Alameda County
Sequential Intercept Map Overview

Care First, Jails Last Taskforce
Membership Orientation
The Sequential Intercept Model (SIM) –

History

• First established in the early 1990s in Summit County, Ohio through the collaboration of Mark Munetz, MD; Patricia A. Griffin, PhD; and Henry J. Steadman, PhD (Policy Research Association, Inc aka PRA) due to the trend of increasing number of criminal justice involved individuals with Mental Illness.

• After years of testing, larger taskforce established that developed common understandings and goals for community treatment, and eventually spread to other regions and states.

• SIM ultimately implemented at the federal level with the US Department of Veterans Affairs (changing policy and approaches); and later memorialized in recommendations by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the early 2000s.
The Sequential Intercept Model (SIM) – Overview

Framework:
• Intercept 0: Community Services.
• Intercept 1: Law Enforcement.
• Intercept 2: Initial Court Hearings/Initial Detention.
• Intercept 3: Jails/Courts.
• Intercept 4: Re-Entry.
• Intercept 5: Community Corrections.
The Sequential Intercept Model (SIM) – Overview

**Purpose:**
- Plot resources and gaps across the SIM.
- Identify local behavioral health services to support diversion from the justice system.
- Introduce community system leaders and staff to evidence-based practices and emerging best practices related to each intercept.
- Enhance relationships across systems and agencies.
- Create a customized, local map and action plan to address identified gaps.
Sequential Intercept Map → Additional Intercepts added by JIMH Taskforce

- Intercept -2: Prevention
- Intercept -1: Early Intervention
- Intercept 0: Hospital, Crisis Respite, Peer & Community Services
- Intercept 1: Law Enforcement & Emergency Services
- Intercept 2: Initial Detention & Initial Court Hearings
- Intercept 3: Jails & Courts
- Intercept 4: Reentry
- Intercept 5: Community Corrections & Community Supports

❖ Greater focus on “pre” crisis, hospitalization, or incarceration.
❖ Community based resources that help identify and prevent system entry.

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