URBAN
INSTITUTE

Using the Sequential Intercept Model to Guide Local Reform

An Innovation Fund Case Study

Janeen Buck Willison, Evelyn F. McCoy, Carla Vasquez-Noriega, and Travis Reginal
URBAN INSTITUTE

with Travis Parker
POLICY RESEARCH ASSOCIATES

October 2018

America's criminal justice system is the de facto behavioral health treatment provider in many communities.[1] But elected officials, criminal justice practitioners, and behavioral health service providers alike recognize the justice system is poorly positioned to treat this population. Communities are increasingly looking for alternatives that safely divert people with behavioral health needs into cost-efficient and effective community-based treatment that produces better outcomes for the individual, the community, and the justice system (Abreu et al. 2017).

Developed nearly 20 years ago, the Sequential Intercept Model (SIM) was designed for communities to use "when considering the interface between criminal justice system and mental health systems as they address concerns about the criminalization of people with mental illness" (Munetz and Griffin 2006, 544). Over the past two decades, the model has gained prominence[2] as an effective framework for systematically assessing available community resources, determining critical service gaps, identifying opportunities to safely divert people from needless involvement in the criminal justice system, and implementing reforms at six distinct justice decision points, or "intercepts." This case study examines how three Innovation Fund communities used the SIM to advance their justice reform efforts, including their SIM planning processes and objectives. The study also explores stakeholder reflections on the process and lessons learned.

The Sequential Intercept Model

The Sequential Intercept Model was developed in the early 2000s by Mark Munetz, Patricia A. Griffin, and Henry J. Steadman as a conceptual framework to help communities address the disproportionate representation of people with behavioral health issues in the criminal justice system. It is predicated on the ideal that "the presence of mental illness should not result in unnecessary arrest or incarceration" and that stakeholders across multiple systems (justice, behavioral health, addiction, etc.) share responsibility for identifying viable alternatives (Munetz and Griffin 2006, 544).

Originally, the SIM delineated five intercepts (labeled 1 to 5 in figure 1) corresponding to key criminal justice processing decision points. Intercepts also represent junctures where interventions could prevent people with mental health issues from "entering or penetrating deeper into the criminal justice system" (Munetz and Griffin 2006, 544). Each intercept functions as a filter; ideally, interventions would be front-loaded to "intercept" people early in the system. In 2017, an additional intercept was formally incorporated into the model, in recognition of the dual roles that law enforcement officers play in protecting public safety and serving as first responders to community members in crisis (Abreu et al. 2017). Intercept 0: Community Services recognizes early intervention points, before arrest, for people in crisis that come into contact with law enforcement and who need short-term assistance such as crisis respite services. The fluidity between intercept 0 and intercept 1 is shown by the two-headed arrow between certain interventions.

FIGURE 1

The Sequential Intercept Model
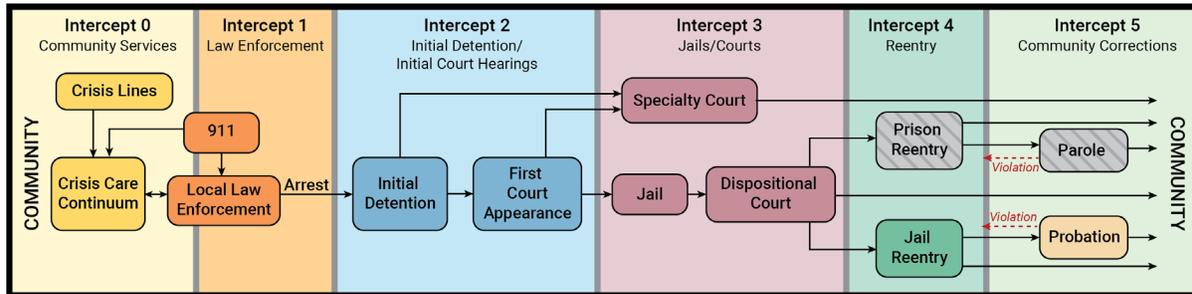
Source: Policy Research Associates, Inc., https://www.prainc.com/sim/.

