Crisis Intercept Mapping for Service Members, Veterans and their Families: Applications and Updates

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Brandi Jancaitis, M.P.H., Director, Virginia Veteran and Family Support, Virginia Department of Veterans Services

Brett Harris, Dr.P.H., Senior Research Scientist, NORC

Webinar
November 16, 2022

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Substance Abuse and Mental Health Services Administration

SAMHSA Welcome

Stacey Owens, M.S.W., LCSW-C

Military and Veterans Affairs Liaison

Center for Mental Health Services

Substance Abuse and Mental Health Services Administration

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Disclaimer

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SAMHSA Background

Since 2008, SAMHSA has partnered with states and territories to strengthen behavioral health systems serving **Service Members, Veterans, and their families** (SMVF), providing technical assistance (TA) through its SMVF TA Center.

SAMHSA leads efforts to ensure substance use and mental health issues among all Americans, including SMVF, are well understood.

SAMHSA's SMVF TA Center

- Strengthening ongoing collaboration among military and civilian stakeholders
- Providing a centralized mechanism for cities, states, and territories to learn, connect, and share
- Increasing awareness of and access to resources and programs that strengthen behavioral healthcare systems for Service Members, Veterans, and their families (SMVF)
- Supporting coordinated responses to the behavioral health needs of SMVF
- Encouraging cities, states, and territories to implement promising, best, and evidence-based practices

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Technical Assistance Methods

The SMVF TA Center provides training and technical assistance through activities such as:

- Policy Academies
- Implementation Academies
- Crisis Intercept Mapping
- Webinars
- Learning Communities
- Technical Assistance Calls
- Onsite and virtual expert consultation
- Resource dissemination

Today's Learning Objectives

- ✓Describe the Crisis Intercept Mapping process for SMVF and share future opportunities for engagement
- ✓Demonstrate how a state-wide coordination of Crisis Intercept Mapping workshops can enhance multi-organizational collaboration to improve SMVF crisis response systems
- ✓Share findings from an analysis of key takeaways identified by an analysis of the results from 24 CIM workshops

Our Presenters Today

Richard McKeon, Ph.D.
Branch Chief,
Suicide Prevention Branch,
SAMHSA

Don Harris, M.B.A., Assistant Director, SMVF Technical Assistance Center

Brandi Jancaitis, M.P.H.
Director,
Virginia Veteran and Family Support,
Virginia Department of Veterans Services

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Crisis Intercept Mapping: Overview and Introduction

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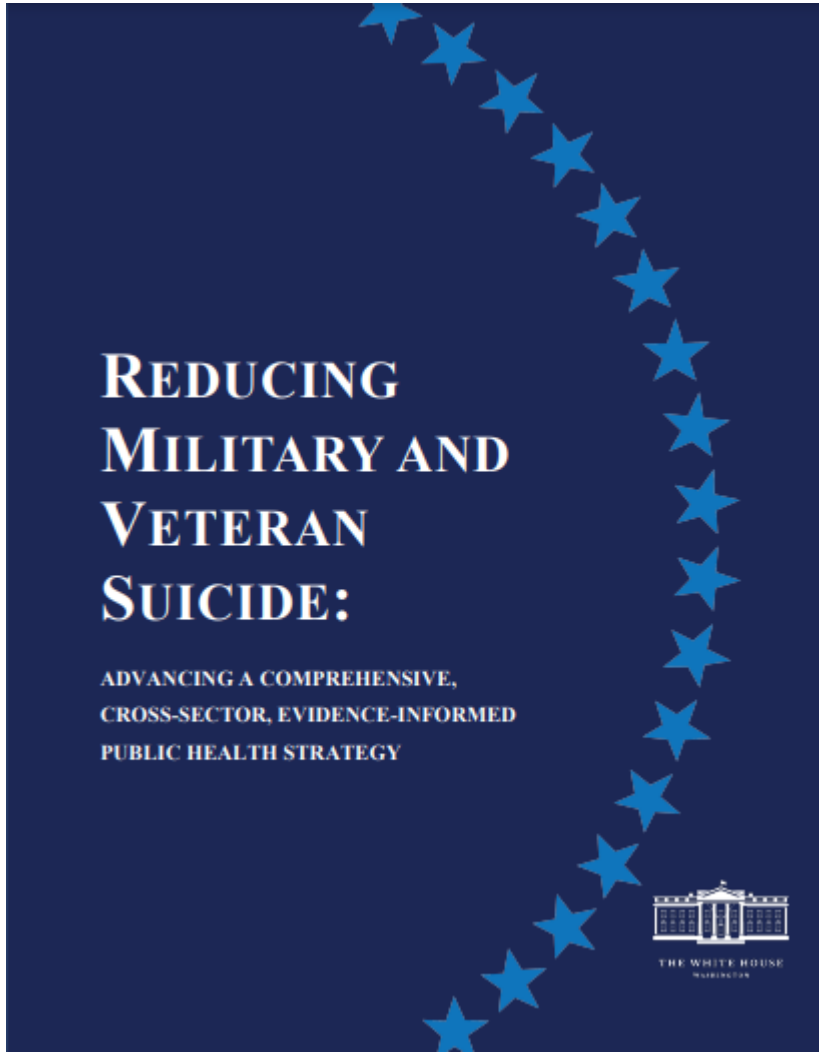
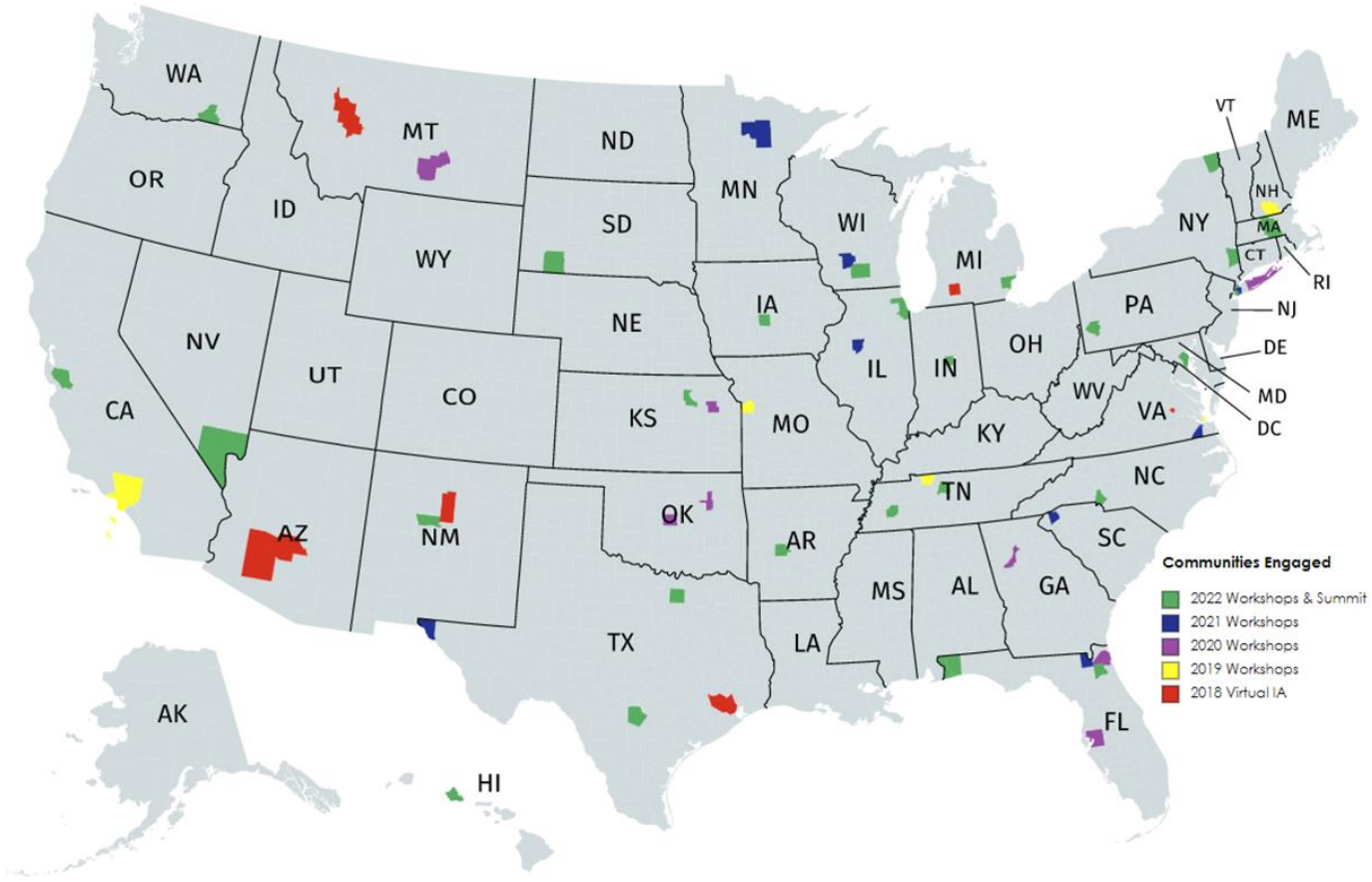
Crisis Mapping Supports National Public Health Strategy



Expansion of SAMHSA's crisis mapping initiative to assist cities and counties in identifying gaps and incorporating best practices in suicide prevention for veterans interacting with community crisis systems.

