

FOLLOW UP AND ENGAGEMENT OF JUSTICE INVOLVED CONSUMERS AFTER CRISIS INTERVENTION ENDS:

NEW JERSEY



“We piloted the project in counties that demonstrated a historically strong relationship between county behavioral health providers and law enforcement.”

–Steve Fishbein, Project Director

VISION

New Jersey’s Division of Mental Health Services (DMHS)’s established designated screening centers (DSCs) as the gateway to in-person crisis services. DSCs provide emergency psychiatric care in every county, including mobile crisis team dispatch, screening and assessment, short term crisis services, peer support, and referral to longer term treatment. Law enforcement often transport individuals in distress that they encounter to DSCs. While DMHS has a system-wide Justice Involved Services program for individuals with mental illness who are involved in the justice system, they were missing a significant group that were frequently encountered by police and either transported to DSCs or arrested, booked, and released without arrangements made for treatment, medication, and other necessary care. This project bridges the gap between crisis and justice-involved services by placing crisis peer specialists (CPSs) in DSCs to engage and provide follow-up to consumers who have been brought in by police, particularly those who have a history of repeat police calls and/or frequent admissions to crisis services. The CPS may also work in police departments,

hospital emergency departments and medical floors to provide follow-along services in the community when the consumer is released from crisis or hospital settings.

JAIL DIVERSION APPROACH

CPSs develop rapport with consumers who are transported to DSCs by police and maintain contact with them after they’ve been released. Follow up contact is a critical step to connect and maintain consumers in treatment services. The approach not only completes the diversion process, but by enrolling in treatment and engaging in community supports, consumers may avoid future involvement with law enforcement.

MEASURING PROGRESS

The COVID-19 pandemic and the concurrent “Great Resignation” contributed to recruitment difficulties and delayed the project launch for the two counties in which the project was piloted. One of the two reported the following data for the first quarter of 2022.

- 13 consumers were screened and released with follow-up support by the CPS

- 3 contacts were made by the CPS in the emergency department/medical floor
- 4 screened and released consumers were successfully linked to mental health and support services with assistance of the CPS
- 0 episodes of CPS's deployment to a police department at the request of police
- 1 readmission for emergency services for consumers receiving CPS services

INTEGRATION WITH CRISIS SYSTEM

DSCs were established in every county in New Jersey beginning in 2008 and serve as the county hub for crisis services. They provide emergency psychiatric care including mobile crisis team dispatch, screening and assessment, short term crisis services, peer support, and referral to longer term settings. Individuals can remain up to 72 hours to recover from their crises, while others are transferred to a longer-term crisis stabilization unit, peer-run respite setting, or inpatient unit in a local hospital. About 40% are involuntarily hospitalized at a state hospital. The BEDS crisis bed registry system assists DSCs to best utilize crisis and respite settings. Planning to integrate 988 into the crisis system continues.

BEHAVIORAL HEALTH EQUITY

A major rationale for this project is to reach out to individuals involved with the justice system with untreated conditions to provide them access and care. The project seeks to enroll, engage, and support them in continuing services after their crisis has been resolved.

PROJECT LEGACY

The first quarter report from one of the two counties suggests that engagement and follow up services provided by peers may be both successful and cost-

effective in reducing consumers' involvement with police and engaging them in treatment. The project director will make recommendations to DMHS's chief financial officer based on the continued performance of the pilot projects.

WHAT HAS FOLLOW UP AND ENGAGEMENT OF JUSTICE INVOLVED CONSUMERS AFTER CRISIS INTERVENTION ENDS TAUGHT US?

The project director selected the DSCs to participate in the pilot based on the strength and positive relationship that they already had with local law enforcement. Indicators of that relationship included their involvement in police training, the number of CIT officers in the county, the number of referrals to treatment from county prosecuting attorneys, and the number of diversions by police. DMHS has supported CIT training of some 5000 officers in New Jersey since 2008.

The growing number of projects involving forensic peer support in New Jersey is having a synergistic impact on services and simultaneously straining resources. Partnerships between law enforcement and mental health agencies are developing more innovative approaches and increasingly leaning on peer service for diversion programs resulting in an increased demand for a limited supply of peer support staff. On the other hand, this growing demand is leading state agencies to discuss procedures and codes that could allow providers to bill for peer services in expanded contexts such as crisis services.

For more information on this project, contact Steven Fishbein at Steve.Fishbein@dhs.nj.gov.