The SIM also identifies which criminal justice decisionmakers are responsible for each intercept:

- **Intercept 0: Community Services** is considered a gate-keeper to formal interaction with the criminal justice system. It encompasses the early intervention points for people with mental health issues *before* they are arrested and involves entities *outside* the criminal justice, such as crisis hotlines and community dispatchers coordinating with law enforcement; a continuum of crisis care options ranging from 23-hour stabilization or observation beds to short-term crisis residential stabilization services, mobile crisis services, peer crisis services, and specialized protocols for collaboration between law enforcement and behavioral health service providers are also common approaches.

- **Intercept 1: Law Enforcement** recognizes that law enforcement officers and/or emergency services are the first responders for people experiencing a mental health crisis or emergency, which can be an intervention point to avoid formal entry to the criminal justice system. Intercept 1 includes all prearrest diversion options and concludes when someone is arrested. Crisis intervention training (CIT), mobile crisis outreach teams staffed by law enforcement agencies and mental health providers, training 911 dispatchers to identify a mental health crisis, and crisis stabilization units are popular tactics.

- **Intercept 2: Initial Detention/Initial Court Hearings** encompasses postarrest diversion options, including diversion to treatment instead of incarceration or prosecution. It aims to avoid the costly collateral consequences of incarceration and connect people to services. Strategies include use of validated screening to detect mental health issues, substance use disorders, and co-occurring disorders; pretrial diversion for low-level offenses with treatment as a condition of probation; and, data-matching between systems to link people to services.

- **Intercept 3: Jails/Courts** focuses on people being held in pretrial detention and awaiting the disposition of their criminal cases. Intercept 3 concludes when someone is sentenced to incarceration (intercept 4) or community supervision (intercept 5). Specialty treatment courts (mental health court, drug court, veterans court, etc.) offer an alternative to both prosecution and incarceration.

- **Intercept 4: Reentry** addresses the continuity of care between correctional facilities and community behavioral health providers as people return to their communities. It concludes when someone is released from jail or prison and starts community supervision (intercept 5). Transition planning, such as the APIC model, to assess, plan, identify, and coordinate care from incarceration to the community is one approach that may be used at this intercept. In-reach by behavioral health providers to people in the correctional facility before release is another option.

- **Intercept 5: Community Corrections** encompasses probation and parole, including such practices as specialized behavioral health caseloads and the use of graduated responses as alternatives to technical violations for problematic behaviors that would traditionally result in jail time.

Communities engage with the SIM in different ways and for myriad purposes. Many communities use the SIM to "map" both the various pathways by which people with behavioral health issues encounter the justice system and the range of responses—both inside and outside the justice system—applied to those people. This mapping typically occurs via a 1.5 day SIM workshop facilitated by Policy Research Associates, which operates SAMHSA's GAINS Center.[3] Consistent with the cross-system emphasis of the SIM, this workshop typically engages justice and community stakeholders including law enforcement officers, judges, prosecutors, defense attorneys, pretrial services providers, jail administrators and correctional officers, people overseeing community supervision, behavioral health clinicians and administrators, drug treatment professionals, and representatives from the housing, employment, and education service sectors. During the workshop, facilitators systematically walk stakeholders through the SIM's intercepts noting decisions, resources, and policies that affect how and why people with behavioral health issues may enter or avoid justice system involvement. This "facilitated walk" typically uncovers new opportunities and resources for diversion and helps stakeholders identify priorities for reform.

It is unclear how many communities have officially or unofficially (without the facilitation of the Policy Research Associates) undertaken SIM mapping; however, Policy Research Associates has completed 200 SIM workshops nationwide.[4] Of the sites that have documented their participation and shared it publicly, many seem to have done so to detail their system's current options for handling people with mental health disorders. Some have used the SIM workshop to address the challenges of an overcrowded jail system or to prioritize funding for diversion and treatment. In Wyandotte County, Kansas's 2012 SIM mapping workshop with funding from the GAINS Center, the process focused stakeholders on diversion options to alleviate jail overcrowding and, in doing so, identified a critical information gap central to diverting the right people. Through the workshop, the Wyandotte Center for Community Behavioral Health Care, which held the county's electronic health records, and the county jail developed a plan to share relevant information while maintaining patient privacy, allowing the county to identify the people best suited for diversion.

