



## **New Jersey Association of Mental Health and Addiction Agencies, Inc.**

### **Services for Justice Involved Individuals in New Jersey**

Under a Behavioral Health plus Economics Network (BHECON) grant from the National Council on Mental Wellbeing, the New Jersey Association of Mental Health and Addiction Agencies (NJAMHAA) recently brought together leaders from across New Jersey representing Certified Community Behavioral Health Clinics (CCBHCs), reentry service programs and Justice Involved Services (JIS) programs contracted with the Division of Mental Health and Addiction Services and other diversion programs.

The goals were to educate and raise awareness of the various services available to justice-involved individuals across the State and to brainstorm recommendations on how to improve and expand them. Each panel summarized the types of services their programs offer and then identified what is working and what is not, gaps in services, and what they recommend to address deficiencies. An overview of the programs they represent and other programs for justice-involved individuals is included herein, along with a summary of the recommendations made by those on the front lines of delivering those services.

#### **The Justice Involved Services Landscape**

New Jersey has an array of programs that serve individuals at various points of their encounters with the criminal justice system. Some are preventive in nature, i.e., at the point of involvement with law enforcement where they are diverted to behavioral health programs due to either a mental illness or substance use disorder. These are often locally driven such as Bright Harbor's longstanding On Point program though there is also the recently implemented ARRIVE Together pilot program expanded by the Office of the Attorney General earlier this year. The Attorney General initiated a new pilot program this year, the Law Enforcement Assisted Diversions (LEAD) program that will operate in six municipalities. This is an incomplete list of what will hereafter be referred to as deflection programs which must also recognize the 988 crisis response system that New Jersey is developing. That system will provide mobile teams and stabilization centers that will significantly increase the resources law enforcement can rely on for deflection at this initial encounter point.

If an individual with MI or SUD does not avoid being charged with a crime, they may find they are eligible for one of New Jersey's many diversion programs. These include New Jersey's statewide Recovery Courts (previously known as Drug Courts) at the Superior Court level, Justice Involved Services programs contracted by the Division of Mental Health and Addiction Services (DMHAS); diversion programs funded by county prosecutor offices; a recently launched DMHAS pre-trial monitoring pilot program in three counties and a statewide veteran's diversion program. The Attorney General recently announced a new pilot, Opt for Help and Hope, that will mirror the Superior Court Recovery Courts at six Municipal Courts. These diversion programs are voluntary, often with strict eligibility guidelines and with the potential to see charges reduced or dismissed.

For those who have been convicted, there are many reentry programs to assist them in returning to their communities and avoiding recidivism. The New Jersey Reentry Corporation operates at eight

sites, the Volunteers of America – Delaware Valley has residential services for those who are still considered in custody; and Rutgers University Behavioral Health Care is running a statewide peer program that actually begins assisting individuals six months prior to their release.

These are by no means complete lists of deflection, diversion and reentry programs, as many other programs exist throughout the state at each of these touch points.

NJAMHAA recommends that one or more Departments or Divisions be given the responsibility of developing a comprehensive listing of such programs to serve as a resource, and also support collaboration and help prevent duplication.

## **Recommendations**

### **Housing**

Stable housing is an issue for many individuals, but particularly problematic for individuals with a record. It must be recognized that no individual can focus on recovery if his or her basic needs have not been met, and that begins with a place to live.

- Increase the number of emergency, transitional and permanent housing units for justice-involved individuals.
  - Develop congregate transitional housing that is dedicated solely to this population. A sense of community after incarceration and the peer support that is then available helps individuals to succeed.
- Ensure continued robust enforcement of anti-discrimination housing statute.

### **Physical and Behavioral Health Services**

It is critically important to the health and recovery of individuals to have health insurance and be connected to services upon their release from incarceration. High percentages of incarcerated individuals have a mental illness and/or substance use disorder and many have physical comorbidities. Importantly, the risk of overdose within two weeks of release is 40 times higher than for the general population.

New Jersey's current 1115 Comprehensive Waiver Renewal application includes a provision that, if approved, would provide Medicaid reimbursement for up to four behavioral health care management visits in the 60 days prior to release. This will greatly improve the linkage to community services upon release. The following are additional steps to ensure successful engagement of individuals to a comprehensive service array post-release.

- Ensure that New Jersey applies to add Certified Community Behavioral Health Clinics (CCHBCs) to the federal demonstration program.

