FSS **Forensic Systems Solutions**
A Core Program of FTAC

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INTERCEPT ZERO

Traditional Sequential Intercept Model

The traditional Sequential Intercept Model (SIM) identifies five points or intercepts along the criminal justice continuum where an intervention can prevent individuals with mental illness from becoming more enmeshed in the criminal justice system. (Munetz and Griffin, 2006)[1] Below is a list of the five intercepts and a partial list of examples of these services and supports. It is in no way exhaustive and should only be used to give you a sense of the potential services or initiatives available.

1. Law Enforcement/Emergency Services: Specialized Police Response, CIT, L.E.A.D., Co-Responding Mental Health Personnel, System Wide Information Sharing, 911 transfers to MH Hotlines, Transports to CRC's, Medical Mobile Crisis (medication needs), Acute Case Management, Civil Commitments, Crisis Residence, Mental Health First Aid for Public Safety, Homeless Outreach

2. Initial Detention/Initial Court Hearings: Booking Centers, Pre-Trial Services, Pre-Arraignment Assessments, Bail issues, Bail Advocates, Risk Assessment Instruments, Screening Tools, Forensic Peer Supports, Alternative Sentencing, Deferred Prosecution, Post-Booking Jail Based Assessment and Treatment, Acute Case Management, MDJ Training in MI issues, RNR Modalities

3. Jails/Courts: Therapeutic Jurisprudence (Specialized Mental Health Courts, Drug Courts, Community Courts), Jail Based Treatment, Risk Assessment Instruments, Screening Tools, RNR Modalities, Forensic Peers, Not Guilty by Reason of Insanity, Guilty But Mentally Ill, Specialized Training for CO's, Competency Evaluations and Restoration, Regional Forensic Treatment Centers, Cognitive Behavioral Therapy Approaches to Criminogenic Needs, Jail Treatment

4. Reentry: Forensic Case Management, Forensic Peers, RNR Modalities, FACT, Community Supports, Social Determinants Resolutions, Pre-Release Meetings with Treatment Staff, Identification and Benefits Acquisition, R.I.S.E., Reentry Coalitions, Specialized Training for "Hard to Place" Individuals, APIC Model (Assess. Plan. Identify. Coordinate.), Needs Identification (Employment, Housing, etc.), Eliminating "Collateral Consequences"

5. Community Corrections: CC Housing, Specialized Probation and Parole Units, FACT, Specialized Training for PO's, RNR based programming, Forensic Peer Support, Reconnect to Intercept 0, Employment and Other Social Determinants, Community Collaboration, Problem Solving Approaches, Court Ordered Treatment Orders

[1] Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57(4), 544-549.

Intercept Zero

In addition to these five, a new intercept**, Intercept Zero** has recently gained attention. Policy Research Associates, which supports the operation of SAMHSA's GAINS Center, has introduced "Intercept 0" to its SIM model. This is in response to recent County and Statewide initiatives that provide earlier intervention services to individuals with mental illness in the effort to prevent criminal justice involvement. "The goal of Intercept 0 is to align systems and services and connect individuals in need with treatment before a behavioral health crisis begins or at the earliest possible stage of system interaction." (Policy Research Associates Intercept Zero Infographic, 2016)[2]

The very first suggestion of Intercept 0 was developed by the original authors of the SIM. Griffin and Munetz described "Best Clinical Practices" as being the "Ultimate Intercept". They stated that "An accessible, comprehensive, effective mental health treatment system focused on the needs of individuals with serious and persistent mental disorders is undoubtedly the most effective means of preventing the criminalization of people with mental illness." The system included "competent, supportive clinicians; community support services, such as case management; medications; vocational and other role supports; safe and affordable housing; and crisis services. These services must be available and easily accessible to people in need." These services should also be evidence based, consistently delivered and have an integrated substance abuse and mental health treatment component. (Munetz & Griffin p. 545)