City and County Participants in Crisis Intercept Mapping



2018

- Charlotte, NC
- Helena, MT
- Houston, TX
- Kalamazoo, MI
- Phoenix, AZ
- Richmond, VA
- Santa Fe, NM

2019

- Albuquerque, NM
- Clarksville, TN
- Hampton, VA
- Kansas City, MO
- Las Vegas, NV
- Los Angeles, CA
- Manchester, NH
- Mecklenburg County, NC
- Reno, NV
- Salem, VA

2020

- Atlanta, GA
- Austin, TX
- Billings, MT
- Hillsborough Cty, FL
- Jacksonville, NC
- Suffolk, NY
- Oklahoma City, OK
- Suffolk County, NY
- Topeka, KS
- Tulsa, OK

2021

- Baker Cty, FL
- El Paso, TX
- Elko, NV
- Itasca Cty, MN
- Manor, TX
- Peoria, IL
- Pickens Cty, SC
- Queens, NY
- Sauk Cty, WI
- Suffolk, VA

2022

- Alleghany Co., PA
- Anne Arundel Co, MD
- Arlington, VA
- Bernalillo Co, NM
- Bexar Co, TX
- Bronx, NY
- Brooklyn NY
- Charlotte, NC
- Clark Co, NV
- Clay Co., FL
- Clinton Co., NY
- Dane Co., WI
- Denton Co., TX
- Dutchess County, NY
- Esca Rosa, FL

2022

- Gardner, MA
- Garland Co., AR
- Hamilton Co, IN
- Honolulu, HI
- Illinois Joining Forces
- Madison Co, TN
- Operation Stand Down (TN)
- Pickens Co., SC
- Pine Ridge Reservation, SD
- Polk Co, IA
- Riley Co, KS
- Santa Clara Co., CA
- St. Croix, VI
- Walla Walla Co., WA
- Wayne Co., MI

Total Community Teams Engaged = 67

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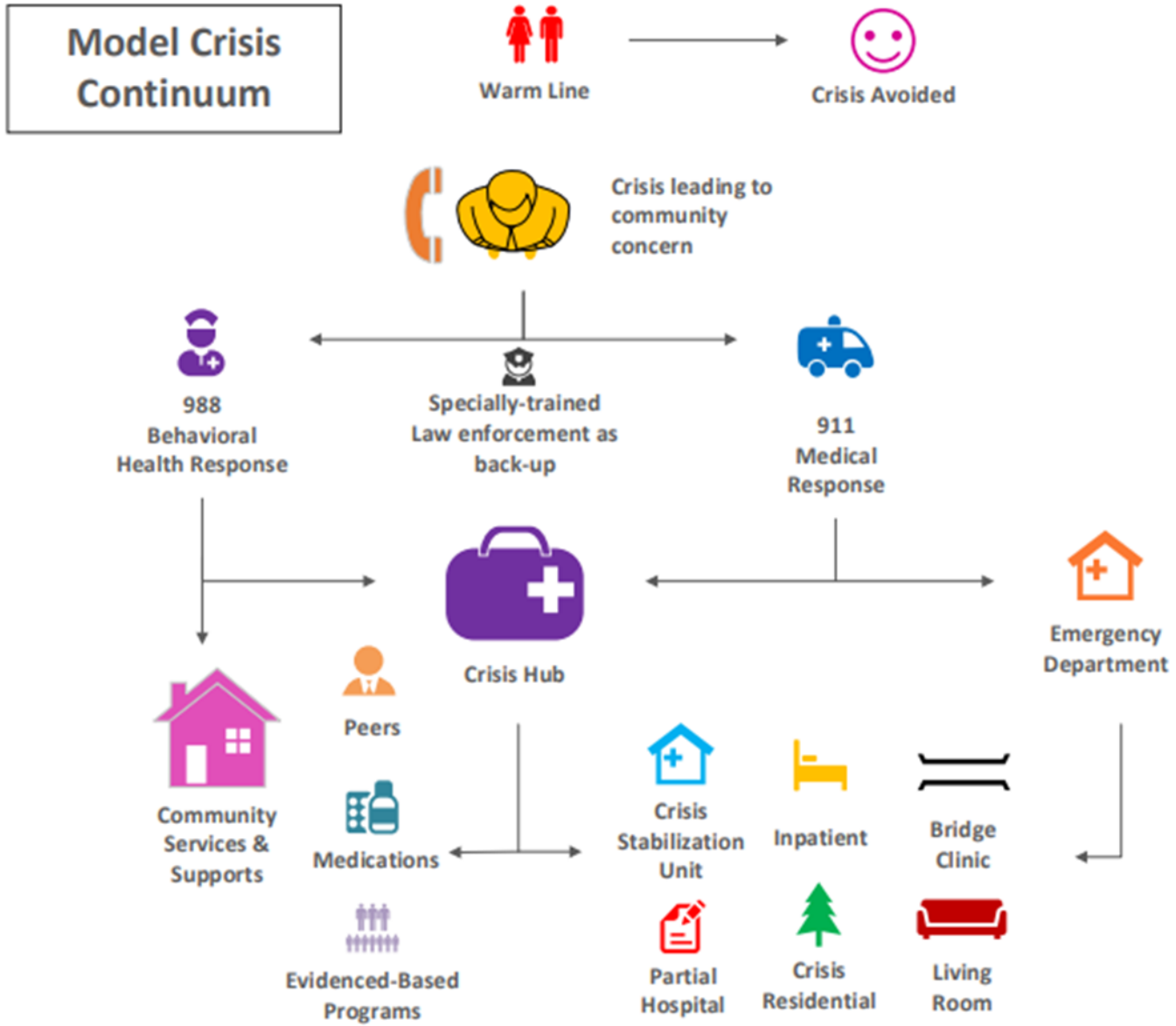
Mapping Addresses Opportunities Across the Crisis Care Continuum



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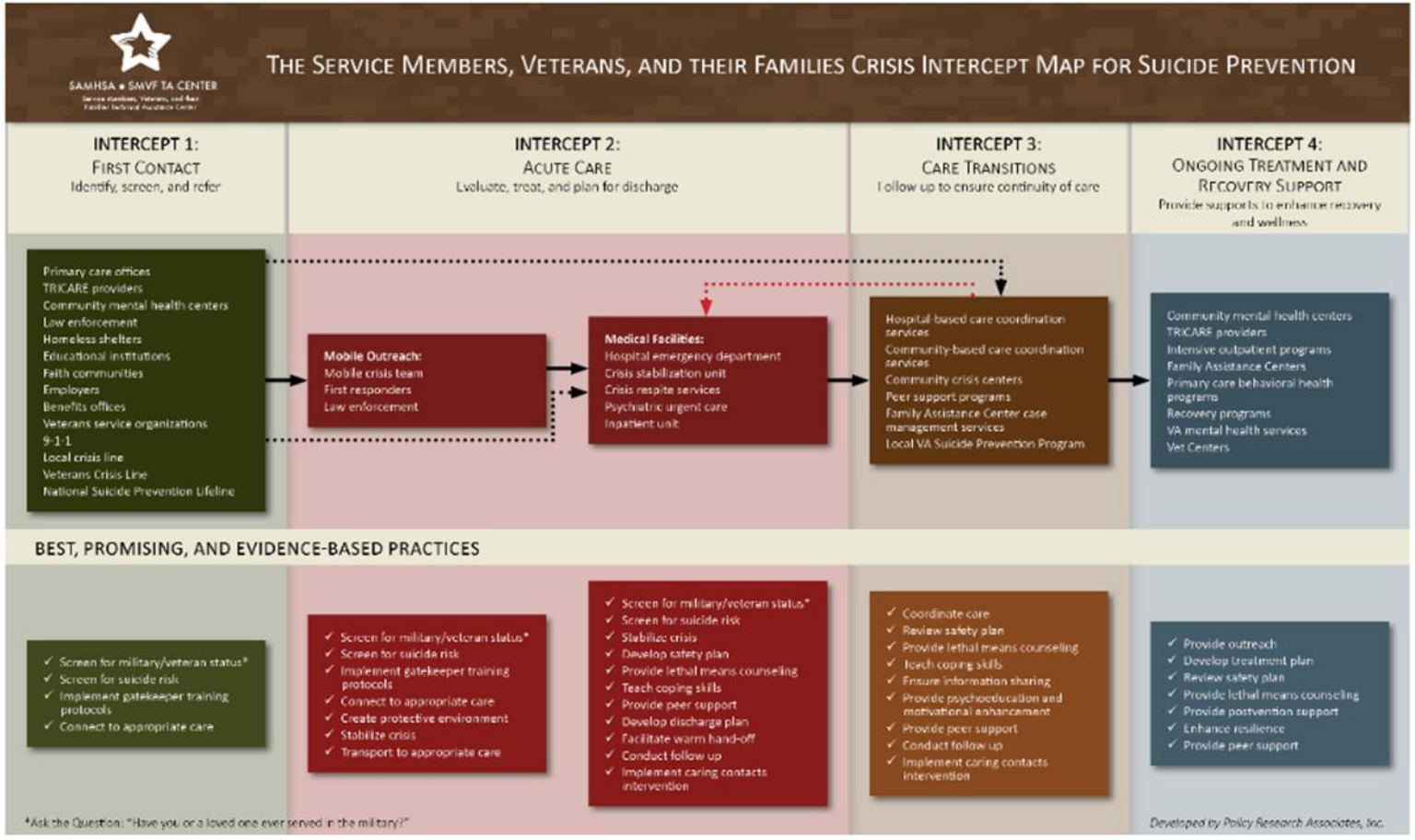
Crisis Intercept Mapping – A Tool for Systems Improvement

