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Executive Summary

The United States mental health care infrastructure is severely under-resourced, significantly impacting county and local jails as they confront an escalating mental health crisis.[1-2] Mental health challenges are widespread across the United States, with estimates indicating that 20% (1 in 5 adults) of adults, or approximately 50 million people, are living with mental health disorders.[3-5] Approximately 4.91% (2.45 million) adults are living with severe mental illness (SMI). In New Jersey, 16.37% (8.2 million) of adults are experiencing mental health challenges. [5] These mental health conditions encompass a diverse range of disorders that vary significantly in severity, from mild and moderate to severe cases.

Millions of people with mental health challenges face significant barriers to accessing mental health care. Nearly 60% of adults and children with mental health challenges in the United States receive no treatment.[6] Those seeking help must contend with a complex and expensive system of barriers, challenging timely and effective care. This lack of access exacerbates the mental health crisis, leaving many without needed support.

When individuals facing mental health challenges lack access to appropriate mental health treatment, a significant number end up facing homelessness, incarceration, or battling substance use issues. Around 21% of individuals experiencing homelessness have been reported to suffer from SMI, while 16% are living with a substance use disorder.[7] More than 9 million people cycle through U.S. jail systems annually, and among those incarcerated in local and county jails, close to half (44%) have some form of mental health challenges significantly higher than in the general adult population (44 vs. 20%).[8-10.]

Jails: The Unofficial Mental Health Care Setting in Many Communities

The severity of the mental health crises in the United States has led to the coined term "new asylums" for county and local jails.[11] For many people, local and county jails have progressively replaced mental health treatment centers as the primary source of mental health care due to closures or service reductions.[12–15] As a result, there has been a shift in the provision of inpatient treatment services for individuals with SMI who encounter law enforcement, with jails assuming a significant role in providing mental health services due to a substantial reduction in

available psychiatric inpatient beds. **In Newark, New Jersey, Essex County Correctional Facility is one of the nation's largest jails – the facility holds more incarcerated individuals with SMI than any New Jersey psychiatric hospital.**[16-17] ECCF has a jail population 2,264 (95% men and 5% women). An estimated 33% (n=750) of incarcerated individuals are diagnosed with an SMI according to DSM 5 (standard classification of mental health disorders used by mental health professionals) or ICD-10 codes (classification of diseases) and are currently undergoing some form of mental health treatment. Approximately 87% (n=600) of the 750 incarcerated individuals with SMI have a co-occurring disorder, and most often, the co-occurring diagnosis is related to substance use disorder.

Types of Psychiatric Diagnosis. The most prevalent mental health diagnosis categorized at ECCF is the following: major depressive disorder (with anxious or paranoid features), schizophrenia, schizoaffective disorder, mood disorders (with psychotic, anxiety/depressive features, bipolar), anxiety disorder, post-traumatic stress disorder (PTSD), delusional disorder, and substance use disorder. Since the last Essex County Civilian Task Force report on Social Determinants of Health (2022), additional mental health disorders have been identified that fall into two broad categories: personality disorders (antisocial personality disorders) and developmental disorders (e.g., reactive attachment disorder [condition found in children due to not having formed healthy emotional attachments with primary caregivers, usually due to severe neglect or abuse, characterized by disturbed and developmentally inappropriate ways of relating socially; oppositional defiant disorder [disruptive, impulsive, categorized as angry/irritable mood, argumentative, defiant or even vindictive]). [18]

Research indicates a significant correlation between substance use disorders and the concurrent presence of psychiatric conditions, leading to a disproportionate representation of complex mental health diagnoses, such as schizophrenia,[19, 62] within ECCF. This comorbidity underscores the need for integrated treatment approaches that address both substance use and mental health issues to effectively manage these conditions in a jail environment.[19, 20, 62, 63]

The rising incidence of SMI within local and county jail populations presents significant challenges for Wardens, Directors, and Captains responsible for their management. The presence of SMI among incarcerated individuals not only exacerbates the risk of violence within these facilities but also elevates the potential for injuries among both correctional officers and

the incarcerated population.[21-24] This situation underscores the urgent need for tailored strategies and resources to address mental health needs effectively, ensuring the safety and well-being of all individuals within the correctional system. This Mental Health report examines how local and county jails present opportunities to investigate innovative and promising strategies for mental health care for incarcerated populations.

Current Laws Governing Treatment in New Jersey Local and County Jails

Current state legislation does not restrict New Jersey's local and county jails from administering medications to incarcerated individuals involuntarily in non-emergency situations.[25] Using a process similar to the *Washington v. Harper* administrative proceeding, local and county jails could authorize the involuntary medication of incarcerated individuals diagnosed with mental disorders, those considered gravely disabled, or those who present a significant risk of harm to themselves or others.[26-27] However, due to a limited number of psychiatric hospital beds, New Jersey jails often face challenges in transferring inmates in need of treatment. As a result, local and county jails are compelled to manage incarcerated individuals' mental health symptoms through alternative methods such as restraints, seclusion, or direct supervision rather than medication. [12-15]

The state's Centralized Admissions Department, acting as a gatekeeper, has the authority to refuse state hospital admissions for incarcerated individuals with SMI, even when they are assessed as meeting the criteria for commitment by screening services. This situation underscores a critical capacity issue and the need for policymakers to consider strategies for expanding access to appropriate mental health treatment for incarcerated individuals.

Addressing Mental Health Challenges in New Jersey's Local and County Jails

A variety of approaches are currently being implemented in local and county jails to better manage incarcerated people with SMI. Resources may vary dramatically by county depending on population size and determination of need. For instance, in the previous report, ECCF considered establishing a specialized mental health unit that fosters a better transition from forensic status to the general incarcerated population.

In December 2023, ECCF unveiled a specialized housing pod, a “step-down” unit, designed to bridge the gap between the forensic unit placement (where intensive psychiatric care is provided) and the possibility of returning to the general incarcerated population. This unit is tailored for individuals who have been deemed stable enough through intensive mental health interventions but still require a structured setting for further recovery and preparation for reintegration.

Other county jails provide a range of services for mental health, veteran assistance programs, medication-assisted treatment (MAT), or re-entry services; others may offer one, two, or none. Some may prioritize that the incarcerated person pay restitution to the victim while others provide complete Alternative to Incarceration Programs equipped with reentry services (see Essex), electric ankle monitoring systems and relapse prevention (see Cape May); GED classes and computer lab literacy (Camden); Alcohol Anonymous/Narcotic Anonymous and religious services, and Cognitive Behavioral Therapy and anger management classes for example (see Essex County and Middlesex County).

Effective Models, Designs, and Infrastructure for Mental Health Intervention

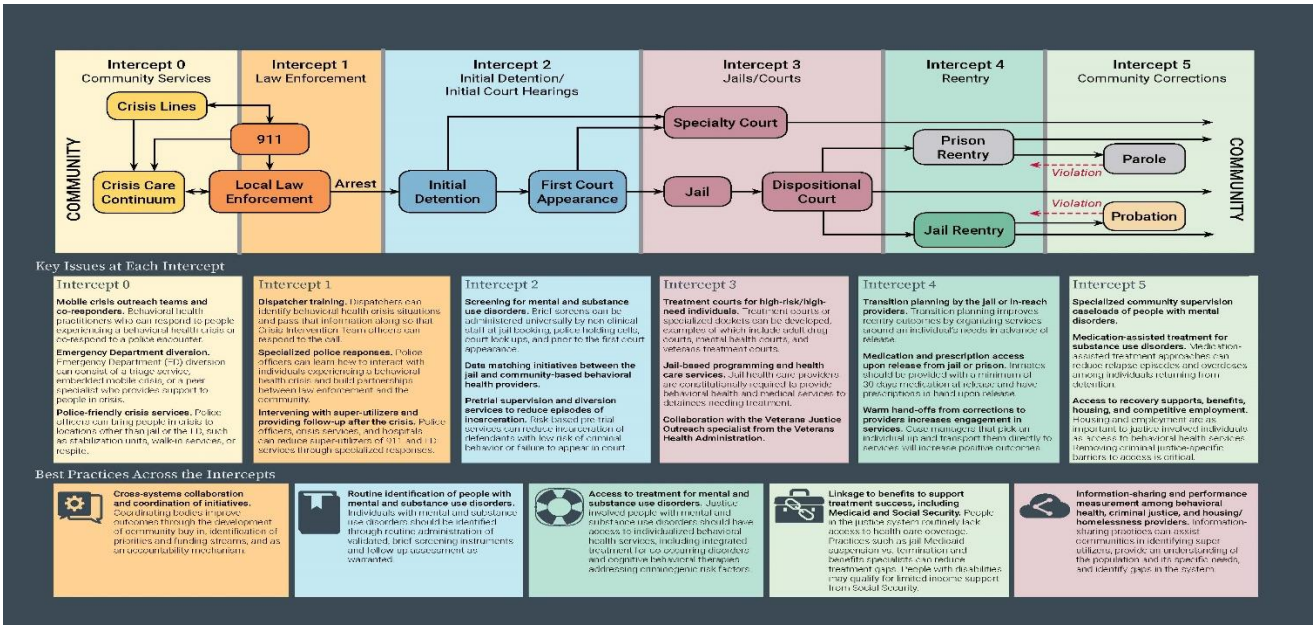
Diversion Strategies. Pretrial intervention, or PTI, is a diversionary program designed for first-time justice involving individuals who enter the program before their case is decided. Typically, pretrial intervention occurs after formal charges are filed but before guilt is adjudicated, with the defendant remaining under the jurisdiction of the criminal justice system. In New Jersey, the primary diversionary programs are Pre-Trial Intervention, Conditional Discharge, and Conditional Dismissal.[28] PTI in New Jersey is for first-time offenders in Superior Court and is available for more severe crimes such as felonies or indictable charges. Conditional Discharge in New Jersey is for first-time offenders charged with a municipal court drug offense and is only available for minor drug offenses. For the first time, conditional dismissal in New Jersey is a justice-involved person in municipal court for various, less serious offenses.[28]

Examples of Nationwide Best Practices and interventions: Promising Approaches

Revamping mental health treatment in local and county jails necessitates a collaborative effort involving partnerships with community-based services, the medical professional

community, state policymakers, and institutional systems. This requires considering a systems framework such as the Sequential Intercept Model (SIM) to develop a strategy for mapping how individuals with mental health challenges navigate the criminal justice system, identifying resource availability, pinpointing service gaps, and planning for systemic changes.[29]

Figure 1. Sequential Intercept Model



One example is Yakima County, Washington. They have been at the forefront of creating a comprehensive care continuum for individuals with SMI.[30] Yakima County established a Mental Health Crisis Stabilization Unit, Crisis Intervention Training for Law Enforcement, a Behavioral Health Diversion Program, and a Mental Health Court. Yakima County is also one of the few sites in the nation that have implemented a therapeutic court - The Dual Diagnosis Mental Health/Drug and Alcohol Court.[31] This effort is spearheaded by the Yakima County Collaborative Diversion Policy team, a coalition of criminal justice stakeholders and local mental health providers, using SIM. The SIM has proven crucial in offering a structured framework for evaluating the existing system and helping the community outline proactive steps for future reforms. Currently, Yakima County is actively working towards filling additional identified service gaps, aiming to reroute individuals with SMI away from the criminal justice system and towards community-based treatment solutions.

Global Mental Health Approaches in the Criminal Justice System

Globally, there has been an increase in SMI among incarcerated individuals. This section of the report will provide examples of existing services and programs for incarcerated individuals with SMI. Japan, Singapore, the UK (England and Wales), and Australia are notable examples of existing mental health services and general programming for incarcerated individuals. Brazil and China are examples of countries with scarce services for incarcerated individuals with SMI and a lack of services for all detained. Each country's services and programming will be described.

This report also highlights various innovative strategies (e.g., evidence-based screening and classification tools, diversion programs, and reintegration strategies) being implemented at the local, national, and global levels within diverse county and local jail settings. The data presented in this report underscores a significant concern: a vast number of Americans, nearly 50 million, are grappling with mental health issues, with a substantial portion, approximately 2.45 million, facing severe mental health challenges. This report calls for urgent and targeted policy interventions to address the widespread mental health crisis, emphasizing the need for enhanced resources, improved access to care, and the elimination of systemic barriers to treatment.

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Chapter 1:
Introduction

Mental health challenges among people incarcerated within the United States, and particularly in county jails, present a complex public health crisis, with New Jersey exemplifying many of the critical issues faced nationwide. [32-35] Many individuals arrive at a county jail with preexisting mental health issues, and the stressful conditions within can lead to the onset of mental health disorders in others.[32-35] County jails serve as local facilities for short-term detention, accommodating individuals awaiting trial or serving brief sentences, and are operated by county or city authorities. Furthermore, incarceration exerts a disproportionately negative impact on marginalized communities – this further exacerbates racial disparities and health inequities, particularly among incarcerated individuals experiencing mental health challenges.[36] Serious mental health illnesses (SMI) typically encompass psychiatric disorders categorized as "moderate" and "severe" based on the symptoms, severity, and functional impact, as outlined in the ICD-10 classification, which includes three levels of severity: mild, moderate, and severe.[35]

Examples of mild mental health challenges include mild anxiety or mild depressive episodes. Moderate mental health challenges include but are not limited to major depression or anxiety disorders, while severe conditions include severe depression, schizophrenia, and bipolar disorder. Incarcerated individuals with SMI face unique challenges and vulnerabilities that contribute to an increased risk of interpersonal violence. National data indicate that a diagnosis of SMI (e.g., schizophrenia) is prevalent (40-64%) among people who are incarcerated in county jails and state prisons, with Black incarcerated individuals (63%) substantially overrepresented compared to other racial and ethnic groups.[37-39]

Additionally, the prevalence of mental health problems among those incarcerated in county jails is significantly higher than in the general population (44% vs 26%), necessitating a critical understanding of the scope, contributing factors, and potential solutions to this crisis.[9-10] The extent of severe mental health disorders in the United States correctional settings has become so pronounced that county jails are deemed as the “new asylums.”[11] More than nine million people cycle through the United States jail system annually.[40] With the community mental health system having undergone significant structural changes in the last few decades, there is a growing demand for county jails to deliver comprehensive mental health care and treatment

services.[41-43] As a result, there has been a shift in the provision of inpatient treatment services for SMI individuals who encounter law enforcement, with jails assuming a significant role in providing mental health services due to a significant reduction in available psychiatric inpatient beds.[44-45]

County jails experience a higher incidence of individuals with mental health challenges compared to the general population, yet these institutions often lack the resources necessary for adequate treatment and care.[9,10] People with mental health challenges in jail settings pose a high risk of experiencing physical and emotional trauma that acts as an acute and chronic stressor throughout incarceration.[37] Specifically, people with mental health disorders are at heightened risk of physical and sexual victimization and suicide.[46-47] Once involved in the criminal legal system, people with mental health challenges face an elevated risk of re-incarceration due to parole and probation violations and new arrests.[8]

Aim of the Mental Health in Jail Setting Report

The purpose of this report is to explore the prevalence and treatment of mental health issues within jail facilities, focusing on Essex County Correctional Facility (ECCF) and the state of New Jersey as a whole, highlighting the challenges and gaps in care for incarcerated individuals. It aims to understand the extent to which mental health challenges affect those in jail, examining how pre-existing conditions are managed and the development of new mental health issues due to incarceration conditions. The report seeks to offer insights into effective interventions and recommend strategies for improving mental health support to inform policy and practice better to address the mental health needs of the incarcerated population.

