



Data Points

Systems in Focus: The Sequential Intercept Model and Why It Matters

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Overview

This episode features Travis Parker, Lisa Maye, and Ashley Krider from Policy Research Associates, who discuss the [Sequential Intercept Model \(SIM\)](#) and its role in driving systems change for people with behavioral health conditions.

Data Points is an ongoing podcast series produced by Policy Research that discusses research for social change.

Elianne Paley:

Before we get into today's episode, we want to highlight a key shift in how people with behavioral health conditions can be deflected from involvement in the criminal legal system. With the launch of 988, communities have an opportunity to transform their response to people experiencing a behavioral health crisis. But what does it take to effectively integrate 988 into crisis response? For answers, check out our latest blog, [Incorporating 988 Into the Sequential Intercept Model](#), a nationwide opportunity for deflection from law enforcement contact at Intercept 0. Read it now at prainc.com. All right, onto today's episode.

Holley Davis:

Welcome to *Data Points* where we discuss research for social change. *Data Points* is a production of Policy Research. My name is Holley Davis and I'm the communications Director of Policy Research. In this episode, we're exploring the Sequential Intercept Model, or SIM, and its use as a framework to map systems change. Today, I'm joined by three of my colleagues, Policy Research Vice President, Travis Parker, and Senior Project Associates Lisa Maye and Ashley Krider.

Travis has decades of experience in behavioral health crisis response and jail diversion. He's worked closely with law enforcement and communities to create effective alternatives to incarceration, and support SIM-related efforts nationwide.

Travis Parker:

Thanks so much, Holley, for having us today.

Holley Davis:

Lisa specializes in cross-system collaboration and community driven planning. She facilitates SIM Mapping Workshops across the country to help local leaders improve responses to people with behavioral health needs.

Lisa Maye:

Thank you, Holley. It's a pleasure.

Holley Davis:

Ashley leads national efforts to reduce over incarceration and improve behavioral health systems through the MacArthur Foundation's Safety and Justice Challenge. She's an expert in cross-system collaboration, and facilitates SIM Mapping Workshops and trainings nationwide.

Ashley Krider:

Thanks, Holley. Great to be here.

Holley Davis:

Welcome everyone. It's so great to have you here. So Travis, what is the Sequential Intercept Model, which is more commonly known as the SIM, and how does it help improve criminal legal system responses to people with behavioral health conditions?

Travis Parker:

Thanks, Holley. The Sequential Intercept Model really takes and uses a public health approach to not only address how people with mental health and substance use disorders work their way into the criminal legal system from their communities, but also takes a look at how they work their way back out into the community from the criminal legal system. We really tout that not everybody who has a behavioral health condition or issue that finds their way into the criminal legal system necessarily always needs some sort of evidence-based treatment, there might be supports or other services that could be just as helpful. But we want to help communities engage people in those appropriate treatment services or supports in order to avoid or reduce current and future contacts with the criminal legal system. We both over and misuse our local jails, especially when it comes to individuals with behavioral health issues. And using the Sequential Intercept Model is a significant way we can reduce this.

Holley Davis:

Thanks, Travis. It sounds like the SIM provides an opportunity for communities to identify what the right services are for the right needs at the right time. Is that right?

Travis Parker:

Absolutely. It's a way to really take inventory of the strengths that are available in that community to help people, and build off of those to help reduce where people might fall through the safety nets.

Holley Davis:

Great. Thank you so much. Lisa, could you briefly walk us through the six intercepts of the SIM?

Lisa Maye:

Certainly, Holley. Intercept 0 is where we would like to see the reduction of the amount of people being booked into jail. These are specific diversion opportunities where either a mobile crisis outreach team and, or a co-responder will come on the scene via a crisis line. And we're really looking at what that crisis care continuum looks like.

In Intercept 1, we are still looking to reduce the amount of people who are being booked into jail. We want to hear about what 911 looks like, and whether or not dispatchers can identify mental or substance use crisis situations, and pass that information along to the local law enforcement that is being dispatched. We also look at specialized police responses.

Intercept 2 is when that arrest happens. We're looking at the initial detention and that first court appearance. During Intercept 2, even though we could not prevent that person from being booked into jail, we're looking at how do we reduce their length of stay.

So Intercept 3 looks at treatment courts. And those treatment courts or specialized dockets, if someone is not able to be diverted via a specialty court, we want to look at what that jail-based programming and healthcare services look like.

