

Strategic Initiative #2: Trauma and Justice

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Key Facts

- Trauma is strongly associated with mental and substance use disorders.^{29, 30}
- More than 6 in 10 U.S. youth have been exposed to violence within the past year, including witnessing a violent act, assault with a weapon, sexual victimization, child maltreatment, and dating violence. Nearly 1 in 10 was injured.³¹
- An estimated 772,000 children were victims of maltreatment in 2008.³²
- Adverse childhood experiences (e.g., physical, emotional, and sexual abuse; and family dysfunction) are associated with mental illness, suicidality, and substance abuse.³³
- A lifetime history of sexual abuse among women in childhood or adulthood ranges from 15 to 25 percent. The prevalence of domestic violence among women in the United States ranges from 9 to 44 percent, depending on definitions.³⁴
- The cost of intimate partner violence, which disproportionately affects women and girls, was estimated to be \$8.3 billion in 2003. This total includes the costs of medical care, mental health services, and lost productivity.³⁵
- In a 2008 study by RAND, 18.5 percent of returning veterans reported symptoms consistent with post traumatic stress disorder (PTSD) or depression.³⁶
- More than half of all prison and jail inmates (people in State and Federal prisons and local jails) meet criteria for having mental health problems, 6 in 10 meet criteria for a substance use problem, and more than a third meet criteria for having both a substance abuse and mental health problem.³⁷
- The use of seclusion and restraint on persons with mental and substance use disorders has resulted in deaths and serious physical injury and psychological trauma. In 1998, the Harvard Center for Risk Analysis estimated deaths due to such practices at 150 per year across the Nation.³⁸
- Racial incidents can be traumatic and have been linked to PTSD symptoms among people of color.³⁹
- Evidence suggests that some communities of color have higher rates of PTSD than the general population.^{40,41}
- LGBT individuals experience violence and PTSD at higher rates than the general population.⁴²
- 18.9 percent of men and 15.2 percent of women in the United States reported a lifetime experience of a natural disaster.⁴³
- In 2008, an estimated 4.8 percent of American males under the age of 18 experienced sexual victimization in the past year, and an estimated 7.5 percent experienced sexual victimization in their lifetime.⁴⁴

Overview

Trauma is a widespread, harmful, and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. It is an almost universal experience of people receiving treatment for mental and substance use disorders. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery.

Purpose of Initiative #2

Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.

The effects of trauma place a heavy burden on individuals, families, and communities and create challenges for public institutions and service systems. Although many people who experience a traumatic event will go on with their lives without lasting negative effects, others will have more difficulty and experience traumatic stress reactions. Emerging research has documented the relationship among traumatic events, impaired neurodevelopmental and immune system responses, and subsequent health risk behaviors resulting in chronic physical and behavioral disorders. In fact, the chronic stress that often accompanies repeated or unresolved trauma has even been linked to physically observable negative changes in brain development, including a reduction in the size of the hippocampus,⁴⁵ the portion of

the brain associated with long-term memory and spatial reasoning. With appropriate supports and intervention, people can overcome traumatic experiences. However, most people go without these services and supports. Unaddressed trauma significantly increases the risk of mental and substance use disorders, chronic physical diseases, and early death.⁴⁶

Individuals with experiences of trauma are found in multiple service sectors, not just in behavioral health. Studies of people in the juvenile and criminal justice system reveal high rates of mental and substance use disorders and personal histories of trauma. Children and families in the child welfare system similarly experience high rates of trauma and associated behavioral health problems. Preventing exposure to traumatic events and responding with early interventions and treatment for those experiencing traumatic stress may improve outcomes for these individuals and prevent prolonged involvement with the justice and child welfare systems.

High-Risk Groups and Disparities

Although much of the focus on trauma is on individuals, some communities experience historical trauma that is transmitted from one generation to the next. For example, African Americans and American Indians and Alaska Natives have suffered historical losses of land and identity and assaults on their culture and way of life that result in intergenerational trauma. The connection between historical trauma and the undermining of the economic and social fabric of the community with associated behavioral health problems and high-risk behaviors is well documented.⁴⁷

Another growing community exposed to trauma is military service members, veterans, and their families. Dealing with the losses, fears, and injuries associated with two ongoing wars, military families with trauma-associated symptoms and disorders are increasingly coming to the attention of behavioral health providers. Repeated deployments, relocations, military sexual trauma, and serious injuries exert an emotional toll on military personnel, their families, and their communities.