In New Jersey, as in much of the United States, the intersection of the criminal justice system and mental health care has been fraught with difficulties. County jails, often the first point of contact for individuals directly impacted by the legal system, have become de facto mental health care providers for many.[48] A report by the Treatment Advocacy Center highlights that individuals with severe psychiatric conditions are ten times more likely to be in jail or prison than in a state psychiatric hospital. This shift is indicative of broader systemic issues, including inadequate mental health services in communities, which lead to a cycle of incarceration for many suffering from mental health challenges.

The State of New Jersey

Population and Demographic Characteristics. As of 2021 (latest data available), 9.23 million people live in New Jersey.[49] The state is comprised of 21 counties,[50] of which are Bergen (975,980), Essex (895,632), and Middlesex (885,432), leading in the top three most populated counties.[49] Median household income in the state (in 2022 dollars), 2018-2022 is $97,126, leaving 9.7% of people in poverty.[51] The five most prominent ethnic groups in New Jersey are White (Non-Hispanic) (53.8%), Black or African American (Non-Hispanic) (12.5%), Asian (Non-Hispanic) (9.69%), White (Hispanic) (8.89%), and Other (Hispanic) (6.74%). About 91% of those living in New Jersey are documented U.S. citizens.[49] The most common non-English languages spoken as the primary language in households in New Jersey are Spanish (1,440,046 households), Chinese (including Mandarin and Cantonese) (124,963 households), and Portuguese (90,904 households).[49]

A National Alliance on Mental Illness (2021)[52] report indicates that over 1.1 million adults in New Jersey are affected by a mental health condition. This figure surpasses three times the population of Newark, the state's most populous city. Furthermore, 42% of adults statewide reported experiencing symptoms associated with anxiety and depression. Within this group, 19.9% encountered challenges accessing the necessary counseling or therapy services.

Overview of New Jersey's Mental Health Crisis in County Jails

Local and County Jails in New Jersey. New Jersey's jail system comprises 19 jails spread across its 21 counties.[53] These facilities support the state's criminal justice infrastructure, detaining individuals awaiting trial, serving short sentences, or facing various legal processes.

Demographic Characteristics of Incarcerated People in New Jersey County Jails. As of January 2022, the demographic composition of incarcerated people in New Jersey County jails was 65% Black/African-American, 21% White, 12% Hispanic/Latino, and less than 1% Asian.[54] It is important to note that while Hispanic/Latino individuals are nationally overrepresented in correctional settings, data misclassification commonly distorts estimates of their incarceration rates, making it challenging to measure the impact of incarceration among this group compared to other racial groups due to limited and inconsistent data reporting.[55]

Since 1970, there has been a 240% increase in the overall county jail population.[54] In 2015, pretrial detainees made up 70% of the total county jail population in New Jersey. Male inmates made up at least 90% of the reported jail population in 2013 in New Jersey.[56] The female population in New Jersey's jails has surged more than sevenfold, rising from 175 in 1970 to 1,268 in 2015.[57] The overrepresentation of Black Americans who are incarcerated in the state reveals significant racial and economic disparities. **One in five Black individuals born in 2000 nationwide is likely to experience incarceration in their lifetime, contrasting with one in 10 Hispanic/Latino individuals and one in 29 White individuals**.[58]

Several factors exacerbate the mental health crisis in New Jersey's county jails. First, there is the issue of some county jails not using standardized screening tools and assessments.[59-61] Upon admission into the jail system, the screening process for mental health conditions often lacks consistency and comprehensiveness, resulting in numerous individuals not obtaining the appropriate care they need.[61] Mental health screening, assessment, and diagnostic processes are critical components of comprehensive healthcare for incarcerated individuals in county jails. A mental health screening, mental health assessment, and mental health diagnosis refer to different methods and processes used by health professionals to evaluate an individual's mental health status.

Mental health screening can be used to quickly evaluate whether an individual might be experiencing symptoms of a mental health condition. It is a preliminary process that can indicate the need for a more in-depth evaluation. Mental health screenings usually include brief questionnaires or checklists covering various psychological symptoms. These tools can be self-administered or conducted by a healthcare provider. The outcome is typically a recommendation on whether to seek further evaluation. It does not result in a definitive diagnosis.

A *mental health assessment* is a more comprehensive evaluation of an individual's mental health. It aims to understand the symptoms' nature, severity, and impact on the individual's life. It also aims to identify potential mental health disorders. The assessment involves detailed interviews, observations, and sometimes standardized testing. It may cover personal history, emotional functioning, cognitive abilities, and other relevant aspects of mental health. Assessments are usually conducted by trained professionals such as psychologists or psychiatrists. Mental health assessments provide a detailed understanding of the individual's

mental health status. While it can suggest possible diagnoses, its primary goal is to guide treatment.

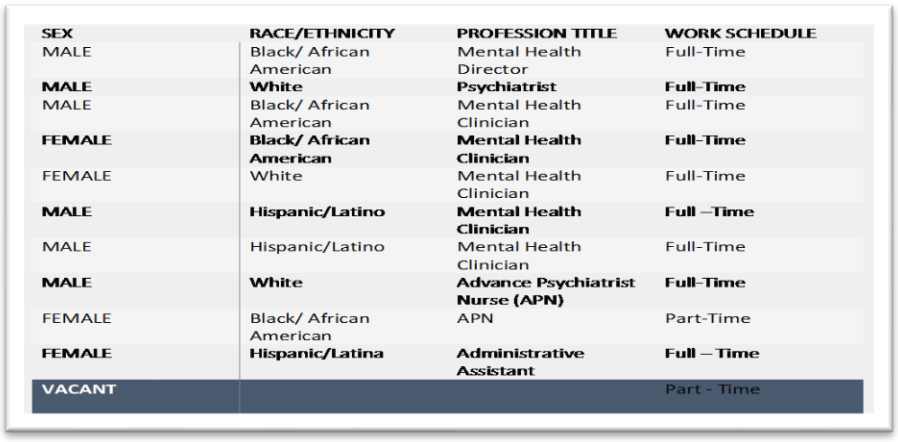
A *mental health diagnostic* evaluation is to determine whether an individual meets the criteria for a specific mental health disorder according to standardized diagnostic guidelines (such as the DSM-5 or ICD-10). A mental health diagnostic involves a detailed assessment of the individual's symptoms, history, and functioning across various domains. It is conducted by a qualified mental health professional, such as a psychiatrist or clinical psychologist, who can make a diagnosis. A mental health diagnosis is used to guide treatment decisions and interventions. The diagnosis is based on established criteria and is crucial for accessing appropriate care and support.

Each step—from initial screening through an assessment to a formal diagnostic evaluation—ensures the well-being and safety of the incarcerated population and the broader jail community.

Essex County Correctional Facility (ECCF) and Mental Health

Essex County Correctional Facility (ECCF). Because ECCF serves as the main entrance point into the criminal justice system for people with mental health issues in Essex County, Newark, and the adjacent counties, focusing on this facility is important. ECCF is the largest county jail in New Jersey. ECCF is a medium-security, county-level facility located in Newark. As of February 27, 2024 (latest census data available), ECCF has a jail population 2,264 (95% men and 5% women). Ninety-five percent of the individuals who are incarcerated are men, and about 72% (n=1,629) are Black Americans. Approximately 40 new admissions are received daily, managed by 700 correctional police officers. Currently, the Mental Health Department comprises ten full-time staff members (see updated staffing matrix, table 1) responsible for providing treatment to 750 out of over 2,000 incarcerated individuals diagnosed with a mental health condition according to DSM or ICD-10 codes and who are undergoing mental health treatment. Approximately 87%(n=600) of the 750 incarcerated individuals with a mental health diagnosis have a co-occurring disorder, and most often, the co-occurring diagnosis is related to substance use disorder.

Table 1. Mental Health Staff Matrix Table – Update 2024



SEX	RACE/ETHNICITY	PROFESSION TITLE	WORK SCHEDULE
MALE	Black/ African American	Mental Health Director	Full-Time
MALE	**White**	**Psychiatrist**	**Full-Time**
MALE	Black/ African American	Mental Health Clinician	Full-Time
FEMALE	**Black/ African American**	**Mental Health Clinician**	**Full-Time**
FEMALE	White	Mental Health Clinician	Full-Time
MALE	**Hispanic/Latino**	**Mental Health Clinician**	**Full –Time**
MALE	Hispanic/Latino	Mental Health Clinician	Full-Time
MALE	**White**	**Advance Psychiatrist Nurse (APN)**	**Full-Time**
FEMALE	Black/ African American	APN	Part-Time
FEMALE	**Hispanic/Latina**	**Administrative Assistant**	**Full – Time**
VACANT			Part - Time

Types of Psychiatric Diagnosis. The most prevalent mental health diagnoses categorized at the facility are the following: major depressive disorder (with anxious or paranoid features), schizophrenia, schizoaffective disorder, mood disorders (with psychotic, anxiety/depressive features, bipolar), anxiety disorder, post-traumatic stress disorder (PTSD), delusional disorder, and substance use disorder. Since the last report, additional mental health disorders have been identified that fall into three broad categories: personality disorders (antisocial personality disorders, developmental disorders *(e.g., reactive attachment disorder [condition found in children due to not having formed healthy emotional attachments with primary caregivers, usually due to severe neglect or abuse, characterized by disturbed and developmentally inappropriate ways of relating socially; oppositional defiant disorder [disruptive, impulsive, categorized as angry/irritable mood, argumentative, defiant or even vindictive])* and neurodivergent conditions *(e.g., autism spectrum disorder, attention-deficient hyperactive disorder)*.

In addition, the number of people who are incarcerated with “developmental disabilities” has increased since the last report. However, the Mental Health Department does not have the staff or resources to screen for this condition accurately when inmates arrive. Therefore, mental health staff can only glean from the historical reporting in the charts (previous incarceration at ECCF) or from what they can observe when they meet with the medical and mental health team. Research indicates a significant correlation between substance use disorders and the concurrent presence of psychiatric conditions, leading to a disproportionate representation of complex mental health diagnoses, such as schizophrenia, within ECCF.[21-22] This comorbidity underscores the need for integrated treatment approaches that address both substance use and mental health issues to manage these conditions in a jail environment effectively.

Screening, assessment, and diagnostic treatment at ECCF

Upon the admission process (Day 1, within 4-6 hours), individuals entering custody complete a medical and mental health intake screening form designed to identify potential mental disorders. This form queries the individual's mental health history, suicide risk, physical health issues, substance abuse history, and any propensities for violence or aggression (detailed in Appendix 1: CFG Mental Health Evaluation). Responses to these items are used to identify the likelihood of mental health symptoms and suicide risk profiles. This intake screening tool also flags medical health risks and Prison Rape Elimination ACT (PREA) related concerns. When a nursing staff identifies an immediate need for mental health care, the incarcerated person is quickly referred to a mental health specialist for further clinical assessment (refer to Appendix 2: Columbia Suicide Severity Rating Scale, Compass 10 Scale Symptoms, Initial Mental Health Assessment, Initial Psychiatric Assessment, and Stabilization Plan).[64-65] Even in cases where the initial screening does not reveal an urgent mental health concern, the individual is still directed to the mental health department for a further evaluation conducted by a licensed clinician, such as a clinical social worker, mental health counselor, or individual holding a Master's degree in a related field.

Everyone in custody undergoes a comprehensive secondary mental health evaluation conducted by a clinician within 72 hours. This process includes reviewing electronic health records through the Centricity system, allowing the mental health team to identify any pre-existing psychological or medical conditions. Behavioral changes in incarcerated individuals are monitored closely, with observations from healthcare providers or correctional police officers promptly communicated to mental health professionals. Based on these assessments, individuals may receive a referral for further examination by a psychologist or psychiatrist, who will determine the necessary level of care, type of mental health intervention, or both. Tailored mental health or psychiatric treatment plans are developed for everyone, subject to regular review and adjustment by the mental health team in collaboration with the person under their care.

While ECCF recognizes the importance of mental health screening, there are some barriers and challenges that limit the implementation of systematic mental health screenings. There is currently an absence of standardized mental health screening being used for all individuals entering the facility. For instance, the current instrument used to screen for mental

health (see Appendix 1: CFG Mental Health Evaluation) is not a standardized mental health screening tool. ECCF currently does not use validated mental health screening tools, making integrating a mental health screening protocol into the intake process imperative. Mental health screening tools are essential for incarcerated populations because early identification through screenings can lead to better management of these conditions.[61, 66-67] In addition, it allows for timely intervention, which can improve outcomes, reduce the severity of mental health issues, and potentially lower the risk of suicide, self-harm, and violence within facilities.