Mental Illness as a Risk Factor in the Development of Criminogenic Behaviors

Since the initial development of the SIM there has been substantial research into the causes of criminogenic behaviors. One of the most important findings is the identification of the "Central Eight" Criminogenic Risk Factors. Risk Factors are those factors that, if part of an individuals' life, put them at higher degree of risk for committing a crime. Static Risk Factors are those that are more permanent in nature and are not usually open to change. Historical events such as number of arrests and convictions, gender, and current age are examples of Static Risks. Dynamic Risk Factors are those that can change and are open to treatment and intervention. Co-occurring substance abuse and mental illness, difficulties in school or work, anti-social associates, family and relationship conflicts and fewer pro-social leisure activities are examples of Dynamic Risks.
Further research indicates that Serious Mental Illness alone cannot be identified as a direct cause for the criminal behaviors that result in incarceration except in a very small population. (Peterson,

The Central Eight Risk Factors

The Big Four

1. Established History of Criminal Behavior
2. Antisocial Personality Pattern
3. Antisocial Cognition
4. Antisocial Associates

The Moderate Four

5. Substance Abuse Problems
6. Employment/School Instability
7. Low Engagement in Prosocial Leisure Pursuits
8. Family and Marital Problems

Andrews D, and Bonta J, (2010) The Psychology of Criminal Conduct, 5th ed. New Providence, NJ: Anderson Publishing,

[2] PRA https://www.prainc.com/wp-content/uploads/2016/11/Intercept-0-Infographic-2.pdf

2010)[3]; (Skeem, 2014)[4] This suggests that if Serious Mental Illness itself cannot be identified as a direct cause for the criminal behaviors then Mental Health Treatment alone would not be able to eliminate the criminogenic behaviors that lead to the arrest, incarceration or recidivating behaviors for the great majority of offenders with SMI. Additional research has indeed backed this suggestion and clearly states that Mental Health Treatment alone does not directly address criminogenic risk factors (Skeem et al.2014; Fisher, Silver, & Wolff,2006)[5].

In response to this research the original authors of the SIM have revised their definition of the "Ultimate Intercept" stating "the real ultimate intercept is a comprehensive, accessible, effective mental health and addiction system that is criminologically informed and working closely with criminal justice partners who understand the behavioral health needs of offenders." (Munetz and Griffin in Yeager, 2013)[6]

Direct Vs. Indirect Cause

This view of Intercept Zero focuses on the idea that mental illness cannot be identified as a major *Direct* Cause of criminological behaviors for criminal behaviors that result in incarceration except in a very small population. There is another view that must be looked at however. It's well known that living with a serious mental illness can result in Social Consequences for many individuals in recovery from serious mental illness. These Social Consequences can put individuals at risk for criminological behaviors. Mental illness therefore, can be seen as an *Indirect* Cause of criminological behaviors in many of the individuals with a serious mental illness involved in the criminal justice system.

Two Indirect Cause Risks

These indirectly caused risks occur in two forms. The first is a responsivity factor. The Responsivity Principle refers to the need to: "Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender." (Bonta, J & Andrews D, 2007)[7] Certain symptoms of living with a mental illness can put some individuals at risk of not being able to respond well to treatment. "Mental illnesses often cause functional impairments that may significantly affect an individuals' responsivity to interventions targeting criminogenic risk factors." (Osher F, D'Amora D, Plotkin M, Jarrett M, Eggleston A 2012)[8] Negative symptoms of Schizophrenia; the lack of energy, hopelessness, and poor concentration of some individuals with Depression and Anxiety; the impulsivity and lack of self-control of some individuals with Attention Deficit Disorders; and the grandiosity, mania driven goal directedness and risk taking behaviors of individuals with Bipolar Disorder do not make for optimum participation in treatment or accepting of new skills. Focused training methods need to be developed that meet the needs of those struggling with mental illness. As well,

[3] Peterson, J. K., J. L. Skeem, E. Hart, S. Vidal, and F. Keith. 2010. "Comparing the Offense Patterns of Offenders with and without Mental Disorder: Exploring the Criminalization Hypothesis." Psychiatric Services 61 : 1217–1222.