The SIM and mapping workshop can also help communities forge relationships and share information, breaking down silos and fragmentation. In 2016, King County, Washington, used the SIM to address gaps in the county's system of care and build consensus around how available funding should

be allocated to address those gaps. Through the SIM workshop, King County stakeholders agreed on a common goal and objective—"to prevent incarceration, hospitalization, and homelessness"[5] of people with serious mental illness—and proposed to fund needed diversion programs through the county's Mental Illness and Drug Dependency sales tax. The county used the SIM process first to establish funding priorities for the tax and again to refocus its efforts on reentry. King County demonstrates how the framework and mapping workshop can be used iteratively to meet changing demands.

Undoubtedly, each community approaches the mapping workshop with different needs and challenges and may achieve different outcomes. The next section describes how three Innovation Fund sites used the SIM to inform and advance their reforms to reduce jail use. Each county's process and outcomes differed, suggesting the SIM can be applied in multiple contexts. Below, we explore the sites' respective objectives, processes, outcomes, and lessons learned, including recommendations to other communities contemplating whether to apply the SIM to their reform efforts.

How Did the Innovation Fund Sites Use the SIM?

Like the previous examples, the Adams County (CO), Minnehaha County (SD), and Yakima County (WA) Innovation Fund sites engaged with and used the SIM slightly differently. Adams County stakeholders conducted their own inventory of the criminal justice system with the SIM, mapping each intercept independently and developing a data dashboard focused on intercept 2. Through the Innovation Fund, Adams County developed a second data dashboard to examine the volume of critical incident police response calls related to mental health crises and to monitor progress on diverting people with mental illness to treatment at the point of contact with police (intercepts 0 and 1). Minnehaha County used the SIM to inform its planning process for a community triage center to divert and treat people at risk for justice involvement as well as other system responses to justice-involved people with mental illness. Yakima County followed the SIM framework to assess its practice regarding justice-involved people with serious mental illness and to identify priority actions to expand and enhance its continuum of care.

Case Study Methods

Urban Institute researchers affiliated with the Innovation Fund initiative conducted 25 telephone interviews with approximately 28 people across the three case study sites. A range of stakeholders participated, including jail staff, local law enforcement, community supervision officers, judges, prosecutors and defense attorneys, health and human services leaders and clinical staff, and community-based providers. Spanning 45–60 minutes, these semistructured interviews explored the sites' reasons for using the SIM; how the SIM advanced the sites' Innovation Fund work; the logistics of the mapping process, including the types of stakeholders who participated, how participants prepared, and their expectations of the process; and their reflections on the benefits and challenges of the process. Interview transcripts were analyzed to identify common themes and recommendations across the three sites.

Adams County, Colorado: Using SIM to Build Data Dashboards

Before becoming an Innovation Fund site, Adams County partnered with, and later joined, the Open Justice Broker Consortium (OJBC) in 2015 on an Arnold Foundation project to create a justice-health dashboard and analytic tool focused on intercept 2. This work not only increased the county's analytic capacity and resolved critical issues around data governance and cross-system data sharing but also generated critical data for stakeholders. Specifically, this initial work revealed that jail rebooking rates and average lengths of stay for people with serious mental illness were substantially higher (48 percent compared with 29 percent) and longer (40 days compared with 31 days) than for the general jail population. This information helped mobilize the crisis intervention training program to reduce the arrest and detention of people with serious mental illness, thus helping reduce the county's jail population. Under the Innovation Fund, Adams County built on this analytic work to develop a data dashboard and analytic tool focused on intercepts 0 and 1. Adams County is working on these intercepts to enhance its understanding of how the mental health and criminal justice systems are connected and to monitor their progress on diverting people with mental illness to treatment instead of jail.

BOX 3

Adams County (CO) Innovation Fund

Strategy: Develop a data dashboard integrating police and behavioral health provider data that will allow Adams County to measure outcomes related to people accessing mental health services as the result of police contact.

Proposed outcome: Reduce the unnecessary use of emergency services and the jail through data dashboards and analytic tools.

Lead agency: Adams County Criminal Justice Coordinating Council

Population: 469,193

Jail capacity: 957

Colorado

Unlike the Minnehaha County and Yakima County Innovation Fund sites, Adams County underwent SIM mapping before joining the Innovation Fund. This process was spearheaded by the county's criminal justice planner—under the auspices of the Adams County Criminal Justice Coordinating Council—and conducted over several months via both large group gatherings and agency-specific meetings focused on that agency's policy or decisionmaking for handling people with behavioral health issues. According to stakeholders, the county's SIM mapping elevated the stature of certain departments as people saw the relevance of behavioral health services in reducing recidivism and improving outcomes for criminal justice efforts. Additionally, stakeholders report that more criminal justice and behavioral health services have been added since the mapping—specifically, to victim and juvenile/youth services.