Recommendations: Implement Standardized Mental Health Screening Tool

The progression from screening to assessment to diagnostic evaluation represents a continuum of increasing specificity and depth. Screening tools identify potential issues, assessment explores these issues in more detail, and diagnostic evaluation culminates in identifying specific mental health conditions, thereby guiding treatment and interventions. The choice of a mental health screening tool will depend on several factors at ECCF, including training the staff administering the screenings, resources available for follow up, and appropriate assessment. However, a precise mental health diagnosis requires using an evidence-based screening tool to identify potential mental health concerns, as this is the cornerstone of effective treatment. For incarcerated individuals, it ensures that they receive appropriate medication, therapy, and support services tailored to their specific conditions. These standardized mental health screenings represent an essential component of comprehensive healthcare services for ECCF, aiming to address the complex needs of incarcerated individuals. Below is a list of standardized mental health screening tools that have been designed or adapted for use with people who are incarcerated (see Appendix 3 for screening tools):

1. Brief Jail Mental Health Screen (BJMHS) – Explicitly developed for use in county and local jails, the BJMHS is designed to quickly identify incarcerated individuals needing mental health services. It includes eight questions that screen for symptoms of major depression, manic episodes, psychotic disorder, and thoughts of suicide.[68]
2. Correctional Mental Health Screen (CMHS) – Designed for men and women entering correctional facilities for a range of mental health disorders.[69] It includes separate versions for male and female individuals, reflecting differences in symptomology and prevalence rates of mental health conditions between the genders.[69]

3. Mental Health Screening Form – III (MHSF-III) – This tool is used to identify a broad range of psychological problems and conditions. While not developed exclusively for people incarcerated, MHSF-III has been used widely in jails and prisons due to its comprehensive approach to screening.[70]

4. Jail Screening Assessment Tool (JSAT)– The JSAT is used to identify those who may have mental health or substance misuse issues. It assesses a wide range of emotional and behavioral problems.[71]

5. Substance Abuse/Mental Illness Screener (SAMISS) – Explicitly developed for correctional settings, the SAMISS is a brief tool used to screen for both substance use and mental health disorders. It recognizes the high comorbidity of these issues in people who are incarcerated.[72]

6. Beck Depression Inventory (BDI) – While not explicitly designed for the incarcerated population, the BDI is a widely used tool for detecting depression. BDI is a straightforward questionnaire and can be easily administered in a jail setting.[73]

7. Kessler Psychological Distress Scale (K10) – The K10 is a simple, 10-question screening tool to identify individuals with psychological distress. It has been used in a variety of settings, including correctional facilities, to screen for mental health issues such as anxiety and depression.[74]

Approaches to Addressing Mental Health Disorders at ECCF

Incarcerated individuals at ECCF who are diagnosed with mental health disorders receive pharmacological treatment that may include antidepressants, antipsychotics, anxiolytics, stimulants, and benzodiazepines, among other medications. Beyond pharmacotherapy, these patients engage in a comprehensive treatment regimen comprising individual and group therapy, crisis intervention, brief psychotherapy, grief counseling, and, when feasible, family counseling. Therapy sessions are offered to those who are emotionally and behaviorally prepared to participate in a group setting. Incarcerated individuals with mental disorders are prescribed psychotropic medications and undergo a clinical evaluation by a psychiatrist or the Mental Health Director within 30 days, with subsequent routine follow-ups by psychiatric personnel. The administration of sedatives or chemical restraints for individuals experiencing acute or severe mental health crises is against ECCF's policies and procedures. Instead, those presenting with severe or acute mental health conditions are promptly assessed and treated by

the facility's attending psychologist or psychiatrist, ensuring a humanistic approach to their mental health needs while prioritizing safety and ethical standards of care.

The Protocol for a Mental Health Crisis. When an incarcerated person within the correctional facility experiences a psychiatric emergency, posing a potential risk to their safety (e.g., exhibiting suicidal ideation), a specific mental health protocol, including placement on mental health observation status (either Constant or Close Watch by a correctional police officer), is initiated. This involves assigning the patient to a solitary cell, which may require relocating the patient to a different cell or removing any cellmates. The clinical team conducts a risk assessment to determine the appropriateness of certain personal items, including clothing and eating utensils, given the potential for these items to be used in self-harm attempts. Patients under observation are always afforded dignity; they are not left unclothed. Those assessed as being at risk of self-harm are provided with a mattress for basic comfort. If it is clinically judged that standard clothing poses a safety risk, patients are instead provided with specially designed safety gowns and blankets to prevent self-harm.

The mental health staff conducts daily evaluations of patients on observation status to monitor their well-being and adjust care as necessary. Patients are permitted recreational activities in a controlled environment to ensure the safety of patients and staff. However, for those deemed clinically unstable, time outside their cell may be limited to essential activities, such as showering, to ensure their safety and well-being.

Forensic Mental Health Units

The Department of Mental Health supervises the Forensic Mental Health Units within the facility, providing specialized care for incarcerated persons diagnosed with severe mental health disorders. These units are designed to accommodate inmates requiring separation from the general population due to mental health concerns, medical needs, disciplinary actions, or protective reasons. Incarcerated individuals facing disciplinary measures may still share cells.

For suicide prevention measures, any cell within the facility can be designated as a suicide prevention cell. In cases where mental health observation is necessary, and space in the designated 2D1 or 2D3 housing pods is available, incarcerated persons are transferred there. Otherwise, they remain within their original housing pod. These specific observation cells are in single occupancy.

The medical infirmary includes 16 beds across two cell units specifically used for suicide prevention efforts. These smaller cells are equipped with essential furnishings, including a bed, sink, a toilet, and feature a tinted window, with meal delivery facilitated through a door port. Each cell is fitted with two types of overhead lighting: one that remains on from 6 AM to 10 PM and a night light that operates from 10 PM to 6 AM. Additionally, main lights in the tier hallways are turned off overnight from 10 PM to 6 AM.

Incarcerated persons within the forensic units are subject to a 23-hour daily lockdown, with a one-hour release for physical exercise in a secured area. This strict regimen underscores the facility's commitment to both safety and the necessity of accommodating the specialized needs of incarcerated individuals with severe mental health conditions.

Four-Level System – The facility employs a four-tier system to ensure widespread awareness of its inmates' specific needs and circumstances, enabling tailored management practices for those requiring special accommodations. At this time, according to a December 14, 2021, communication with Dr. Jason Fleming, there are 67 inmates at ECCF who have Mental Health Forensic Status within the following levels: Level 1: 23; Level 2: 28; Level 3: 13, and Level 4: 4 [Transferred to Unit 2B1 (step up from Level 3, Special Needs general population status)].

Advancements or progression within the Four-Level System are decided based on collective clinical assessments conducted by Dr. Jason Fleming and the Mental Health clinical team. This dynamic monitoring process involves daily oversight by mental health professionals to observe inmate progression or regression closely. Modifications to an incarcerated person's designated level are systematically communicated to custody staff through detailed clinical evaluations, facilitating the logistical arrangements for transferring them between housing pods or cells. Additionally, these level adjustments directly affect the scheduling and permissibility of recreation time, with higher tiers enjoying more flexible recreation standards. For instance, incarcerated persons at level 1 are allocated individual recreation periods to ensure safety.

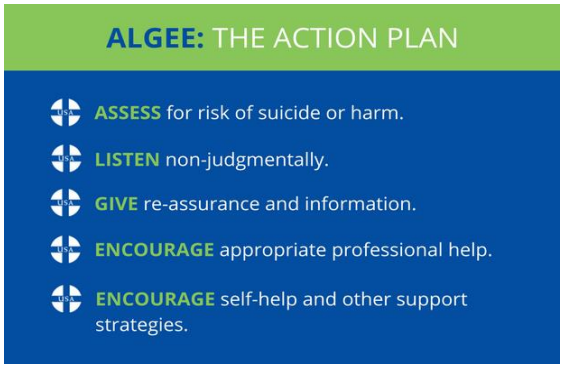
Step down unit (2E1) – From the previous report, ECCF considered establishing a specialized mental health unit that fosters a better transition from forensic status to the general incarcerated population. In December 2023, ECCF unveiled a specialized housing pod, known as a “step-down” unit, designed to bridge the gap between the forensic unit placement (where intensive psychiatric care is provided) and the possibility of returning to the general incarcerated

population. This unit is tailored for individuals who have been deemed stable enough through intensive mental health interventions but still require a structured setting for further recovery and preparation for reintegration.

As of February 27, 2024, there were currently 31 incarcerated individuals who have been moved from a forensic status to this step-down unit. The primary goal of this step-down unit is to facilitate a gradual transition for incarcerated individuals, reducing the likelihood of relapse into acute mental health crises by providing continued support and monitoring. Moreover, the step-down unit could serve as a critical component in the continuum of care within ECCF, emphasizing the importance of seamless care coordination and continuity of treatment.

By closely monitoring the progress of each incarcerated person in the step-down unit and adjusting treatment plans as necessary, the correctional police officers monitoring 2E1 play a pivotal role in ensuring that the transition is not only smooth but also sustainable. Correctional police officers in 2E1 with training in mental health are better equipped to understand the challenges faced by incarcerated individuals with mental health issues. In preparation, correctional police officers were trained in Mental Health First Aid for Correctional Professionals (MHFA-CP), a novel 7.5-hr intervention designed to train correctional police officers in recognizing the signs/symptoms of mental health challenges and substance use.

Figure 1. ALGEE



(see Appendix 4).[75-76] Currently, 16 correctional police officers have been trained in MHFA-CP. Some of these correctional police officers are managing 2E1. Preliminary data suggest that the training effectively improved the officer's knowledge of the ALGEE: The Action Plan (Figure 1), which is a five-step guide for providing MHFA.[76]

Furthermore, correctional police officers reported referring incarcerated individuals to mental health services at least 30 times at three months after MHFA-CP training. The reasons for referring those inmates to the mental health department were the following: requested by the inmate, noticed of irregular behavior(s), an incarcerated person experiencing hallucinations; the inmate was screening, behaving aggressively, refusing to leave the cell, refusing to shower, and challenging to communicate

with. Interestingly, before the MHFA-CP training, correctional police officers did not refer family or friends to mental health services. Still, post-intervention training, they reported referring someone they knew to mental health at least twice. The reasons were the following: stress and personal troubles.

Correctional police officers have a profound impact on the mental health of inmates through their daily interactions, the environment they help create, and their role in connecting incarcerated people to mental health services.[34] Training correctional officers in mental health awareness and intervention strategies is thus a vital component of efforts to improve the mental well-being of incarcerated individuals.[77]

Recommendations: Develop a Mental Health Policy for the Step-Down Unit

Given the recent development of the Step-Down Unit at ECCF, the facility should consider creating a mental health policy that addresses the specific needs of incarcerated individuals transitioning from intensive mental health treatment back into the general jail population or preparing for community release. The step-down unit serves as an intermediate level of care, providing support and monitoring as individuals adjust to less restrictive environments. Here's an outline for a mental health policy tailored to such a unit:

Develop an Objective Statement for the Step-Down Unit

- *Purpose:* Define the purpose of the step-down unit, emphasizing its role in supporting inmates with mental health conditions in their transition, facilitating continued recovery, and preparing for reintegration into the general jail population or the community.

Define Eligibility Criteria

- Assessment-Based Entry: Detail criteria for an inmate's entry into the step-down unit, based on comprehensive mental health assessments by qualified professionals, demonstrating readiness to transition from a higher level of care.

Identify Staffing and Training Needs

- *Specialized Staff:* Ensure the unit is staffed with professionals trained in mental health care, including psychologists, psychiatrists, nurses, and correctional officers with specialized training.

- *Ongoing Training:* Mandate regular training for all staff on mental health issues, crisis intervention, de-escalation techniques, and the unique needs of individuals in the step-down process (e.g., MHFA-CP)

Describe Treatment and Support Services

- *Individualized Treatment Plans:* Each inmate in the step-down unit must have an individualized treatment plan; staff should develop in collaboration with a multidisciplinary team that outlines therapeutic goals, medication management plans, and any necessary accommodations.
- *Therapeutic Activities:* Provide access to therapeutic activities designed to support mental health, including individual and group therapy, skill-building workshops, and recreational therapy.

Safety and Security

- *Risk Assessment***:** Implement regular risk assessments to monitor for signs of distress or deterioration in mental health, with protocols in place to respond to acute mental health crises.
- *Jail Environment:* Design the unit to be conducive to mental health recovery, with attention to safety, privacy, and access to outdoor spaces or common areas that facilitate social interaction in a controlled manner.

Transition and Continuity of Care

- *Transition Planning:* Begin transition planning early, involving the inmate, mental health professionals, and, when appropriate, family members or community resources to ensure a smooth transition to the next level of care or the community.
- *Continuity of Care***:** Establish protocols to ensure continuity of mental health care as inmates move out of the step-down unit, including communication with future care providers and assistance accessing community resources upon release.

Develop a Monitoring and Evaluation Plan

- *Outcome Measurement:* Define metrics for evaluating the effectiveness of the step-down unit in improving mental health outcomes, facilitating successful transitions, and reducing recidivism.
- *Continuous Improvement:* Include a process for regularly reviewing outcomes and feedback from inmates and staff to inform ongoing improvements to the unit's policies and practices.

Create Rights and Responsibilities

- *Inmate Rights:* Clearly articulate the rights of inmates within the step-down unit, including the right to participate in treatment decisions, access to legal and advocacy services, and mechanisms for voicing concerns or grievances.
- *Staff Responsibilities:* Outline the responsibilities of staff in upholding the therapeutic objectives of the unit, including ethical obligations, respect for inmate privacy, and commitment to providing high-quality care.

In summary, creating a Step-Dow Unit Mental Health Policy requires a commitment to best practices in mental health treatment, recognizing the critical role of structured, supportive environments in facilitating recovery and successful community reintegration.

Chapter 2:
Mental Health Step-Down Units in Local and County Jails

Developing and implementing mental health policies in correctional settings, including step-down units, involves addressing the complex needs of inmates transitioning from intensive psychiatric care to less restrictive environments or preparing for reintegration into the community. While specific program examples can vary widely depending on jurisdiction, funding, and facility size, several initiatives and models have gained recognition for their approaches to inmate mental health in county and local jails. Here are examples from various jurisdictions that demonstrate commitment to improving the mental health of incarcerated individuals.