[4] Skeem J., Winter, E., Kennealy, P., Eno Louden, J., & Tatar, J. Offenders With Mental Illness Have Criminogenic Needs, Too: Toward Recidivism Reduction. Law and Human Behavior 2014, Vol. 38, No. 3, 212–224,

[5] Fisher WH, Silver E, Wolff N. (2006). Beyond criminalization: toward a criminologically informed framework for mental health policy and services research. Adm Policy Ment Health. 2006 Sep;33(5):544-57

[6] Munetz, M, Griffin, P , & Kemp,K (2013). Jail Diversion: Using the Sequential Intercept Model. In Yeager, K, Cutler, D Svendsen, D and Sills, G (Eds.) Textbook of Modern Community Mental Health Work: An Interdisciplinary Approach (p.461). N.Y., NY Oxford University Press

[7] Andrews D, and Bonta J, (2007) Risk-Need-Responsivity. Model for Offender. Assessment and. Rehabilitation. P. 1 (2007-06) Public Safety Canada. Carleton University

[8] Osher F, D'Amora D, Plotkin M, Jarrett M, Eggleston A (2012) Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery P.26 Council of State Governments Justice Center, New York, New York

additional case planning methods need to be incorporated in any criminogenic needs treatment program that works with individuals with mental illness.

The second and most important way that mental illness puts a person at risk for criminal behavior is by setting a foundation for exposure to Dynamic Criminogenic Risk Factors due to potential Social Consequences of living with a Serious Mental Illness (SMI). It seems clear that living with a Serious Mental Illness can affect many people in negative ways. Below is a very quick review of some of the research outlining potential Social Consequences of SMI and ways those consequences can introduce dynamic Criminogenic Risk Factors into a persons' life.

Potential Social Consequences of Serious Mental Illness

Co-occurring Substance Abuse Disorder - The SAMHSA Behavioral Health Trends in the United States indicates that approximately 25% of adults with a SMI have a co-occurring substance abuse disorder. (Center for Behavioral Health Statistics and Quality. 2015)9 Illegal Substance Abuse also promotes the development of anti-social associates and potential for a history of incarceration.

Homelessness, Housing Issues - A Background Paper from the Treatment Advocacy Center's Office of Research & Public Affairs reported several studies linking SMI with homelessness, arrest and incarceration for violating quality of life crimes. (Treatment Advocacy Center, 2016 retrieved from http://www.treatmentadvocacycenter.org/storage/documents/backgrounders/smi-and-homelessness.pdf)

Antisocial Associates - Claudia Palumbo and associates state that "Stigma attached to a diagnosis of schizophrenia and related disorders can significantly reduce opportunities to form relationships. Social disadvantage resulting from loss of employment and financial problems may push patients further into social isolation." (Palumbo, C & others BMC Res Notes (2015) [10] As well, many people, especially those showing the negative symptoms of schizophrenia have social interaction skill deficits. Mar Rus-Calafell, et al state "the individual's social and occupational functioning is markedly below the level achieved prior to onset" of the illness(Mar Rus-Calafell, et al 2014)[11]

Poverty and Mental Illness - Although the chicken or egg issue related to whether SMI causes lower income or vice versa continues to be worked out there are multiple studies that show a definite link between SMI and lower income. (W.H.O. Mental Health, Poverty and Development)[12]

Employment Difficulties- The following list is adapted from Mancuso, L.L. and is a partial list of difficulties that can affect a person with SMI in a work setting. Screening out environmental stimuli, Sustaining concentration; Maintaining stamina; Handling time pressures and multiple tasks; Interacting with others; Responding to negative feedback; Responding to change (Mancuso, L.L. Reasonable accommodations 1990)[13]

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[9] Center for Behavioral Health Statistics and Quality.(2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). (P. 33) Retrieved from http://www.samhsa.gov/data/

[10] Claudia Palumbo, Umberto Volpe, Aleksandra Matanov, Stefan Priebe and Domenico Giacco, 2015 "Social networks of patients with psychosis: a systematic review" Bio Med Central Research Notes.