So going into Intercept 4, we talk about transition planning, either by the jail itself, or through in-reach providers. A lot of facilities will allow community-based providers to start their intake prior to release. So that transition planning improves re-entry outcomes. The increase to the connection of services is key, not only for lowering recidivism, but also for individuals not decompensating while they are under custody. So those warm handoffs from corrections to providers increasing their connection to treatment. So this is where we have case managers that work with individuals to be able to provide those concrete needs. Is transportation available? And when are those appointments made, close to or close thereafter release to make sure that those services will increase positive outcomes?

And finally, Intercept 5 is when we talk about parole, and we talk about probation. This is when caseloads of people with mental health and or substance use are specifically designated to individuals who, that's all their caseload is. And in addition to specialized caseloads, we want to look at what type of access to recovery supports are available.

Holley Davis:

Thank you, Lisa. As I'm hearing you talk, it makes me think that the SIM is viewing the criminal legal system as, functionally, an inappropriate place for people with behavioral health conditions. And so the point of it is to try to deflect or divert folks away from further interaction with the criminal legal system and into appropriate treatment.

Lisa Maye:

Absolutely. We hear a phrase that the jail has become the de facto mental health hospitals, and that it is not the appropriate place for individuals with substance use or mental health disorders to be housed. They're not receiving the services that they would receive within the community, and they also have the propensity to decompensate rather quickly when incarcerated and under supervision.

Holley Davis:

Excellent. So Travis, the Sequential Intercept Model has evolved over time, most recently with the addition of 988 to Intercept 0 in 2023. Could you tell us a bit about that addition and how 988 fits into the broader SIM model?

Travis Parker:

We added Intercept 0 to the Sequential Intercept Model as a sixth intercept back in 2017, so we used to just have Intercepts 1 through 5. And the addition of Intercept 0 came about because we were doing a number of Mapping Workshops around the United States, and one of the common themes that we heard was that we really like the model, but the way that it is currently illustrated reflects that either myself or my loved one has to first have contact with a law enforcement officer before they can get the help that they need. And that was never really the intent of the Sequential Intercept Model. And so we added an Intercept 0 back in 2017 to really illustrate and reflect that there are community-based services that people can access, but it's really important that either they or their loved ones know, first off, the services that exist.

But as you said, most recently, we added 988 to Intercept 0 after 988 came into existence in July of 2022 because we really wanted the Sequential Intercept Model to illustrate the importance of now calling a different three-digit number, 988, when someone is experiencing a behavioral health crisis or has resource needs, instead of calling 911 like we have become accustomed to. So when it's appropriate to do so, we really want people to use that 988 number because one of the things that we know is that no matter how well-trained a law enforcement officer is, sometimes just the presence of that law enforcement officer in uniform, with their cruiser, with the badge, with the gun, that really has the potential to escalate an individual when they're experiencing a behavioral health crisis. We've also added some specialty foci beyond mental health and substance use to also now include persons with acquired brain injuries, with intellectual and developmental disabilities.

Sometimes what we see is a person who has a history of extensive trauma in their lives, which we know is very common for people who land in the criminal legal system, but that trauma may have been a result of domestic violence. And as a result of that domestic violence and being physically abused, they may have traumatic brain injury from being hit. We know that sometimes trauma symptoms, brain injury symptoms, mental health symptoms may look very similar. And so what we've really tried to do, with this expansion of the Sequential Intercept Model and the workshops that we're doing, is to also bring awareness to professionals who are working in the behavioral health and criminal legal systems, as well as to the communities themselves that it's important to team up and work together to the benefit of the people that you're trying to serve, because I, as a mental health professional, may have no idea that a person is dealing with a developmental disability, or a brain injury, or something else that I just was not trained to identify and help a person with.

Holley Davis:

Thank you, Travis. Ashley, the SIM is central to our Sequential Intercept Model Mapping Workshops. When communities engage in these Mapping Workshops, what are they hoping to achieve?

Ashley Krider:

Thanks, Holley. So that's correct. The SIM is seen as a tool or a framework to do something different, first of all. And communities are really at a range of status points when they contact us and express interest in a SIM Mapping Workshop. Some of these sites have long histories of collaboration and planning across criminal legal and behavioral health and community systems. But others are earlier on in this process, where they might be more stuck in traditional agency and systems silos. So I would say the commonality across sites is broadly to make their systems work better for people with behavioral health and other complex needs. And sites are typically hoping to create criminal legal and community services systems change by number one, ensuring that people who are incarcerated in jails and prisons are those who are most appropriate to be there when we're looking at potential public safety risk, and then also increasing capacity for communities to better meet behavioral health and other complex needs. So using that strategic planning process that's a part of the SIM Workshop is a great way to help communities move toward these goals.

