



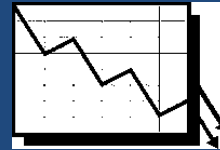
# How Being Trauma-Informed Improves Responses in Intercepts 0 and 1 and Innovations Across the State

This project was supported by Grant #2014-DJ-BX-1183, awarded by the Office of Justice Programs, Bureau of Justice Assistance, U.S. Department of Justice, through the Illinois Criminal Justice Information Authority. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice, or the Illinois Criminal Justice Information Authority.

# The Problem: Overrepresentation of Persons with Behavioral Disorders



Arrested at disproportionately higher rates  
-Co-occurrence of SUDs  
-Homelessness



Low utilization of EBPs



Stay longer in jail and prison



High recidivism rates



Limited access to health care



More criminogenic risk factors



# Sequential Intercept Model as an Organizing Tool

Mark Munetz  
Summit County and Ohio's Coordinating Center  
of Excellence



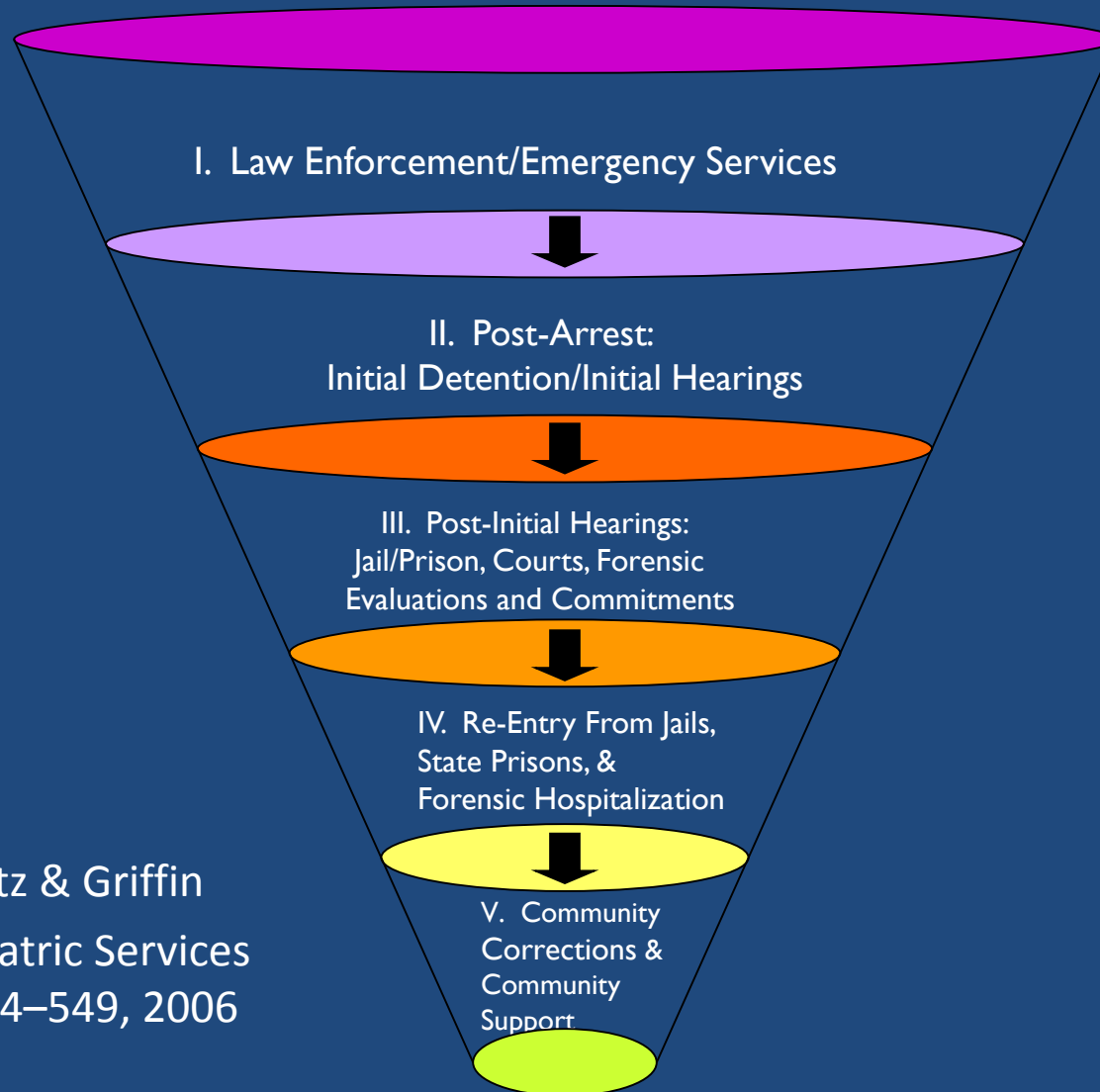
Patty Griffin  
Southeast Pennsylvania's Forensic Task  
Force --- Promising Practices  
Subcommittee



