Team vehicles. These are provided free of charge. Safe storage information is also available. 	<ul style="list-style-type: none"> • Safety planning is conducted via Stanley & Brown form. These can be printed for individuals or sent via email. 	<ul style="list-style-type: none"> • Various follow up programs are available and are typically associated with the programs accessed. Follow up may be done by peer support specialists or care coordinators, depending on the associated program.



	ServingTogether	<ul style="list-style-type: none"> • Basic eligibility screening • Psychosocial risk assessment for suicide • Columbia suicide severity risk screening 	<ul style="list-style-type: none"> • Yes; inquire for details 	<ul style="list-style-type: none"> • Yes; inquire for details 	In-network connections are made via Unite Us/AmericaServes. We also regularly connect with hundreds of “out of network” providers to best match clients with available programs and organizations.
		<ul style="list-style-type: none"> • 			<ul style="list-style-type: none"> •
	LBHA	<ul style="list-style-type: none"> • We have two programs where we provide care coordination to residents and we do ask about veteran’s status. 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • We conduct outreach to our community and educate the public about local resources. • We coordinate and host outreach events to connect resource providers to the community. • We provide training and education to our community and local providers to reduce stigma and increase service utilization. • We coordinate a semi-monthly provider



					<p>meeting so that resource and service providers have the opportunity to learn about each other's programs and services to meet the needs of our community.</p> <ul style="list-style-type: none"> • We receive calls from providers and community members and connect them to the resources available in our community.
	Unstoppable You Ministries	<ul style="list-style-type: none"> • No screenings 	<ul style="list-style-type: none"> • Not for suicide 	<ul style="list-style-type: none"> • Not officially for suicide 	<ul style="list-style-type: none"> • We collaborate with other organizations that may provide the necessary services that a client may need. This would be referrals
	Calvert Health	<ul style="list-style-type: none"> • Currently not screening for Veteran status at time of assessment. Will be adding to EMR. 	<ul style="list-style-type: none"> • No current training. We do complete safety planning around lethal weapons or items in which client identify as means to kill or self arm (all sharp objects in the house, medications and fire arms in safe) 	<ul style="list-style-type: none"> • Each client in inpatient and PHP programs complete a safety plan as apart of their treatment plan. Family members of adolescents are informed of safety plan and measures that are needed in the house to ensure safety. 	<ul style="list-style-type: none"> • There is very little peer/recovery supports for the adolescent population that is in person. Each patient in all levels of care are scheduled with aftercare appointments (therapy, psychiatry, medical, community supports, case management)



	Maryland Coalition of Families	The intake process does not ask if someone is a veteran.	Currently, we do not offer training for CALM.	In cases of crisis, we try to guide people through the process by referring them to a crisis team.	•
	MD Dept of Labor AJCs	<ul style="list-style-type: none"> • Yes, screen for military service 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A

Additional Observations

-