In recent years, manmade and natural disasters—such as terrorist attacks, hurricanes, floods, oil spills, and mass shootings—have received national attention as causes of death, physical injury, environmental damage, economic hardship, and emotional trauma. Research indicates that these disasters and their aftermath are likely to have an impact on the exposed population's behavioral health, resulting in an increase in mental and substance use disorders, along with a decline in perceived quality of life. With appropriate and early behavioral health services, trauma experienced by survivors of disasters can be mitigated and deleterious effects prevented.

Pertinent to the justice component of this Strategic Initiative, significant disparities exist in pathways to the criminal and juvenile justice system with disproportionate representation among communities of color. Among youth and adults, African Americans, Latinos, and American Indians are more likely to have involvement with the justice systems and often when presenting with mental or addiction disorders end up in the justice system rather than the behavioral health care system.

Health Reform

Coverage expansions included in the Affordable Care Act will mean that individuals reentering communities from jails and prisons, who generally have not had health coverage in the past, will soon have that coverage. Given that members of this population experience comparatively high rates of mental and substance use disorders, an opportunity exists to coordinate new health coverage with other efforts to facilitate a successful transition back into the community. Addressing their behavioral health needs can reduce their chances of recidivism: improving the safety of America's communities, reducing expenditures in the criminal justice system, and improving outcomes and lives for reentering individuals. SAMHSA will collaborate with partners in the Office of Justice Programs within the U.S. Department of Justice (DOJ) to develop standards and improve coordination around these coverage expansions.

The Affordable Care Act also presents opportunities to improve outcomes related to trauma. New home visiting funding will support a range of programs that have been proven effective in reducing traumatic events such as child maltreatment. In addition, coverage expansions through health reform will mean that more individuals have access to treatment for psychological trauma. Through this Initiative, SAMHSA will work with Federal, State, Territorial, Tribal, and local partners to improve practices around the prevention and treatment of trauma.

Behavioral Health Workforce

The current behavioral health workforce will require training on the role of trauma in people's lives, the centrality of trauma to behavioral health disorders, trauma-specific interventions, and strategies to build trauma-informed systems. Practitioners and systems will need to have a better

understanding of how their policies, practices, and behaviors can promote healing and recovery or be secondarily traumatizing to people who are in their care. The action steps in this Strategic Initiative are built around technical assistance and training strategies to develop practitioners skilled in trauma and trauma-related work and systems that have the capacity to prevent, identify, intervene and effectively treat people in a trauma-informed approach.

Significant workforce needs are related to behavioral health in the criminal justice system. Police and other first responders need training to respond appropriately and safely to people with mental and substance use disorders in crisis. Judges and other court officials need education and support to develop successful specialty court and diversion programs for people with mental and substance use disorders. This Initiative will support education and program development in these areas.

Strategic Public Health Approach

Addressing individual, family, and community trauma requires a comprehensive, multipronged public health approach. This approach includes:

- Increasing awareness of the harmful short- and long-term effects of trauma experiences in children and adults;
- Developing and implementing effective preventive, treatment, and recovery and resiliency support services that reflect the needs of diverse populations;
- Building strong partnerships and networks to facilitate knowledge exchange and systems development;
- Providing training and tools to help systems identify trauma and intervene early; and
- Informing public policy that supports and guides these efforts.

SAMHSA is one of the leading agencies addressing the impact of trauma on individuals, families, and communities. SAMHSA has made contributions in key areas through a series of significant initiatives over the past decade. These contributions include the development and promotion of trauma-specific interventions, the expansion of trauma-informed care, and the consideration of trauma and its behavioral health effects across health and social service delivery systems.

SAMHSA provides consultation and education to develop trauma-informed environments in publicly funded programs. Trauma-informed, developmentally appropriate, gender-specific care represents a new paradigm of service delivery. It recognizes that every aspect of the service system—organization, management, and staff—must have a basic understanding of how trauma and gender affect a person needing treatment for a mental or substance use disorder. Trauma-informed, gender-specific services are based on an understanding of the vulnerabilities and triggers of trauma survivors, which may differ for women and men and may be exacerbated in traditional behavioral health care, leading to retraumatization.