The focus of the Crisis Intercept Map is to help improve the capacity of communities to recognize and intercept suicide crises before they occur among SMVF



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Addressing Suicidal Behavior

Nearly

46,000

people died by suicide in 2020

1 death every

11 minutes

Many adults think about suicide or attempt suicide

12.2 million
Seriously thought about suicide

3.2 million
Made a plan for suicide

1.2 million
Attempted suicide

If you or someone you know is in crisis, please contact the

988 Suicide and Crisis Lifeline

- Call or text 988
- Chat at 988lifeline.org

CDC. (2022). Fast Facts. Retrieved from https://www.cdc.gov/suicide/facts/index.html

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Provisional Numbers and Rates of Suicide: United States, 2021

The provisional number of suicides in 2021 (47,646) was 4% higher than in 2020 (45,979). The provisional age-adjusted suicide rate also was 4% higher in 2021 (14.0 per 100,000 standard population) than in 2020 (13.5).

- The age-adjusted suicide rate was 3% higher in 2021 than in 2020 for males (22.7 compared with 22.0)
- Suicide rates increased for males aged 15–24, 25–34, 35–44, and 65–74.

Figure 1. Number of suicides, by month: United States, final 2020 and provisional 2021

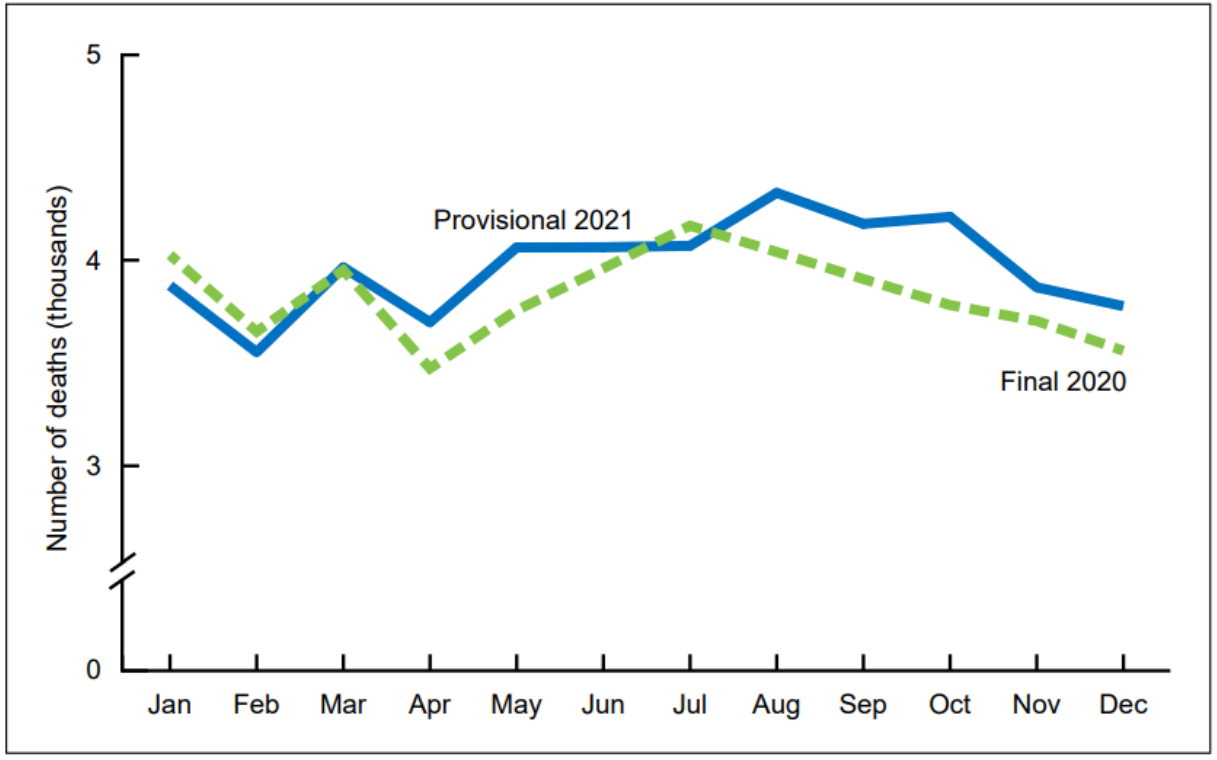
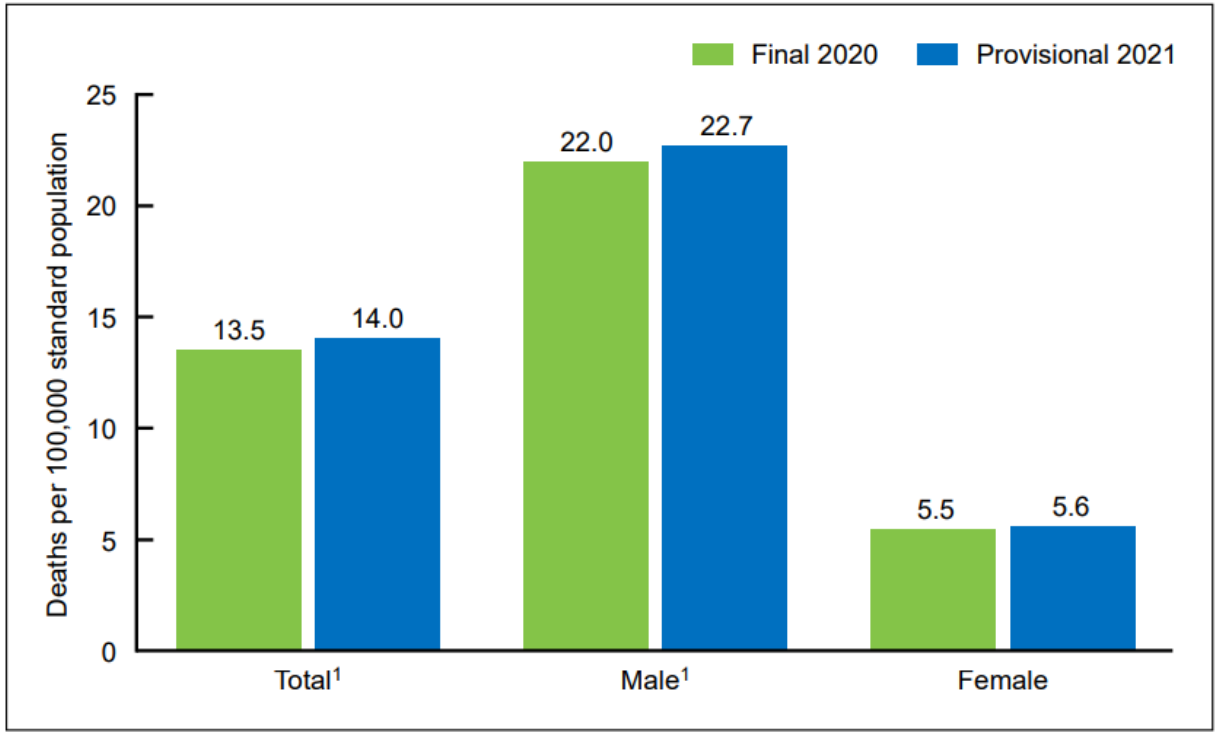