Holley Davis:

I love how you say that. It really is a very holistic view of serving the people in the community.

Ashley Krider:

Absolutely. One of the things we talk about during SIM Mapping is Maslow's hierarchy of needs, and recognizing that if someone doesn't know where they're going to spend the night or where they're going to get their next meal, it will be difficult or impossible to work on things like recovery from substance use, or other sorts of strategies in the behavioral health realm. So that's very central to not only the sorts of people and agencies and services that we have at the table during SIM Workshops, but also to the discussion of mapping and strategies for folks.

Holley Davis:

Thank you, Ashley. Lisa, could you give us an overview of what happens during a SIM Mapping Workshop? Who's in the room, what do they discuss, and what happens?

Lisa Maye:

Absolutely. So the Sequential Intercept Mapping Workshop is a day and a half event. We are identifying, through each and every intercept, what gaps exist within those services, and pointing out any opportunities for improvement. During the first day, we're also developing priorities for change with regard to the current system, and whether or not there's any transformation or improvement in service delivery. During day two, we talk about action planning. And that action planning comes straight from those priorities for change. We look at what the community feels would be the top three or five priorities for change. What also happens during the SIM Mapping Workshop, we're optimizing the local resources. A lot of times in the room when folks have been invited in the respective intercepts, begin to hear what services and what programs are available. There's like aha moments that take place. Specific system partners can close a gap.

Once people are meeting face-to-face or virtually, they understand what services are being provided and who that person is. It takes approximately 8 to 10 weeks to successfully logistically plan for a SIM Workshop. And PRA will work with the site leads to identify the specific program participants who need to be at the table. The success of the workshop is predicated on inviting people who can not only talk about the services that they provide, but also be genuine and transparent about, "These services should be provided. They're not quite working the way that we would like them to be."

So involving the key system partners is essential for the success of the workshop. We stress persons with lived experience in the behavioral health and criminal justice system, and even family members. They need to be at these workshops. There's nothing like a firsthand testimony of somebody who has gone through this system, or a family member who can testify to what their family member went through. So persons with lived experience in behavioral health and criminal justice systems is mandatory for any workshop, because folks need to hear what they've went through, and what worked and what didn't work. This group should reflect the local community that the SIM is being held at, and should be a diverse range of backgrounds.

Holley Davis:

That's a really big group. How many people are we talking for average participation at a SIM?

Lisa Maye:

So we always say 50 to 55 is the sweet spot. Anything more than that reduces the quality of the workshop. In addition to everybody who's there, we want to give them an opportunity to share why they're there. And anything larger than 55 is really hard for them to be able to do that, and discourages them from coming back on day two.

Holley Davis:

We'll be right back after this message.

Elianne Paley:

Hi, I'm Elianne from Policy Research. What if we could prevent people experiencing a behavioral health crisis from coming in contact with the criminal legal system? That's the goal of Intercept 0 of the Sequential Intercept Model, helping people get behavioral health support early before law enforcement is involved. Our blog, [Exploring Intercept 0: The Earliest Off-Ramp on the Road Toward Criminal Legal System Involvement](#), looks at how communities are making this work with mobile crisis teams, 988, community-based support, and more. Visit our blog at prainc.com for more information. Now, back to the episode.

Holley Davis:

Travis, could you share an example of a SIM Mapping Workshop that led to real change in a community's programs, policies, or outcomes?

Travis Parker:

The first one I want to talk about is Johnson County, Kansas, and really briefly, one of the things that I think was helpful to them is that we try to also bring resources to every Sequential Intercept Mapping Workshop that we do. So one example was PRA created the [Brief Jail Mental Health Screen](#). And the idea behind the Brief Jail Mental Health Screen is to try to identify people at the point of booking into the jail who might be in need of further mental health assessment. One of the really neat things that Johnson County, Kansas, did was they utilized the Brief Jail Mental Health Screen to really, more closely, examine the common days, the common times of those days during the week, as well as even the presenting charges to really start to look at where maybe some of their staffing needs were at in the jail based on those times of the week.

