Bureau of Justice Assistance

Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations

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Purpose and Overview

This style guide was written for Bureau of Justice Assistance (BJA) staff and contractors who produce printed or online content for BJA and BJA grantees and training and technical assistance (TTA) providers who develop content that will include the BJA logo. It contains guidelines for content related to criminal justice and behavioral health and intellectual and developmental disabilities (IDD), including concepts, terminology, and definitions. Following this guide will ease the federal review process because content will be consistent and standardized across programs that focus on diversion at Sequential Intercepts 0–1.

Behavioral health "refers to both mental illnesses and needs (e.g., trauma) and substance use… disorders and substance use needs and issues, as well the overlap of those behavioral health issues into primary health, cognitive disabilities, criminal justice, child welfare, schools, housing and employment, and to prevention, early intervention, treatment, and recovery. Behavioral health also includes attention to personal behaviors and skills that impact general health and medical wellness as well as prevent or reduce the incidence and impact of chronic medical conditions and social determinants of health."[i]

For the purposes of this style guide, the term "mental health conditions" is preferred. Mental health conditions are a wide range of conditions that can affect mood, thinking, and/or behavior.[ii] This term is more inclusive than "mental illness." Individuals living with a mental health condition may not necessarily be medically diagnosed with a mental illness. When speaking broadly about first responders, it is more appropriate to use "mental health conditions" as there is not an assumption of a diagnosis like there is with "mental health disorder" or "mental illness." It is important to note mental illness is still used in the field. A developmental disability is defined as a physical and/or mental impairment that begins before age 22, is likely to continue indefinitely, and result in substantial functional limitations in at least three of the following: self-care (dressing, bathing, eating, and other daily tasks); learning; walking/moving around; self-direction; independent living; economic self-sufficiency; and language.[iii] An intellectual disability is a category of developmental disabilities that is characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22.[iv]

It important to acknowledge that individuals with lived experience use a variety of terms to refer to themselves and their communities. These can include "peer, psychosocial disability, mental disability, mental health disability, psychiatric disability, emotional disability, mental health condition, mental health issue, mental health disorder, mental illness" and many others. Some individuals with mental health conditions consider themselves to be part of the disability community, and their mental health disabilities are a category or type of disability.

Use of the Sequential Intercept Model as the System Framework for Criminal Justice and Behavioral Health Content

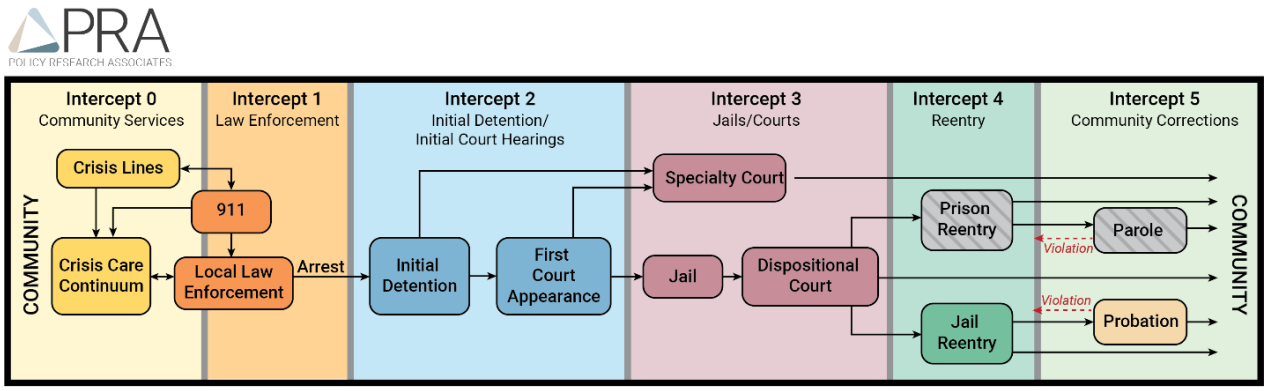
The Sequential Intercept Model (SIM) is a conceptual model to guide community and systemwide responses to individuals with mental health conditions and substance use disorders in the criminal justice system (see figure 1). For more detailed information, see: https://www.prainc.com/wp-content/uploads/2018/06/PRA-SIM-Letter-Paper-2018.pdf. The SIM is also a criminal justice system framework for the intersection of criminal justice with behavioral health content from BJA's Justice and Mental Health Collaboration Grant Program (JMHCP); Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP); and Second Chance Act Grant programs.