[11] Mar Rus-Calafell, José Gutiérrez-Maldonado, Joan Ribas-Sabaté, and Serafín Lemos-Giráldez SOCIAL SKILLS TRAINING FOR PEOPLE WITH SCHIZOPHRENIA: WHAT DO WE TRAIN? Behavioral Psychology / Psicología Conductual, Vol. 22, Nº 3, 2014, pp. 461-477

12 Breaking the vicious cycle between mental ill-health and poverty. Geneva, World Health Organization, 2007 (url: http://www.who.int/mental_health/policy/development/en/index.html, accessed 4 September 2007; Mental Health Core to Development Information Sheet, Sheet1).

[13] Mancuso, L.L. (1990) Reasonable accommodations for workers with psychiatric disabilities. *Psychosocial Rehabilitation Journal,* **14(2), 3-19.**

Pro Social Leisure Activities - Stigmas about Mental illness can lead to avoidance, isolation and even violence towards those individuals with SMI. It can also lead to a "self-discrimination" which can convince people to not pursue opportunities. (Corrigan & Watson Understanding Stigma)[14]

Eight Core Components of Intercept Zero

Many of the programs associated with a successful Intercept Zero Initiative are centered in the behavioral health system. The primary purpose of these programs is to assist individuals in their recovery. Providing a "comprehensive, accessible, effective" treatment system is one of the foremost goals of the Intercept Zero Initiative.

Eight Core Components of Intercept Zero

A. Individualized Interventions

1. Crisis Intervention Services
2. Behavioral Health Treatment
3. Social Services
4. Healthcare Services

B. Systemic Interventions

5. Prevention Strategies
6. Collaboration Initiatives
7. Regulatory Practices
8. Cross-System Training

Crisis Intervention

Mental illness and substance abuse disorders are generally seen as chronic illnesses. As in all chronic illnesses there are times that the symptoms of the illness are more powerful and distressing. During these times Crisis Intervention is used to assist the person in getting back to their state of equilibrium as quickly and safely as possible. Crisis Services include a spectrum of services from talk or text lines to civil court ordered inpatient hospitalizations. (Examples of Crisis Services are listed below.)

Behavioral Health Treatment

Behavioral Health Treatment assists individuals in managing the symptoms of mental and substance abuse disorders and assists them in their recovery journey. Cognitive behavioral therapies, medications, psycho-education and residential settings are a few of the treatments used. (Examples of Behavioral Health Treatments are listed below.)

The use of Cognitive Behavioral Interventions (CBI) are used in the CJ system to address criminogenic needs of individuals involved in the CJ system. The addition of some of these CBI's in the BH system is recommended when an individual is identified as having specific Criminogenic Risk factors. Early assessments during the initial intake or when some of these risks are identified should trigger a treatment plan that includes an appropriate level of CBI.

Social and Health Services

We must realize that although SMI, in and of itself, cannot be identified as a Criminogenic Risk Factor, Social Consequences associated with SMI can put individuals at high risk for developing Criminogenic Risk Factors. It follows that there needs to be a high priority in addressing these Social Consequences. Any attempt to create a "comprehensive, accessible, effective mental health and addiction system that is criminologically informed and working closely with criminal justice partners who understand the behavioral health needs of offenders" without addressing those potential Social Consequences will fail. Programs aimed at improving individuals' living conditions, the basics of food, shelter and warmth and caring for their health needs are essential.

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[14] Corrigan N. and Watson A "Understanding the impact of stigma on people with mental illness." World Psychiatry. 2002 Feb; 1(1): 16–20.

Programs developed to assist in resolving family strife and promoting pro-social leisure activities are also necessary. (Examples of Social and Healthcare Services are listed below.)

Prevention Strategies

Prevention programming is broken down into 3 categories[15]: Primary - which aims at preventing the disease itself. Secondary – which seeks to limit the severity of the disease, and Tertiary – which seeks to limit the disability caused by the disease. Primary prevention programs are usually health related such as pre-natal care. Most preventative work in the behavioral health system is Secondary in nature and falls under the category of early intervention. An example of Tertiary prevention would be psychiatric rehab. (Examples of Prevention Strategies are listed below.)