Hank Steadman  
National GAINS Center and TAPA  
Center for Jail Diversion

# Sequential Intercepts

## The Ultimate Intercept



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

# Sequential Intercept Model

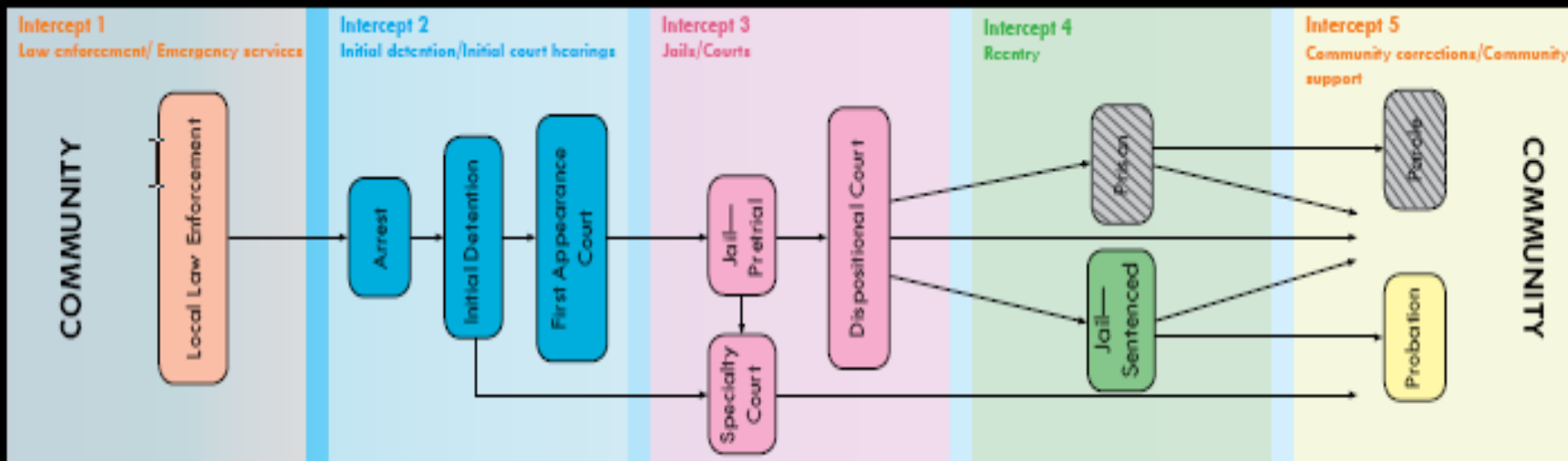
- Sequential: People move through criminal justice system in predictable ways
- Intercept: Envisions a series of points of interception at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system
  - Key points to “intercept” to ensure:
    - 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 FL, MI, IN, CT, TX
- Facilitate changes at the State level to allow the retention of Medicaid or SSI eligibility via suspension in jail rather than termination, as done in Lane County, OR
- Remove constraints that exclude persons formerly incarcerated from housing or services make 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 group 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/commissions 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 cross-trainers



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

- Request for Police Services:** Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained respondents
- On-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 ensure 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

Source: Policy Statements 3-6, Coanexa Project (2002)

- Appointment of Counsel:** Provide defense attorneys with earliest 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
- Prosecutorial Review of Charges:** Maximize 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 assist defendants with mental illness in complying with conditions of pretrial diversion

Source: Policy Statements 7-11, Coanexa Project (2002)