Harris County Jail's Diversion Programs, Texas. Recognizing the need to address mental health issues as a root cause of some criminal behaviors, Harris County has developed diversion programs aimed at redirecting individuals with mental health conditions away from the criminal justice system and into appropriate treatment programs. While not a step-down unit per se, these programs represent an essential component of a broader strategy to manage mental health in a correctional context, emphasizing early intervention and community-based care.[78,79]

Cook County's Jail, Illinois. The Mental Health Transition Center in Cook County Jail has implemented several initiatives to address the mental health of its inmates, including the development of specialized units that could be considered similar to step-down facilities. These units provide targeted mental health services and programming designed to meet the specific needs of individuals as they prepare to transition out of intensive mental health care settings. Programs include education, vocational training, and therapeutic services, all aimed at reducing recidivism by addressing the underlying mental health issues that contribute to criminal behavior.[80]

***Los Angeles County Jail, Twin Towers Correctional Facility, California*.** The Twin Towers Correctional Facility houses the Correctional Psychiatric Program, which is one of the largest mental health facilities within a jail in the United States. It has developed units that function similarly to step-down units, providing care and monitoring for inmates transitioning between levels of mental health care. These units focus on stabilization and rehabilitation, offering various programs to prepare inmates for a successful transition back to the general population or the community. The program offers comprehensive psychiatric services, including assessment,

treatment, and crisis intervention, for inmates with mental health conditions. The facility's design and staffing model are tailored to meet the needs of this population, with specialized training for staff in mental health issues.[81]

San Francisco County Jail, California. San Francisco County Jail's Integrated Behavioral Health Unit (IBHU) is a model program designed to address the needs of inmates with psychiatric disorders. This unit offers an interdisciplinary approach to care, integrating mental health, substance use treatment, and physical health services. IBHU focuses on stabilizing inmates' conditions, providing intensive case management, and preparing them for a successful transition back into the community.[82]

In summary, the mental health crisis at ECCF highlights broader issues at the intersection of the criminal justice and mental health care systems. While initiatives to address these challenges are underway, a comprehensive approach that includes adequate funding, systemic reform, and the de-stigmatization of mental health issues is necessary. Improving mental health care in jails, alongside efforts to divert individuals with mental health conditions away from the criminal justice system, is not only a matter of public health but also a moral imperative to ensure the rights and dignity of all individuals are respected.

Laws Governing Treatment in New Jersey Local and County Jails

There are 21 counties in New Jersey, each containing a correctional facility except for Union, Gloucester, Cumberland, Hunterdon, Sussex, Somerset, and Passaic. Local and county jails are constitutionally mandated to provide mental health care, treatment, and services to individuals in custody. [83-84] This obligation stems from legal precedents that establish the right to healthcare for incarcerated populations, ensuring that mental health conditions are identified, treated, and managed effectively within these facilities.[84] According to legal requirements, mental health interventions must be adequate and comprehensive, incorporating the inclusion of assessment and screening, treatment beyond monitoring, carried out by licensed or certified mental health practitioners, record keeping, responsible management and administration of psychotropic drugs, and suicide prevention initiatives. [85-87]

Current state legislation does not restrict New Jersey's local and county jails from administering medications to incarcerated individuals involuntarily in non-emergency situations.[66] Using a process similar to the *Washington v. Harper* administrative proceeding, local and county jails could authorize the involuntary medication of incarcerated individuals diagnosed with mental disorders, those considered gravely disabled, or those who present a significant risk of harm to themselves or others.[67-68] However, due to a limited number of psychiatric hospital beds, New Jersey jails often face challenges in transferring inmates in need of treatment. As a result, local and county jails are compelled to manage incarcerated individuals' mental health symptoms through alternative methods such as restraints, seclusion, or direct supervision, rather than medication. [52,54-55]

The state's Centralized Admissions Department, acting as a gatekeeper, has the authority to refuse state hospital admissions for incarcerated individuals with SMI, even when they are assessed as meeting the criteria for commitment by screening services. This situation underscores a critical capacity issue and the need for policymakers to consider strategies for expanding access to appropriate mental health treatment for incarcerated individuals. Moreover, these legal frameworks compel county jails to develop [ideally] comprehensive mental health programs, including initial assessments, ongoing treatment, crisis intervention, and planning for reintegrating individuals into the community post-release. As such, each county facility approaches developing mental health programs based on resources, population size, and available partnerships, but all these facilities are legally mandated to address both the immediate and long-term needs of incarcerated individuals with mental health disorders.

Addressing Mental Health Disorders at New Jersey County Jails

New Jersey has taken steps to address these mental health challenges, with initiatives and policies aimed at diverting individuals with mental health issues away from the criminal justice system and towards treatment and support services. These include the **Criminal Justice Reform Act (2017)**, which overhauled the state's bail system, significantly reducing the pretrial jail population without increasing serious crimes or repeat offenses.[88] The **Public Health Emergency Credit (PHEC) Law,** enacted in response to the COVID-19 pandemic, allowed for the early release of nearly 9,000 incarcerated individuals, aiming to reduce mass incarceration and improve public health.[89-90] The **Isolated Confinement Restriction Act** limits the use of

solitary confinement, reflecting a broader move towards de-incarceration and better conditions for those in custody, particularly for vulnerable populations.[91]

In addition, programs such as Mental Health Courts[92] are being actively implemented in response to the increasing recognition of the intersection between mental health issues and the criminal justice system. These programs are designed to offer a more therapeutic approach to justice, recognizing that appropriate treatment and support can lead to better outcomes for individuals with mental health disorders, their families, and the community at large.[93] These efforts reflect a growing recognition of the need for a practical approach to dealing with mental health issues in the justice system.

Despite these initiatives, significant barriers remain. Funding for mental health services, both within jails and in the community, is often insufficient. Stigma around mental health can prevent individuals from seeking help, and systemic issues such as poverty, homelessness, and substance abuse complicate the provision of care. Collaboration between mental health professionals, law enforcement, and the judicial system is crucial, yet coordination can be challenging due to differing priorities and resources.

The *"*County Correctional Facility Mental Health and Diversion Treatment Programs" and "Pre-trial Services by County" (see Appendix 5), respectively, briefly detail the types of services that may be encountered by those jails, containing the available mental health or re-entry treatment program service available. Resources may vary dramatically by county depending on population size and determination of needs. For instance, while some counties may provide a range of services for mental health, veteran populations, medication-assisted treatment (MAT), or re-entry services, others may offer one, two or none. Some may prioritize that the offender pays restitution to the victim while others provide full Alternative to Incarceration Programs equipped with sober Units and reentry services (see Essex), electric ankle monitoring systems and relapse prevention (see Cape May); GED classes and computer lab literacy (Camden); AA/NA and religious services, and Cognitive Behavioral Therapy (CBT) and anger management classes for example (see Essex and Middlesex).

Pre-trail Interventions by County Jail in New Jersey

Pretrial intervention, or PTI is a diversionary program designed for first-time offenders who enter the program before their case is decided.[94] Typically, pretrial intervention occurs after formal charges are filed but before guilt is adjudicated (decided), with the defendant remaining under the jurisdiction of the criminal justice system. "*When defendants are granted pretrial interventions, defendants who qualify for a pretrial diversion program won't have to go through a full trial and won't carry the stigma of a permanent criminal record".*[95] Upon successful completion of the pretrial intervention. The charge is dismissed, though the specifics of dismissal vary by state. Although diversion programs vary by state and county, they commonly include requirements like court reporting, restitution to victims, maintaining employment or education, clean urinalysis, and other stipulations the overseeing officer determines. Even though there are requirements, diversion is voluntary and usually considered for defendants who are determined to be low risk, are adolescents, or have mental health or substance abuse issues.

In New Jersey, the primary diversionary programs are Pre-Trial Intervention, Conditional Discharge, and Conditional Dismissal.[96] PTI in New Jersey is for first-time offenders in Superior Court and is available for more serious crimes such as felonies or indictable charges. Conditional Discharge in New Jersey is for first-time offenders charged with a municipal court drug offense and is only available for minor drug offenses. Conditional Dismissal in New Jersey is for first-time offenders in municipal court for various, less serious offenses.[96]

Pretrial intervention diversion is sometimes confused with pretrial detention or release, which are separate processes involving the defendant's temporary release during the criminal case proceedings, whereby the defendant is released from detention to assist in his or her defense in a criminal case processed through conventional steps of being charged.[94] Upon successful completion of *pretrial release,* the charge is dismissed. Still, the meaning of dismissal varies as some states permanently dismiss charges. In contrast, others allow prosecutors to re-file if the defendant commits another crime within a specified timeframe after completing the diversion program.[94]

PTI provides an avenue for these resources and early interventions to occur; however, the model documented in Appendix E, “Pre-trial services by county,” presents the grim reality of punitive measures still practiced and played off as “rehabilitative” services. Operation Helping Hand is a perfect example of this “traditional” policing model in which law enforcement officers arresting users purchasing narcotics in “street sweeps” aim to offer treatment instead of jail. However, this model fails to account for the New Jersey bail reform law passed in 2017, which will hold repeat offenders or those in contempt of court, posing them as a flight risk until a trial; though, the majority of drug offenders who are individuals on pretrial are detained (two-thirds or 75%) will not see trial but rather a detention hearing, of which they are 25% more likely to plead guilty than defendants who are not detained.[97] The last column in this table provides contact information and websites for available information.

Lastly, this table highlights that the validated risk assessment tools used to score the offender's bail ratio or ‘PSA’ number is often paired with other customized risk assessment tools which help determine the individual qualifications for treatment of the medical needs of the offender. These tools may attempt to evaluate substance abuse, but since they are likely not validated, verifying their reliability proves challenging.

Assessment of Existing Mental Health Services and Programs In New Jersey

The state of mental health services for incarcerated individuals in New Jersey requires a careful consideration of several factors, including the availability, quality, and accessibility of services, as well as systemic challenges that might affect service delivery. The state of New Jersey has demonstrated a solid dedication to enhancing mental health services within its correctional institutions, acknowledging the significant occurrence of mental health difficulties among jailed individuals.[93, 98] As an illustration, New Jersey has introduced targeted initiatives such as mental health courts intending to redirect persons grappling with mental health disorders away from the criminal justice system and towards treatment. This approach can potentially provide improved outcomes for these individuals and alleviate the strain on correctional facilities.[92]

New Jersey's Mental Health Courts are dedicated court systems that provide a therapeutic approach to handling cases involving defendants with mental health conditions.

The primary objective is redirecting individuals away from the criminal justice system and into community-oriented therapy and support services. Individuals involved in these programs may receive extensive case management, which includes mental health counseling, housing, and employment assistance, all overseen by the court. Successful completion of the program can lead to reduced charges or sentences. The primary objective of jail diversion programs is to identify individuals who exhibit mental health disorders upon their arrest or initial interaction with law enforcement, intending to redirect them towards treatment and support resources rather than incarceration.[99] These programs frequently entail the cooperation of law enforcement agencies, mental health practitioners, and community-based organizations to guarantee suitable care and assistance to individuals.

There has also been an increased focus on training for correctional police officers and staff on mental health issues to improve the understanding of these conditions and enhance their interactions with those facing mental health emergencies. The implementation of Crisis Intervention Team training in different jurisdictions aims to provide education to law enforcement professionals, particularly correctional police officers, regarding appropriate responses to individuals who are undergoing mental health crises.[100-102] The goal is to improve public safety, redirect individuals with mental health conditions away from the criminal justice system when appropriate, and ensure they receive adequate care.

Notwithstanding these initiatives, the state of New Jersey encounters obstacles in funding, personnel, and resources, constraining the accessibility and extent of mental health treatments for individuals with SMI.[103] Insufficient financial resources frequently impede the provision and standard of mental health services within county correctional facilities.[104-105] Recruitment and retention of psychiatric and mental health professionals in county and local jails are challenging due to the demanding work environment and potentially lower compensation compared to other work settings.[106-107] This phenomenon results in an increased workload for current personnel, diminishing the time and focus they can allocate to each individual, ultimately resulting in staff experiencing burnout.[103] This leads to extended waiting periods for services and an excessive dependence on medication as the primary form of therapy.

The jail environment itself can be a significant barrier to effective mental health treatment, with issues like overcrowding, the inherent stress of incarceration potentially

exacerbating mental health conditions, and a lack of privacy, which can intensify existing conditions or contribute to the development of new ones. For those with pre-existing conditions, the stresses of jail life—including separation from family, uncertainty about the future, and exposure to violence—can lead to deterioration in their mental state. For others, the experience of being incarcerated can itself be traumatizing, potentially leading to the onset of mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD).[45, 48, 108-109] Moreover, ensuring continuity of care as individuals transition in and out of correctional setting is a critical challenge.[110]

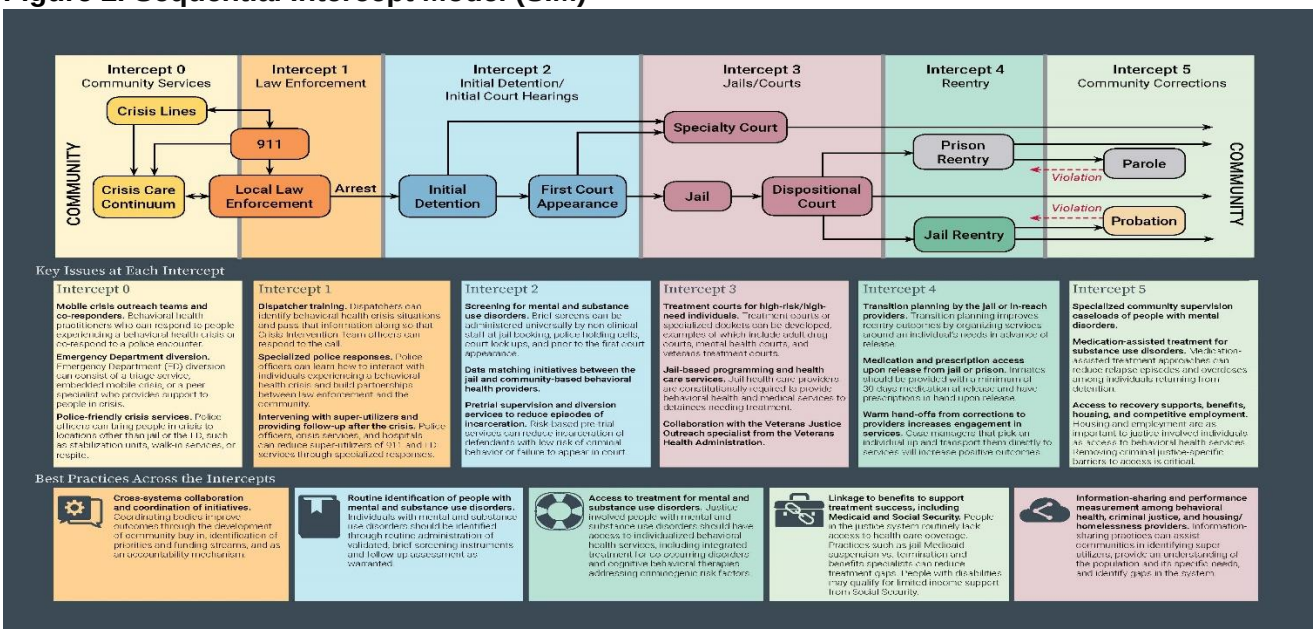
Gaps in care during transitions—into the correctional system, between facilities, and back into the community—pose significant risks to individuals with mental health conditions.[111-112] In addition, the successful transition from jail to community-based care necessitates effective coordination and the acquisition of resources, which can be challenging to obtain. Although New Jersey has made progress in addressing the mental health disorders of incarcerated individuals in county and local jails, there are still notable obstacles in delivering comprehensive mental health care and treatment. [108-109] Sustained allocation of resources towards mental health services, training initiatives, and interagency cooperation, in conjunction with extensive reforms to the criminal justice system, are crucial in enhancing the outcomes for jailed individuals with SMI.