New Jersey has seven CCBHCs that are part of the federal demonstration program and twelve more that are supported by CCBHC expansion grants. The demonstration CCHBCs are funded at a level that allows for expansion, innovation and a stable, qualified workforce. The model

is comprehensive, offering a full continuum of behavioral health services, primary healthcare, case management that addresses the social determinants of health and peer supports.

This holistic, integrated model provides ease of access and allows the focus to be on recovery, instead of an individual facing a complex system requiring coordination of appointments, duplicative paperwork, transportation issues and other barriers to care. All of the demo CCBHCs have affiliation agreements with the NJ Reentry Corp. and see its clients within three days, though most are seen the same or next day. Another program all CCBHCs work with is the Intensive Recovery Treatment Support (IRTS) operated by Rutgers University Behavioral Healthcare (UBHC). This statewide program enlists peers to work with incarcerated individuals for six months prior to release and up to one year after.

- Pass A1243/S2471 to require inmates to participate in Medicaid enrollment session 60 days prior to release.

Individuals who opt out of the Medicaid enrollment session will receive written and verbal guidance regarding Medicaid benefits and the process to apply.

- Expand access to Medication Assisted Treatment (MAT) in the community.
- Expand peer services for incarcerated individuals pre- and post-release.

The IRTS and other peer support programs have been successful in ensuring connection to services, especially MAT, and should be expanded.

- Increase the number of Nurse Navigators.

Nurse navigators have been extremely successful in assisting individuals with accessing physical and behavioral health services following their release.

- Recognize that MI and SUD are chronic illnesses and increase the length-of-stay (LOS).

An individual with a mental illness (MI) or substance use disorder (SUD) does not get cured following a single course of specialized treatment. They set out on a path to recovery that requires managing their conditions for months, years or even life.

Similar to a physical disease such as diabetes, MIs and SUDs: require long-term supports to reduce relapse risk; utilize medications for disease management; require lifestyle changes; and commonly have co-occurring conditions. One size does not fit all and services should be individualized to a person's needs.

## **Other Social Determinants of Health**

There are many wonderful training and employment programs for justice-involved individuals but they face challenges at both intake and graduation.

- Increase funding for The Governor's Reentry Training and Employment Center.

The Training Center, which offers 16 certificates, all of which are connected to credentials and employment, is open to all whom have completed a one week orientation. Training is paid for and transportation is provided. Unfortunately, there are long wait lists.

- Improve license processing.

Significant delays in processing of license applications after all requirements have been met have negative impacts on the individuals who are unable to seek employment in the fields they have been trained for.

- Establish training programs that begin behind the walls.

Working in collaboration with community-based training programs, the Department of Corrections should provide training opportunities pre-release. New Jersey's clean energy plan has a great deal of funding attached, part of which could be dedicated to clean energy related training for incarcerated individuals.

## **Identification**

Obtaining proper identification (ID) is critical to accessing benefits and securing housing and employment, among other things. Medicaid, SNAP, training programs, in fact, all state and federal benefits, as well as banking and other services, require a valid ID.

The work to obtain birth certificates, social security cards and other forms of ID is required pre-release but a majority of individuals leave prison with only their Department of Corrections ID.

- Establish opportunities for community-based programs that are doing ID work post-release to work with staff and incarcerated individuals pre-release with a goal for all to have a Motor Vehicle Commission ID upon release.

## **Youth**

Providers are not receiving referrals for youth from the courts, Juvenile Justice Commission (JJC), or elsewhere in the justice system. Youth struggles are unique, as are the struggles of their families. CCBHCs and other programs should have the opportunity to match their needs with unique wraparound services including educational supports, peer supports, case management, and family supports.

- Establish a statewide peer navigator program for youth similar to the existing successful adult program.
- Require JJC to establish relationships with CCBHCs and other youth-serving programs to develop referral pathways.

## **Workforce**

New Jersey's community-based behavioral health providers continue to face a workforce crisis. Significant investment is needed across the spectrum to increase capacity from outpatient to

inpatient and all services in between as the state, and nation, continues to face increasing demands for services. Many of the recommendations above require building the workforce, as pulling from the current pool would leave the entire system weakened. There are many new programs in implementation stages, such as 988 crisis teams and crisis stabilization centers, that are already expected to do just that.

NJAMHAA has a separate document listing its [budget priorities for FY2024](#) that focuses on the workforce. The recommendations in this document are in addition to those - each must have an appropriation and at levels that support a stable, qualified workforce to ensure their successful implementation.