- Intake Procedures:** Establish a comprehensive, standardized, objective, and validated intake procedure to assess individuals' strengths, risks, and needs upon admission
- Individualized Programming Plan:** Using information obtained from assessments, identify programs necessary during incarceration to ensure safe and successful transition to the community
- Physical Health Care & Mental Health Care:** Facilitate community-based providers' access to prisons and jails and promote service delivery consistent with community and public health standards
- Substance Abuse Treatment, Children & Families, Behaviors & Attitudes, Education & Vocational Training:** Provide effective substance abuse treatment, services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills

Source: Policy Statements 8-16, ReEntry Policy Council (2004)

- Subsequent Referral 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 utilize a transition Checklist to identify service needs and provide effective linkage to services
- Identification & Benefits:** Ensure releases exit prison or jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail

Source: Policy Statements 19-21, Coanexa Project (2002); APC ReEntry Report, GUMC County 18 & 24, ReEntry Policy Council (2004)

- Implementation of Supervision Strategy:** Concentrate community supervision resources 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 inmates to employment, including supportive employment services, prior to release. Facilitate releaseds' 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 corrections officers to employ to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Source: Policy Statements 26-28, ReEntry Policy Council (2004); 22, Coanexa Project (2002)

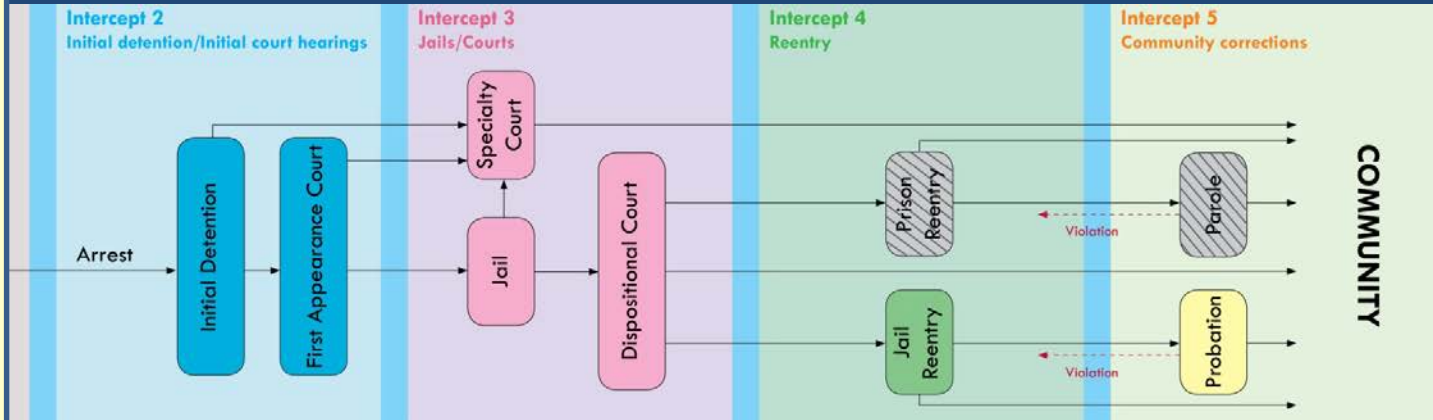


# Intercept 0

## Intercept

0

ER/Crisis/Respite



# Intercept 0 Interventions

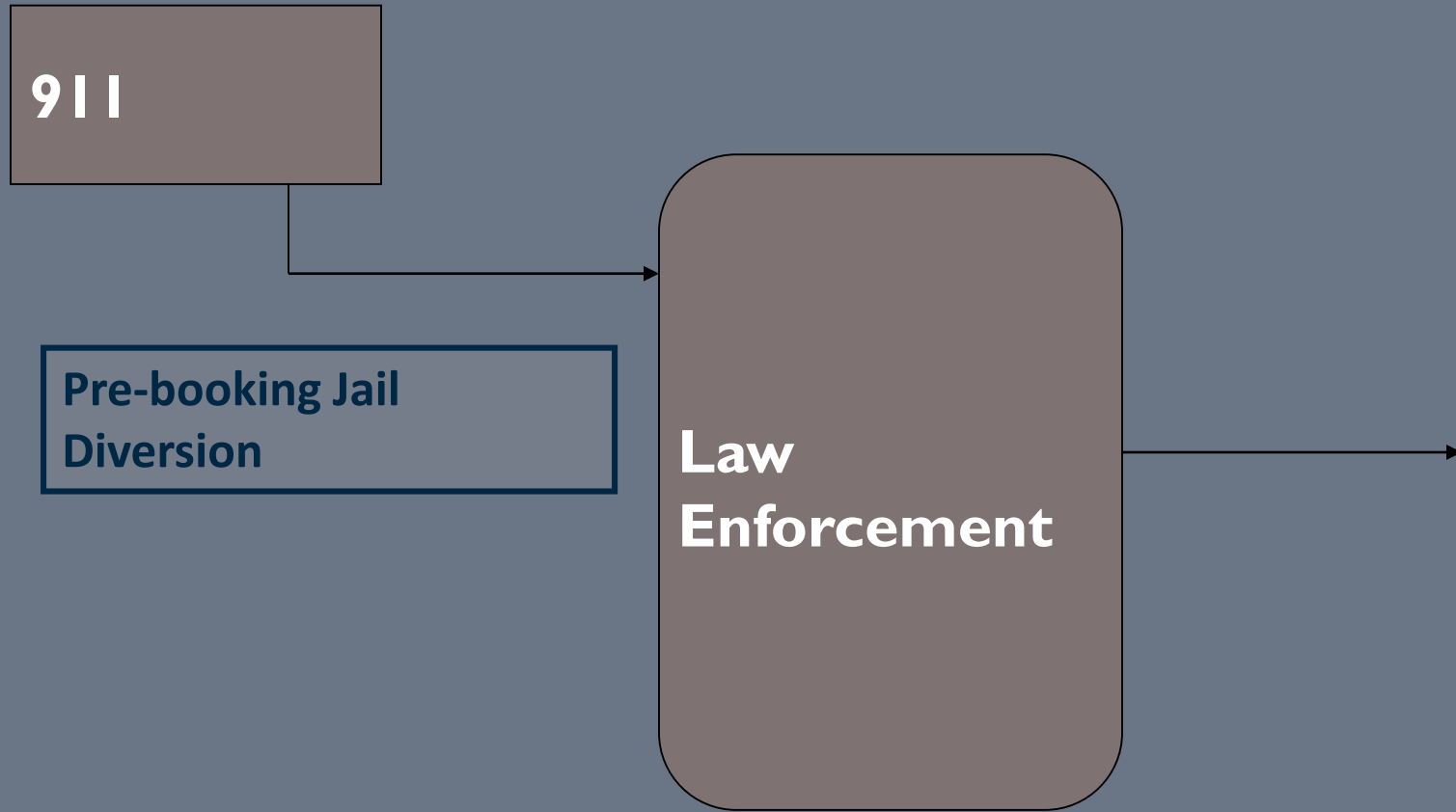
- Behavioral Health Services – Mental Health, Substance Abuse, Trauma, Domestic Violence, Medications, Individualized Treatment Plans, Detox Beds, Inpatient Services, Intensive Outpatient Services, Group/Individual Services, Bilingual, Gender Specific, Integrated, Psychiatric Care
- Housing – Emergency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

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

Criminal Justice  
System does  
something  
different

Both systems  
work together  
differently

Treatment  
System does  
something  
different

**Diversion**

```
graph TD; A[Criminal Justice System does something different] --> D((Diversion)); B[Both systems work together differently] --> D; C[Treatment System does something different] --> D;
```