This model is well socialized in the field and has been used by many jurisdictions for strategic planning. It has also led to the creation of related models that focus on IDD, including the Pathways to Justice® model. The SIM should be taken into consideration when conceptualizing all content and technical assistance activities.

The SIM has also been recognized in legislation. In Section 14021 of the 21st Century Cures Act: Sequential Intercept Model, Congress authorized eligible entities that receive grants under JMHCP to use funds for a Sequential Intercept Model mapping.

The Sequential Intercept Model

Figure 1. Sequential Intercept Model Diagram



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law, 35*(5-6), 380-395. https://doi.org/10.1002/bsl.2300

Using the SIM, as diagrammed in figure 1, will also ensure alignment across federal agencies in addition to BJA programs. The U.S. Department of Health and Human Services (HHS) uses the SIM as the framework for its behavioral health and criminal justice work, and it is a common lexicon for the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health (NIMH), and the National Institute on Drug Abuse (NIDA).

Distinction between Intercept 0 and Intercept 1

The SIM framework was originally developed as a paradigm for criminal justice diversion and only consisted of Intercepts 1–5. The role of law enforcement in Intercept 1 focused on police response to criminal behavior by individuals with mental health conditions and substance use disorders and the use of discretion when deciding to make an arrest. Instead, police would transport these individuals to crisis centers, local emergency rooms, or refer them to available community services and supports. These strategies are often termed "pre-booking diversion" because they provide a linkage to support services in lieu of arrest.

However, in practice, police contact with persons who have behavioral health or IDD needs extends beyond individuals exhibiting criminal behavior. Police may respond to individuals who are experiencing thoughts of suicide, to calls from family for assistance with a family member with a disability, or from the public reporting what they perceive as disruptive or dangerous behavior. In many states, law enforcement officers are required to transport individuals who pose a safety risk to themselves or to others to hospitals for emergency evaluation. Such calls for service have nothing to do with the response to criminal behavior, a consideration which led to the addition of Intercept 0 into the SIM framework in 2017.[1] Intercept 0 focuses on the intersection of law enforcement with a community's services and crisis response resources. The focus of these partnerships is to shift responsibility from law enforcement to community resources and to provide support to law enforcement officers when they do respond.

Intercept 0 and Intercept 1 initiatives may overlap because they may not separate easily into one intercept or the other. Because of this, in the SIM paradigm, the "local law enforcement" and "911" boxes straddle both Intercepts 0 and 1. SIM recognizes the dual role of law enforcement—its civic duty as protectors in Intercept 0 and its role in ensuring public safety in Intercept 1.

Diversion at Intercepts 0–1: The Importance of Specificity

Specificity is important in all forms of writing to ensure that context is accurately captured and accounted for when using concepts and terminology. There may be instances in which several terms approximately capture the same concept or process. When this occurs, it helps to be specific either in using the correct terminology or in describing the process. Also, terminology may change over time, and this guide may be updated periodically to reflect those changes. When in doubt, use terminology consistent with the SIM.

Certain umbrella terms may be used in the field to refer to broad concepts and ideas; however, being specific where possible is preferred. For example, the terms pre-booking and pre-charge can both be used to describe diversion opportunities prior to arrest. Many models and programs exist

[1] Dan Abreu, Travis W. Parker, Chanson D. Noether, Henry J. Steadman, and Brian Case, 2017, "Revising the Paradigm for Jail Diversion for People with Mental and Substance Use Disorders: Intercept 0," *Behavioral Sciences & the Law* 35, (5-6): 380-395.

that use the strategy of pre-booking diversion to reduce arrest and utilize community treatment services. The specific context, however, is necessary to determine the correct usage. Crisis Intervention Teams (CIT) are one of the most widely adopted types of specialized police response interventions that use this strategy.

A Note about Terminology

Table 1, below, outlines terms that are being used in the field and provides recommendations on preferred terms and terms that are outdated and discouraged. In general, person-centered language is recommended in that it focuses on the person first and does not label a person's identity based on their condition, behavior, or disability. Person-centered language helps avoid the negative harm that may accompany pejorative language.

In relation to disabilities, there are broadly two ways to refer to individuals with disabilities. Person-first language (e.g., person with autism) emphasizes the person and not the disability. Identity-first language (e.g., autistic person) recognizes that the person's disability is an important part of a person's identity. It is important to note that not every person with a disability chooses to identify in the same way or prefers the same language. When in doubt, it is preferable to use person-first language, particularly when communicating with a broad audience. It is always preferable to ask a person which language they prefer and how they would like to be identified.