Adams County has decided to continue creating dashboards for all six intercepts. The data dashboard for intercepts 0 and 1 are scheduled to launch in spring 2018. Currently, relevant stakeholder groups have been reviewing the statistics that will be displayed on the dashboard. For example, Thornton's police department wants information around the amount of time its officers spent responding to calls with a behavioral health crisis. The hope is that the dashboards will inform both policy and practice to improve evidence-based decisionmaking.

BOX 4

Designing Adams County Data Dashboard for Intercept 2

Adams County used open source software and code, in combination with grant funds, to build its dashboard and analytical tool that captures all the data on the intersection of criminal justice and behavioral health. The data dashboard pulls information from an ad-hoc statistical query tool, bringing together the jail management system and electronic health records system. The jail produces a data extract of all custody status changes every 15 minutes, which is passed to an intermediary that separates the personal identifiers from the custody status. The intermediary sends the necessary information to the community resource center to look up if anyone identified has a health record. If so, the resource center sends the information back to the intermediary with personal identifiers removed and a unique identifier assigned. The intermediary merges the custody and behavioral health information, which is sent to the analytical tool that can analyze trends in the data. The dashboard pulls from these data to provide a snapshot to equip decisionmakers with evidence and data.

The site's stakeholders credited the SIM process with expanding their knowledge and perspective of local systems in numerous ways. First, the SIM process brought people together and facilitated work outside their respective "silos," enhancing collaboration and affording a comprehensive view of the criminal justice and behavioral health services. For example, local emergency rooms did not communicate with the county behavioral health department before the mapping, but the SIM process provided a forum to do so. Several stakeholders spoke of how the SIM gave people across different county agencies and organizations a common language and a way to structure future projects and initiatives. Some observed that the SIM changed the way their agencies operated: they understood what was going right in the county's handling of justice-involved people with mental illness and where the gaps were, so agencies knew what areas to address. Overall, stakeholders found the mapping exercise very helpful and educational, dispelling assumptions about what other components of the system did and helping stakeholders understand the impact of their agency's decisions on other agencies. One stakeholder observed that more community input would have been useful.

The SIM was also credited with creating a data-sharing environment as stakeholders identified gaps in services and discussed ways they could address them and achieve common goals. Relatedly, stakeholders credited the mapping process with increasing cohesion among council members as the mapping identified common objectives and needs that the council could work together to meet. This gave the Criminal Justice Coordinating Council more leverage to provide numbers to the

decisionmakers in the county. The data dashboards resulting from the SIM process are being created to answer questions such as the following:

- What is the prevalence of people with co-occurring disorders in jail?

- What is the prevalence of racial-ethnic disparities in relation to arrests and incarceration?

Adams County stakeholders offered four lessons on the mapping process for other jurisdictions. First, the SIM process doesn't have to begin with the first intercept: Adams County started with intercept 2 because of a strong relationship with the jail. Second, having an organizing body (such as the Criminal Justice Coordinating Council) tasked with advancing action items identified through the mapping process is critical to sustaining momentum. Third, start small: doing a project like the SIM mapping well at the city level before going countywide can help with broader buy-in. Likewise, clearly articulating the benefit to everyone involved in the process is important for stakeholder support: some stakeholders were initially wary of the SIM and the resulting data dashboards, but once they got a visual of what it could accomplish it was easier for them to see its value. Finally, a long-term vision for the effort is important: there needs to be a "keeper of the vision" as this work often will take a few years to achieve, requiring long-term commitment. Remembering the end objective, and reviewing it periodically, is critical.