# 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**



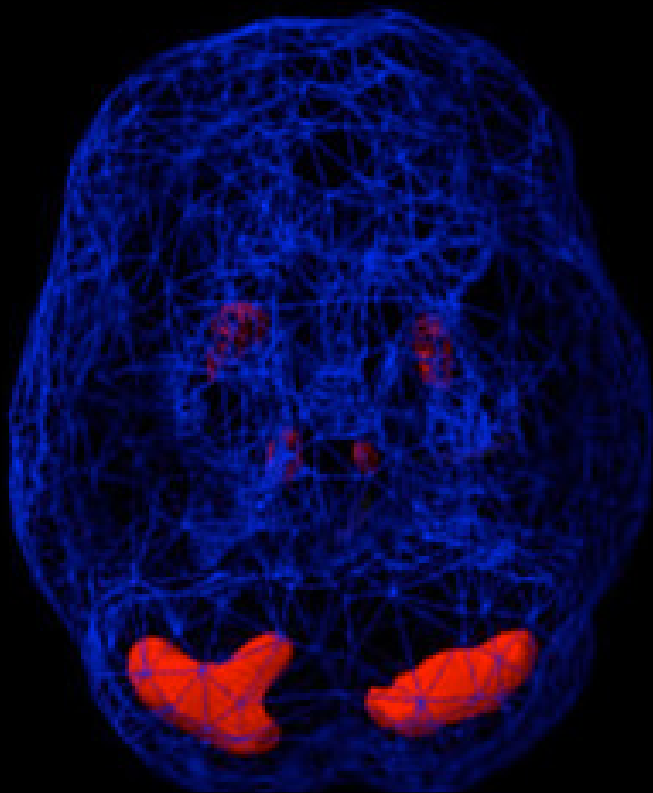
Trauma is an individual response to sudden or unexpected life events.

Trauma has a  
pervasive impact

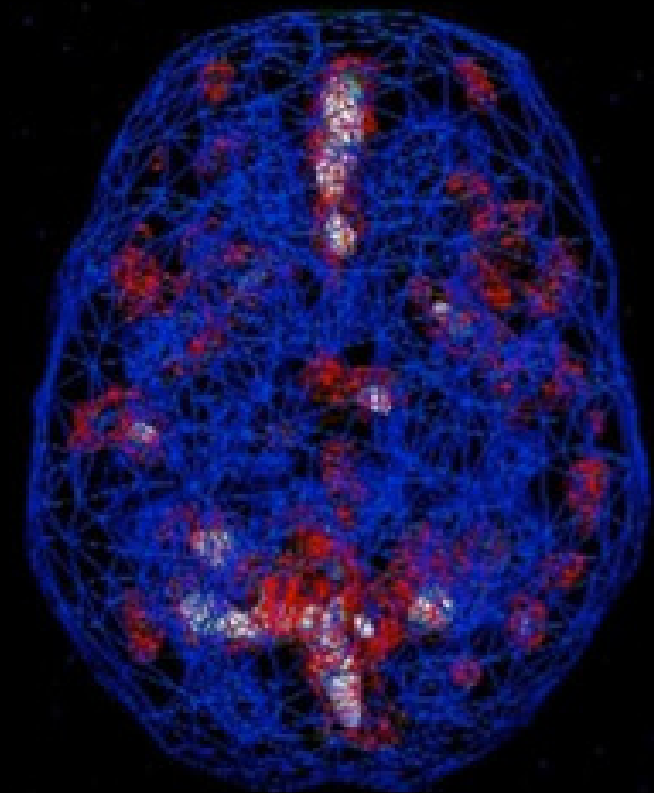
In numerous aspects of a person's life  
and overall functioning

# The Process of Trauma

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



**Healthy Brain**



**PTSD**

# 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



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce



# 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

# ACEs Increase Health Risk

## BEHAVIOR



Lack of physical activity



Smoking



Alcoholism



Drug use



Missed work

## PHYSICAL & MENTAL HEALTH



Severe obesity



Diabetes



Depression



Suicide attempts



STDs



Heart disease



Cancer



Stroke



COPD



Broken bones

# 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

# CDC ACEs Prevalence

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.

ACE Category	Women Percent (N = 9,367)	Men Percent (N = 7,970)	Total Percent (N = 17,337)	
<b>ABUSE</b>				
Emotional Abuse	13.1%	7.6%	10.6%	
Physical Abuse	27%	29.9%	28.3%	
Sexual Abuse	24.7%	16%	20.7%	
<b>HOUSEHOLD CHALLENGES</b>				
Mother Treated Violently	13.7%	11.5%	12.7%	
Household Substance Abuse		29.5%	23.8%	26.9%
Household Mental Illness	23.3%	14.8%	19.4%	
Parental Separation or Divorce		24.5%	21.8%	23.3%
Incarcerated Household Member		5.2%	4.1%	4.7%
<b>NEGLECT</b>				
Emotional Neglect <sup>3</sup>	16.7%	12.4%	14.8%	
Physical Neglect <sup>3</sup>	9.2%	10.7%	9.9%	