Chapter 3:
Examples of Nationwide Best Practices and Promising Approaches

Revamping interventions for people with mental health disorders in local and county jails necessitates a collaborative effort involving partnerships with community-based services, the medical professional community, state policymakers, and institutional systems.[113] This requires considering a systems framework such as the Sequential Intercept Model (SIM) (see Figure 2) to develop a strategy for mapping how individuals with mental health challenges navigate the criminal justice system, identifying resource availability, pinpointing service gaps, and planning systemic changes.[29]

One example is **Yakima County, Washington.** They have been at the forefront of creating a comprehensive care continuum for individuals with SMI.[30] Yakima County established a Mental Health Crisis Stabilization Unit, Crisis Intervention Training for Law Enforcement, a Behavioral Health Diversion Program, and a Mental Health Court. Yakima County is also one of the few sites in the nation that have implemented *a therapeutic court* - The dual Diagnosis Mental Health/Drug and Alcohol Court.[31] This effort is spearheaded by the Yakima County Collaborative Diversion Policy team, a coalition of criminal justice stakeholders and local mental health providers, using SIM. The SIM has proven crucial in offering a structured framework for evaluating the existing system and helping the community outline proactive steps for future reforms. Currently, Yakima County is actively working towards filling additional identified service gaps, aiming to reroute individuals with mental health disorders away from the criminal justice system and towards community-based treatment.

Figure 2. Sequential Intercept Model (SIM)



Another example is the **Miami Center for Mental Health Recovery, which** is for people who regularly cycle between the criminal justice system and other acute care treatment systems due to major mental illnesses and substance use disorders.[114] The biggest mental health facility in Florida is the Miami-Dade County jail. Every year, over 11,000 persons with severe mental illnesses are admitted to the county jail in Miami-Dade County; these individuals are typically there for minor, non-violent acts. It is estimated that 57% of inmates in Miami suffer from mental problems. The Eleventh Judicial Circuit Criminal Mental Health Project and community stakeholders have been collaborating with Miami-Dade County to design and construct a first-of-its-kind mental health treatment and diversion center for people with severe mental health disorders who are either currently involved in or at risk of entering the criminal justice system. Operating out of a completely remodeled space, the Miami Center for Mental Health and Recovery will provide services that are hard to come by or not offered anywhere else in the community. Various levels of residential treatment, transitional housing, day treatment, and activity programs, outpatient behavioral health and primary care, dental and optometry services, vocational rehabilitation and employment services, classrooms and educational spaces, post-treatment housing assistance, a courtroom, and space for legal and social service agencies are

all included in the building. An integrated crisis stabilization unit and addiction-receiving facility are also included.

Judge Steve Leifman of the Florida 11th Judicial Circuit has been involved in the project from the start, and the Miami Center for Mental Health and Recovery is the next step in attempting to remedy a malfunctioning system. According to Judge Leifman, the county spends $636,000 a day, or $232 million annually, housing 2,400 individuals with mental health problems.[115] The state pays about $47.3 million annually to around 34,000 people for community-based mental health care.

Additionally**, Colorado's Summit County Sheriff's Office** launched a new initiative, Strategies to Avoid Relapse and Recidivism (STARR), to enhance outcomes pertaining to mental health, substance abuse, and related criminal activity.[116] Strategies to Avoid Relapse and Recidivism (STARR) is a program designed to support individuals involved with the criminal justice system in Colorado, focusing on reducing the likelihood of relapse into substance abuse and recidivism. STARR typically encompasses a range of interventions and supportive measures aimed at addressing the root causes of criminal behavior, particularly for those whose offenses are linked to substance abuse and mental health issues.[117]

Furthermore, **The University of Colorado School of Medicine's new Wellness, Opportunity, Resiliency Through Health (WORTH)** program seeks to support this transition and provide individuals with the tools to manage their healthcare requirements while incarcerated more effectively and after release.[118] For those in custody or recently released from county jail, the WORTH program makes it easier for them to get social services and community-based medical treatment.

Diversion programs in Utah reflect a broader trend within the criminal justice system toward alternative sentencing approaches that recognize the value of rehabilitation over incarceration for certain individuals.[119] By focusing on treatment, support, and accountability, these programs aim to reduce recidivism, alleviate the burden on the criminal justice system, and promote the successful reintegration of individuals into their communities.

For instance, the Utah Conviction Alternatives Track (UACT) is an inventive post-guilty plea diversion program currently available in the District of Utah. The UACT Program was created in collaboration with the District Court, the United States Attorney's Office, the United

States Probation Office, and the Federal Public Defender's Office.[120] Participating defendants can effectively address their behavior to foster recovery, lower recidivism, and enhance community safety Through the innovative combination of therapy, alternative sanctions, judicial engagement, and special incentives provided by the UACT program. Enrollment in UACT is entirely voluntary. Participants in the program will participate in various activities to address the root reasons for their criminal behavior. They will also be expected to attend UACT program meetings regularly, where they will get updates on their progress. Those who successfully fulfill all program criteria are either given probationary terms or have the charges against them dropped, depending on the category in which they are placed.

Additionally, the **Huntsman Mental Health Institute (HMHI),** University of Utah School of Medicine, helps individuals ages 18+ receive help and support during a mental health crisis 24 hours a day, seven days a week.[121] At HMHI, a Receiving Center provides care and support to individuals in crisis need. Interventions are highly intensive, brief, and focused on resolving the mental health crisis in the safest and least restrictive manner possible. Furthermore, HMHI offers a broad spectrum of mental health services, including inpatient and outpatient care, crisis intervention, and specialized programs. Police officers have been training to divert individuals in crisis away from the emergency room, the county jail, and into the HMHI.

Institutions like HMHI often collaborate with legal and correctional systems to provide mental health assessments, treatment, and support services aimed at addressing the needs of individuals within the criminal justice system, including those awaiting trial.

The "No Wrong Door" approach is a strategy used in several jurisdictions, including **Hillsborough County, FL**.[122] Its goal is to guarantee that people who need services, especially those with complex needs like homelessness, mental health disorders, substance abuse, or co-occurring disorders, receive thorough support and guidance from the moment they enter the system. This approach is grounded in the principle of seamless access to services, aiming to eliminate barriers and streamline assistance across a wide array of health and social service agencies. No Wrong Door approach requires strong collaboration and communication between various agencies, including health care, mental health, substance abuse treatment, social services, housing, and law enforcement.[123] By working together, these entities can provide a more coordinated and effective response to individuals' needs.

Centralized or Shared Intake Process: A common feature is implementing a centralized or shared intake process that allows individuals to access a range of services through a single-entry point. This process often involves comprehensive assessment tools to identify an individual's needs and connect them with the appropriate services.

Case Management: Individuals are often assigned a case manager who guides them through the system, helping them navigate services, follow up on referrals, and ensure continuity of care. This personalized support is crucial for individuals facing multiple interrelated challenges.

Flexibility and Responsiveness: Services under a "No Wrong Door" model are designed to be flexible and responsive to the changing needs of individuals. This might involve adjusting treatment plans, reevaluating housing needs, or introducing new services as required.

Advocacy and Empowerment: The approach also emphasizes empowering individuals to participate actively in their recovery and well-being. This includes educating on available resources, supporting self-advocacy, and encouraging treatment and service planning participation.

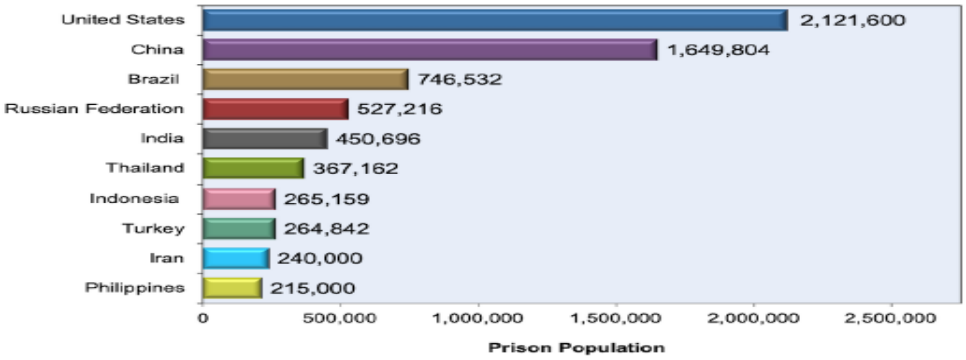
Focus on Prevention and Early Intervention: By providing easy access to services, the "No Wrong Door" approach aims to prevent crises and address issues early before they escalate into more serious problems.

Use of Technology: Many "No Wrong Door" systems leverage technology to facilitate communication between agencies, track services, and outcomes, and ensure that individuals do not fall through the cracks.

The Pre-Trial Diversion and Recovery Program in **East Baton Rouge Parish, LA,** represents an innovative approach to criminal justice, focusing on rehabilitation rather than incarceration for non-violent offenders with mental health or substance abuse challenges.[124] This initiative is part of a broader movement towards restorative justice. It recognizes that addressing the underlying issues leading to criminal behavior can benefit the individual and the community more than traditional punitive measures.

Global Mental Health Approaches in the Criminal Justice System

Figure 3. World Prison Brief: Highest to Lowest—Prison Population Total, 2018.



The country with highest incarcerated population is the United States, with about 2 million. The global prison population to date is close to 11 million people and 90% of the people incarcerated people who are assigned male at birth.

Global mental health approaches for incarcerated individuals with mental health conditions increasingly emphasize diversion, rehabilitation, and integrated care to address the needs of individuals with mental health conditions, aiming to improve outcomes and reduce recidivism. This section of the report provides examples of existing services and programs for incarcerated individuals with SMI at the global level. Japan, Singapore, the UK (England and Wales), and Australia are notable examples of existing mental health services and general programming for incarcerated individuals. Brazil and China are examples of countries with scarce services for incarcerated individuals with SMI and a lack of services for all detained. Each country's services and programming will be described. The sections herein are the following: Legal/Court Involvement, Services Offered (Addiction, Education, and more), Length of Stay, and Rehabilitation/Reentry. It should be noted that not all countries had the information available, so it may not be reported here.

Japan

Legal/Court Involvement. The treatment of incarcerated people with mental health disorders is based on the *Act for the Medical Treatment and Supervision of Persons with Mental Disorders who caused Serious Harm (MTSA).*[125] *MTSA is a law designed to ensure that individuals with mental health disorders who have committed serious offenses receive appropriate medical treatment and supervision.* The goal of this law is to balance the need for public safety with the necessity of providing treatment and rehabilitation for the offender.[126] Japan recognizes the importance of addressing the underlying mental health issues contributing

to criminal behavior, offering a structured system for treatment and monitoring rather than incarceration alone.[125, 127] This approach underscores a shift towards more humane and effective management of individuals with mental health conditions within the criminal justice system. This law was passed in 2003 and provides procedures and conditions for the management of serious individuals with mental health disorders to promote rehabilitation of those who commit severe offenses in a state of insanity or diminished capacity.

The MTSA System can be implemented in two ways: (1) a public prosecutor can request it if they decide not to charge someone based on the grounds of insanity or diminished capacity, and (2) a person who was acquitted or given a reduced sentence can be referred to the process.[125]

After the referral process, the district court orders a psychiatric evaluation as a part of the court process. The purpose of this evaluation is to verify the (1) presence of mental disorder, (2) treatability, and (3) factors impeding the person's reintegration into society.[125] This evaluation will determine whether the individual will receive inpatient or outpatient services.[125] The individual is often observed in an inpatient setting by a multi-disciplinary team in a hospital. A rehabilitation coordinator (qualified mental health professional) is also assigned to the individuals to assess their social circumstances.[125] Once the evaluation is complete, an interdisciplinary panel consisting of a judge a specially qualified psychiatrist uses the psychiatric evaluation, rehabilitation coordinator assessment, and testimony to determine the best way course of action for the individual.[125]

The individual will have to undergo either inpatient or outpatient treatment if it is found that MTSA is required for them to get better mentally so they may reintegrate into society.[125] Individuals undergoing inpatient treatment will be admitted to a forensic unit in a secure institution recognized by the MTSA, which public businesses, local governments, or the state may operate. The course of treatment is customized to meet the needs of each patient.[125] The duration of stay in the inpatient institution is undetermined; however, the facility director has the authority to request an extension of the patient's stay every six months if needed.

Outpatient treatment can be distributed into three options: (1) mental health supervision by the probation office, (2) medical treatment provided by MTSA-designated facilities, and (3)

social welfare services provided by a mental health center and support facilities in the community where the person lives.[125] The rehabilitation coordinator plays a key role here, supporting and establishing a plan for the individuals. For this treatment, the individuals must live in a stable location and appear at the probation officer's request. This treatment lasts less than three years, but it can be extended to an additional two years if it is determined the patient needs it.

If the courts decide that a person is not in need of MTSA treatment. The individual will be treated under the Mental Health and Well-being Act (MHWA), which is designed for non-offenders.[125] This statute offers a method for offenders with mental health disorders to get treatment and rehabilitation instead of incarceration, where they might not be able to get the care, they need.

Services offered under the MHWA. Education, job training, and rehabilitation opportunities are provided in Japanese prisons. Education programs include basic literacy and numeracy classes.[128] Incarcerated individuals can also receive vocational training in carpentry, cooking, etc. Job Training programs are hands-on experience in specific industries or trades.

Rehabilitation/Reentry. Supports the individual to receive opportunities for successful reintegration into society.