Table 1. Preferred and Discouraged Terminology

Preferred Terms	Discouraged Terms	Notes
Mental health conditions People with mental health conditions	Mental illness Mental disorders Mentally ill	Mental health conditions is preferred over mental disorders and mental illness as it is a broader term because it does not require a person to have a diagnosis. Serious mental illness (SMI) can be used as a clinical category for the purpose of a mental health diagnosis.
Behavioral health conditions People with behavioral health conditions	Behavior disorders Behavioral health disorders	Behavioral health disorders is a widely used term in the field, but conditions is preferred because conditions is a broader term that does not require a person to have a diagnosis.
Substance use Substance use disorders	Substance abuse Substance misuse Addict	Avoid stigmatizing language wherever possible. See DrugAbuse.gov for additional examples. In the context of prescription medications, the term "prescription drug misuse" may be used if the prescription is being used outside of to whom/how the prescription was prescribed.

Preferred Terms	Discouraged Terms	Notes
People (who have been) arrested People (who have been) convicted People (who have been) incarcerated	Criminal Convict Felon Offender Justice-involved individual	The terms “criminal,” “convict,” “felon,” “offender,” and “justice-involved individual” define a person by their actions and can reinforce negative stereotypes. The use of person-first language is encouraged.
Person with [*specific diagnosis*] Person living with [*specific diagnosis*] They have been diagnosed with [*specific diagnosis*]	Suffers from Afflicted with [*specific diagnosis*] person Person is [*specific diagnosis*]	Person-first language is based on the idea that the person is not identified by their disability or their condition. An example of this is "person with schizophrenia" instead of "schizophrenic person." Use language that encourages hope (e.g., avoid “suffers from” and “afflicted with”).
Person with a disability Person with intellectual disabilities Person without a disability Person who uses a wheelchair Person who is hard of hearing/Deaf person*	The disabled Special needs Slow learner Able-bodied Handicapped Confined to a wheelchair	The use of the term “diagnosis” is discouraged in the IDD community, as “diagnosis” is viewed as medicalized language. *See the National Association of the Deaf for a discussion about language and the Deaf community and culture. It is always preferable to ask a person the language they prefer. It is important to note that not every person prefers the same language.
Died by suicide/death by suicide Suicide attempt Person is experiencing suicidal thoughts Person is thinking about suicide Disclose suicidal thoughts	Committed suicide Successful suicide Unsuccessful suicide Failed attempt/failed suicide Completed suicide Person is suicidal Threaten suicide	The term “committed suicide” is discouraged as “commit” is associated with crime and wrongdoing. The terms “successful suicide,” “unsuccessful suicide,” “failed attempt/failed suicide,” and “completed suicide” inappropriately convey a death by suicide as a success and a suicide attempt that does not result in death as a failure. See the Framework for Successful Messaging created by the National Action Alliance for Suicide Prevention for additional information on safe messaging about suicide.

Models of Crisis Response and Diversion

Models in which a Mental Health Condition is the Primary Concern

Note: Response models may be integrated with other models, and communities may use multiple response models. These models are employed as a crisis response strategy (Intercept 0) or, if there is criminal activity, as a pre-booking diversion strategy (Intercept 1).

- **Dispatch Response:**
  - **Specialized Dispatch**: 911 call takers and dispatchers are trained in areas such as mental health awareness, active listening, and de-escalation to assist in the identification of calls that may warrant a mental health response instead of a police response.
  - **Integrated or Embedded Dispatch:** Mental health professionals are placed within 911 call centers to assist in identifying calls that may warrant a mental health response and to provide remote support to 911 callers and first responders.
  - **Crisis Call Diversion**: Mental health-related calls are transferred by 911 call takers or dispatchers to community-based hotlines staffed by mental health professionals.
  - **Officer Notification/Flagging Systems**: Individuals living with serious mental illness provide consent to share their health information that may be used to inform police responses to calls for service. These systems notify responding officers of these individuals' mental health conditions and may provide access to mental health professionals to assist by telephone.
- **Law Enforcement Response:**
  - **Crisis Intervention Teams (CITs):** CITs are a law enforcement response model of crisis intervention and diversion consisting of community, health care, and advocacy partnerships. CIT training is typically 40 hours of instruction on law enforcement-based crisis intervention and community-based partnerships that prepare officers to connect individuals with mental health needs to medical treatment in lieu of the criminal justice system. The main goal of CIT is to ensure the safety of all in crisis situations and to enhance individuals' connection to mental health services when applicable.
- **Law Enforcement and Mental Health Co-Response:**
  - **Co-Responder Teams:** A specially trained officer and a mental health crisis worker respond to a person experiencing a mental health crisis. Emergency Medical Services (EMS) may also be included in the co-responder teams. Clinicians may ride along with law enforcement or meet at the scene.
  - **Teleservices supporting law enforcement or first responders:** Through telehealth services, a group of mental health professionals are available to provide off-site decision support to officers responding to mental health calls in the field. These services may include assessment and stabilization in addition to advising an officer or first responder.