SAMHSA's work on preventing and reducing the use of seclusion and restraint in treatment settings also has led to major changes in the cultures of treatment environments. As a result of

the Alternatives to Restraint and Seclusion State grants, mental health facilities successfully eliminated or reduced the use of coercive and retraumatizing practices; improved the safety and morale of clients and staff; and facilitated resilience, recovery, and consumer self-directed care.

These changes are not limited to behavioral health care. Jails, forensic treatment settings, and courts have implemented trauma-informed care and, in some cases, have seen reductions in recidivism, fewer staff injuries, and improved adherence to treatment and involvement in care. Child welfare systems may also benefit from a trauma-informed approach.

Components of Initiative

A better understanding of the needs of trauma survivors has emerged over the past decade. Behavioral health providers have implemented trauma-specific services to directly address the impact of trauma on people's lives. They have also created service settings that are trauma informed—an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

The mission of this Initiative has two related parts: (1) to create trauma-informed systems to implement prevention and treatment interventions to reduce the incidence of trauma and its impact on the behavioral health of individuals and communities and (2) to better address the needs of persons with mental and substance use disorders in the criminal justice system.

Goals

- Goal 2.1:** Develop a comprehensive public health approach to trauma.
- Goal 2.2:** Make screening for trauma and early intervention and treatment common practice.
- Goal 2.3:** Reduce the impact of trauma and violence on children, youth, and families.
- Goal 2.4:** Address the needs of people with mental disorders, substance use disorders, co-occurring disorders, or a history of trauma in the criminal and juvenile justice systems.
- Goal 2.5:** Reduce the impact of disasters on the behavioral health of individuals, families, and communities.

Goal 2.1: Develop a comprehensive public health approach to trauma.

Objective 2.1.1: Create a surveillance strategy for trauma and its association with mental and substance use disorders.

Action Steps:

1. Develop a standard definition and culturally competent measures of individual and community trauma to be included in individual assessments and community and national surveillance systems through a partnership with national organizations, and trauma research experts and providers.

2. Incorporate these trauma measures (including exposure and symptoms) into surveillance systems, treatment and facility surveys, and performance measures for SAMHSA grant programs.
3. Coordinate with SAMHSA's State, Territorial, and community epidemiologic work groups to include culturally appropriate trauma measures.
4. Develop criteria and measures for trauma-informed care that can be used with a range of health and human service programs and collaborate with the Centers for Disease Control and Prevention (CDC) and other Federal agencies to incorporate them into surveillance systems.

Objective 2.1.2: Build the public's awareness of the impact of trauma on health and behavioral health.

Action Steps:

1. Develop an easy-to-understand list of the warning signs of early trauma and how to take action.
2. Develop and implement a national campaign on trauma and its association with health and behavioral health. Include targeted work with Tribes, Asian Americans and Pacific Islanders, African Americans, Hispanic, and immigrant and refugee communities.
3. Collaborate with other U.S. Department of Health and Human Services (HHS) Operating Divisions and other Federal partners to adopt trauma prevention and awareness messages and coordinate communications related to trauma.
4. Collaborate with the Indian Health Service and Tribal communities to develop a specific information and awareness campaign on trauma and its sequelae (e.g., suicide) for American Indians and Alaska Natives.
5. Collaborate with the National Network to Eliminate Disparities in Behavioral Health to develop and disseminate culturally relevant trauma information and materials to the diverse racial, ethnic, and LGBT communities in this Network.
6. Work with the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care to integrate trauma assessment and information into primary care.

Objective 2.1.3: Build a trauma-informed behavioral health system.

Action Steps:

1. Coordinate the work of the National Child Traumatic Stress Network (NCTSN), National Center for Trauma-Informed Care (NCTIC), and Disaster Technical Assistance Center (DTAC) to provide training and technical assistance on trauma and trauma-informed care and focus on population groups vulnerable to health disparities and with poor access to trauma-informed care.