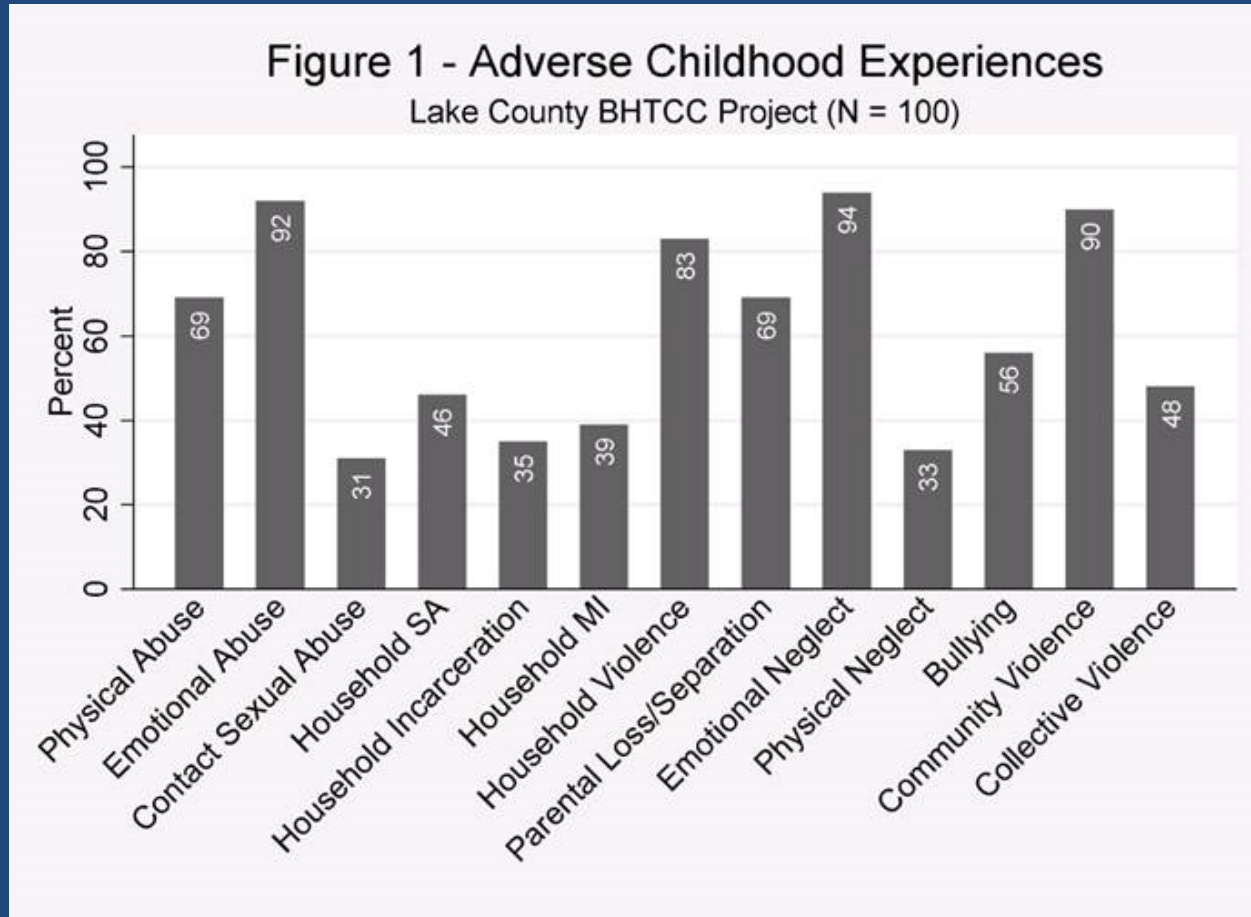
Note: <sup>3</sup>Collected during Wave 2 only (N=8,629). Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.

# 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)
- Percent(N = 9,367) Men
- Percent (N = 7,970) Total
- Percent (N = 17,337) Women
- 0 34.5% 38.0% 36.1%
- 1 24.5% 27.9% 26.0%
- 2 15.5% 16.4% 15.9%
- 3 10.3% 8.5% 9.5%
- 4 or more 15.2% 9.2% 12.5%
- Note: Research papers that use Wave 1 and/or Wave 2 data may contain slightly different prevalence estimates.
- Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016.



