How Being Trauma-Informed Improves Responses in Intercepts 0 and 1 and Innovations Across the State

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The Problem: Overrepresentation of Persons with Behavioral Disorders

- Arrested at disproportionately higher rates
  - Co-occurrence of SUDs
  - Homelessness
- Stay longer in jail and prison
- Limited access to health care
- High recidivism rates
- More criminogenic risk factors
- Low utilization of EBPs
Sequential Intercept Model as an Organizing Tool
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Sequential Intercepts
The Ultimate Intercept

I. Law Enforcement/Emergency Services

II. Post-Arrest: Initial Detention/Initial Hearings

III. Post-Initial Hearings: Jail/Prison, Courts, Forensic Evaluations and Commitments

IV. Re-Entry From Jails, State Prisons, & Forensic Hospitalization

V. Community Corrections & Community Support

Munetz & Griffin
Psychiatric Services
57: 544–549, 2006
Sequential Intercept Model

- **Sequential**: People move through criminal justice system in predictable ways

- **Intercept**: Envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system
  - Key points to “intercept” to ensure:
    - Prompt access to treatment
    - Opportunities for diversion
    - Timely movement through criminal justice system
    - Linkage to community resources
Five Key Points of Interception

1. Law enforcement / Emergency services
2. Booking / Initial court hearings
3. Jails / Courts
4. Re-entry
5. Community corrections / Community support
**Actions for State Level Change...**

- Develop a statewide effort to provide Crisis Intervention Training for police as done in OH, AZ
- Pass legislation encouraging jail diversion programs as done in IN, WI, IA, CT, TX
- Facilitate changes at the State level to allow for the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lone County, OR
- Remove constraints that exclude persons formerly incarcerated from housing or services made criminal justice clients a priority for housing, as done in MD
- Expand access to evidence-based programs in community-based services for people with mental illness in contact with the justice system
- Create criminal justice priority eligibility groups without “net-widening” or limiting services to others, for instance, by using HUD funds for housing and Justice Assistance Grants (JAG)
- Provide access to comprehensive and integrated treatment programs for persons with mental illness and co-occurring substance use disorders diverted or released from the criminal justice system
- Legislate task forces/committees made up of mental health, substance abuse, and criminal justice stakeholders to legitimize addressing the issues as done in TX, AZ, CA
- Utilize the State planning process to integrate mental health, substance abuse, and criminal justice, identify incentives to get stakeholders in each system to the table
- Support training programs that focus on cross-systems collaboration and provide opportunities for using people with mental illness as co-trainers

**Action Steps for Service Level Change by Intercept...**

- Support for Police: Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- Co-Scene Assessment: Train officers with de-escalation techniques to effectively assess and respond to calls where mental illness may be a factor
- Incident Documentation: Document police contacts with calls involving a person with mental illness to promote use of available services and improve accountability
- Police Response Evaluation: Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests

- Appointment of Counsel: Provide defense attorneys with earlier, possible access to client mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution
- Procedural Review of Charges: Minimize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness
- Pretrial Release & Modification of Pretrial Diversion Conditions: Maximize the use of appropriate pretrial release options and assess defendants with mental illness in compliance with conditions of pretrial diversion

- Assess: Establish a comprehensive, standardized, objective, and validated intake procedure to assess individuals’ strengths, risks, and needs upon entry
- Individualized Treatment Planning: Using information obtained from assessments, identify programs, initiatives, or services necessary to ensure safe and successful transition to the community
- Physical Health Care & Mental Health Care: Facilitate community-based providers’ access to patients and provide service delivery consistent with community and public health standards
- Substance Abuse Assessment, Children & Families, Behavior & Ambition, Education & Vocation: Provide effective substance abuse treatment services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills

- Subsequent Re-Evaluation for Mental Health Evaluation: Identify individuals not identified in screening and assessment process who show symptoms of mental illness after their intake into the facility and ensure appropriate action is taken
- Development of Transition Plan: Effect the safe and seamless transition of people with mental illness from prison or jail to the community
- Transition Planning: Facilitate collaboration among corrections, community corrections, and community providers and offer a transition checklist to identify service needs and provide effective linkage to services
- Identification & Discharge: Discharge individuals with prior prison or jail stays and prior determination of eligibility and linkage to public benefit to ensure insurance access upon release from prison or jail

- Implementation of Separation Strategy: Concentrate community supervision efforts on the period immediately following the person’s release from prison or jail, and adjust supervision strategies as the needs of released, victim, community, and family change
- Maintaining a Community of Care: Connect services to employment, including supportive employment services, prior to release. Facilitate releasees’ sustained engagement in treatment, mental health and supportive health services, and stable housing
- Graduated Responses & Modification of Conditions of Supervised Release: Ensure a range of options for community correctional officers to employ to reinforce positive behavior and effectively address violations or non-compliance with conditions of release