Minnehaha County, South Dakota: Planning for Community Treatment Alternatives

Under the Innovation Fund, Minnehaha County's justice reform efforts focused on the handling of people with mental health and substance use disorders at the front end of the system. A key impetus for this area of focus was 2013 Senate bill 70 (SB 70), the Public Safety Improvement Act, which sought to improve public safety and reduce state correctional spending by reclassifying several offenses and establishing the presumption of probation for Class 5 and 6 felonies, particularly offenses related to substance use and addiction (Elderbroom et al. 2016). According to local stakeholders, SB 70 shifted correctional costs from the state to the county, and Minnehaha County policymakers started to compare their rates of incarceration with similarly sized jurisdictions. At the same time, the county was conducting a deep data analysis that identified a high incidence of justice-involved people with either mental health, substance use, or co-occurring disorders and that these people were high users of services across the community, jail, detox center, and hospital. Minnehaha County proposed to use its Innovation Fund resources to support implementation of a community triage center (CTC). The CTC would expedite provision of client-centered care to high-level service users (jail, in-patient, emergency room) suffering from overlapping mental health and substance use issues; the planning process would also facilitate an interdisciplinary partnership among health care, the justice system, and community stakeholders to meet the community's needs and provide alternatives to incarceration.

Minnehaha County recognized the SIM as a critical input for its planning process and was interested in conducting the SIM mapping workshop before becoming a Safety and Justice Challenge Innovation Fund site. The county first learned about the tool when key stakeholders from the County's Health and Human Services Department attended a conference in New Orleans. The SIM process was viewed as a

tool to systematically map the county's system and, turn, to help guide the development of interventions across different intercepts. In 2015, the County Commissioner unsuccessfully applied to receive funding from SAMHSA to complete the SIM mapping process. Upon becoming an Innovation Fund site, the county once again applied but was not selected for the SIM workshop. At this juncture, the two coordinators of the CTC planning work contacted Urban Institute for advice on how to complete the SIM mapping; Urban Institute connected them with Policy Research Associates, Inc., the technical assistance provider on behavioral health issues for the SJC Network, who then completed the SIM workshop for the county. This workshop was completed in July 2017, signifying a key milestone in the county's two-and-a-half-year process to use the SIM.

BOX 5
Minnehaha County (SD) Innovation Fund

Strategy: Plan a community triage center (CTC) to centralize and expedite client-centered care to people with mental health and substance abuse issues.

Proposed outcome: Reduce the use of emergency rooms and jails for people with mental illness by implementing a CTC, resulting in better system outcomes and better use of taxpayer dollars.

Lead agency: Minnehaha County

Population: 179, 640

Jail capacity: 392

SOUTH DAKOTA

As part of the CTC planning work, the county had already established a policy committee of executive leadership in the criminal justice system, community social services, and private entities (namely the two leading hospitals) and an operations committee of mainly providers (prong 1 of its Innovation Fund approach). This made a natural fit for stakeholders to attend the SIM mapping workshop, especially considering that the SIM was primarily conducted as a key input for the CTC planning work. The project's two coordinators largely invited members of the policy committee to the mapping, but they identified a backup person should members not be able to attend. For CTC planning project coordinators, the goal was to come to a consensus across agencies of what services exist at each intercept, whether the triage center would make sense within these resources and gaps identified, and other areas with gaps that could be filled. For this reason, most of the time was spent on intercepts 0 and 1. Following the workshop, Minnehaha County received four major recommendations from Policy Research Associates:

1. examine the feasibility and need for alternatives to detention and preadjudication diversion options for people with mental disorders at intercept 2

2. expand the use of peer support specialists across the intercepts

3. increase trauma training for justice-involved personnel

4. improve data collections across intercepts

Efforts to address each are under way. The county has also used information generated from the SIM mapping to inform the final business plan for the CTC, including how the CTC will fill gaps in the system and complement efforts at other intercepts.

Yakima County, Washington: Expanding and Enhancing a Continuum of Care

Yakima County has an extensive history of justice planning and reform, and it sought to build on those reforms, particularly the county's recent Bureau of Justice Assistance–sponsored pretrial justice initiative, through the Innovation Fund. Specifically, the county sought to expand and enhance its continuum of responses to reduce unnecessary justice involvement for people with serious mental illnesses. County stakeholders were familiar with the SIM framework and viewed it as an essential tool to map the county's continuum of care and diversion options for justice-involved people with serious mental illness.

BOX 6

Yakima County (WA) Innovation Fund

Strategy: Expand and enhance the county's continuum of care for justice-involved people with serious mental illness by integrating existing, but uncoordinated, resources (such as the county's dual diagnosis court, behavioral health diversion, and pretrial services) and addressing critical gaps.