Figure 2. Age-adjusted suicide rate, by sex: United States, final 2020 and provisional 2021



Curtin, S. C., Hedegaard, H., & Ahmad, F. B. (2022). Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021. NVSS-Vital Statistics Rapid Release. Vital Statistics Rapid Release, Number 024 (September 2022) (cdc.gov)

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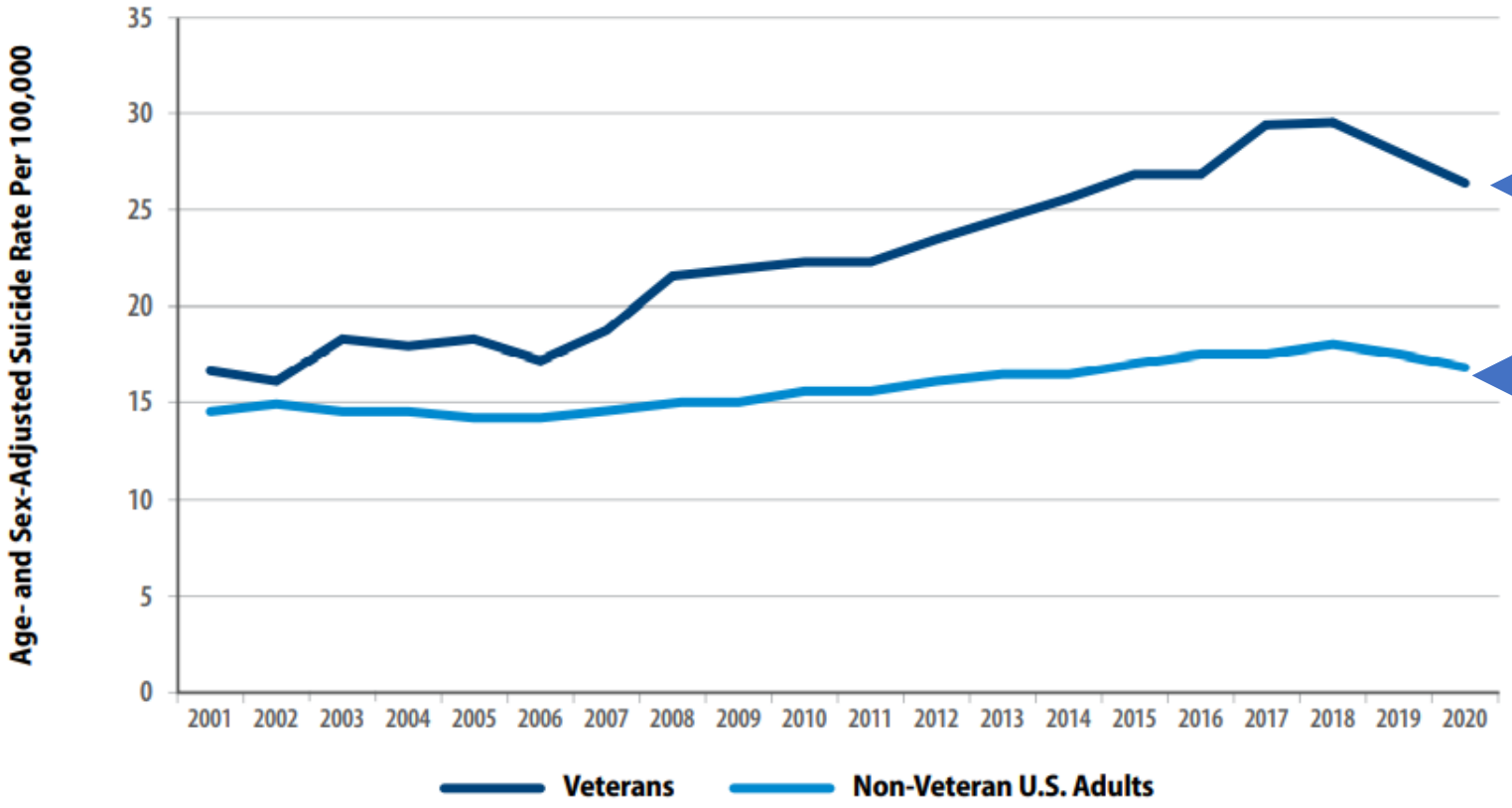
Gap in the Suicide Rate between Veterans and Non-Veterans

Figure 3: Age- and Sex-Adjusted Suicide Rates, Veterans and Non-Veteran U.S. Adults, 2001–2020



From 2001 through 2020, adjusted rates rose faster for Veterans than for non-Veteran U.S. adults. The difference in rates was greatest in 2017, when Veteran adjusted rates were 66.2% greater than those of non-Veteran adults. In 2020, this differential fell to 57.3%.

Veteran suicide rate trend (adjusted)

Non-veteran suicide rate trend (adjusted)

From 2018 to 2020, adjusted rates for Veterans fell by 9.7%. By comparison, the adjusted rate for non-Veteran U.S. adults fell by 5.5%.

Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention (2022). 2022 National Veteran Suicide Prevention Annual Report. https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf

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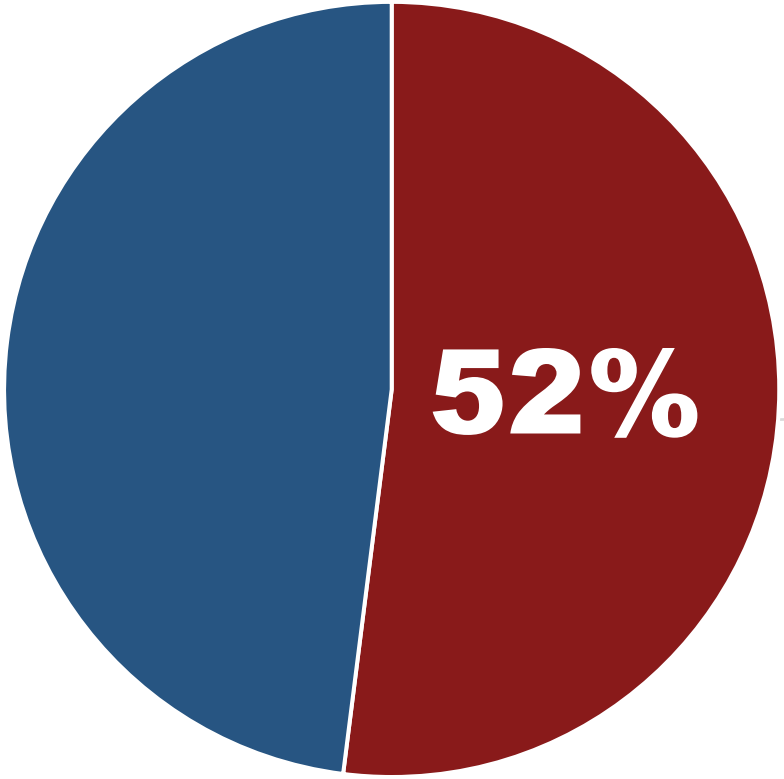
Most Veterans do not access the VHA for healthcare



Over half of the 19 million Veterans across the country *do not* access the VA for healthcare services[1]

1. Department of Veterans Affairs, Veterans Health Administration, Office of Mental Health and Suicide Prevention (2018). National Strategy for Preventing Veteran Suicide, 2018-2028. https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