**COMMUNITY**

- Intercept 1
  - Law enforcement/ Emergency services
- Intercept 2
  - Initial detention/ Initial court hearings
- Intercept 3
  - Jails/Courts
- Intercept 4
  - Recycle
- Intercept 5
  - Community corrections/ Community support
  - Probation
Intercept 0 Interventions

• Behavioral Health Services – Mental Health, Substance Abuse, Trauma, Domestic Violence, Medications, Individualized Treatment Plans, Detox Beds, Inpatient Services, Intensive Outpatient Services, Group/Individual Services, Bilingual, Gender Specific, Integrated, Psychiatric Care

• Housing – Emergency Shelters, Transitional Housing, Recovery Homes, Permanent Supportive

• Transportation

• Access to Medical Care

• Integrated Behavioral Health in the Health Care Setting

• Crisis Line

• Food Pantries

• Access to Child Care

• Funding
Evidence-Based Practices

- Integrated Treatment
- Integrated Dual Disorder Treatment (IDDT)
- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Individualized Placement Services (IPS)
- Assertive Community Treatment (ACT)
Intercept 1: Law enforcement

911

Pre-booking Jail Diversion

Law Enforcement

Community
Intercept 1 Interventions

- Crisis Intervention Team Training for Law Enforcement
- Mental Health First Aid Training
- Behavioral Health Training for First Responders
- Mobil Crisis Team
- Triage Center
- Crisis Respite Beds
- Hospitalization
- Linkages to Services
- Peer Recovery Supports
Diversion

Criminal Justice System does something different

Both systems work together differently

Treatment System does something different
Mapping

• Identifies
  – Existing local services and systems
  – Issues considered important to local stakeholders
  – Strengths to build on

• Helps everyone see “big picture” & how they fit
  – Helps diverse groups from various systems understand where/how everything fits
  – Intercepts provide “manageable” venues and opportunities for systems interventions

• Using the model, a community can develop targeted strategies over time to increase diversion, reentry, and linkage to the community
All can be a result of trauma
Trauma is an individual response to sudden or unexpected life events.
Trauma has a pervasive impact

In numerous aspects of a person’s life and overall functioning
The Process of Trauma

- Traumatic event
- Response to trauma
- Sensitized nervous system
- Psychological and physical distress
- Emotional and/or physical responses
Medical Repercussions

- Lung disease
- Heart disease
- Cancer
- COPD
- Stroke
- STD’s
CDC Research

• Childhood trauma is very common, even in employed white, middle-class, college-educated people with great health insurance
• There is a direct link between childhood trauma and adult onset of chronic disease, as well as depression, suicide, being violent and a victim of violence
• The more types of trauma increase the risk of health, social and emotional problems
• People usually experience more than one type of trauma – rarely is it only sex abuse or only verbal abuse
Trauma Screening

Adverse Childhood Experiences Scale
– A.C.E.S.
Three Types of ACES

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Mother treated violently
- Substance Abuse
- Divorce
- Incarcerated Relative
During the first 18 years of life

• Did parent or other adult swear, put down, humiliate you
• Did parent or other adult push, grab, slap, throw something at you
• Did parent or older person touch, fondle or have you touch their body sexually
• Did you think no one loved you or thought you were special
• Did you not have enough to eat, wear dirty clothes, had no one to protect you
During the first 18 years of life

- Were your parents separated or divorced
- Was your mother or stepmother pushed, grabbed, slapped, kicked, bitten
- Was anyone in the household an alcoholic or addict
- Was anyone in the household, depressed, mentally ill, attempt suicide
- Did anyone in the household go to prison
As your ACE score increases, so does the risk of disease, social and emotional problems. With an ACE score of 4 or more, things start getting serious.
<table>
<thead>
<tr>
<th>BEHAVIOR</th>
<th>PHYSICAL &amp; MENTAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of physical activity</td>
<td>Severe obesity</td>
</tr>
<tr>
<td>Smoking</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>Depression</td>
</tr>
<tr>
<td>Drug use</td>
<td>Suicide attempts</td>
</tr>
<tr>
<td>Missed work</td>
<td>STDs</td>
</tr>
<tr>
<td></td>
<td>Heart disease</td>
</tr>
<tr>
<td></td>
<td>Cancer</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
</tr>
<tr>
<td></td>
<td>COPD</td>
</tr>
<tr>
<td></td>
<td>Broken bones</td>
</tr>
</tbody>
</table>
Trauma-Informed Responses

Help you do your job, keep everyone safe, avoid re-traumatizing
Hurt people hurt people.
A Trauma-Informed Response

• Understand behavior as self-protective
• Approach people with caution
• Plan for safety
• Anticipate behavior
• Be aware that their behavior can be frustrating, annoying and dangerous
Trauma-Informed Treatment

- The Trauma Recovery and Empowerment Model (TREM and M-TREM)
- Seeking Safety
- Dialectical Behavior Therapy (DBT)
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Essence of Being Real
- Risking Connection
- Sanctuary Model (Children)
- Trauma, Addiction, Mental Health, and Recovery (TAMAR)
- Trauma Affect Regulation: Guide for Education and Therapy (TARGET)
- Eye Movement Desensitization and Reprocessing (EMDR)
Trauma-Informed Organization

- Implementation plan
- Policies and procedures
- Disaster plan
- Universal routine screenings
- Culturally responsive principles
- Science-based knowledge
Trauma-Informed Organization

- Peer support environment
- Ongoing feedback and evaluations
- Change the environment to increase safety
- Develop trauma-informed collaborations
A universal precaution.
Don’t ask....