Collaborative Initiatives

In recent years we've seen a well needed drive to create Cross System Collaboration Initiatives. Criminal Justice Councils, Reentry Coalitions, Criminal Justice Advisory Boards, and Mental Health Courts are examples of initiatives that have the purpose of joining Behavioral Health and Criminal Justice Systems in identifying and intervening with those individuals with mental illness at risk for involvement in the criminal justice system. These systems have done great work in lowering the amount of people with mental illness that are incarcerated or who recidivate. However, most of these efforts are aimed at individuals already involved with the criminal justice system.

Intercept Zero has at its' core an attempt to intervene before an individual becomes involved in the Criminal Justice System. Crisis Intervention Teams, Forensic Task Forces, Stepping Up, Collaborative Comprehensive Case Planning and the Judges and Psychiatrists Leadership Initiative are examples of Collaborative Planning. One of the fundamental changes that need to occur is to create common definitions of basic terms such as Serious Mentally Ill. Without common definitions data collection, a foundational need for creating change is impossible. Court orders, case planning, and treatment options become muddled and create frustrations when we don't speak the same language.

Regulatory Practices

The category of Regulatory Practices covers a wide array of methods to control practices within the systems. Federal and state legislative measures, system regulations, licensing requirements, credentialing standards, funder requirements, court orders, professional standards, program policies and "the way it's always been done" all deliver rules, sometimes contradictory, that mandate procedures for the treatment of individuals within each system. They govern policy and procedures regarding information sharing and confidentiality, funding, voluntary vs. involuntary treatment, consequences for not following treatment recommendations, level and type of treatment needed, and level of care provided. Many parts of the systems are necessarily adversarial by nature. There are legal considerations that prohibit sharing of information, competing goals and differing consequences of success or failure in achieving those goals.

Even with all of these competing rules, consequences and rewards there are many areas that should and do contribute to a sense of cooperation and collaboration. Enforcing mental health and substance abuse parity laws, easing restrictions on information sharing, advocating for increased funding for behavioral health treatment, promoting efficient program consolidation initiatives are all efforts that can benefit every part of

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[15] Mrazek, P.J. & Haggerty, R.J. REDUCING RISKS FOR MENTAL DISORDERS: Frontiers for Preventative Intervention Research, Institute of Medicine. National Academy Press, Washington D.C., 1994

both systems. Systems can work towards advocating for changing of these sometimes very outdated laws. Creating “workarounds” and Memorandums of Understanding (MOU) can be effective ways of making needed system changes until legislative changes are made.

Cross-System Training

In addition to these collaborative efforts specialized cross system training in assessing and addressing the mental health needs of offenders and assessing criminogenic risk factors of individuals in the mental health system must be offered to mental health and criminal justice professionals. There has been a strong movement within the criminal justice system to learn about and treat the mental health needs of those with behavioral health needs involved in the criminal justice system. There has been some movement on the part of behavioral health systems to learn about and treat individuals with behavioral health needs involved in the criminal justice systems. Forensic Case Management, Forensic Assertive Community Treatment programs and Forensic Peer Specialists are several programs that have been developed by BH systems to treat those involved with the CJ system.

However, there are very few programs that have been developed to train clinicians and behavioral health workers in assessing and treating potential criminogenic risks prior to involvement in the CJ system. The need for criminogenic training of Behavioral Health staff is evident. Without this training mental health workers cannot assess, recognize and treat issues related to criminogenic risks. This training should include: How the Criminal Justice System Works; Risk – Needs – Responsivity; Intro to Social Consequences of Mental Illness and its' Effect on Risk Factors; Intro to Sequential Intercept Model; and The Use of Risk Assessment Tools. By providing this treatment, whether in undergraduate schools, or in initial agency training we can allow behavioral health treatment to identify and treat potential criminogenic risks prior to involvement in the CJ system.

