Academic Training to Inform Police Responses

Style Guide for Diversion at Intercepts 0-1: Behavioral Health and Intellectual and Developmental Disability Considerations

Purpose

This style guide is written to inform the work of the Bureau of Justice Assistance’s (BJA) Academic Training to Inform Police Responses. This initiative aims to increase access to training, technical assistance, and companion tools and resources to facilitate the adoption and implementation of multilayered approaches in police responses to persons with behavioral health and intellectual and developmental disabilities.

This style guide contains standards and guidelines for the content created under the Academic Training to Inform Police Responses, acting as a reference for concepts, terminology, and definitions presented within the products and resources prepared by the Academic Training project team.

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

The Sequential Intercept Model (SIM) is a criminal justice system framework for the intersection of criminal justice and behavioral health content of BJA’s Justice and Mental Health Collaboration Grant Program, Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP), and Second Chance Act Grant Program. 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 the Justice and Mental Health Collaboration Program to use funds for Sequential Intercept Model mapping.
The Sequential Intercept Model


Using the SIM will also ensure alignment across federal agencies. The U.S. Department of Health and Human Services uses the SIM as the framework for its behavioral health and criminal justice work, and it is common lexicon for SAMHSA, the National Institute of Mental Health, and the National Institute on Drug Abuse.

**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 their response to criminal behavior of individuals with mental and/or substance use disorder and the utilization of discretion when deciding to make an arrest. Instead, police would transport individuals to crisis centers, local emergency rooms, or refer 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 with mental and/or substance use disorder and/or IDD extends beyond individuals exhibiting criminal behavior. Police may respond to individuals who are suicidal, 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 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 and 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 when they do respond.

Intercept 0 and Intercept 1 initiatives may overlap and 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 Intercept 0 and 1. The SIM recognizes the dual role of law enforcement—their civic duty as protectors in Intercept 0, and their 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 considering the use of concepts and terminology. There may be instances in which several terms approximately capture the same concept or process. When this occurs, specificity should be used, either to determine the correct terminology or to describe 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.

*Example: Pre-and post-booking and pre-charge and post-charge can both be used to describe diversion opportunities pre- and post-arrest. The specific context, however, is necessary to determine the correct usage.*

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<thead>
<tr>
<th>PREFERRED TERMS</th>
<th>DISCOURAGED TERMS</th>
<th>NOTES</th>
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<tbody>
<tr>
<td>• Law enforcement diversion</td>
<td>• Deflection</td>
<td>First responders do not divert individuals from arrest, so diversion should not be used to describe first responder models.</td>
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<td>• Early diversion</td>
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<td>• Law enforcement/first responder diversion (COSSAP only)</td>
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<td>Both are acceptable depending on context. Use most specific term.</td>
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<tr>
<td>• Pre- and post-charge</td>
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Models of Crisis Response and Diversion
Models in which Mental Illness 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:** Behavioral 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 behavioral health professionals.
  - **Officer Notification / Flagging Systems:** Individuals living with serious mental illness provide consent to share health information that may be used to inform police responses to calls for service. These systems notify responding officers of individuals’ behavioral health conditions and may provide access to behavioral health professionals to assist by telephone.

- **Law Enforcement Response:**
  - **Crisis Intervention Teams (CIT):** A law enforcement response model of crisis intervention and diversion with community, health care, and advocacy partnerships. CIT training typically consists of 40 hours of instruction on law enforcement-based crisis intervention and community-based partnerships, preparing officers to connect individuals with behavioral health needs to medical treatment, in lieu of the criminal justice system. The main goal of CIT is to ensure safety for civilians and officers in crisis situations and to enhance individuals’ connection to mental health services when applicable.

- **Law Enforcement & Behavioral Health Co-Response:**
  - **Co-Responder Teams:** A specially trained officer and a behavioral health crisis worker respond to a person experiencing a mental health crisis. Emergency Medical

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2 For purposes of this Style Guide, the term “mental illness” is preferred. However, it is 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, mad, mental health condition, mental health issue, mental health disorder, and many others. Some individuals with mental illness consider themselves to be a part of the disability community, and mental health disabilities are a category or type of disability.
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**: A group of mental health professionals available to provide off-site decision support to officers responding to mental health calls in the field through telehealth services. These services may include assessment and stabilization in addition to advisement to the officer or first responder.

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

- **Behavioral Health Response**:
  - **Mobile Crisis Outreach Teams**: Behavioral health practitioners who can respond to a person experiencing a crisis.
  - **Integrated Mobile Response Teams**: Behavioral 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**: Behavioral health practitioners and/or para-professional peers who can respond to a person experiencing a crisis.

**Crisis Receiving and Stabilization Services Models**

- **Emergency department diversion**: Emergency department (ED) diversion can consist of a triage service, an embedded mobile crisis, or a peer specialist who support people in crisis.

- **Law enforcement-friendly crisis services**: Locations to which law enforcement can bring people in crisis other than jail or the emergency department, such as stabilization units.

- **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 non-clinical 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 engaged primarily by an outreach team, often with 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 an immediate referral to treatment is made (e.g. drug and syringe drop-off sites).