Proposed outcome: Properly and safely divert people with serious mental illness from the justice system into care and treatment, resulting in reduced jail use and incarceration.

Lead agency: Yakima County Superior Court

Population: 247,044

Jail capacity: 712

Washington

Although Yakima County engaged Policy Research Associates to help with the SIM mapping workshop, the staff within the Superior Court led the planning and execution in collaboration with the county's Collaborative Diversion Policy Team. This policy team included judges, law enforcement, corrections staff, county executives, and community health partners. It was through this group that stakeholders realized how the county's biggest issues—drug abuse and homelessness—were linked to mental health and that diverting justice-involved people with behavioral health issues would decrease the county's jail population while impacting chronic homelessness and other related issues.

Because the Innovation Fund project coordinators were involved in previous reform efforts, they knew about the resources necessary to guide the policy team toward evidence-based interventions, including the SIM. Support from the policy team was critical to ensuring the right people were at the table to fully capture the picture of behavioral health resources available in the county. The two project coordinators invited local service providers, nonprofits, surrounding law enforcement agencies, the state's department of corrections, and city and county government to the mapping.

To better understand the local landscape and to prepare for mapping, the project coordinators interviewed people from key organizations under each intercept. They called this exercise a "cross-systems mapping." Under intercept 1, for example, law enforcement personnel were interviewed about how they handle interactions with people with mental illness and where they could take people to receive services. Some mapping participants also received a questionnaire before the meeting that asked for data regarding the services they provided or the type of data their agency collected.

After several months of planning, Policy Research Associates conducted an intensive one-day SIM mapping workshop. Like other SIM mapping sessions, Yakima County's consisted of large group discussion interposed by smaller breakout sessions in which participants focused on specific intercepts and action steps to close any gaps in services or procedures. At the end of the session, the group came away with a four-point action plan. The county's priorities for system change were much more numerous, but the top four choices with the most votes were the ones the Collaborative Diversion Policy Team would seek to implement as soon as possible:

1. increase funding through sales tax (0.10 percent tax)
2. enhance early mental health assessment at booking to determine release or detainment
   a. increase data expertise about mental health for courts/judges
3. assess defendant inability to pay for court-ordered treatments
4. increase options for law enforcement diversion at intercepts 0–1

For Yakima County stakeholders, participating in the SIM mapping process was a matter of both identifying gaps and formulating a united approach toward reform. Stakeholders were pleased that the process resulted in locally driven priorities grounded in what is feasible for the county. Yet, implementing these priorities involves some challenge: Yakima County will have to leverage its cross-system connections to garner financial support for some priorities that extend beyond the criminal justice system. Nonetheless, stakeholders viewed the process as informative and productive, allowing them to forge new connections and identify important priorities.

Innovation Fund Reflections on the SIM

Interviews with more than two-dozen stakeholder across the three Innovation Fund sites suggest that communities engage with the SIM in various ways and use it to accomplish myriad objectives, with the clear majority describing the SIM as a valuable tool for advancing justice reforms around the

criminalization of people with mental illness and addiction. Here we present stakeholder insights regarding the SIM process, including successes and challenges, and lessons learned.

Site Objectives

The Innovation Fund sites used the SIM to accomplish several objectives: to map the community's system; to identify the resources and gaps in their respective systems; to justify the design or implementation of new interventions; to reinvigorate, build on, or continue prior reform efforts; and to comprehensively understand the community's system among diverse stakeholders.

Site Processes

Minnehaha and Yakima Counties used external, expert facilitators to conduct an in-person 1- to 1.5-day workshop with key stakeholders. In contrast, Adams County used an internal facilitator to conduct the mapping process. Both processes engaged local stakeholders to map each intercept, but the former typically provided participants with reports detailing key findings and an action plan to guide future system reform. While Minnehaha and Yakima Counties mapped their entire systems at one in-person workshop, Adams County mapped its system over several months, processing each intercept with the relevant stakeholders as opposed to people representing the entire system.

Adams County also did not process the SIM sequentially, focusing first on intercept 2; doing so leveraged stronger relationships and ultimately helped demonstrate the value of the SIM to others by producing early, actionable outcomes like the data dashboard. Adams County then strategically revisited earlier intercepts.

As the King County (WA) example illustrated, some communities may also use the SIM iteratively, where they consistently meet and update their system map, while others complete the exercise once and use that map for an extended time. It is too early to tell whether the Innovation Fund sites will revisit their SIM work.