  - **Case Management Teams:** Mental health professionals and law enforcement use a proactive team approach to conduct outreach using a case management model. Most often this approach is used to engage with repeat callers, hard-to-reach individuals, and individuals who use multiple service systems.

- **Mental Health Response:**
  - **Mobile Crisis Outreach Teams:** Mental health practitioners respond to a person experiencing a crisis.
  - **Integrated Mobile Response Teams:** Mental health practitioners and EMS co-respond to the crisis and/or conduct follow-up support. Some programs leverage EMS to conduct medical clearance so that individuals may be transported directly to a mental health facility; other programs provide direct or virtual mental health services in the field.
  - **Peer Support Response:** Mental health practitioners and/or para-professional peers respond to a person experiencing a crisis.

Crisis Receiving and Stabilization Services Models

- **Emergency department diversion:** Emergency department diversion can consist of a triage service, an embedded mobile crisis team, or a peer specialist who supports people in crisis.
- **Law enforcement-friendly crisis services:** Locations, such as stabilization units, to which law enforcement can bring people in crisis other than jail or the emergency department.
- **Urgent care/Crisis drop-off/Walk-in clinic:** Facilities providing clinical services, including assessment, stabilization, medications, and more.
- **Peer respites/Peer-run facilities:** Programs providing stabilization and support services in a nonclinical environment run by professionals with lived experience of mental illness.

Models in Which Substance Use Is the Primary Concern

- **Intercept 0:**
  - **Naloxone Plus:** Engagement with treatment occurs following an overdose response and crisis-level treatment is readily available.
  - **Active Outreach:** Participants are identified by law enforcement officers but are primarily engaged by an outreach team, often a clinician and/or a peer with lived experience, who actively contacts them and motivates them to engage in treatment.
  - **Self-referral:** Individuals using substances may initiate engagement with law enforcement officers without fear of arrest and receive an immediate referral to treatment (e.g., drug and syringe drop-off sites).

- **Intercept 1:**
  - **Law Enforcement Assisted Diversion (LEAD):** Police officers exercise discretionary authority at the point of contact to divert individuals for law violations driven by unmet behavioral health needs to a community-based, harm-reduction intervention.

- **Opioid Rapid Response Teams (ORRT):** Public health professionals provide rapid, short-term (28 days) support to jurisdictions experiencing spikes in opioid-related overdoses and link individuals with treatment.
- **Police Assisted Addiction and Recovery Initiative (PAARI):** A national network of law enforcement agencies that have implemented diversion models to create nonarrest pathways to treatment and recovery.

Models in Which Intellectual and Developmental Disabilities are the Primary Concern

Note: Several standalone trainings exist for law enforcement responses to individuals with IDD; however, research on the creation of specific models is less robust. While still relatively new, advocates have begun creating initiatives that are centered around IDD-specific responses to better serve individuals with disabilities who come in contact with the criminal justice system.

- **Pathways to Justice** is a model for law enforcement, victim services professionals, and legal professionals that was developed by The Arc's National Center on Criminal Justice and Disability (NCCJD). A major component of this model is the creation of a Disability Response Team (DRT) that is comprised of local stakeholders in the disability and criminal justice communities. A full-day planning session is held with the identified stakeholders to advance the work of DRT, and to establish longer-term cross-system collaboration to further break down barriers to justice for people with IDD.
- **Officer Notification/Flagging Systems**: Individuals with developmental disabilities provide consent to share their personal information that may be used to inform police responses to calls for service. These systems can notify first responders about an individual's specific diagnosis and needs during an encounter.[2]

Standard Definitions of Common Terms

The intent of this section is to provide standardized definitions of common terms that are accepted by BJA for use/reference across all BJA-funded products and activities. This section includes several terms that have been previously defined and additional terms that appear frequently in the field and for which consistent definitions are needed to guide the work of BJA staff, contractors, grantees, and TTA providers. This section is not intended to be an exhaustive list of all relevant terminology, but rather a resource to ensure a common understanding of terms that are often misunderstood or used incorrectly in practice.