# Lake County ACEs



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 4. ACES Trauma Scores (Percents)  
Lake County BHTCC (N = 100)**

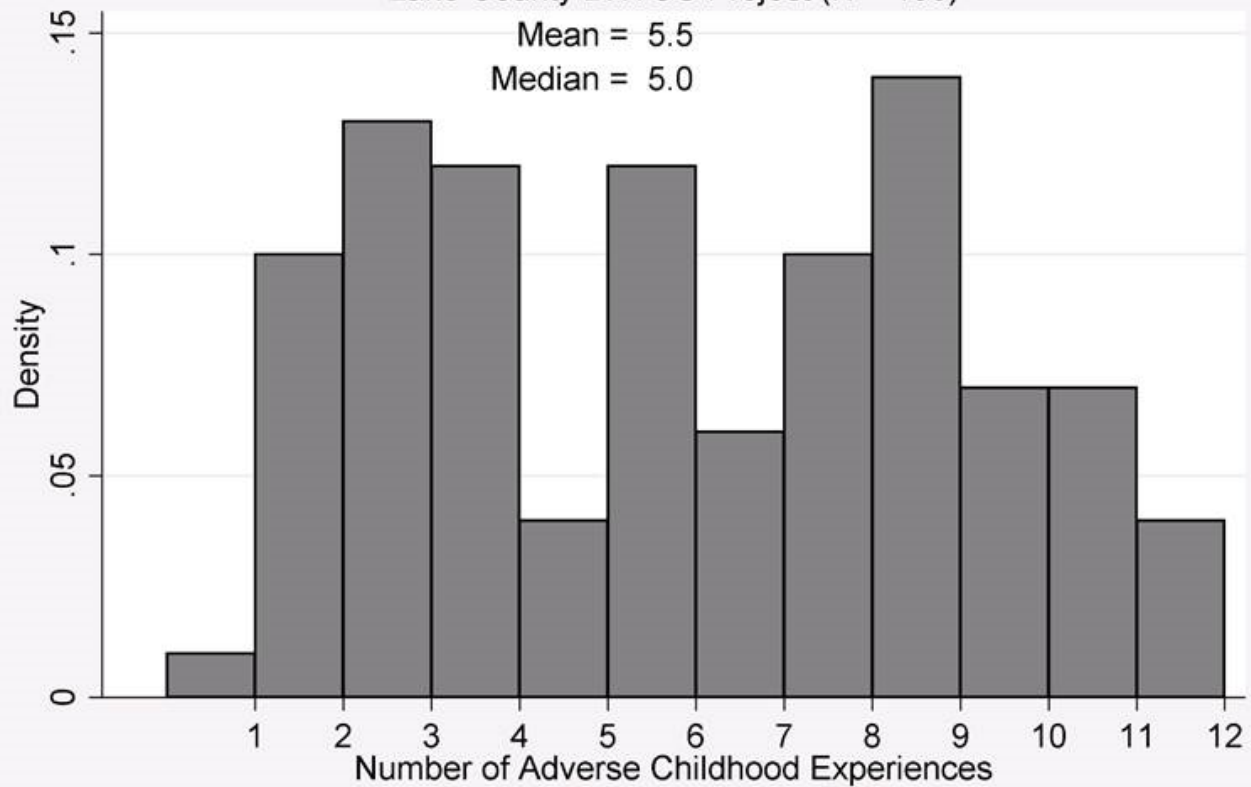
	Percent	95% C.I.
Physical Abuse	69.0%	59.0 - 77.9
Emotional Abuse	92.0%	84.8 - 96.5
Contact Sexual Abuse	31.0%	22.1 - 41.0
Alcohol and/or Drug Abuser in Household	46.0%	36.0 - 56.3
Incarcerated Household Member	35.0%	25.7 - 45.2
Someone Chronically Depressed, Mentally Ill, or Suicidal	39.0%	29.4 - 49.3
Household Member Treated Violently	83.0%	74.2 - 89.8
One or No Parents, Parental Separation or Divorce	69.0%	59.0 - 77.9
Emotional Neglect	94.0%	87.4 - 97.8
Physical Neglect	33.0%	23.9 - 43.1
Bullying	56.0%	45.7 - 65.9
Community Violence	90.0%	82.4 - 95.1
Collective Violence	48.0%	37.9 - 58.2

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)



# 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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