Regardless of the process, the three Innovation Fund sites engaged similar stakeholders from local and state criminal justice and behavioral health systems, community service providers, and emergency services (fire, EMT, hospital emergency rooms). In all three Innovation Fund sites, there was single point of contact, typically the Innovation Fund project coordinator, who marshalled stakeholders and collected data to inform the mapping process.

Site Preparation

Yakima County took an interesting approach to preparing for the SIM workshop by interviewing stakeholders (leadership and selected front-line staff) involved at each intercept. These interviews focused on agency policies, procedures, and data and were used to inform the SIM process. Other communities circulated a questionnaire before the first SIM meeting to request data regarding the services certain agencies provide and to learn more about what type of data they capture. These

questionnaire data could be coupled with existing baseline data to connect the criminal justice and health systems.

Impacts

Stakeholders credited the SIM mapping process with minimizing silos, addressing misconceptions about how different agencies operated and interacted with people with behavioral health issues, enhancing collaboration and forging new partnerships, raising awareness and understanding of other agencies in the community and the populations they served, identifying new resources, and educating participants on the barriers and challenges facing justice-involved people with behavioral health issues. Many credited the SIM process with changing how agencies in their community handled data-sharing and other operations.

Challenges

Despites the many positive outcomes identified, stakeholders also reported several challenges. Not all stakeholders initially understood what the SIM was or the purpose of the mapping; they lamented not having more information going into the workshop and suggested that circulating materials about the SIM and the mapping process beforehand would have been helpful. Another challenge was articulating the goals of the mapping: the SIM model has far-reaching implications that benefit the entire community, not just the stakeholders present at the mapping. However, even if a site does not have concrete goals to accomplish through the mapping, the exercise untangles the criminal justice system systematically. Lastly, maintaining momentum was a concern of all sites. Stakeholders suggested that having a designated point person to share information, keep the "big picture" in view, and convene stakeholders was critical to maintaining momentum to address the priorities identified from the SIM mapping.

Conclusion

The experiences of the Innovation Fund sites recounted in this case study, coupled with those from the broader field, illustrate how the SIM framework and mapping processes can help jurisdictions with diverse needs and populations identify locally driven responses to address the criminalization and overrepresentation in the justice system of people with mental illnesses. Stakeholders described numerous benefits from SIM mapping process ranging from enhanced collaboration to an increased understanding of the justice and behavioral health systems and identification of new resources.

Stakeholders also shared several lessons that may benefit other communities. First, a neutral facilitator is critical to productive discussion. The topics addressed at various SIM intercepts can create tension among stakeholders with divergent opinions or perspectives; a facilitator can help focus discussion on common goals and unpack the various perspectives. Second, as the SIM model intersects with many systems and constituencies, the group convened for the mapping process should be diverse and representative, including those with lived experiences. Third, preparation and education around the

SIM is critical: to ensure SIM mapping workshops are productive, communities should provide stakeholders with materials in advance that describe the SIM, explain the rationale for the mapping exercise, and discuss both the topics to be covered and the benefits of the workshop.

The Sequential Intercept Model recognizes that behavioral health issues influence numerous other social issues, and any productive response requires cross-system collaboration. In addition to identifying system gaps, the SIM is a valuable platform for engaging community stakeholders who might otherwise be left out of planning conversations. The model teaches communities that by examining their processes together, they can identify and build on local strengths leading to more justice, human, and productive criminal justice response to people with behavioral health issues.

Notes

[1] People with behavioral health needs continue to be overrepresented in the criminal justice system (Center for Health and Justice 2013). According to national statistics, the share of justice-involved people with mental health issues is nearly four times that of the general population (17 percent versus 4 percent); and, among incarcerated people with mental illnesses, approximately 72 percent have a co-occurring substance abuse disorder or mental health disorder (James and Glaze 2006).

[2] Summit County, Ohio, and five counties in southeastern Pennsylvania were the first communities to test the SIM. Since then, the SIM has expanded nationwide. It was recognized by the 114th US Congress in the 21st Century Cures Act (Pub. L. 114-255, Title XIV, Subtitle B, Section 14021). The Bureau of Justice Assistance also identified SIM as a priority for the Justice and Mental Health Collaboration Program grants.