EXAMPLES OF INTERCEPT ZERO PROGRAMMING

Crisis Intervention Services – Hotlines, Warmlines, Crisis Textlines, Crisis Response Centers, Emergency Rooms, Crisis Residences, Medication Bridge Programs (Medical-Mobile Crisis, COMPASS Mobile Medication Program), 23 hour beds, Mobile Crisis Teams, Acute Case Management, Crisis Police Co-Responder Teams, Police Assisted Tele-Crisis Services, Civil Commitments, Assisted Outpatient Treatment, Peer Crisis Services, Police Crisis Intervention Teams, Disaster Mental Health Teams, Homeless Outreach Programs, Psychiatric Advanced Directives, Emergency Inpatient Hospitalizations

Behavioral Health Treatment – Certified Mental Health Treatment Centers, Federally Qualified Health Centers, Integrated Mental Health and Substance Abuse Treatment, Substance Abuse Education and Recovery Programs, Medically Assisted Treatments, Long Term Residential, Intensive Outpatient, 12 Step, Sober Living Communities, Psychiatric Rehabilitation Services, Self Help and Peer Support, Forensic Peer Specialists, Recovery Peer Specialists, Assertive Community Treatment, Cognitive – Behavioral Therapy, Community Integrated Recovery Centers, Evidence Based Research and Programming, Psychiatric Rehabilitation, Skill Deficit Remediation , Social Skills Training, Support Groups, Family Therapy, Moral Reconation Therapy, Motivational Interviewing, Cognitive Behavioral Interventions (Thinking for Change, Reasoning and Rehabilitation), Anger Management Training, Interactive Journaling, Trauma Informed Care

Social Services – Subsidized Housing, Supportive Housing, Legal Assistance, Child Welfare, Aging, Care for Basic Needs, Employment Assistance, Education Support, Transportation Services, Food Subsidies, Advocacy, Case Management

Healthcare Services - Federally Qualified Health Centers, Healthcare Clinics, Medication Assistance, Dental Clinics, Vision Care, Nursing Facilities, Physical Rehabilitation Facilities, Transportation, Urgent Care Centers, Medicaid, Medicare

Prevention Strategies – Cognitive Behavioral therapy based Psycho-Education, Anti-Stigma Programs, N.A.M.I., Community Education, Risk Assessments, Early Intervention Programs, Mentoring Programs, Conflict Resolution Training, Afterschool Recreation, Skills Training, Anti-Bullying, Family Support and Education, Resilience Training, Social Determinants (World Health Organization, 2014)[16], Population Health (Evans R, Stoddart GC. (1990)[17], Mental Health First Aid

Collaboration Initiatives – Criminal Justice Advisory Boards, Forensic Task Forces, Cross System Mappings, Forensic System Process Mappings, Stepping Up Initiative, Use of Common Definitions, Information Sharing, System Interdependence, Re-entry Coalitions, Joint Training Programs, Mental Health for Criminal Justice Professionals and Criminal Justice for Behavioral Health Professionals as part of Bachelor Level Education, Collaborative Comprehensive Case Planning, Judges and Psychiatrists Leadership Initiative

Regulatory Practices – Mental Health Parity Laws, Information Sharing, Civil Commitments, Assisted Outpatient Treatment, Funding for Behavioral Health Treatment, Easing of information sharing restrictions, Program Consolidation, Americans with Disabilities Act

Cross System Training – Training for mental health workers and professionals in Criminogenics is lacking in the MH System. The need to understand the connections between the social consequences of SMI and criminogenic risk factors is essential to recognize and treat issues related to criminogenic risk factors. Training should include;

1. Risk – Needs – Responsivity
    a. Risk Factors – Static and Dynamic
    b. Central 8 Risk Factors
    c. Treatment Needs (The need is what must be provided by some sort of treatment or programming in order to combat the risk factors of criminal activity.)
    d. Responsivity to Treatment
2. Intro to Social Consequences of Mental Illness and its' Effect on Risk Factors
    a. Social Determinants of Health
    b. Direct vs. Indirect Cause

[16] World Health Organization, (2014) Social Determinants of Mental Health
[17] Evans R, Stoddart GC. (1990). Producing Health, Consuming Health Care. Soc. Sci. Med. 33, 1347-1363.

    c. Potential areas of Risk

3. Intro to Sequential Intercept Model

    a. 6 intercepts, especially Intercept Zero

4. Assessment Tools

    a. Types of Risk Assessment Tools

    b. Actuarial Tools Useful in Initial Intakes

5. A Primer on the Criminal Justice System

    a. Mapping the system

    b. Definitions