[2] The use of officer notification/flagging systems is an emerging practice in many communities. Currently, there is limited evidence of these systems' impact on police response to individuals with IDD. There is debate regarding the appropriateness of these systems and the potential for unintended consequences related to their use. For more information, see: http://thearc.org/wp-content/uploads/2019/07/18-086-Law-Enforcement-Registries-Resource-Sheet_v3.pdf.

The primary sources for this list are: HHS (SAMSHA, NIDA, NIMH), *Facing Addiction in America: Surgeon General's Report on Alcohol, Drugs and Health*, American Association on Intellectual and Developmental Disabilities, Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990. Additional references are found at the end of the document.

12-Step Program: A group providing mutual support and fellowship for people recovering from addictive behaviors. The first 12-step program was developed by Alcoholics Anonymous (AA), founded in 1935. An array of 12-step groups following a similar model have since emerged and are the most widely used mutual-aid groups and steps for maintaining recovery from alcohol and substance use disorders. A 12-step program is not a form of treatment, and it is not to be confused with the treatment modality called Twelve-Step Facilitation.[v]

42 CFR Part 2: The Confidentiality of Substance Use Disorder Patient Records regulation, 42 CFR Part 2 (Part 2), governs confidentiality for people seeking treatment for substance use disorders from federally assisted programs. Part 2 protects the confidentiality of records relating to the identity, diagnosis, prognosis, or treatment of any patient, which are maintained in connection with the performance of any federally assisted program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research.

Abstinence: Not actively using alcohol or drugs.

Addiction: The most severe form of substance use disorder, associated with compulsive or uncontrolled use of one or more substances. Addiction is a chronic brain disorder that has the potential for both recurrence (relapse) and recovery.

Age-related disability: A disability that is a result of the aging process which may impact a variety of areas of a person's life, including hearing loss, vision loss, and changes in cognitive ability.[vi]

Agonist: A chemical substance that binds to and activates certain receptors on cells, causing a biological response. Fentanyl and methadone are examples of opioid receptor agonists.

Antagonist: A chemical substance that binds to and blocks the activation of certain receptors on cells, preventing a biological response. Naloxone is an example of an opioid receptor antagonist.

Assisted-outpatient treatment (AOT): Within the Protecting Access to Medicare Act of 2014, Section 224, AOT is defined as "medically prescribed mental health treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment."[vii]

Behavioral health: "A term of convenience that refers to both mental illnesses and mental health needs (e.g., trauma) and substance use…disorders and substance use needs and issues, as well as to the overlap of those behavioral health issues into primary health, cognitive disabilities, criminal justice, child welfare, schools, housing and employment, and to prevention, early intervention, treatment and recovery. Behavioral health also includes attention to personal behaviors and skills

that impact general health and medical wellness as well as prevent or reduce the incidence and impact of chronic medical conditions and social determinants of health."[viii]

Behavioral health condition: An umbrella term for substance use disorders and mental health conditions.

Case management: A coordinated approach to delivering health care, substance use disorder treatment, mental health care, and social services. This approach links clients with appropriate services to address specific needs and goals.

Clinical decision support: A system that provides health care professionals, staff members, patients, or other individuals with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and health care.

Co-morbid disorders: The presence of two chronic diseases or conditions in an individual.

Co-occurring conditions: The presence of more than one condition, which can include mental health conditions and substance use disorders, and an intellectual/developmental disability (IDD) and substance use disorders. See also dual diagnosis. Co-occurring conditions and dual diagnosis may be used interchangeably.

Community-based provider: An agency or individual that delivers services in a community setting versus an institution such as a hospital, jail, or prison.

Continuum of care: An integrated system of care that guides and tracks a person over time through a comprehensive array of health services appropriate to that individual's need. A continuum of care may include prevention, early intervention, treatment, continuing care, and recovery support.