1. Core-work (Employment Support Information Center of Correction) – This office was established to support ex-offenders seeking employment but are disadvantaged because of their criminal record.[129] This office provides three services: (1) Employment information provision service, (2) Recruitment procedure support service, and (3) Job assistance consultation service.[129]
2. Offender Rehabilitation Facilities – These facilities assist in independent living.[129] Individuals are given a certain amount of freedom and responsibility to assist with reintegration into society. Various programs are available, including Drug and alcohol addiction treatment programs, social skills training, counseling, and therapy.[129] Currently, 103 facilities are active.

3. Self-Reliance Support Homes – This is another way to support independence, similar to offender rehabilitation facilities. Non-profit and other support organizations fund these homes. [129] Approximately 473 facilities are active.
4. Crime Prevention Activities – These activities promote public understanding and improve the social environment that causes crimes to prevent future crimes.[129] The community works together to create a society without crime through lectures, symposiums, etc. An example is the Yellow Feather campaign, which focuses on how difficulties in life can induce offending through varying types of advertising.[129]
5. Rehabilitation Coordinators – These coordinators have psychiatric qualifications and are crucial in supporting, supervising, and coordinating the social circumstances of mentally disabled offenders.[129]
6. Other Organizations – Juridical Person for Offenders Corporations, Women's Association for Rehabilitation Aid, and Japan Federation of Big Brothers and Sisters are organizations that provide rehabilitation support. The Juridical Person for Offenders Corporations provides support in housing, counseling, awareness-raising, and assistance to businesses that help rehabilitate individuals with criminal justice backgrounds.[129] The Women's Association for Rehabilitation Aid supports improvement and rehabilitation through childcare support, awareness, and community small discussion.[129] Lastly, the Japan Federation of Big Brothers and Sisters provides mentoring services and conducts learning support activities for children.[129]

Singapore

Legal/Court Involvement. Community courts *were* established in 2006 to handle special cases, including incarcerated individuals with mental health disorders.[130] Community Courts can impose mandatory treatment orders and other community-based sentencing. Community-based sentences are types of sentences that were introduced in 2012 and are applicable for justice-involved individuals with mental health disorders and other special cases. There are five types of community-based sentencing.

1. *Mandatory Treatment Order (MTO)* – Directive that sends individuals with a treatable psychiatric condition to undergo treatment for up to 36 months.[130-131] First, the person must be evaluated by an appointed psychiatrist. [131] The Criminal Justice Reform Act, as part of MTOs can be imposed on individuals convicted of a list of more serious crimes.[130] The court will appoint MTO if the evaluation and report state: (1) the person is suffering from a treatable psychiatric condition, (2) suitable for treatment, and (3) the psychiatric condition is one of the factors that contributed to the offense.[131] The Mental Health (Care and Treatment) Act, passed in 2008, requires a psychiatrist to determine the presence of a mental health disorder that warrants detention based on the safety of the individual.[132] This covers the involuntary hospitalization of offenders with mental health disorders.[132]

2. *Day Reporting Order* – Justice-involved individuals will report to a day reporting center for monitoring, counseling, and rehabilitation programs. [131] This can range from 3 to 12 months.

3. *Community Work Order* requires the individual to perform community work associated with the offense. [131]

4. *Community Service Order* – this requires individuals to perform community service.[131]

5. *Short Detention Order*: The individuals will be incarcerated for not more than 14 days.[131] This is supposed to deter them from committing a criminal offense.

Services Offered

Psychology-Based Correctional Programs – These programs aim to motivate offenders to change and work on the negative thought patterns that can lead to offending. Three theories guide these programs: Risk-Need-Responsivity (RNR) model, the Good Lives Model (GLM), and the Desistance Approach.[131]

Length of Stay

1. Short detention order – 14 days
2. Mandatory treatment – three years maximum

Rehabilitation/Reentry. Supports the individual to receive opportunities for successful reintegration into society. Community-based programs are available for offenders towards the end of their sentence. It promotes reintegration into society. There are three options:

1. *Home Detention/Residential Scheme*: the individual can serve their CBP at home with their family under certain conditions.[133] The conditions may include electronic monitoring, work, or education.

2. *Day Release Scheme/Employment Preparation Scheme*: individuals are allowed to undergo work, studies, or skills training during the day.[133] In the evening, they must return to stay at a step-down facility called Institution S2.[133]

3. *Halfway House Scheme*: This provides transitional support, case management, and treatment to justice-involved individuals, especially those who have an addiction.[133]

4. *Forensic Psychiatry Community Service* –This a one-year voluntary program that provides treatment and services to formerly incarcerated individuals with psychotic affective anxiety disorder.[130]

5. *Mandatory Aftercare* – This structured aftercare scheme supports ex-offenders. It is for people who use drugs, property offenders with drug antecedents, and individuals who have committed serious crimes.[133] They must attend casework and counseling sessions, comply with curfew, wear electronic monitoring devices, and undergo a urine test.[134] Halfway house, home supervision, and community reintegration occur in three phases.[134]

6. *Care Network* – This consortium of several founding agencies provides an inclusive environment for formerly incarcerated individuals.[135] They released a standardized aftercare and case management framework for better professionals. They also have opportunities for clients to pursue education and qualifications. They also launched two community initiatives: the Yellow Ribbon Project (YRP) and the Yellow Ribbon Fund (YRF).[135] YRP is a community campaign that is aimed at changing society's mindset of

ex-offenders. YRF is a charity fund for formerly incarcerated individuals and their families to access reintegration support and services.[135]

The UK (England and Wales)

Legal/Court Involvement. A legislative framework known as the Mental Capacity Act of 2005 was implemented in England and Wales to give people with poor mental health capacity to act and make decisions for themselves a legal foundation.[136] This covers choices on medical treatment, welfare, and money. The Mental Health Capacity Act permits the treatment of people who refuse mental health treatment because they are incapable of doing so or who are unable to make an informed decision about their treatment because of mental health disorders when it comes to individuals within the criminal justice system. The Mental Health Capacity Act highlights how crucial it is to act in these people's best interests while also considering their desires, beliefs, and values, both past and present. It seeks to safeguard and enable people who might not be able to make certain decisions by making sure they get the care and assistance they require in a way that upholds their rights and dignity.

The Mental Health Act of 1983 and the Mental Health Act of 2007 are two pieces of legislation that control the mandatory treatment and care of people with mental health disorders in Wales and England.[136] The 2007 revisions brought about several noteworthy adjustments with the goal of enhancing and modernizing mental health services, guaranteeing that people with mental health disorders receive equitable treatment and that their rights are upheld. This act allows offenders with severe mental illness to get assessed and transferred to a hospital for care.

Courts can require treatment for mental health disorders, substance abuse, or both as part of a community sentence for those found guilty of specific crimes by using Community Sentence Treatment Requirement (CSTR) Orders.[136] Individuals must participate in treatment programs designed to address the underlying problems causing their criminal behavior, either instead of or in addition to serving time in jail. CSTR Orders serve public safety and rehabilitation goals by lowering the probability of reoffending and enhancing the individual's health and well-being. [136]

People who have been found guilty of a crime but do not want to go to jail or prison are granted Community Sentences. These people can include those whose conduct is being affected by mental illness, those who are committing a crime for the first time, or those who the courts believe are more likely to quit committing crimes.[137] This sentence consists of completing unpaid work for the community (Community Payback).[80] Community Payback is from 40 to 300 hours and can range from 3 to 4 days a week if an individual is unemployed.[137]

Services Offered

1. *Offender Management in Custody Key Worker Scheme* – This is available to all incarcerated individuals in a male-enclosed facility. They are assigned a social worker responsible for engaging, motivating, and supporting them through the custodial period.[138]
2. *Samaritans Excellent Listeners Scheme* – This scheme trains selected offenders to provide emotional support to their fellow offenders.[138]

Rehabilitation/Reentry

1. *RECONNECT* – This aftercare/custody service improves the continuity of care of individuals leaving incarceration.[139] This program starts 12 weeks before release and goes up until six months after release or when all health needs are met.[139] RECONNECT provides case management, advocacy, and facilitation to community-based health services.[139]
2. *Health and Justice Partnership Coordinator* – This is a newly established position with a critical role in the continuity of care of individual's post-release. In this role, they work to ensure individuals have access to appropriate support and treatment once someone is released.[140] They will ensure they have suitable access to health and other necessary services.[140]
3. *HM Prison and Probation Service*, Offending Behavior Programs focus on various behaviors and attitudes to persuade individuals from reoffending. The programs encourage problem-solving, perspective-taking, managing relationships, and self-management. [141]

Australia

Victoria

Legal/Court Involvement. Community Corrections – Offenders are granted community corrections as an alternative to imprisonment or a term in their parole. Individuals have to comply with various conditions, and this includes participating in (1) educational programs, (2) community work, and (3) assessment and treatment programs (Department of Justice and Community Safety.[142] Most of the time, offenders engage in community work, which is unpaid work that allows the offender to pay back the community.[142] Examples of community work are Graffiti removal, Emergency support, etc.

Services Offered

1. *Aboriginal Art Policy Model* – This program allows Aboriginal prisoners to sell artwork produced through The Torch's Statewide Indigenous Arts in Prisons and Community (SIAPC) program.[142]

2. *Cultural Programs* – These programs are targeted to specific groups. For example, “Sister Day In” is a program dedicated to the prevention of family violence against Aboriginal women.[142]

3. *Family Engagement and Parenting Programs and Services Guide* – These programs aim to increase family engagement.[142] For example, “The family engagement service” plays a crucial role in assisting women in developing strong familial links/support and growing opportunities for social capital.[142]

Rehabilitation

1. *ReStart* – This program is specifically for short-sentence and remand individuals with high reintegration needs.[142] This includes three months of outreach support to establish links within the community.

2. The *Remand Release Assistance Program* is available to remand offenders discharged from court. This program provides them with information on support

services.[142] This includes drug and alcohol harm minimization, health services, and more.[142]

Australia Capital Territory

Legal/Court Involvement. Intensive Corrections Order – This is a custodial sentence that is served in the community, which is a maximum of 4 years.[143] Individuals with this order must undergo regular drug testing and home visits. They must also engage in community service work, adhere to curfews, and participate in a rehabilitation program(s).[143] Community Service Work might be a part of the intensive corrections or parole order. It involves completing unpaid work to give back to the community and can range from 20- 500 hours, and tasks can include gardening, cleaning, etc.[143]

Services Offered

1. *Programming for Women* – There are programs specific to support women. For example, feeding and bonding facilities are available to assist mothers in developing and retaining relationships with their children.[143]
2. *Programming for Aboriginal and Torres Strait Islander People* – These programs are specific for Aboriginal people. It is meant to foster cultural identity regeneration and practices to promote change.[143]
3. *Technology* – Offenders are given a computer in their cell with limited internet access.[86]
4. *Recreation Center* – The recreation center includes gym facilities, basketball courts, and football grounds.[143]
5. *Education Programs* – Education services include literacy and numeracy support, foundational qualifications, and vocational training.[143]
6. *Work Activities and Industries Work* - This allows offenders to gain vocational skills and gives them opportunities to work while serving their sentence. Various industries are mirrored, such as bakery, barista, and more.[143]
7. *Risk-Specific Programs* target offender-specific behavior, crimes, or health issues.[143]

Rehabilitation/Reentry

1. *Justice Housing Program* – This program provides limited accommodation options to incarcerated individuals.[143]
2. *Extended Through Care* – This voluntary program promotes reentry into the community by coordinating community resources for eligible offenders.[143] Areas of support include housing, health, income, family, community corrections, etc.

New South Wales

Legal/Court Involvement. Intensive correction orders (ICO) are community-served custodial sentences with a maximum two-year term.[144] It is accessible to individuals who have committed significant crimes. The courts may amend the ICO to include additional requirements such as curfews, home confinement, electronic monitoring, community service projects, drug use bans, etc. Community corrections orders (CCOs) are more individualized, less severe sentences with a two-year maximum.[144] A community correctional officer may oversee the imposition of curfews, community service projects, or other requirements.[144] For first-time and less serious offenses, conditional release orders (CROs) are frequently used as a penalty. [144] Drug and alcohol abstinence programs, among other things, may be mandated by CRO. Community service work (CSW) allows individuals to perform unpaid work to repay the community for their crimes. This involves various tasks, including preparing meals for community events, with a maximum 750-hour requirement. [144] Courts can send an individual to a community residential facility (CRS) instead of incarceration to complete a program. [144] There are currently two facilities, one for women and one for men.

These court orders are an example of a progressive sentencing strategy that acknowledges the value of mental health and drug addiction treatment in lowering recidivism and facilitating the reintegration of incarcerated individuals into society. This method emphasizes a change in how the criminal justice system manages people—a move from punitive to more therapeutic tactics.

Services Offered

1. *Education, Training, and Employment Opportunities* – Individuals who are incarcerated

may take part in vocational training, part-time employment, and basic education programs.[144] One instance is their animal care programs, which allow incarcerated individuals to get practical skills in taking care of animals from nonprofit organizations.[144]

2. *Alcohol and Drug Treatment* – The residential intensive drug and alcohol treatment program is designed for both male and female clients whose substance abuse and the current offense are connected.[144] Using a multidisciplinary approach, this program addresses substance use and behavior through pre-release treatments, education, employment, health, and therapy.
3. Statewide Disability Services – This multidisciplinary team supports intellectually and cognitively disabled individuals; the program includes mental health assessments, psychological services, etc. [144]

2. *Miruma* – This is a residential facility for women with mental health and substance abuse issues. [144] This facility allows women to gain stability before reintegrating into society.
5. The *Mental Health Screening Unit* ensures proper assessment, treatment, and management of individuals with mental illness. [144]
6. *Mum Shirl Unit* – This is a therapeutic unit for women who cannot be safely managed in other facilities. Services offered include assessment, tailored intervention, case management, and progression planning.[144]
7. *Acute Crisis Management Unit* – This unit is a short-term referral option for men who are at risk of harming themselves and cannot be managed at their center.[144] Services: ongoing review, tailored interventions, case management, and progression planning.