• **Intercept 1**
  - **Law Enforcement Assisted Diversion (LEAD)**: Police officers exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs.
  - **Opioid Rapid Response Teams (ORRT)**: Public health professionals who can 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 that create non-arrest pathways to treatment and recovery.

**Models in Which IDD Is the Primary Concern**

Note: Several standalone trainings exist for law enforcement responses to individuals with IDD; however, research around 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 developed by The Arc's National Center on Criminal Justice and Disability. 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 the 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 living with developmental disabilities provide consent to share 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 diagnoses and needs during an encounter.³

**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 technical assistance products and activities. This section is inclusive of several terms that have been previously defined and includes

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³ The use of officer notification / flagging systems is an emerging practice in many communities. Currently, there is limited evidence of the impact of these systems 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](http://thearc.org/wp-content/uploads/2019/07/18-086-Law-Enforcement-Registries-Resource-Sheet_v3.pdf).
additional terms that appear frequently in the field and for which consistent definitions are needed to guide the work of BJA staff and contractors. This section is not intended to be exhaustive list of all relevant terminology, but rather as a resource to ensure a common understanding of terms that are often misunderstood or used incorrectly in practice.


12-Step Program: A group providing mutual support and fellowship for people recovering from addictive behaviors. The first 12-step program was 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.4

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 records that 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.

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.”

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.5

**Behavioral health condition:** An umbrella term for substance use disorders, addiction, 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 disabilities** - The presence of more than one condition, which can include mental and substance use disorders, and/or a disability, which may include disabilities across different categories, such as physical disabilities, sensory disabilities, and developmental disabilities.

**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 the 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. For information on the five schedules, see [https://www.deadiversion.usdoj.gov/schedules/#define](https://www.deadiversion.usdoj.gov/schedules/#define).

**Crisis:** A perception or experience of an event/situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms.6

**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


6 For more information, see: [Crisis Intervention Strategies, Sixth Edition](https://www.thenationalcouncil.org/wp-content/uploads/2021/03/031121_GAP_Crisis-Report_Final.pdf?daf=375ateTbd56)
following: self-care (dressing, bathing, eating, and other daily tasks learning; walking/moving around; self-direction; independent living; economic self-sufficiency; and language.

**Disability:** A physical or mental impairment, a history of such impairment, or regarded as such an impairment, that substantially limits a major life activity.

**Drug diversion:** A medical and legal concept involving the transfer of any legally prescribed controlled substance from the person for whom it was prescribed to another person for any illicit use.

**Dual diagnosis:** Individuals with an intellectual/developmental disability (IDD) who concurrently experience a mental health condition.

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

**Health care system:** The World Health Organization defines a health care system as (1) all activities whose primary purpose is to promote, restore, and/or maintain health; and (2) 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 to 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.

**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 or 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 18.

**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 that addresses many areas of clients' lives through case
management and the involvement of other service providers and 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).

**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 condition:** Changes in moods, thinking, or behaviors that can affect daily functioning.

**Opioid treatment program (OTP):** A SAMHSA-certified program, usually comprising a facility, a staff, an administration, patients, and services that engage in supervised assessment and treatment (using methadone, buprenorphine, or naltrexone) of individuals who have opioid use disorders. An 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 and delivered by individuals with disabilities, such as those who have experienced a mental or substance use disorder and are in recovery and/or people with intellectual or developmental disabilities. This also includes services designed and delivered by family members of those in recovery.

**Peer support specialist:** A peer provider (e.g., peer support specialist, recovery coach) is a person who uses his or her lived experience or as 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 the state Medicaid plans, the title “certified peer specialist” often is used. States and localities may use different terminology for these providers.

**Prescription drug/pain reliever misuse:** Use of a drug in any way in which a doctor did not direct an individual to use it.

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

**Promising practice:** A specific activity or process used 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 impact on groups receiving the intervention.

Protected health information (PHI): Any identifiable information about an individual’s health condition, 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 HIPAA.

Public health system: Defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction” and including state and local public health agencies, public safety agencies, health care providers, human service and charity organizations, recreation and arts-related organizations, economic and philanthropic organizations, education and youth development organizations, and education and youth development organizations.

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 is oriented toward promoting and sustaining a person’s recovery from a behavioral health condition. Care providers identify and build upon an individual’s assets, strengths, and areas of health and competence to support the person in managing his or her 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.

Serious Mental Illness (SMI): Serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

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 the past year,
which resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities.

**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 Use, the most commonly used addictive substances (including the consideration of tobacco, alcohol, and illegal and prescription drugs) are alcohol, anabolic steroids, cocaine, fentanyl, hallucinogens, heroin, inhalants, MDMA, methamphetamine, nicotine, rohypnol and GHB, and synthetic cathinones (“bath salts”).

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

**Substance use disorders:** A medical illness caused by repeated misuse 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 impaired 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.

**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 other drug use, address associated physical or mental health problems, 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. The Centers for Medicare and 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 case management are children with serious emotional disturbances, adults with serious mental and/or substance use disorders, pregnant women who meet risk criteria, individuals with HIV, and such other groups as a state might identify as in need of targeted case management.
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 issues.

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.