Controlled substance: Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules.[ix]

Crisis: "A perception or experience of an event/situation as an intolerable difficulty that exceeds the person's current resources and coping mechanism."[x]

Crisis response model: A standard example for crisis response that can be replicated across communities. A crisis response model consists of the ideal implementation structure as conceptualized by the original creators of the response and/or as outlined by evidence-based and best practice. It provides a framework that stakeholders can imitate in the development and delivery of their community's crisis response.

Crisis response program: The implementation of a crisis response model in a community. Crisis response programs, even when designed with the same model in mind, can look very different

across communities. This variation is often a result of efforts to tailor the response to the specific needs of the community or a product of resource constraints within the community.

Developmental disability: Physical and/or mental impairments that begin before age 22, are likely to continue indefinitely, and result in substantial functional limitations in at least three of the following: self-care (dressing, bathing, eating, and other daily tasks), walking/moving around, self-direction, independent living, economic self-sufficiency, and language. Self-direction is a conceptual skill that refers to the ability to analyze and make decisions for oneself.[xi]

Disability: A physical or mental impairment or a history of such impairment (or regarded as an impairment) that substantially limits a major life activity.[xii]

Diversion: Any of a variety of response models and programs that use strategies aiming to avoid the formal introduction/processing of an individual to/by the criminal justice system.

Dual diagnosis: Individuals with an intellectual/developmental disability (IDD) who concurrently experience a mental health condition. See also co-occurring conditions. Dual diagnosis and co-occurring conditions may be used interchangeably.

Emotional Disorder: "Emotional disorders (i.e., depressive and anxiety disorders) are a set of chronic and often recurrent psychiatric disorders that are associated with significant impairment in quality of life, productivity, and interpersonal functioning."[xiii]

Fidelity: The extent to which an intervention is delivered as it was designed and intended to be delivered.

First responder: A person with specialized training who is among the first to arrive to and assist at the scene of an emergency.

Health care system: The World Health Organization defines a health care system as "(i) all the activities whose primary purpose is to promote, restore, and/or maintain health; and (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve." "The health care system is made up of diverse health care organizations ranging from primary care, specialty substance use disorder treatment (including residential and outpatient settings), mental health care, infectious disease clinics, school clinics, community health centers, hospitals, emergency departments, and others." [xiv]

Health disparities: Preventable differences in the burden of disease or opportunities to achieve optimal health that are experienced by socially marginalized or underserved populations, defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural, urban), or sexual orientation.

Inpatient treatment: Intensive, 24-hour-a-day services delivered in a hospital setting.

Integration: The systematic coordination of general and behavioral health care. Integrating services for primary care, mental health, and substance use-related problems produces the best outcomes and provides the most effective approach for supporting whole-person health and wellness.

Intellectual disability: "A disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22."[xv] An intellectual disability is a category of developmental disability.

Intensive outpatient treatment (IOT): A set of core treatment and supportive services delivered in a site-based setting. Enhanced services often are added and delivered either on site or through functional and formal linkages with community-based agencies or individual providers. IOT programs focus on ongoing care to address many areas of clients' lives through case management and the involvement of other service providers, families, and communities. IOTs are not residential or inpatient programs.

Intervention: A professionally delivered program, service, or policy designed to prevent substance use (prevention intervention) or treat a substance use disorder (treatment intervention).

Learning disability: A disability that impacts one or more cognitive processes related to learning.

Medication-assisted treatment (MAT): The use of FDA-approved medications, usually in combination with counseling and behavioral therapies, to treat substance use disorders; often used to treat opioid use disorders.

Mental health: "Includes emotional, psychological, and social well-being…[that] affects how [people] think, feel, act, make choices, and relate to others. Mental health is more than the absence of a mental illness—it's essential to…overall health and quality of life."[xvi]

Mental health condition: A wide range of conditions that can affect mood, thinking, and/or behavior. This term is more inclusive than "mental illness." Individuals living with a mental health condition may not necessarily be medically diagnosed with a mental illness. [xvii]

Mental illness: Mental illness refers to diagnosable medical conditions that involve changes in cognition, thinking, and/or behavior. Mental illness is associated with psychological distress and/or difficulties with functioning in daily activities. Mental illness is also referred to as a mental health disorder.[xviii]

Opioid treatment program (OTP): A SAMHSA-certified program, is usually comprised of a facility, staff,administration, patients, and services that engage in supervised assessment and treatment (using methadone, buprenorphine, or naltrexone) of individuals who have opioid use disorders. OTP can exist in a number of settings including, but not limited to, intensive outpatient, residential, and hospital settings. Services may include medically supervised withdrawal and/or maintenance

treatment, along with various levels of medical, psychiatric, psychosocial, and other types of supportive care.