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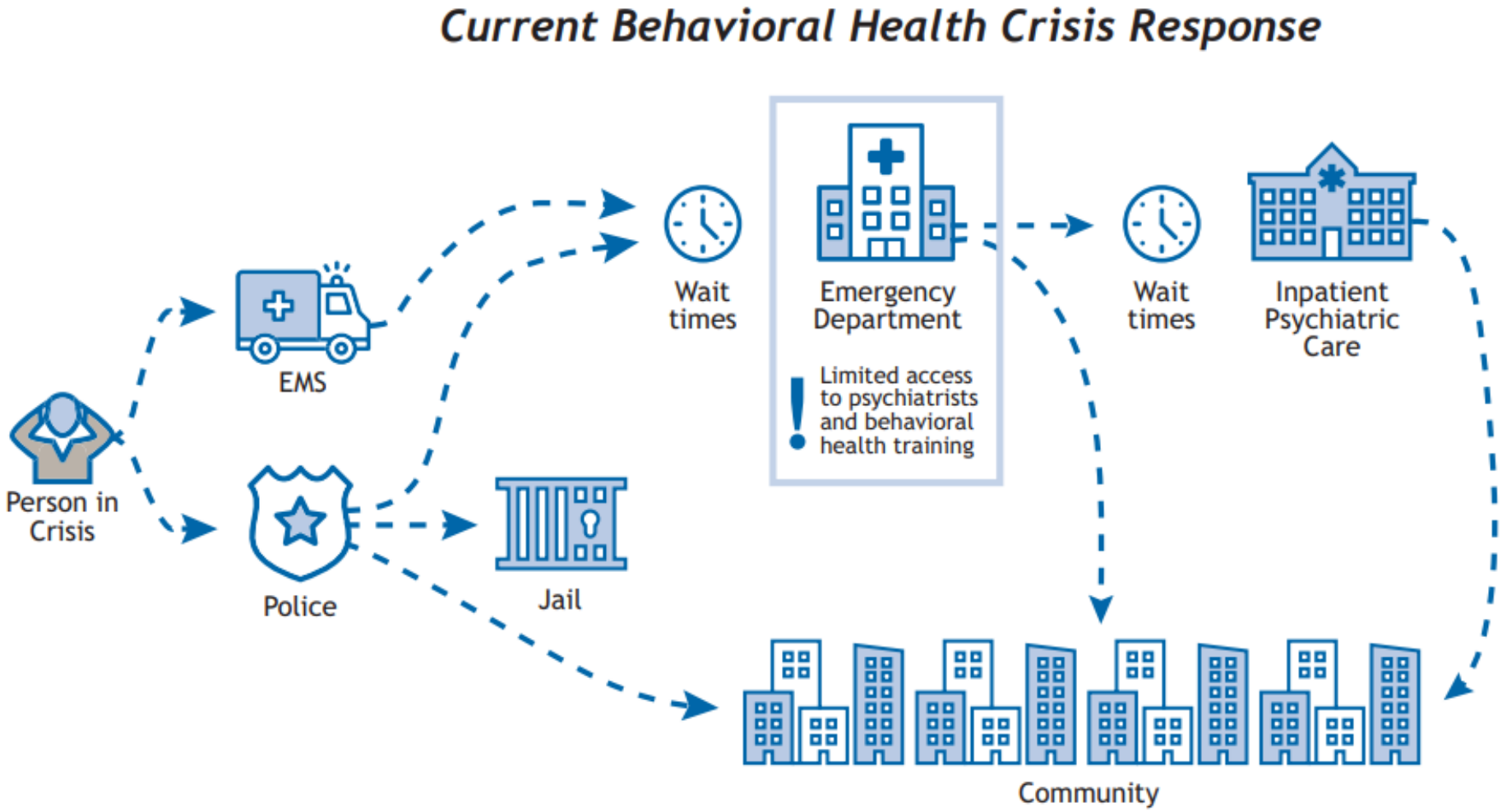
Typical Crisis Response Flow



Alaska Mental health Authority. https://alaskamentalhealthtrust.org/wp-content/uploads/2021/03/Crisis-Now-Project-Overview-One-Pager-1.pdf.

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Partners in emergency departments play a critical role in the process

ED presentation is significantly associated with substantially **increased risk of suicide and other mortality during the year after presentation to the ED**[2]

2. Goldman-Mellor, S., Olfson, M., Lidon-Moyano, C., & Schoenbaum, M. (2019). Association of suicide and other mortality with emergency department presentation. JAMA network open, 2(12), e1917571-e1917571.

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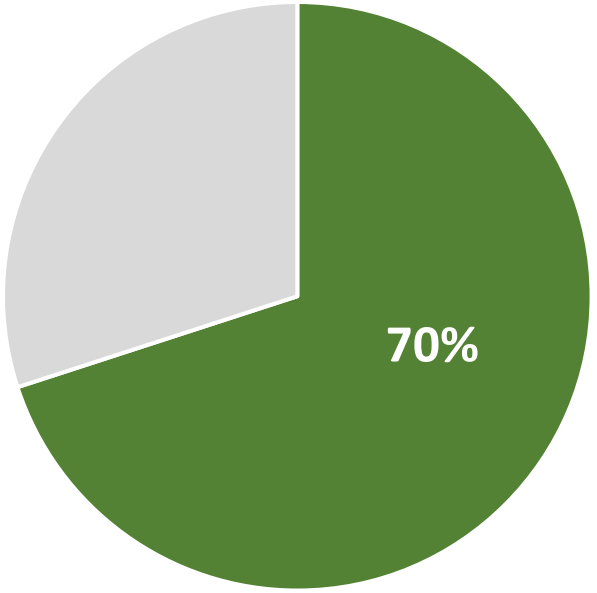
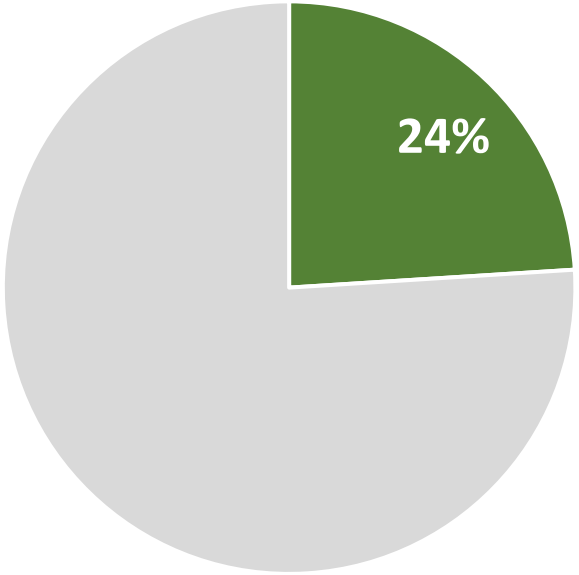
Military cultural competency levels vary among providers in different healthcare setting types

Mental health provider self-reports on military cultural competency

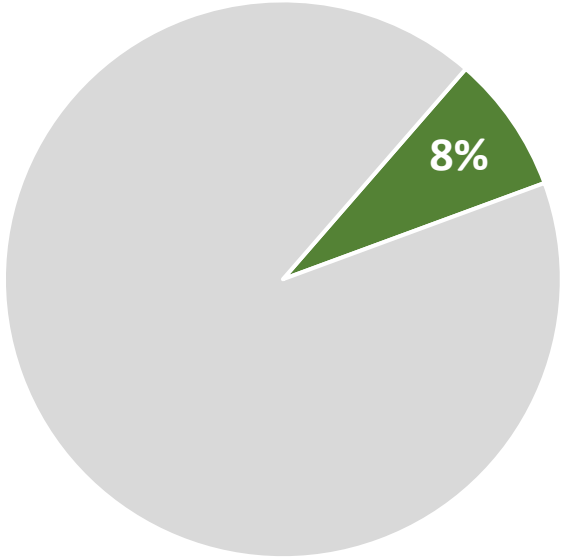
Providers in Military or VA Setting



Providers in TRICARE Network



Community Providers Without Military or TRICARE Affiliation



Tanielian, T., Farris, C., Epley, C., Farmer, C., Robinson, E., Engel, C., Robbins, M., Jaycox, L. (2014). Ready to Serve: Community-based provider capacity to deliver culturally competent, quality mental health care to veterans and their families. RAND Corporation, Santa Monica, CA.