The Brief Jail Mental Health Screen was also used to trigger an automatic referral from the Johnson County Jail to the Johnson County Mental Health Center at the person's time of discharge from the jail. And so there was always going to be somebody on the back end of that incarceration reaching out and attempting to make contact with people from the Johnson County Mental Health Center to try to provide further assistance if needed. And really, the neat thing about this is it was all in an effort to try to reduce and minimize person's contacts with law enforcement and other components of the criminal legal system. The second one is Minnehaha County, or Sioux Falls, South Dakota. Minnehaha County used their first Sequential Intercept Mapping Workshop to really help plan for and launch what they call The Link, which is their community triage center to centralize and expedite care for people with behavioral health needs.

One of their big goals, especially as they were getting started in the MacArthur Safety and Justice Challenge, was to remove persons from the Minnehaha County Jail who had detox and other treatment needs, and instead have them receive this care in a community-based setting. So it really provided a more humane approach to treating people who have substance use and mental health needs. Instead of saying, "We're going to do this in a jail setting," we want to try to help provide this care in the community. But another byproduct was it also helped reduce their daily jail count. So the population went down in the jail as a result of now serving people in the community.

Holley Davis:

We've seen so much in our work that real progress takes time, and what doesn't happen necessarily in 1 fiscal year, could happen in 3, 7, even 10 years. So I really appreciate you bringing that up.

Travis Parker:

Absolutely. Thanks, Holley.

Holley Davis:

So Ashley, you've facilitated a number of Sequential Intercept Model Mapping Workshops. What are some surprising things that have come up for ones that you've facilitated?

Ashley Krider:

Thanks, Holley. The act of convening a workshop and getting folks together in the same room who quite often haven't worked closely together before, that process of just making those connections with each other often leads to filling gaps. Maybe it was a process or a policy change that was accomplished just by a couple of folks having a conversation. Secondly, a common initial perspective ahead of SIMs or early on in the SIM Mapping process is we just need more funding.

And that probably is true when we're talking about community-based behavioral health services. But through the mapping process, sites not only become newly aware of resources that already exist, but they can also see more clearly how each intercept really connects to and influences the rest of the systems, and therefore how making policy or procedural changes can impact systems more broadly. An example of that is looking at Intercept 4 and the reentry process, and maintaining continuity of care and creating warm handoffs back to community to better meet people's concrete needs, and Intercept 0, hopefully preventing escalation of needs, potential crisis, and also to prevent more recycling through the criminal legal system primarily because of unmet needs.

Holley Davis:

Thank you. Ashley. So, Lisa, what happens after a SIM Mapping Workshop? Travis mentioned there's some resource provision. What does the community receive, and how do they move forward?

Lisa Maye:

There are responsibilities both on PRA's end in addition to the community's end. On our end, we develop a comprehensive report, basically, that will include the summary of gaps and services that were identified and inventoried during that SIM Workshop. The report will include the resources at each intercept. We also provide a visual map of how people with behavioral health and substance use needs flow through the behavioral health and criminal justice system, those priorities for change and that action plan that were developed, in addition to recommendations from the facilitators who conducted the SIM Workshop for moving forward.

Holley Davis:

So it sounds like they get quite a comprehensive set of materials and resources?

Lisa Maye:

It is a commitment. It's definitely nothing that you can do in a couple of weeks. We say at least four to five months for completion.

Ashley Krider:

I just wanted to highlight, from the site responsibilities side, I think when we leave a mapping, the most important question we have is where will this ongoing work live? And those resources are meant to be really living working documents. Is there a cross-systems group that's already meeting that can fold this work underneath it, or is there's a new group that needs to be formed? Those sorts of questions on day two.

Holley Davis:

It sounds like the PRA team is always planning for the sustainability of this work?

Ashley Krider:

Yeah, absolutely. That's well said.

Holley Davis:

So if I'm a decision maker, how do I bring a SIM Mapping Workshop to my community?

Lisa Maye:

Sure, I think that there's several questions that decision makers need to ask. And I think the first question should be answered by everyone is, is your leadership committed? And the second question I would say, is there any existing baseline data? It's important for folks to know that these are questions that will need to be answered eventually. So how do you bring some mapping to your county? You can go on our website and fill out a contact form, and we will contact you. We really want to find out what your goals are for the specific workshop. So there's some preliminary information that we will ask, and that communities and leaders will need to take into consideration before fully engaging with us.

Holley Davis:

That's fantastic. Thanks so much for sharing that, Lisa. Travis, what would you say to somebody who is listening to this episode and thinks, that sounds great, but our community is either too small or too rural or overwhelmed for something like this?