What’s wrong with you?
Ask.....

What happened to you?
Innovations Across the State
The prevalence estimates reported below are from the entire ACE Study sample (n=17,337).

Prevalence of ACEs by Category for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

<table>
<thead>
<tr>
<th>ACE Category</th>
<th>Women Percent (N = 9,367)</th>
<th>Men Percent (N = 7,970)</th>
<th>Total Percent (N = 17,337)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ABUSE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>13.1%</td>
<td>7.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27%</td>
<td>29.9%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>24.7%</td>
<td>16%</td>
<td>20.7%</td>
</tr>
<tr>
<td><strong>HOUSEHOLD CHALLENGES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>13.7%</td>
<td>11.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>29.5%</td>
<td>23.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>23.3%</td>
<td>14.8%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Parental Separation or Divorce</td>
<td>24.5%</td>
<td>21.8%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>5.2%</td>
<td>4.1%</td>
<td>4.7%</td>
</tr>
<tr>
<td><strong>NEGLECT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Neglect3</td>
<td>16.7%</td>
<td>12.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>Physical Neglect3</td>
<td>9.2%</td>
<td>10.7%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

Note: Collected during Wave 2 only (N=8,629). Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.
## ACE Score Prevalence by Sex

- ACE Score Prevalence for CDC-Kaiser ACE Study Participants by Sex, Waves 1 and 2.

### Number of Adverse Childhood Experiences (ACE Score)

<table>
<thead>
<tr>
<th>Number of ACEs</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34.5%</td>
<td>38.0%</td>
<td>36.1%</td>
</tr>
<tr>
<td>1</td>
<td>24.5%</td>
<td>27.9%</td>
<td>26.0%</td>
</tr>
<tr>
<td>2</td>
<td>15.5%</td>
<td>16.4%</td>
<td>15.9%</td>
</tr>
<tr>
<td>3</td>
<td>10.3%</td>
<td>8.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2%</td>
<td>9.2%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

- Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

One-hundred Adverse Child Experiences – International Questionnaires (ACE-IQ) have also been administered. Information from these assessments are detailed in Figure 1 and in Table 4, and the counts of trauma types are reported in Figure 2. The mean number of adverse childhood experiences is 5.5, the median is 5.0 and the maximum is twelve. All ninety clients report at least one adverse childhood experience.
Lake County ACEs

<table>
<thead>
<tr>
<th>Table 4. ACES Trauma Scores (Percents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake County BHTCC (N = 100)</td>
</tr>
<tr>
<td>Percent</td>
</tr>
<tr>
<td>Physical Abuse</td>
</tr>
<tr>
<td>Emotional Abuse</td>
</tr>
<tr>
<td>Contact Sexual Abuse</td>
</tr>
<tr>
<td>Alcohol and/or Drug Abuser in Household</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
</tr>
<tr>
<td>Someone Chronically Depressed, Mentally Ill, or Suicidal</td>
</tr>
<tr>
<td>Household Member Treated Violently</td>
</tr>
<tr>
<td>One or No Parents, Parental Separation or Divorce</td>
</tr>
<tr>
<td>Emotional Neglect</td>
</tr>
<tr>
<td>Physical Neglect</td>
</tr>
<tr>
<td>Bullying</td>
</tr>
<tr>
<td>Community Violence</td>
</tr>
<tr>
<td>Collective Violence</td>
</tr>
</tbody>
</table>

Ninety percent or more of BHTCC clients experienced childhood emotional abuse (92%), emotional neglect (94%) or community violence (90%), and almost seventy percent experienced parental loss/separation (69%) as a child. Fully one quarter of clients (31%) report contact sexual abuse in childhood.
Lake County

Figure 2 - Count of Trauma Types In The ACES-IQ
Lake County BHTCC Project (N = 100)

Mean = 5.5
Median = 5.0
Innovations – Intercept 0

• Integrating Behavioral Health into Primary Care and School Settings
• Assertive Community Treatment
• Wet Housing
• Housing First
Innovations – Intercept 1

• Mobile Integrated Healthcare
• Crisis Intervention Team Training
• Mobile Crisis Response
• Crisis Respite Beds
• Living Room Models
• Triage Centers
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