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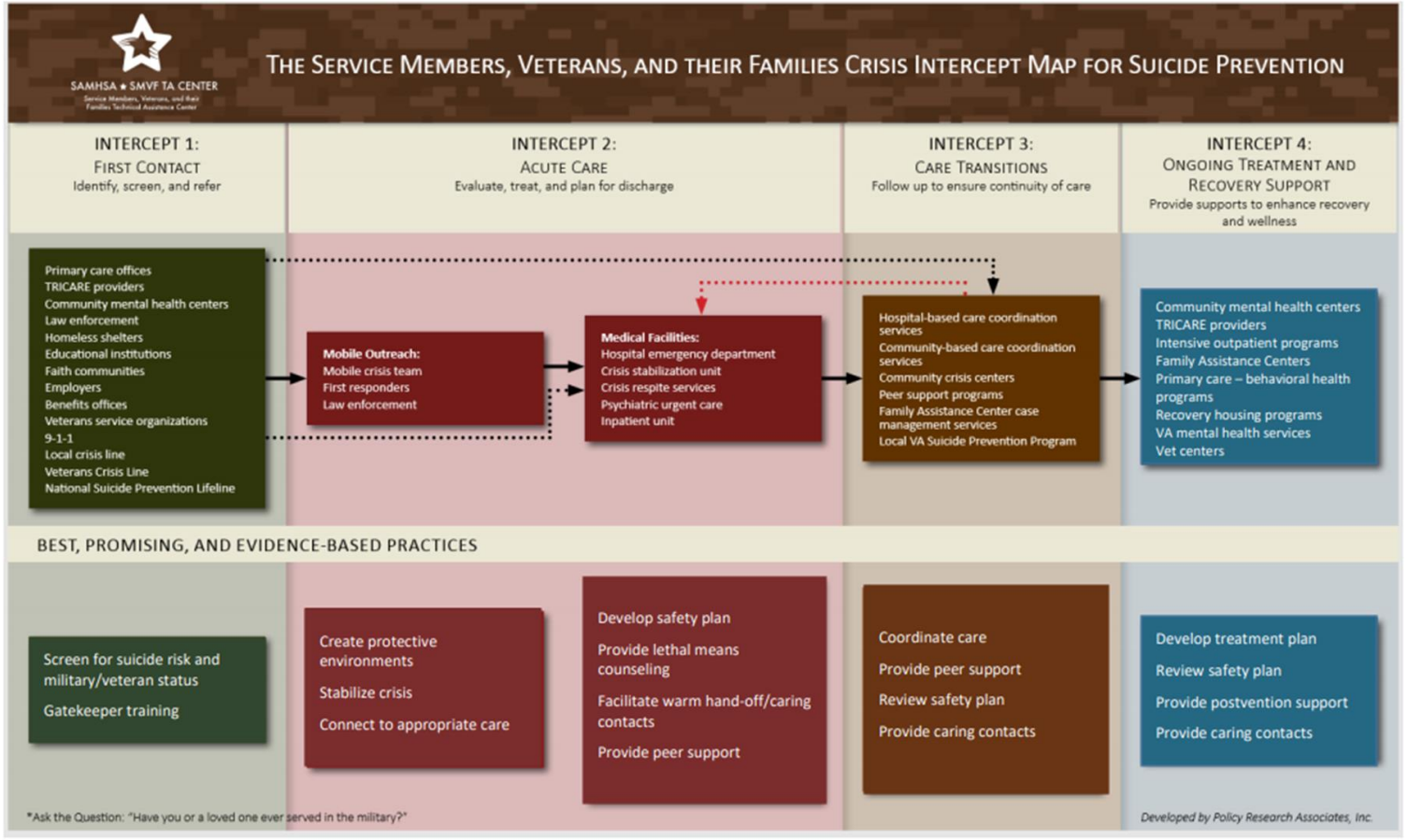
Crisis Intercept Mapping Objectives

- To help **assess gaps** in the community crisis care systems and services
- To **strengthen partnerships** among military and civilian community stakeholders
- To **support implementation of best practices** in SMVF suicide prevention
- To **develop a visual map** for your community, hand-in-hand with an **action plan**, to improve crisis care services



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CIM Community Solicitation

SAMHSA ★ SMVF TA CENTER

Crisis Intercept Mapping for Service Members, Veterans, and their Families

SAMHSA's SMVF TA Center Invites Communities to Apply for Crisis Intercept Mapping (CIM) Workshops

Application due date: November 30, 2022

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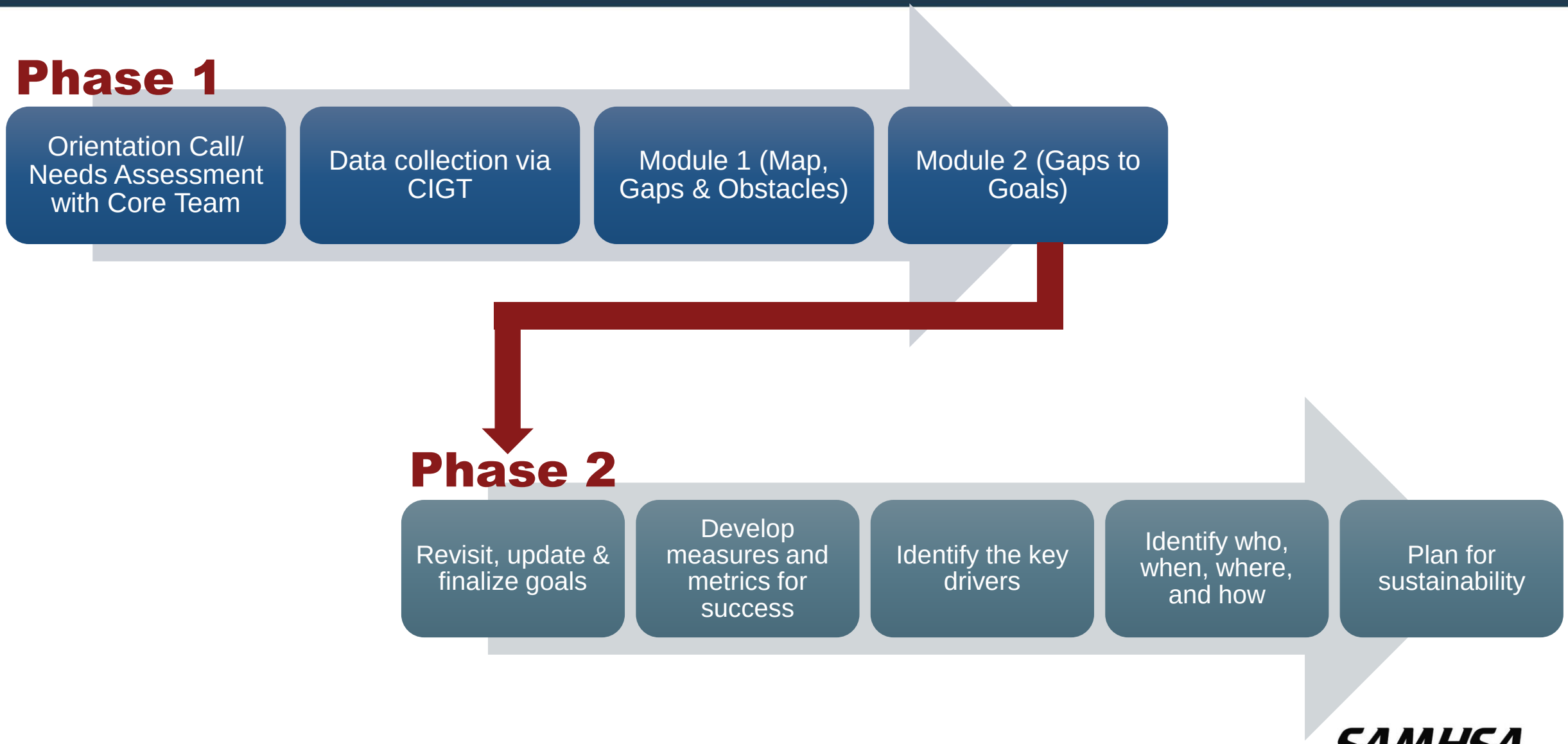
CIM Multiphase Process



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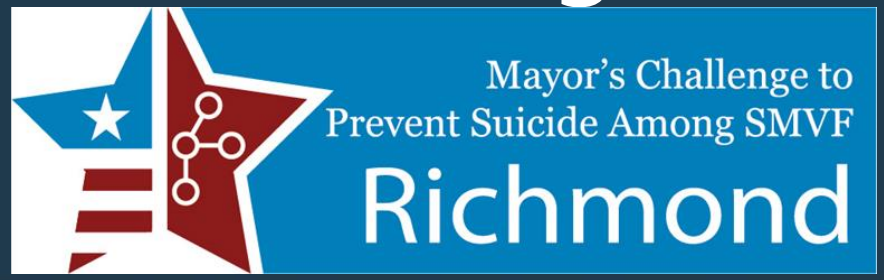
Best Practices Across Crisis Continuum: Virginia Team



Brandi Jancaitis, M.P.H., Director, Virginia Veteran and Family Support, Virginia Department of Veterans Services

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Background

Richmond Mayor's Challenge to Prevent Suicide

Began in March 2018

City-level strategic planning initiative for comprehensive suicide prevention

Local Public Mental Health Center, **Richmond Behavioral Health Authority,** is the lead for Mayor Levar Stoney

Virginia Governor's Challenge to Prevent Suicide

Began in December 2018 and took Mayor's Challenge Work statewide

Secretary of Health and Human Resources and Secretary of Veterans and Defense Affairs Co-Lead this effort

Successfully transitioned Administration Change

Statewide coordination by Virginia Department of Behavioral Health and Developmental Services and Department of Veterans Services