2. Engage trauma survivors; service providers; researchers; SAMHSA grantees and technical assistance providers; Federal, State, Territorial, and Tribal partners; related service areas, such as domestic violence services; and stakeholders from the behavioral health field to develop and implement a culturally competent national strategy for trauma-informed care.
3. Create core competencies for direct service professionals for screening, assessing, and treating trauma among diverse populations. Create core competencies for administrators and managers for creating trauma-informed therapeutic environments. Highlight the relationship between violence, trauma, and behavioral health issues.
4. Conduct trainings on trauma-informed care and alternatives to seclusion and restraint for behavioral health facilities in collaboration with HHS regional areas and SAMHSA regional staff, Addiction Technology Transfer Centers (ATTCs), the Center for the Application of Prevention Technologies (CAPT), and other technical assistance centers.
5. Create a comprehensive training strategy to develop a workforce trained in trauma care that is representative of diverse populations, using existing SAMHSA mechanisms, such as the ATTCs, CAPT, NCTSN, DTAC, National Center on Substance Abuse and Child Welfare, and the National Network to Eliminate Disparities in Behavioral Health.
6. Provide culturally informed training on trauma and trauma-informed care to SAMHSA staff and grantees.

Goal 2.2: Make screening for trauma and early intervention and treatment common practice.

Objective 2.2.1: Identify effective screening tools for trauma based on developmental age, nature of trauma exposure, culture, and service context.

Action Steps:

1. Develop an annotated compendium of screening tools for trauma, a statement of principles, and guidance and standard protocols for trauma screening in various settings that are relevant for different cultural contexts.
2. Develop a service research project to incorporate trauma screening tools into standard practice in diverse settings (e.g., health centers, emergency departments, behavioral health, child welfare, criminal and juvenile justice, behavioral health, and military) for diverse populations.
3. Ensure that trauma prevention, screening, and treatment are addressed in block grant training and programs.

Objective 2.2.2: Develop a continuum of interventions that are appropriate to the severity of trauma and that are included in benefits and services addressed in health reform.

Action Steps:

1. Convene a technical expert work group that includes trauma survivors, providers, researchers, and intervention developers to identify gaps in the continuum of trauma interventions (e.g., early identification, brief interventions, and ethnic and gender-specific interventions), and develop a strategy to fill these gaps.
2. Develop service definitions and identify payment strategies aligned with the Affordable Care Act's implementation and other funding streams to increase public awareness about trauma community wide, provide screening and early intervention in multiple settings, and implement evidence-based trauma interventions. Collaborate with the Centers for Medicare and Medicare Services (CMS) and other insurers to identify which professionals and screening tools will be reimbursable.

Goal 2.3: Reduce the impact of trauma and violence on children, youth, and families.

Objective 2.3.1: Increase the use of programs and interventions that have been shown to prevent the behavioral health impacts (including trauma) of maltreatment and interpersonal and community violence in child-serving settings.

Action Steps:

1. Reduce exposure to violence and risk factors for trauma through SAMHSA prevention programs for child-serving settings and their communities (e.g., Project LAUNCH, Safe Schools/Healthy Students, suicide prevention programs, SAMHSA formula and Block Grants, and Drug Free Communities).
2. Seek input from culturally diverse and vulnerable youth populations in the development, implementation, and dissemination of all prevention efforts related to trauma.
3. Partner with the Administration for Children and Families (ACF), CDC, and State, Territorial, Tribal, and local child welfare agencies to increase the reach of trauma prevention and treatment programs for child welfare, and foster care settings through a shared funding opportunity to implement trauma treatments and trauma-informed systems work.
4. In the above action steps, ensure a focus on children of color who are disproportionately represented in out-of-home care in the child welfare system.

5. Create a topline multidepartment collaborative stopbullying.gov Web site that integrates multiagency content from HRSA's StopBullyingNow and SAMHSA's BullyingSolutions (BETA) sites with the information on bullyinginfo.org/ findyouthinfo.gov with a focus on particularly vulnerable populations such as LGBTQ youth.

Objective 2.3.2: Support programs to address trauma experienced in childhood and its subsequent impact across the life span.

