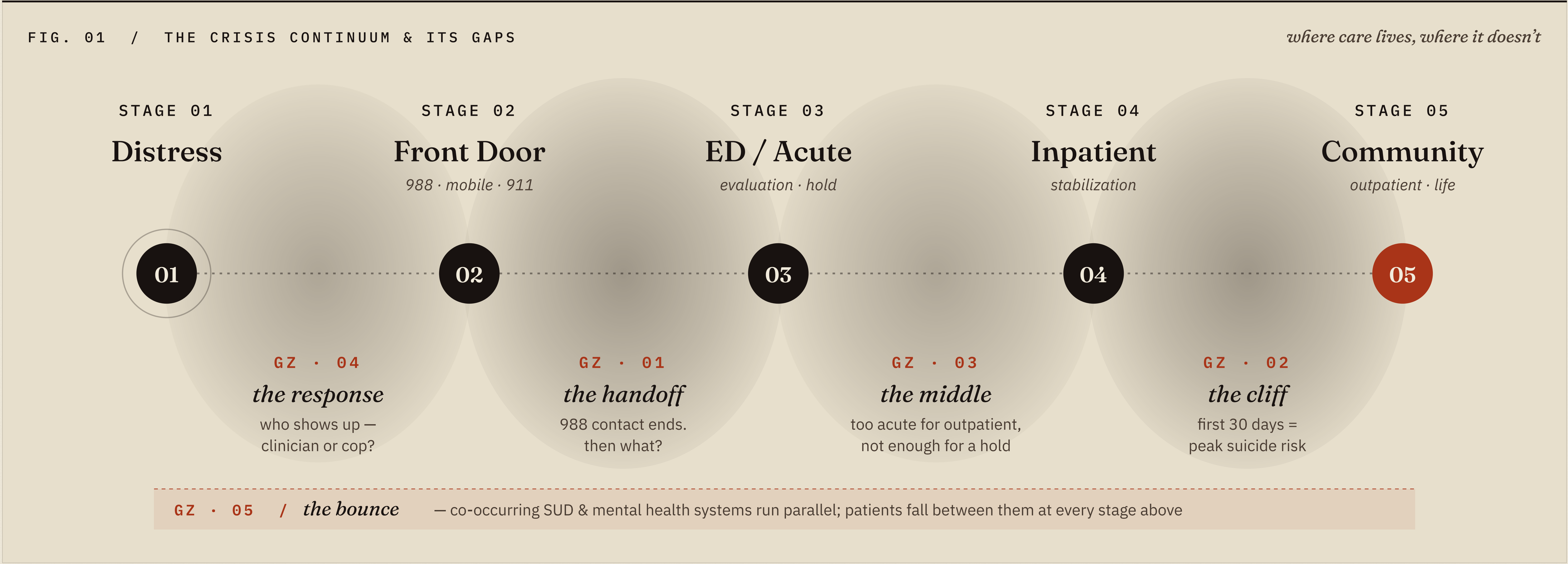


Mind the *gaps*. Mapping the gray zones of the U.S. behavioral health crisis system.

Where the safety net thins between 988, the emergency department, and the appointment that may or may not happen.

01 BACKGROUND	02 DESCRIPTION & SCOPE	03 THE FIVE GRAY ZONES
The U.S. behavioral health crisis system has expanded since 988 launched in 2022, yet remains fragmented. Between front-door access points and sustained care, patients traverse transitional spaces — <i>gray zones</i> — where accountability is diffuse, bridging infrastructure is sparse, and short-term suicide risk is highest.	We synthesized peer-reviewed literature, federal reports (SAMHSA, FCC), and policy analyses from 2020–2026 to map recurring transition failures across the continuum: distress → 988 or ED → stabilization → community follow-up. Five gray zones emerged — each a point where responsibility for the patient is handed off, and where it can quietly fall to no one.	The handoff. 988 contact → next step. The discharge cliff. ED / inpatient → home. The middle. Too acute for outpatient, not enough for a hold. The response. Mobile crisis vs. police default. The bounce. Co-occurring SUD ↔ mental health systems.



04 KEY INSIGHTS	04 KEY INSIGHTS	04 KEY INSIGHTS	04 KEY INSIGHTS
POST-ED NO-SHOW	FIRST-MONTH RISK	988 REACH	SYSTEM CONTACT
70%	~200×	16M+	43.8%
of patients discharged from EDs after a suicide attempt do not attend their first outpatient appointment	the general-population suicide rate in the month after involuntary psychiatric discharge	contacts since 2022 — yet only about half of states fund the system sustainably	of suicide decedents had an ED visit in the year before death — seen, then lost
ACTION ALLIANCE, 2024	GROSSMANN ET AL., LANCET REG HEALTH EUR, 2025	VIBRANT / SAMHSA, 2024	OLFSON ET AL., 2021

05 RECOMMENDATIONS	05 RECOMMENDATIONS	05 RECOMMENDATIONS
01 Fund follow-up as care, not charity. Establish 988 caring-contact follow-up as a permanent, reimbursable service in every state.	04 Universalize mobile crisis. Extend Medicaid mobile-crisis coverage and certified responders to all 50 states.	
02 Make the 72-hour window measurable. Post-ED follow-up within 24–72 hours becomes a tracked, payer-recognized quality standard.	05 Treat discharge as acute care. Apply Zero Suicide principles to every transition — not the moment care ends, but where it actually begins.	
03 Build the missing middle. Expand crisis stabilization and 23-hour observation units as the layer between ED and home.		

A CLINICIAN'S OBSERVATION

“The system saw them. It just didn’t catch them.”

— care that travels across the gap