[3] The GAINS (Gather, Assess, Integrate, Network, and Stimulate) Center aims to expand access to services for people with mental and/or substance use disorders who come into contact with the justice system. See https://www.samhsa.gov/gains-center.

[4] In addition to facilitating SIM workshops, Policy Research Associates also trains SIM facilitators to conduct SIM workshops within their own states.

[5] King County Department of Community and Human Services. 2016: 31

References

Abreu, Dan, Travis W. Parker, Chanson D. Noether, Henry J. Steadman, and Brian Case. 2017. "Revising the Paradigm for Jail Diversion for People with Mental and Substance Use Disorders: Intercept 0." *Behavioral Sciences & the Law* 35 (5/6): 1–16.

Center for Health and Justice at TASC. 2013. *No Entry: A National Survey of Criminal Justice Diversion Programs and Initiatives*. Chicago: Center for Health and Justice at TASC.

Elderbroom, Brian, Samuel Bieler, Bryce Peterson, and Samantha Harvell. 2016. "Assessing the Impact of South Dakota's Sentencing Reforms: Justice Reinvestment Initiative." Washington, DC: Urban Institute.

James, Doris J., and Lauren E. Glaze. 2006. "Mental Health Problems of Prison and Jail Inmates." NCJ 213600. Washington, DC: Bureau of Justice Statistics.

Munetz, Mark R., and Patricia A. Griffin. 2006. "Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness." *Psychiatric Services* 57 (4): 544–49.

About the Authors

Janeen Buck Willison, senior fellow in the Justice Policy Center, conducts research, program evaluation, and policy analysis aimed at improving the justice system. She has more than 20 years of experience conducting multimethod studies of justice-involved youth and adults for federal, state and local governments, and private foundations. Her research portfolio spans prison and jail reentry, juvenile justice reform, evidence-based practice, systems change, specialized courts, corrections, and practitioner-partnership evaluations. As Evaluation Director for the Transition from Jail to Community (TJC) Initiative, she helped design a set of core performance indicators for site self-evaluation and documented sites' implementation experiences in a series of case studies. She recently completed the NIJ-funded evaluation of seven Second Chance Act adult reentry projects with RTI, resulting in eight topical briefs and a final technical report with recommendations for advancing reentry research and practice.

Evelyn F. McCoy is a research associate in the Justice Policy Center, where she focuses on correctional programming and assessment, jail reentry, alternatives to incarceration, and human trafficking issues. She provides direct technical assistance to jurisdictions improving justice system functioning across the nationwide. She holds a BA in Spanish and Latin American Studies from the University of Pittsburgh and MA in Sociology and Public Policy from the Pontificia Universidad Catolica del Peru.

Carla Vásquez-Noriega is a research analyst in the Justice Policy Center. Her research focuses on policing, crime prevention strategies, and violence prevention programs. She has experience working on a range of issues, including gunshot detection technology, elder abuse, human trafficking, and jail population reduction initiatives. Vásquez-Noriega received her BA in sociology from Yale University, where she conducted research on housing choice vouchers and segregation.

Travis Reginal is a research assistant in the Justice Policy Center. He is interested in the intersection of deviance, race, and class, as well as the use of emotional intelligence programs to prevent crime and reduce recidivism. Reginal graduated from Yale University with a BA in sociology and a concentration in African American and education studies.

Travis Parker, a senior project associate with Policy Research Associates (PRA), provides training and technical assistance services that draw on his extensive experience as a provider of behavioral health services in correctional facilities, and on his administrative expertise in behavioral health and managed-care organizations. Before joining PRA, Parker was the deputy director of the Community Mental Health Center of Lancaster County, Nebraska, before serving as the vice president of system transformation/tribal liaison and director of clinical services for Magellan Behavioral Health of Nebraska.

Acknowledgments

SAFETY+JUSTICE CHALLENGE

Supported by the John D. and Catherine T. MacArthur Foundation

URBAN INSTITUTE

2100 M Street NW
Washington, DC 20037

www.urban.org

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is a leading research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities. For 50 years, Urban has been the trusted source for rigorous analysis of complex social and economic issues; strategic advice to policymakers, philanthropists, and practitioners; and new, promising ideas that expand opportunities for all. Our work inspires effective decisions that advance fairness and enhance the well-being of people and places.