Action Steps:

1. Develop a dissemination, training, and technical assistance strategy using the SAMHSA trauma centers to move established trauma-focused interventions beyond specific grantees and more broadly into child-serving systems. Through this strategy, identify and address barriers to access for trauma-specific treatments. Ensure that this strategy is inclusive of diverse racial, ethnic, socioeconomic, and LGBT communities.
2. Continue to improve behavioral health care for children and families in child welfare by testing specialized and culturally appropriate trauma treatments (including early intervention) in child welfare settings, and coordination with the Administration on Children, Youth and Families (ACYF) programs to support learning collaboratives focused on trauma in child welfare.
3. Collaborate with the HHS/Assistant Secretary for Planning and Evaluation-led Interagency Work Group on Youth Programs that includes Office of National Drug Control Policy (ONDCP), HHS agencies (ACF, CDC, HRSA, Indian Health Service [IHS], and SAMHSA), and the U.S. Departments of Education (ED), Defense (DoD), Agriculture (USDA), Interior (DOI), Justice (DOJ), Labor (DOL), Housing and Urban Development (HUD), and Transportation to develop informational materials for the shared FindYouthInfo Web site that can be used by these agencies to promote understanding of the impact of trauma and the importance of intervening early and increasing access to trauma interventions and trauma-informed care in child serving settings, such as pediatric care, home visiting, early childhood systems (Early Head Start and Head Start), schools, and in child welfare, juvenile justice, and public housing programs.
4. Collaborate with ED to create and disseminate behavioral health materials related to bullying and its traumatic effects on school-age youth and sense of safety in schools.
5. Work with the DOJ Office of Justice Programs (OJP) Children Exposed to Violence Initiative by linking these OJP grantees with evidence-based interventions, informational toolkits and materials, and experts and potential training opportunities from the National Child Traumatic Stress Network.
6. Engage the Office of the Assistant Secretary for Planning and Evaluation and the ACYF related to trauma interventions for children of incarcerated parents.

Objective 2.3.3: Improve policies to address the impact of trauma on children.

Action Steps:

1. Ensure that SAMHSA-funded programs (discretionary and Block Grant) address trauma prevention and treatment for children, youth, and families.
2. Collaborate with other programs and child-serving systems, such as Home Visiting Programs at HRSA and Child Abuse Prevention and Child Welfare programs at ACF, to strengthen policy directives and program goals to include a trauma-informed approach.
3. Develop financing models to support trauma efforts that include family-centered, multigenerational interventions and prevention efforts.
4. Ensure that SAMHSA-funded programs address the culture-specific trauma prevention, treatment, and recovery for children in low-resourced, racial, and ethnic minority communities.

Goal 2.4: Address the needs of people with mental disorders, substance use disorders, co-occurring disorders, or a history of trauma in the criminal and juvenile justice systems.

Objective 2.4.1: Expand alternative responses and diversion for people with behavioral health problems and trauma histories within the criminal and juvenile justice system.

Action Steps:

1. Work with the DOJ Bureau of Justice Affairs (BJA), Office of Juvenile Justice and Delinquency Prevention, and OJP as well as constituency groups to develop new approaches to address mental and substance use disorders through courts and diversion initiatives that maximize flexibility for communities and serve more individuals with mental illnesses and substance use disorders that come into contact with the criminal or juvenile justice systems.
2. Support State, Territorial, and Tribal planning efforts so that substance abuse, mental health, and criminal justice planning is coordinated, including involvement of State, Territorial, and Tribal behavioral health agencies in justice-related grant solicitations.
3. Work with the OJP to provide training and tools for adult and juvenile court officials about behavioral health and related community and population specific issues in partnership with OJP, National Institute on Drug Abuse (NIDA), National Institute of Mental Health (NIMH), and the National Judicial College.
4. Support training for State and local rehabilitation counselors, HUD housing authority staff, and parent foster care support agencies about behavioral health, trauma, and the community context of crime to inform early intervention and improved outcomes for transition age youth with mental and substance use disorders.

5. Work with BJA/OJP, expert consultants, mental health court judges and key stakeholders to establish broad parameters for mental health courts and/or behavioral health courts and court collaboratives.

Objective 2.4.2: Improve the ability of first responders to respond appropriately to people with mental and substance use problems and histories of trauma.

Action Steps:

1. Partner with criminal justice, law enforcement, and related groups (e.g., International Association of Chiefs of Police, Associations of Sheriffs, OJP, and the National Association of Drug Court Professionals) to expand the use of culturally appropriate crisis intervention training and pre booking diversion for people with behavioral health problems and histories of trauma.
2. Provide culturally appropriate technical assistance and training tools, such as Web-based training, toolkits, and training of trainers, to improve first-responder preparedness for intervening with people with behavioral health crises and histories of trauma.