Rehabilitation/Reentry

Transitional Care Centers – **The Bolwara Transitional Center and Parramatta Transitional Center** provide support to female offenders approaching release and are designed to decrease the risk of re-offending. [144] The **Bolwara Transitional Center** specifically targets Aboriginal women, recognizing their unique cultural and social challenges. [144] It provides tailored support for those dealing with alcohol or substance use issues, aiming to facilitate a smoother transition back into the community. The center's programs likely include culturally sensitive approaches to treatment and rehabilitation,

acknowledging the importance of cultural identity in the healing and recovery process. By focusing on Aboriginal women, Bolwara seeks to address the overrepresentation of Indigenous peoples in the criminal justice system and the complex interplay of factors that contribute to this issue.

The Parramatta Transitional Center, on the other hand, is designed to assist women serving longer sentences in a correctional setting and help them become ready for life after release. [144] Because of the stigma associated with being incarcerated, advances in technology, and alterations in social and familial ties, the reintegration process can become more difficult the longer an individual has been behind bars. The center provides various services, such as mental health support, educational opportunities, vocational training, and help finding housing and work, to give these women the tools they need to start over.

With an emphasis on treating the underlying reasons for criminal conduct and giving incarcerated individuals the resources and assistance, they need for a smooth transition back into society, both facilities represent a rehabilitative approach to prisons. The Bolwara and Parramatta Transitional Centers represent efforts to customize reentry support to the varied backgrounds and experiences of individuals in the criminal justice system by focusing on the needs of female and Aboriginal offenders. It is acknowledged that a one-size-fits-all approach is frequently ineffective in reducing recidivism.

Northern Territory

Legal/Court Involvement. *Home Detention Order* is an alternative to traditional incarceration used in the Northern Territory of Australia.[145] It permits some individuals to serve their sentence under strict conditions in their own home or another approved property instead of jail. With an emphasis on the reintegration of individuals into the community, this type of incarceration aims to provide a more rehabilitative approach to punishment while maintaining public safety and legal compliance. Individuals must meet specific eligibility criteria to be considered for home detention, which typically include the nature of their offense, their criminal history, and a risk assessment of their likelihood to re-offend or breach the conditions of their home detention. A comprehensive assessment is conducted to determine the individual's

suitability for home detention, considering factors such as the availability of a suitable residence, supportive family or community networks, and the offender's health and employment status. The courts decide where the offender will live to complete the sentence, usually less than 12 months.[145]

A *Community Custody Order* is a sentencing option within some legal systems that allows an offender to serve their sentence within the community instead of in a correctional facility. This order is designed for up to 12 months and is aimed at offenders for whom community-based sanctions are deemed appropriate by the court. Part of the order may involve completing a certain number of hours of community service or engaging in other forms of community work. [88] This aspect is intended to provide a reparative element to the sentence, allowing individuals to contribute positively to society.

A *Community Custody Order* is a sentencing option that allows individuals to serve their sentence within the community, under supervision, rather than in a correctional facility. [145] This type of sentence is part of a broader effort to rehabilitate offenders and integrate them back into society in a controlled and monitored way. This sentence allows the individual to serve their time in the community for up to 12 months. An individual’s community custody order may require them to attend programming and counseling, complete community work, and more.[145]

A *Good Behavior Order* is a court-imposed legal order that permits an individual to serve time in detention rather than imprisonment if they continue to behave well for a predetermined amount of time. [145] Using the threat of harsher penalties for order violations, this order aims to promote recovery and discourage recidivism. Individuals under Good Behavior Order may be subject to supervision by parole or probation officers, depending on the specific terms of their order. This supervision ensures compliance with the order's conditions and supports the offender's rehabilitation efforts. Individuals may also have to engage in programming, treatment, or training, depending on their order. By emphasizing good behavior and adherence to prescribed guidelines, these orders aim to promote individual accountability and sustained behavioral modification among individuals.

Community-based Order is a sentencing option that lets individuals spend their time in the community under set guidelines as an alternative to going to jail.[145] With a focus on addressing the root causes of criminal conduct, this sentencing strategy keeps offenders in their communities while imposing conditions intended to aid their rehabilitation. This order (lasting up to 2 years) requires a probation and parole officer to monitor offenders and engage in programs, treatment, and training.[145] The primary goal of a community-based order is rehabilitation. This is achieved through conditions that may include participation in educational programs, employment, counseling, or treatment for substance abuse and mental health disorders. Individuals are required to adhere to strict conditions set by the court. These can vary significantly based on the individual's needs and the nature of their offense and may include curfews, restrictions on alcohol or drug use, and prohibitions against contacting certain people.

Often, a community-based order includes a requirement to complete a certain number of hours of community service, allowing the individuals to contribute positively to the community while reflecting on their actions. Community corrections officers or other designated supervisory authorities closely monitor individuals under community-based order. Parole and probation officers provide oversight, ensure compliance with the order, and offer support to facilitate the offender's rehabilitation. Individuals may be connected with various support services as part of their community-based order, including vocational training, education, counseling, and health services, to address underlying issues and support successful reintegration into society. [88] Failure to comply with the conditions of a community-based order can result in penalties, including the possibility of the order being revoked and the individual being sentenced to a term of incarceration.

Services Offered

1. *Intensive Alcohol and Drug Program* – This program includes a psycho-educational component with intensive treatment.[145]
2. *Psychology* services are offered to male and female offenders over 18 years old.[145]

Rehabilitation/Reentry

Maintenance/Through Care Programs – These programs provide pathways to release and help offenders transition successfully into the community.[145]

South Australia

Legal/Court Involvement. Community-Based Court Orders are a type of legal discipline that, instead of putting individuals in jail, let them serve their sentences under certain restrictions in the community. These orders aim to preserve public safety and the individual's rehabilitation by giving them organized support and supervision. They are designed to meet the unique requirements and circumstances of each person and demonstrate a belief in the possibility of rehabilitation outside of prison.[146] These orders allow offenders to serve their sentences in the community.[146] The court can impose additional conditions, including good behavior, supervision by a community corrections officer, attending programming, community service, etc.[146] There are several types of Community-Based Orders:

Order for Community Service, as part of this order, the individual must contribute positively to the community for a predetermined number of hours while still being held accountable for their acts.[146] The work aims to assist the offender in gaining a feeling of social responsibility while also benefiting the community. A bond is an agreement given to the court to abide by specific requirements, such as attending therapy or rehabilitation sessions, maintaining good behavior for a predetermined amount of time, or providing regular updates to a community correctional officer.[146] Further legal repercussions may follow a breach of the bond's terms.

Intervention Order: An Intervention Order mandates that individuals take part in programs that address the root reasons of their criminal behavior.[146] It is specifically intended for offenders whose offenses have been impacted by substance misuse, mental health concerns, or other personal challenges.

Home Detention Order: With this order, individuals can spend their time at home or another authorized address under stringent guidelines. There are two options for this order: The release was ordered for home detention, and the court ordered home detention. Released-ordered home detention is used when an eligible individual is serving a sentence and has not committed the following crimes (e.g., homicide, offense of a sexual nature, and terrorist offense).[146] Court-ordered home detention is court sentences offender instead of incarceration. This type of detention may require electronic monitoring.[146] Curfews, electronic monitoring, and

treatment program participation requirements are a few examples of conditions. Technology, such as electronic monitoring devices, may be used to ensure compliance.

Services Offered

1. *Education and Training Programs* – Individuals can engage in educational programs and receive vocational training to increase job skills and opportunities, including self-study options.[146]
2. *Work Programs* – There are work opportunities for offenders, including the Cadell County Fire Service.[146]
3. *Drug Rehabilitation Programs* – these programs are available to help offenders suffering from withdrawal.[146] A methadone replacement program is available, and Group therapy and information sessions are available.
4. *Alcohol Abuse Programs* – These programs are available for those with problems with alcohol.[146]
5. *Forensic Mental Health* – encompasses a specialized area of mental health services provided to individuals within the criminal justice system who have been identified as having mental health disorders.[146] This field bridges mental health care and the legal system, aiming to assess, diagnose, treat, and manage the mental health needs of individuals who are either accused of crimes, convicted offenders, or those requiring mental health evaluation within the legal context.[146] Services include acute care, rehabilitation services, etc.
6. *Program for Women with Children:*

   Mum's Voice program – mothers are allowed to pick out a children's book and read it aloud while being recorded.[146] The recording and book are then given to their child as gifts.

   Family visit playgrounds – Certain women's facilities have visitor centers that include playgrounds for children and are available during visiting hours.[146]
7. *Volunteer Groups* – volunteer groups offer help to the Corrections Department. This Includes[146]: ARS Community Transitions: Services include bus transport and counseling; Second Chances: they offer peer support; Seeds of Affinity: provides support to women; Prison Fellowship Australia: supports offenders, their families, and

crime victims; Aboriginal Prisoner and Offenders Support Services: Their purpose is crime prevention and diversion, including strong advocacy and support.

8. *Programs for Aboriginal Offenders*:[146]

    Our Way, My Choice – This wellness program for Aboriginal men increases self-awareness.

    Drumbeat Program – This is for Aboriginal men and women, and it provides a social and emotional learning program and incorporates hand drumming.

    Respect Sista Girls 2 Program – This wellness program for Aboriginal women encourages empowerment and self-esteem.

Reentry/Rehabilitation

1. *Housing Programs* – There are programs available to help offenders access housing[146]:

    Integrated Housing Exit Program – The program is designed to reduce homelessness and the chance of reoffending. Offenders are eligible if they are sentenced to less than 12 months.

    Integrated Housing Exit Alternative Accommodation Service – This program is similar to the Integrated Housing Exit Program but is available for those with no properties available or suitable upon release.

    Bail Accommodation Support Program – This program is an alternative to custody for those who are granted bail but don't have a place to live.

    Aspire Social Impact Bond – This is the first homelessness program. Six hundred people will have access to a home over five years. Participants are provided stable accommodation, job readiness training, employment pathways, and life skill development. This support can last up to three years.

2. *External Services for Aboriginal Offenders* – Many support services for Aboriginal offenders outside of the jail provide level services, sobriety services, and healing and well-being programs.[146]

Tasmania

Legal/Court Involvement. Community Correction Orders are a type of sentencing option available to courts for offenders convicted of a crime. These orders allow offenders to serve their sentence in the community under strict conditions rather than in custody. Community Correction Orders aim to rehabilitate people with criminal justice backgrounds, reduce the risk of reoffending, and protect the community by providing structured oversight and support tailored to the offender's needs. [147] This order allows an individual to remain in the community while serving their sentence for a period not exceeding three years.[147] This order may include community service, supervised visits with a probation officer, education or rehabilitation programs, substance testing, and more. [147] Additional examples of Community correction orders are as follows:

Home Detention Orders – This order has strict conditions that an offender must follow. [147] This includes living at a pre-approved address, engaging in electronic monitoring, allowing police or probation officers to enter the residence anytime, and more. [147]

Court Mandated Diversion and Drug Treatment Orders – This order diverts those with a substance use issue to treatment instead of imprisonment. [147] The goal is to break the drug-crime cycle and provide the offender with services and treatment instead.[147] Treatment options include counseling, residential rehabilitation, case management, and detoxification. [147]

Services Offered

1. *EQUIPS* – This program targets medium and high-risk offenders, and three programs are offered based on offenses, including addiction, aggression, and domestic abuse.[147] This program lasts ten weeks and consists of 2-hour sessions twice weekly.
2. *Activities for Incarcerated Individuals* -Several activities are available:[147] 1. Employment opportunities (e.g., bakery, gardening). 2. Education (a variety of courses are available). 3. Programs – There are three programs available for offenders: Kids Days (offenders have special visits with their kids), Artists with Conviction, and Woodwork for Sale.

3. The *Family Violence Offender Intervention Program* offers individual and group activities to identify triggers for offending, skill build to manage conflict, learn non-violent and non-abusive skills, and much more.[147] This program lasts ten weeks and consists of two sessions three times a week.[147]

4. *Sober Driver Program* is for repeat offenders who drink and drive and consists of group activities.[147] Some activities include a three-week drinking diary and completing the program workbook.[147] The program is offered either for six weeks with three-hour sessions once a week or three weeks; the three-week option is available for those with transportation issues or those employed. [147]

Queensland

Legal/Court Involvement. These Special Court Orders reflect the Queensland judicial system's dedication to balancing the necessity for punishment, chances for rehabilitation, and community safety. [148] They acknowledge that individuals have various requirements and that it's critical to address the underlying problems that lead to criminal activity. Noncustodial sentences are legal punishments for criminal actions that do not require incarceration. [148] Individuals are exposed to alternate punishment and rehabilitation within the community under specific circumstances instead of serving time. [148] To preserve public safety, these sentencing options seek to hold individuals accountable, address the root causes of their criminal behavior, and lower the likelihood that they will commit new crimes. The following are some common categories of noncustodial punishments:

Special Court Orders – The judicial system in Queensland, Australia, uses a variety of Special Court Orders to address certain issues among criminals and within the community.[148] These orders aim to reduce recidivism and promote rehabilitation by customizing sentences to the unique requirements of offenders, the community's safety, and overall goals. Special court orders are frequently directed towards certain kinds of offenses or individuals who have special requirements, like those who struggle with substance misuse or mental health disorders. [148]

Court Orders for Mental Health – This is a special hearing where the Supreme Court makes decisions about the mental state of a person who committed a serious offense. If the

person is deemed temporarily or permanently unfit, they are placed on a forensic or treatment order. They can also have their trial suspended or stopped. [148]

Treatment Orders for Drugs and Alcohol – Treatment Orders for Drugs and Alcohol are intended for criminals whose criminal behavior is significantly influenced by serious drug or alcohol use problems. [148]These orders combine punitive measures with rehabilitative support to address the underlying cause of the offender's offense by requiring treatment and ongoing testing for substance usage as part of the sentence.

Orders for Domestic Violence [148] – Protective orders are intended to stop additional domestic and family abuse. They impose restrictions on the person, such as not allowing them to communicate with the victim or come near their employment or residence.[148] Domestic violence orders work to change the offender's conduct while safeguarding the victims from harm.

Orders for Sexual Offenders – This court has the authority to issue special orders for people found guilty of sexual offenses, which may include requirements like enrollment in programs for treating sexual offenders, limitations on their interactions with children, and electronic monitoring. [148] These orders aim to safeguard the public and lower the likelihood of reoffending.

Orders for Intensive Correction – are stringent community-based directives that impose obligations on the individual, such as curfews, electronic monitoring, and involvement in treatment programs.*[148]* Intensive correction orders seek to offer a controlled atmosphere that promotes the offender's rehabilitation while maintaining public safety.