CIM as a Statewide Action Planning Tool

- Teams of VA Medical Centers and community agencies conducted **4 Regional CIM Sessions** in Richmond (June 2018), Hampton (July 2019), Radford (November 2019), Suffolk (March 2021)

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Richmond CIM – June 2018

Key Action Items:

- Implemented ***Ask the Question*** **with First Responders** to identify SMVF on calls (Richmond Police, Fire, and EMT) and designed a resource card
- Developed **VAMC referral flow chart** for behavioral health and crisis referrals from community providers
- Partnered with regional public mental health centers to promote suicide prevention site https://bewellva.com/ and integrate SMVF topics into annual conference and VAMC Mental Health Summit

Richmond CIM – Resource Card

- Resource cards highlight the Veterans Crisis Line and Virginia Department of Veterans Services

- Started with Richmond Police, Fire, and EMT, now distributed by State Police, National Guard, and multiple community partners

Hampton CIM – July 2019

Key Action Items:

- Coordinated regional workgroup with Hampton VAMC and community hospitals and services providers
  - Developed **VAMC referral flow chart** for behavioral health and crisis referrals from community providers (*modeled after the Richmond team)*
- Partnered with Virginia Department of Veterans Services to launch **Military Cultural Competency training** for community services providers
- Expanded participation in **Lock and Talk Virginia**, statewide Lethal Means Safety initiative

Radford CIM – November 2019

Key Action Items:

- Developed cross-referral relationships with local VAMCs and mapped access to care across 2 States (VA and TN) and VISNs
- Partnered with National Guard Psychological Health and Family Programs staff to expand cross referrals
- Increased peer support and care transitions for SMVF at hospital discharge with two State Psychiatric Hospitals
- Partnered with the Together with Veterans rural suicide prevention initiative to expand regional outreach and training

Military Culture and Suicide Prevention Summits in 2019

- **Hosted 6 Regional Military Culture and Suicide Prevention Summits**
  - Trained over 500 Community Services Providers
- Military Culture training by Virginia Department of Veterans Services
- Lethal Means Safety Training by VHA Suicide Prevention Coordinators
- Regional Resource Panels (VSOs, Peer Support, Benefits/Employment Support etc.)

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Virginia's Identify SMVF, Screen for Suicide Risk, and Refer for Services (VISR) Pilot

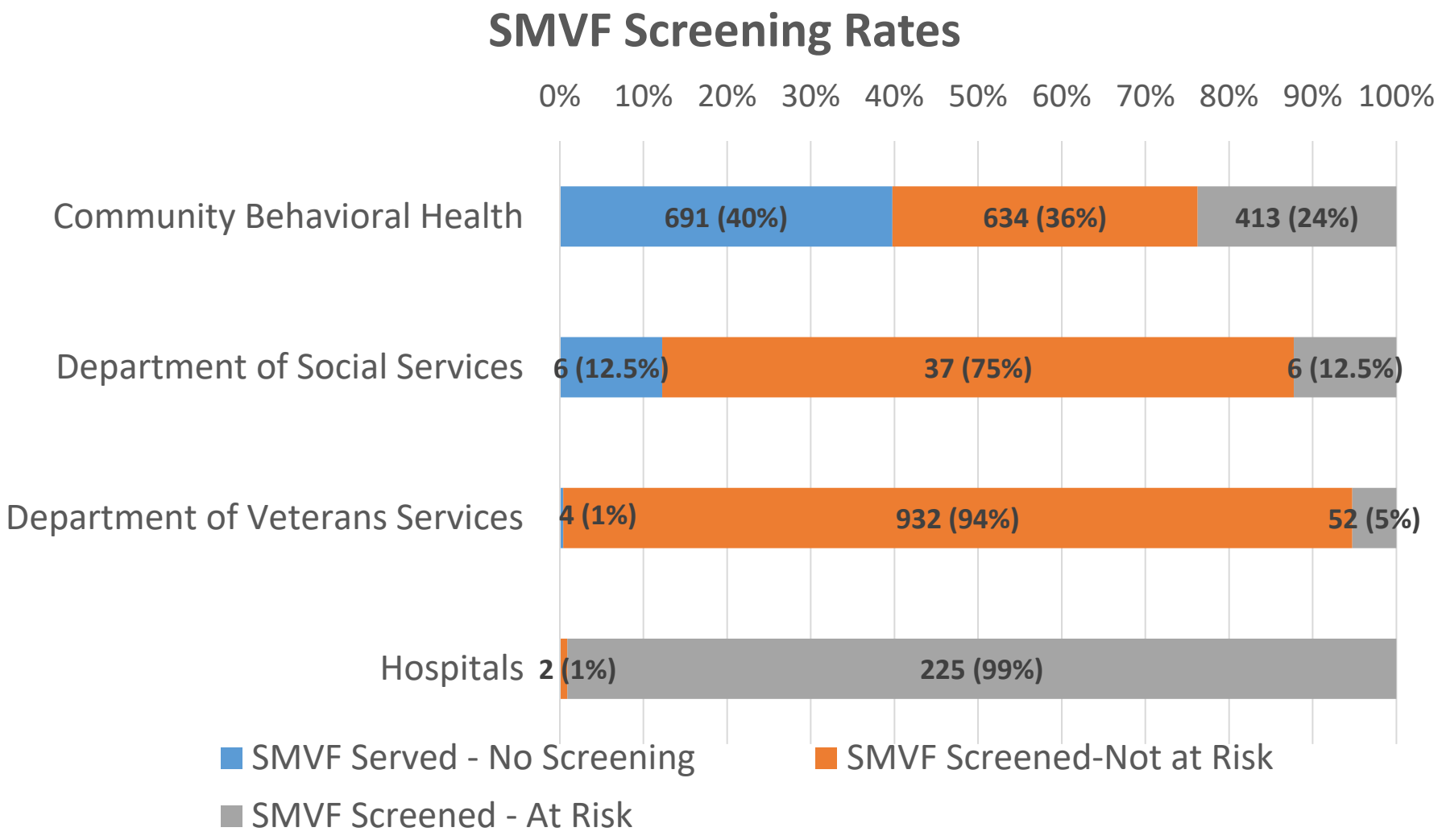
- Goal: Provide military culture, suicide prevention, and safety planning infrastructure and expand risk screening in state and community agencies. *Prove the concept and lay groundwork for future expansion*.

- Participation: 40 agencies signed on to participate, including public mental health centers/Community Services Boards, the Cohen Military Clinic, community hospitals, local social services and health districts, and VDVS

- Training/preparation: December 2019 – January 2020

- Pilot data collection: February – August 2020

SMVF Screening Analysis



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Suffolk CIM – March 2021

Key Action Items:

- Integrated VISR Pilot activities with local school outreach
- Provided peer support outreach to local military installation
- Developed cross referral/care transition relationships with local VAMC, private hospitals and State Psychiatric Hospital

Arlington/Alexandria CIM – August 2022

Key Action Items:

- Enhance *Ask the Question* and military culture training (Governor's Challenge training portal) for key stakeholders
  - Expand suicide risk screening and safety planning in community settings
- Streamlining VA access (Care transitions) with DVS, and public mental health centers (new regional SMVF Navigator role)
- Joint outreach among CIM team members
  - Increase networking/cross referrals among peer support and crisis services partners

Lessons Learned and Conclusion

- VA and Community Co-Leads for teams helped bridge partnerships
- Peer Support integrated throughout intercepts
- Tied CIM into broader Mayor's and Governor's Challenge activities to sustain
  - VISR pilot
  - Lock and Talk Virginia lethal means safety campaign
  - Together with Veterans rural veteran outreach and peer support
- Kept activities flexible and feasible for busy team members!