Peer support services: Services designed for and delivered by individuals with disabilities such as those who have experienced a mental health condition or substance use disorder and are in recovery and/or people with disabilities. This also includes services designed and delivered by family members of those in recovery.

Peer support specialist: A peer support specialist (also known as a peer provider or recovery coach) is a person who uses their lived experience, or is a family member of such a person, plus skills learned in formal training to deliver services in behavioral health settings to promote recovery and resiliency. In states where peer support services are covered through state Medicaid plans, the title "certified peer specialist" often is used. States and localities may use different terminology for these providers.

Physical disability: "A physical disability is the long-term loss or impairment of part of a person's body function, resulting in a limitation of physical functioning, mobility, dexterity or stamina." [xix]

Prevalence: The proportion of a population that has, or had, a specific characteristic (e.g., a disability, illness, condition, behavior, or risk factor) in a given time period.

Promising practice: A specific activity or process that has an emerging or limited research base supporting its effectiveness. Promising practices are not considered "evidence-based" until additional evaluation research is completed to clarify short- and long-term outcomes and impact on groups going through the activity or process.

Promising program: An intervention program that has an emerging or limited research base supporting its effectiveness. Promising programs are not considered "evidence-based" until additional evaluation research is completed to clarify short- and long-term outcomes and the impact on groups receiving the intervention.

Protected health information (PHI): Any identifiable information about an individual's health condition or receipt of health care services or payment for such services that is gathered by a covered entity (or business associate of a covered entity) according to the Health Insurance Portability and Accountability Act (HIPAA).

Public health system: "All public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction…The public health system includes public health agencies at state and local levels, healthcare providers, public safety agencies, human service and charity organizations, education and youth development organizations, recreation and arts-related organizations, economic and philanthropic organizations, and environmental agencies and organizations." [xx]

Recovery: A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Even individuals with severe and chronic substance use disorders can, with help, overcome their substance use disorders and regain health and social function. This is called "remission." When those positive changes and values become part of a voluntarily adopted lifestyle, it is called "being in recovery." Although abstinence from all substance use is a cardinal feature of a recovery lifestyle, it is not the only healthy, prosocial feature.

Recovery-oriented care: Recovery-oriented care promotes sustaining a person's recovery from a behavioral health condition. Care providers identify and build upon an individual's assets and strengths, health and competence to support the person in managing their condition while regaining a meaningful, constructive sense of membership in the broader community.

Relapse: The return to alcohol or drug use after a significant period of abstinence. Remission is a medical term meaning that major disease symptoms are eliminated or diminished below a predetermined, harmful level.

Residential treatment: Intensive, 24-hour-a-day services delivered in settings other than a hospital.

Sensory disability: "A sensory disability affects a person's senses; their sight, hearing, smell, touch, taste or spatial awareness. People with [a] sensory disability may feel sensory input more or less intensely than other people which impacts on a person's ability to interact in different environments and perform daily activities." [xxi]

Serious mental illness (SMI): Serious mental illness is defined as someone over the age of 18 having (within the past year) a diagnosable "mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities." [xxii]

Serious emotional disturbance: For people under the age of 18, the term serious emotional disturbance refers to a "diagnosable mental, behavioral, or emotional disorder in children and youth experienced in the past year that resulted in functional impairment that substantially interfered with or limited the child's or youth's role or functioning in family, school, or community activities." [xxiii]

Service provider: Any individual (practitioner) or entity (provider) engaged in the delivery of services or aid and who is legally authorized to do so by the state in which the individual or entity delivers the services.

Substance: A psychoactive compound with the potential to cause health and social problems, including substance use disorders (and their most severe manifestation, addiction). According to the National Institute on Drug Abuse, the most commonly used addictive substances (including the

consideration of tobacco, alcohol, and illegal and prescription drugs) are marijuana (cannabis), synthetic cannabinoids (K2/Spice), prescription and over-the-counter medications (e.g., opioids, stimulants, CNS depressants), alcohol, anabolic steroids, cocaine, fentanyl, hallucinogens, heroin, inhalants, MDMA ("ecstasy" or "molly"), methamphetamine, nicotine, rohypnol and GHB ("date rape" drugs), and synthetic cathinones ("bath salts").[xxiv]

Substance use: The use—even one time—of any substance.