Objective 2.4.3: Improve the availability of trauma-informed care, screening, and treatment in criminal and juvenile justice systems.

Action Steps:

1. Provide culturally appropriate training and technical assistance on trauma-informed care and trauma specific interventions through partnerships with criminal and juvenile justice organizations, associations, and agencies, with a focus on returning veterans.
2. Incorporate trauma-informed and culturally appropriate principles and practices, such as multiple-point screening starting with entry into the justice system, into all criminal justice-based SAMHSA grants.
3. Collaborate with the Racial and Ethnic Disparities Issue Team of the Coordinating Council on Juvenile Justice and Delinquency Prevention to identify areas in which behavioral health issues contribute to disproportionate minority contact (especially among Hispanic/Latino, African American, and LGBTQ youth) and use SAMHSA's current grant portfolio to support services to reduce disproportionate minority involvement in the justice system.

Objective 2.4.4: Improve coordination of behavioral health services for persons reentering the community from jail or prison.

Action Steps:

1. In collaboration with BJA and the Council for State Governments Justice Center, convene the American State Corrections Association, National Association of State Alcohol and Drug Abuse Directors (NASADAD) and National Association of State

Mental Health Program Directors (NASMHPD) to jointly develop and provide training on standards of care for reentry.

2. Adapt and implement the models to facilitate enrollment in health insurance and other benefits for individuals with, at risk for or in recovery from, mental and substance use disorders who are transitioning out of jails and prisons, with a focus on preparing for the coverage expansions coming under the affordable care act.
3. Convene a reentry policy academy for States to develop policies that improve outcomes for individuals transitioning to the community from jails or prisons.

Goal 2.5: Reduce the impact of disasters on the behavioral health of individuals, families, and communities.

Objective 2.5.1: Ensure that behavioral health is a core element of Federal, State, Territorial, Tribal, and local disaster response policies and practices.

Action Steps:

1. Examine the recommendations of the National Biodefense Science Board Disaster Mental Health Subcommittee to identify areas requiring development in research, policies, and practice across the three phases of disaster (preparedness, response, and recovery).
2. Develop a white paper that addresses the role of behavioral health in effective disaster response and recovery.
3. Develop a strategy to ensure that behavioral health surveillance systems are in place before, immediately after, and in the recovery phase following a disaster.
4. Engage the State and Territorial Disaster Mental Health Coordinators, disaster response organizations, and agencies to share training materials and resources with local disaster response personnel to prevent secondary trauma.
5. Ensure that disaster plans address how to maintain continuity of behavioral health care for persons with mental and substance use disorders who are displaced by disasters, including those most vulnerable to disrupted services, such as diverse racial, ethnic, and linguistic populations.

Objective 2.5.2: Build public awareness to ensure an appropriate behavioral health response in communities that experience disasters.

Action Steps:

1. Emphasize stress management and resilience-building communications that make the link between traumatic events and health and behavioral health in public awareness materials.
2. Ensure that lessons learned from the Federal Emergency Management Agency/SAMHSA Crisis Counseling Program are shared broadly.

3. Take an affirmative role in response to disasters to provide leadership and information about related behavioral health issues.

Objective 2.5.3: Enhance the approach to disasters across the three phases (preparedness, response, and recovery).

Action Steps:

1. Following a disaster, connect communities to the national disaster behavioral health hotline after they experience disasters through DTAC, the Crisis Counseling Program (CCP), and SAMHSA communications efforts.
2. Move lessons learned from the Institute of Medicine committee white paper prepared for the Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events into appropriate SAMHSA programs, such as CCP, and address the distinct needs of individuals from diverse racial and ethnic communities.

Strategic Initiative #2 Measures

Population-Based

- Decrease the percentage of individuals with mental and substance use disorders involved in the criminal justice system.
- Increase the percentage of substance abuse and mental health treatment facilities reporting that they screen for trauma and stress.

SAMHSA Specific

- Improve behavioral health outcomes for individuals engaged in SAMHSA-supported service programs who are in contact with the criminal and juvenile justice systems.
- Increase the percentage of individuals served through the National Child Traumatic Stress Network who show improved outcomes.

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