Travis Parker:

Really good question, Holley. I'll start with the too overwhelmed part because what they really need is the help provided by a professionally facilitated Sequential Intercept Model Mapping Workshop. And the reason that I say that is the SIM Workshop will actually assist the community in looking more strategically at not only their existing gaps where people are falling through the cracks, but also their resources, and how to better direct those existing resources towards priorities that will best help the people in the community that are trying to be served by the people in the room at the workshop. So I don't think a community should ever feel as though they are too overwhelmed to forego the Sequential Intercept Mapping process within our professional facilitators because we can help alleviate some of that through the strategic action planning and priority setting processes. There's no such thing as communities that are too small or too rural for something like this.

Oftentimes, the smaller communities that we do Mapping Workshops in face some of the exact same behavioral health and criminal legal system challenges as larger communities do. But one of the really neat things that happens in rural and frontier areas is that they tend to pool their behavioral health and criminal legal system resources with other communities at a more regional level. So I would never say that a community is too overwhelmed, too small, too rural. This is what we specialize in. This is what we have experts who help communities really work through some of these challenges.

Ashley Krider:

So I would just add that, especially to sites that are "too small or too rural," you already have a map. You just are unclear what it looks like and where the connections are. And many agencies, we suspect, and we've seen this over and over, are probably seeing the same population of folks who are frequently touching areas like local jails, like hospital emergency rooms, and the homeless system. And the SIM process can help make better and more efficient use of those resources.

Holley Davis:

What excites most about the future of this work?

Ashley Krider:

So a couple of things really excite me about the future of this work. Number one is just the expansion of the desire for SIM Mapping Workshops, and the number of requests we get for workshops, and also remapping from sites that have maybe had 3 or 5 years since their original mapping. And as I mentioned earlier, really seeing how sites use SIM maps and reports as living documents. So really using the outcomes and the data and the narrative that are established through the SIM Workshop as living documents. I'd also add, the SIM's adaptability and how Policy Research has modified the framework to create change, not just for people with behavioral health needs, but to include other areas such as a deeper focus on substance use and misuse, and the opioid crisis. We've developed a mapping workshop around the competence to stand trial system. We have one tailored specifically to the homelessness and housing systems, and so on. So seeing the adaptability of SIM and the SIM used as a framework and as a process to help communities better meet the needs of several different populations in addition to just behavioral health.

Travis Parker:

The thing that excites me is there's nobody else in the country that's doing this work, and we're coming up on almost about 20 years now since the Sequential Intercept Model was first created and then first published in 2006. There may be other organizations that are using some variation of the Sequential Intercept Model in their work with jurisdictions. But I always like to borrow a phrase that Lisa uses, PRA is the real McCoy. What you are getting are people who have been trained on the original Sequential Intercept Model, not only by the people who created the model, but staff at PRA who are experts on the model in various subject matter expertise when going out and facilitating these Mapping Workshops for communities. I'm really looking forward to the next 20 years and seeing our organization continue this tradition of really being the original users and creators of the model, and taking that work forward.

Holley Davis:

Thanks everyone for joining me today. Our focus on strategic planning and sustainability beyond just the mapping really sets us apart in the field. I've loved the opportunity to dive deeper into the Sequential Intercept Model, and hear how communities can use the SIM Mapping Workshop to advance systems change.

This has been an episode of *Data Points*, a production of Policy Research. Learn more about us by visiting prainc.com. If you have questions or comments about this episode, email us at communications@prainc.com. *Data Points* is available on Spotify, Apple Podcasts, and SoundCloud. This episode was produced and hosted by me, Holley Davis, and engineered and edited by Elianne Paley.

Interested in bringing a Sequential Intercept Model Mapping Workshop to your community? Contact the [Systems Mapping and Training Center](#), an initiative of Policy Research that provides cross-systems mapping and training services. Visit us at smtc.prainc.com to learn more and get in touch.

Policy Research Associates leads the nation in driving sustainable, impactful change for people with behavioral health conditions. Ready to transform your community? [Contact us](#) to get started. Until next time, keep creating positive social change.

About

Policy Research Associates, Inc. is a Women-Owned Small Business (WOSB) founded in 1987. We offer four core services: research, technical assistance, training, and policy evaluation. Through our work, we enhance systems that assist individuals with behavioral health needs on their journey to recovery.

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