Substance use disorders: A medical illness caused by repeated use of a substance or substances. "According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5®), substance use disorders are characterized by clinically significant impairments in health, social function, and…control over substance use and are diagnosed by assessing cognitive, behavioral, and psychological symptoms." Substance use disorders range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions such as decision-making and self-control. Note: Severe substance use disorders are commonly called "addictions." [xxv]

Substance use disorder treatment: A service or set of services that may include medication, counseling, and other supportive services designed to enable an individual to reduce or eliminate alcohol and/or drug use, address associated physical or mental health conditions, and restore the patient to maximum functional ability.

Targeted case management: "Targeted case management is case management, as defined above, directed at specific groups, which may vary by state. CMS [Centers for Medicare & Medicaid Services] defines targeted case management as case management furnished without regard to requirements of statewide provision of service or comparability that typically apply for Medicaid reimbursement, 42 CFR § 440.169(b). Examples of groups that might be targeted for targeted case management are children with serious emotional disturbances, adults with serious mental [health conditions] and/or substance use disorders, pregnant women who meet certain risk criteria, individuals with HIV, and such other groups as a state might identify as in need of targeted case management." [xxvi]

Telehealth: The use of digital technologies such as electronic health records, mobile applications, telemedicine, and web-based tools to support the delivery of health care, health-related education, or other health-related services and functions.

Telemedicine: Two-way, real-time interactive communication between a patient and a physician or other healthcare professional at a distant site. Telemedicine is a subcategory of telehealth.

Trauma-informed care: A trauma-informed approach to care realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff members, and others involved in the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively

prevent re-traumatization. The six key principles of a trauma-informed approach include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender sensitivity.

Withdrawal: A set of symptoms that are experienced when discontinuing use of a substance to which a person has become addicted. These can include negative emotions such as stress, anxiety, or depression as well as physical effects such as nausea, vomiting, muscle aches, and cramping, among others. Withdrawal symptoms often lead a person to use the substance again.

Wraparound services: Wraparound services are nonclinical services that facilitate patient engagement and retention in treatment as well as ongoing recovery. These can include services to address patient needs related to transportation, employment, childcare, housing, and legal and financial problems, among others.

Endnotes

[i] **Behavioral Health:** Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry, 2021, March, *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response*, National Council for Behavioral Health, p. 14, retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?daf=375ateTbd56

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[vii] **Assisted-Outpatient Treatment (AOT):** Protecting Access to Medicare Act of 2014, Pub. L. 113-93, 128 Stat. 1083 (2014) § 224. https://www.govinfo.gov/content/pkg/PLAW-113publ93/pdf/PLAW-113publ93.pdf

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[x] **Crisis:** Richard K. James, & Burl E. Gilliland, 2005, *Crisis Intervention Strategies*, 5th ed., Belmont, CA: Thomson Brooks/Cole, p. 14.

[xi] **Developmental Disability:** See note iii above, Developmental Disabilities Assistance and Bill of Rights Act of 2000.

[xii] **Disability:** Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act, 29 CFR §1630.2 (2016). https://www.govinfo.gov/content/pkg/CFR-2016-title29-vol4/xml/CFR-2016-title29-vol4-part1630.xml

[xiii] **Emotional Disorder:** Rebecca B. Price and Mary L. Woody, 2020, "Emotional Disorders in Development," *Reference Module in Neuroscience and Biobehavioral Psychology*, p.1, https://doi.org/10.1016/B978-0-12-819641-0.00024-4

[xiv] **Health Care System:** World Health Organization, n.d., *Health Systems Strengthening Glossary*, p. 9, retrieved from https://www.who.int/healthsystems/Glossary_January2011.pdf; U.S. Department of Health and Human Services (HHS), 2016, Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*, Washington, DC: HHS, p. 1-3.

[xv] **Intellectual Disability:** See note iv above, American Association on Intellectual and Developmental Disabilities, *Definition of Intellectual Disability*, para. 1.

[xvi] **Mental Health:** National Institute of Mental Health, 2021, April, *Caring for Your Mental Health*, Overview, para. 1, retrieved July 8, 2021 from https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health/

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[xviii] **Mental illness:** American Psychiatric Association, 2018, August, *What is Mental Illness?*, retrieved July 7, 2021 from https://www.psychiatry.org/patients-families/what-is-mental-illness

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