Intercept Mapping: Findings from an Analysis of Community Workshops

A Summary of Strengths, Challenges, and Opportunities across Twenty-Four Communities

Brett Harris, DrPH

Elizabeth Flanagan, MPH

Abby Mariani, MPH

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Methods

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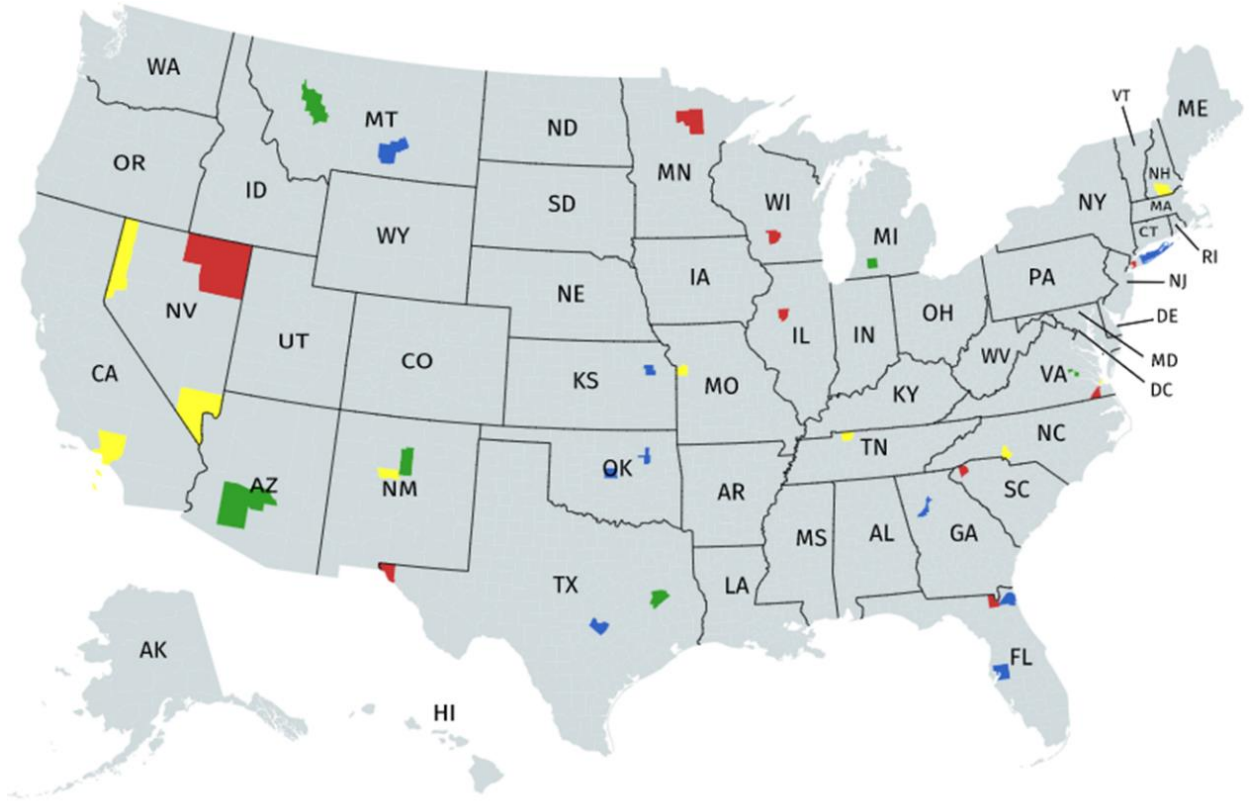
CIM Communities and TA Sessions

- Twenty-four CIM communities consisting of interagency teams were convened for virtual Technical Assistance (TA) sessions



TA Sessions

- February 2020 – May 2022
- Discussion Topics:
  - Crisis care infrastructure
  - Gaps at each intercept
  - Plans for addressing gaps
  - Best practices and resources

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Data Collection and Analysis

QUANTITATIVE

Community Information Gathering Tool (CIGT)

- Administered to organizations prior to TA sessions
  - 272 organizations responded
- Topics included:
  - Touchpoints with veterans
  - Screening for suicide risk
  - Training completion by type
  - Suicide prevention protocols and service delivery
  - Collaboration

QUALITATIVE

TA Session Summaries

- Thematic analysis
- Main themes included:
  - Identify & Screen
  - Safety Planning
  - Lethal Means Safety
  - Supportive Contacts

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Results

Identify & Screen

- Gaps and Challenges
  - Lack of established and consistent protocol for identification and screening
  - Limited knowledge and confidence in screening
- Opportunities and Solutions
  - Develop formalized process within and across agencies
  - Increase education and training
  - Improve coordination among veteran-serving organizations

CIGT Findings

73.2% (n=199)

of organizations ask an identification question for veteran status

64.0% (n=174)

screen for suicide risk

Safety Planning

- Gaps and Challenges
  - Lack of established and consistent protocol for safety planning
  - Limited confidence among providers due to lack of training
  - Lack of standard definition for safety planning
- Opportunities and Solutions
  - Train law enforcement, justice system staff, and faith-based organizations
  - Ensure all parties are aware and agreeable to their roles in the safety plan

CIGT Findings

42.3% (n=113)

of organizations have a safety planning protocol in place for high risk SMVF

Lethal Means Safety

- Gaps and Perceived Obstacles
  - Lack of training for providers (e.g., CALM training)
  - Limited knowledge and understanding of the importance of firearms within SMVF culture
  - Specific policies create hesitancy among SMVF
- Opportunities and Solutions
  - Raise awareness of SMVF culture and firearms
  - Partner with gun shops, ranges, and law enforcement agencies to implement lethal means safety efforts

CIGT Findings

39.8% (n=82)

of organizations offer lethal means safety counseling to SMVF

Supportive contacts

- The following categories were used to help organize the discussion of supportive contacts:

1. Follow-ups and Caring Contacts
2. Crisis Care
3. Peer Support Services
4. Referring and Connecting SMVF to Resources

Follow-ups and Caring Contacts

- Gaps and Perceived Obstacles
  - Lack of health system policies and protocols
  - *Transition* element of Zero Suicide is often left out
- Opportunities and Solutions
  - Form partnerships and develop protocols that facilitate follow-up care
  - Help all parties understand the guidance provided to SMVF upon discharge

CIGT Findings

20.6% (n=56)

of organizations have a protocol in place to provide caring contacts to SMVF at risk of suicide

Crisis Care and Peer Support Services

Crisis Care

- Gaps and Perceived Obstacles
  - Lack of crisis response unit in many communities
  - Mobile crisis units not covered by Medicaid
- Opportunities and Solutions
  - Develop formal interagency agreements for post-crisis intervention
  - Engage in efforts to support and promote the 988 Suicide and Crisis Lifeline

Peer Support Services

- Gaps and Perceived Obstacles
  - Over-stretched peers
- Opportunities and Solutions
  - Add a peer advocate specialist to community VA clinics
  - Use 211 to connect SMVF to peers

Referring and Connecting SMVF to Resources

- Gaps and Perceived Obstacles
  - Lack of communication between organizations
  - Difficulty implementing warm handoffs due to lack of protocols and administrative barriers
- Opportunities and Solutions
  - Develop standard policies and procedures for follow-up
  - Improve communication lines between acute and ongoing care

Collaboration

Facilitators of Collaboration

- Shared goals and dedication to preventing suicide
- Cross-agency communication, including meetings and interconnected electronic health records

Obstacles to Collaboration

- Lack of awareness of resources and services available in the community
- Working in silos
- Communication issues

There is a significant drop off in partnerships from Intercepts 1-2 to Intercepts 3-4.

Average number of partnerships across intercepts:

- Intercept 1: 8.2 (range 2-13)
- Intercept 2: 8.3 (range 4-15)
- Intercept 3: 3.2 (range 0-6)
- Intercept 4: 2.9 (range 0-6)

Training

Training Topic	Strength	Needs Improvement
Lethal means counseling	3	7
Gatekeeper training	5	7
Mental health	10	2
Crisis intervention	8	2
Military cultural competency	2	7
Suicide prevention training	12	2

51.8% (n=97)

of organizations agreed limited knowledge among staff was a barrier

62.6% (n=117)

agreed that training gaps were a barrier for preventing suicide among high risk SMVF

Training

Percentage of Staff Within an Organization that Received Training, by Topic

Training Topic	<25% N (%)	25-49% N (%)	50-75% N (%)	>75% N (%)
Mental health (n=231)	46 (19.9%)	37 (16.0%)	29 (12.6%)	119 (51.5%)
Suicide prevention (n=241)	58 (24.1%)	28 (11.6%)	29 (12.0%)	126 (52.3%)
Crisis intervention (n=227)	67 (29.5%)	42 (18.5%)	41 (18.1%)	77 (33.9%)
Lethal means counseling (n=185)	110 (59.5%)	20 (10.8%)	24 (13.0%)	31 (16.7%)

Recommendations

Provide Guidance to Improve Partnerships and Collaborations

- Roles within the care continuum
- Resource inventory templates
- Information sharing protocols and MOUs

Raise Awareness

- 988, Crisis Text Line, and local crisis services
- Lethal means safety
- Standardized screening in routine and emergency medical settings

Provide Training and TA to Professionals Serving SMVF

- Skills-building, resource sharing, and standard guidance

Thank You

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SAMHSA
Substance Abuse and Mental Health Services Administration

Questions?

Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)

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Contact SAMHSA's SMVF TA Center

SAMHSA ★ SMVF TA CENTER

Service Members, Veterans, and their Families Technical Assistance Center

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