Orders for Conditional Release - With the help of conditional release orders, criminals can be released into the community with certain restrictions, such as curfew observance, program participation requirements, and supervision.*[148]* These orders, which concentrate on the offender's rehabilitation and preventing future criminal behavior, are usually employed for less serious offenses.

Orders for Community Service—As part of their punishment, individuals with community service orders must complete a predetermined number of hours of unpaid labor in the *community*.*[148]* This order seeks to reintegrate the individual into society while establishing in them a strong work ethic and sense of responsibility.

Services Offered

Work Programs – This is available to low-security individuals, with some excluded because they committed a sexual offense, have an outstanding court matter, and are subject to being extradited after they complete their sentence. [91] This program allows them to give back to the community and learn useful skills. The projects maintain infrastructure, outdoor maintenance of schools, churches, etc., and building new structures in the community.[148]

Reentry/Rehabilitation

1. *CentraCare* – This is a post-release service that individuals have access to from three months post-release and then for the following 12 months.[148] CentraCare extends to their families as well. The individual will receive a social worker to help navigate the post-released and receive practical assistance. [148]
2. *Mental Health Hub* – Individuals will have access to one-on-one support, pastoral care services, and group support. The program works to increase social skills, improve quality of life, foster independence, improve physical and mental health, and assist in employment, housing, and education stability.
3. *Homelessness Accommodation* – Provide short-term housing assistance for individuals in need. There is a waitlist since not many spots are available.

4. *Housing Support* – Other housing support is available to those who have issues with their current living arrangements.[148]

5. *Murri Ministry* – Assist indigenous communities and focus on reconciliation.[148]

6. Specialist Cleaning Services – For individuals with hoarding problems, the specialist cleaning team provides services to help declutter and clean the home.[148]
7. Disability care includes short-term accommodation, mental health support (in the home and the community), skill development support, child disability service, independent living support, and disability benefit support.[148]
8. *Early Education Services* – This includes educational programs for children from six weeks old to kindergarten age.[148] The kindergarten program is a five-day fortnight, but

extra hours are available.[148] There are also after-school, vacation, and before-school programs for children in primary school.

9. Family and Relationship Care – This includes access to different forms of counseling.[148]

China

Information about specific treatment programs for incarcerated individuals with mental illness in China is somewhat limited due to the country's closed-off approach to its penal and mental health care systems. However, China has recognized the need to address mental health issues within its incarcerated population and has made efforts to improve mental health services in correctional facilities. [149-150] The Chinese Classification and Diagnostic Criteria of Mental Disorders (CCMD-3), ICD–10, and DSM-5 are the three diagnostic tools often used by forensic psychiatrists for assessment.[149]

Legal/Court Involvement. One important consideration in the sentencing of people with mental health issues who are incarcerated is criminal responsibility. One type of involuntary therapy requires medical treatment.[150] This applies to those with mental health disorders who have been judged by judicial psychiatry to be a danger to society but who have been found to bear no criminal responsibility.[150] The forensic hospital frequently sets up treatment orders and court proceedings.

Length of Stay

1. Detention – 37 days max.[151]
2. Mandatory Treatment – Unknown.[150]

Rehabilitation/Reentry

Community-Based Corrections - This program has been piloted in several provinces. Those on conditional release, probation, or serving sentences under three years for less severe crimes are eligible for these programs.[152] This allows them to serve their

sentence in the community. Two programs were piloted: Halfway House and Electronic Monitoring.[152] The three major tasks are Supervision, education, and support.[152]

Brazil

In Brazil, mental health treatment for inmates is provided by the penitentiary system through a combination of medical services and legal framework provisions. Overcrowding and a lack of resources are two significant issues facing Brazil's jail system, which may have an impact on the availability and standard of mental health care.

Legal/Court Involvement. Brazil's legal system includes protections for individuals with mental health disorders, recognizing the need for appropriate treatment and care. The Brazilian Penal Execution Law stipulates the rights of incarcerated individuals to health services, including mental health care.

Services Offered

1. The correctional settings lack the resources to care for people with serious mental illness and even the general population.[153] Most services for offenders with mental illness include psychopharmaceutical therapy, oversight by family, or long-term hospitalization in forensic hospitals.[153]
2. *Brazil has developed Psychosocial Care Networks (Rede de Atenção Psicossocial - RAPS*) outside the criminal justice to provide comprehensive mental health services in the community.[154] While primarily targeted at the general population, these services also represent a resource for formerly incarcerated individuals reentering society, aiming to support their mental health and social reintegration needs.[154]

Rehabilitation/Reentry

Psychosocial Community Centers (CAPS) – CAPS aims to care for people with mental health through therapy sessions (psychotherapy, therapeutic workshops, work-related

workshops, family therapy), home visits, and community activities to integrate these individuals into their communities.[154]

In summary, a variety of programs have been initiated to address mental health disorders among incarcerated populations at the global level, reflecting a growing recognition of the critical need for mental health care within correctional facilities. These programs, among others around the world, signify a shift towards more humane and practical approaches to dealing with mental illness in incarceration, aiming to improve outcomes for individuals and communities.

Overview of Key Components, Strategies, and Implementation Considerations

The implementation of comprehensive mental health programs in county and local jails necessitates meticulous planning, close cooperation and collaboration, and a dedication to meeting the social determinants of health needs of incarcerated people with mental health disorders.[149,151] County jails can enhance the mental health and general well-being of incarcerated people with SMI, enable a smooth transition back into society, and lower recidivism rates by concentrating on these essential elements and tactics. Early and correct diagnosis of mental health disorders is crucial to this effort, and this is accomplished by methodical screening and assessment both at the time of admission and frequently afterward.[155] The development of personalized treatment plans, constructed by a multidisciplinary team of mental health specialists, including psychiatrists, psychologists, social workers, corrections, and psychiatric nurses, is the cornerstone of effective mental health care in this context. Personalized medication management, counseling, and crisis response should all be included in these programs. Providing therapeutic and supportive housing units that provide a less stressful atmosphere conducive to recovery is a crucial aspect of these programs.[156] Integrated treatment programs that address both mental health and substance use disorders are essential due to the high prevalence of co-occurring diseases.[157-158] Maintaining continuity of care is just as crucial as helping people return to their communities; this calls for close collaboration with community-based providers to make it easier for people to access social services, housing, and continuing treatment after their release.

Strategically, the effectiveness of these programs depends on providing correctional officers and jail employees with thorough training that gives them the knowledge and abilities to identify mental health concerns, use de-escalation tactics, and comprehend the significance of treatment adherence.[75] Adopting peer support programs and evidence-based methods, where people with lived experience provide support and guidance, can greatly increase the efficacy of mental health interventions.[159] Additionally, developing strong alliances with nearby non-profits, mental health agencies, and other community groups is crucial to increasing the services and support systems people can access upon their release.

County jails must prioritize providing sufficient funds and resources, including staffing and program development, for mental health services. A crucial factor is creating explicit policies and procedures that support the provision of mental health treatments, defend the rights of prisoners, and guarantee staff responsibility. To continuously assess and enhance the efficacy of services, programs must also work to deliver culturally competent care while honoring the varied histories of those who are jailed. They must also put in place mechanisms for data collecting and program assessment. Finally, fostering a culture of understanding and assistance inside the correctional setting requires addressing and decreasing the stigma attached to mental health disorders.

Addressing Complex Needs of Incarcerated Population within ECCF

In addressing the complex needs of an incarcerated population within ECCF, a comprehensive and nuanced strategy for implementing mental health interventions is essential. The foundation of this approach involves universal screening and assessment at intake, utilizing standardized tools to ensure the early identification of mental health issues, substance use disorders, and trauma. Building a multidisciplinary team of mental health professionals experienced in working with diverse populations and providing continuous training in mental health, trauma, and de-escalation techniques for all jail staff are crucial steps. Ideally, individualized treatment plans should be developed for each incarcerated person with mental health disorders, incorporating a range of evidence-based practices and therapeutic approaches that acknowledge cultural backgrounds and specific mental health needs. Furthermore, addressing the high prevalence of co-occurring disorders through integrated treatment

programs and ensuring continuity of care by establishing strong partnerships with community-based services are vital for supporting incarcerated people during and after their release.

Creating therapeutic housing units and fostering a supportive jail culture can significantly enhance the mental well-being of incarcerated people, encouraging them to seek help when needed. Implementing telehealth services expands access to mental health professionals and specialists, while a robust data management system supports the monitoring and evaluation of program effectiveness.

Involving peer support specialists and strengthening community connections with local organizations and advocacy groups can provide additional support and mentorship, reflecting the community's diversity.[160] Regular evaluation of mental health interventions, informed by data analysis and feedback from participants and staff, is essential for continuous improvement. By committing to these strategies and prioritizing mental health care, ECCF can make significant strides in improving the outcomes for incarcerated individuals with mental health needs, ultimately contributing to safer communities and better public health outcomes.

Key Stakeholders and Community Partners for Successful Community Release

Effective reentry initiatives that assist those released from county jail in reintegrating into society rely heavily on the participation of important community partners and stakeholders (see Appendix 6).161 This cooperative strategy acknowledges that reintegration is a difficult process that calls for the assistance and participation of numerous societal sectors to meet the diverse needs of those returning to the community.

Figure 4. Eight Fundamental Needs for Reentry

This collaborative endeavor acknowledges that reintegration is a multifaceted challenge, necessitating a coordinated effort across various sectors to meet the diverse needs of returning individuals. Law enforcement agencies, probation and parole officers, and the courts are integral to this process, ensuring that reentry plans are in harmony with legal obligations and facilitating access to supportive programs.[162] The involvement of local government officials and policymakers is crucial for securing the necessary funding, resources, and overarching support, integrating reentry strategies into broader community planning.

Partnerships with mental health and substance abuse service providers address the behavioral health needs vital for a successful transition, offering a spectrum of services from counseling to support groups.[163] Collaboration with vocational training centers, educational institutions, and employers opens critical pathways to employment and education, foundational elements of reintegration. Addressing the immediate need for stable housing involves liaising with housing authorities and non-profit organizations, providing a base for stability and well-being.[164] Community and faith-based organizations offer additional support layers, including mentorship and social support networks, crucial for reentry's social and emotional facets. Furthermore, healthcare providers ensure access to essential physical healthcare services, while social service agencies support basic needs like food assistance and transportation, contributing to overall stability. Advocacy groups play a pivotal role in offering legal assistance and advocating for policy changes that facilitate the reentry process.[165] Engaging with returning individuals' families and social networks also provides indispensable emotional support and aids in community integration.

Strategies to foster this engagement include maintaining regular communication among all stakeholders and partners, encouraging joint planning and collaboration to ensure coordinated and comprehensive services, and raising community awareness about the challenges faced by returning individuals.[166-167] This fosters a supportive reintegration environment and encourages broader community involvement in reentry efforts. Engaging key stakeholders and community partners thus forms the backbone of effective reentry programs, ensuring that individuals returning from incarceration receive the holistic support needed to navigate reintegration challenges and lead productive lives in the community

Exploration of Budgetary Cost and Allocation of Resources

Estimating the financial investment and cost for supporting people with mental health disorders can vary widely depending on the scope of services, geographical location, and the specific needs of the population being served. To provide a broad estimate, we reviewed current innovative approaches that include various levels of care and support typically required for individuals with mental illness, ranging from outpatient counseling to more intensive interventions like inpatient treatment and supportive housing. By making community-based mental health and drug abuse treatment options more accessible, counties might save money and prevent more individuals from going to jail.[168] According to a study by Johnson and colleagues, 59 recommended mental health practices exist. However, the average number of US counties that offer these services is rather low. .[168] Very few of the suggested services for mental health and drug use disorders were available in most counties. Below are examples of investments that some local and county jails have created nationwide.

Shawnee County Jail (KS) - To build a new jail addition that will especially house individuals with mental health concerns, Shawnee County (KS) took a significant step forward.[169] The county commissioners gave the county jail department permission to start final contract negotiations for the design and construction of the addition with KBS Constructors Inc., based in Topeka.[169] The renovation is anticipated to cost between $17 and $18 million.[169]

Jefferson County, MO. Zena Stephens, the sheriff of Jefferson County, states that far too many individuals with mental health disorders are being sent to the county jail when their actual needs are mental health treatment.[170] Stephens is leading the new center for diversion.

The money comes from their contract with Jefferson County, Beaumont, and Port Arthur police departments. The three departments contribute $8 million to develop a mental health facility.

New Hampshire Department of Corrections. The Department of Corrections has required an extra $6.5 million in recent months to cover the expenditures of inmate medical care, which has included a 176% increase in ambulance expenses since 2022.[171] Correctional facilities are not the only ones like this. Congresswoman Annie Kuster has repeatedly proposed federal legislation permitting individuals to maintain their Medicaid coverage while incarcerated.[171] In May, she proposed the same proposal, arguing that it benefits counties and states that are footing the bill and inmates who may continue receiving medical care.[171]

Travis County, Texas. Veteran Texas sheriffs, such as Sally Hernandez of Travis County, have witnessed for years how tax funds are spent inordinately to end the loop of releasing an incarcerated person with mental health problems or who uses drugs who commit small offenses after they are taken into custody for a few hours.[172] Most recently, Travis County will begin the first phase of its jail diversion plan with a $23 million three-year pilot program in collaboration with county mental health provider Integral Care.[172] At a previous walk-in crisis clinic, law enforcement, and paramedics will be able to promptly arrive and stabilize an individual in crisis once it is launched.[172]

In summary, investing in mental health programs for individuals with mental health disorders involved in the criminal justice system is critically important for several reasons. Firstly, these programs offer a more humane and effective approach to dealing with people who have mental health conditions, recognizing that treatment and support can be more beneficial than incarceration. By addressing the root causes of criminogenic behavior, such as untreated mental illness and substance use disorders, diversion programs can significantly reduce recidivism rates, enhancing public safety in the long term.

Furthermore, these initiatives alleviate the burden on overcrowded jail systems, allowing for better resource allocation and improving conditions for inmates and staff. From an economic perspective, diversion and mental health programs are cost-effective, reducing the need for expensive incarceration and emergency health services by providing targeted, preventive care.

Additionally, these programs support the reintegration of individuals into society, helping them regain stability, access employment, and rebuild relationships, contributing to stronger, healthier communities. Investing in mental health ultimately reflects a commitment to justice reform, emphasizing rehabilitation over punishment and recognizing the dignity and potential of individuals with mental health issues within the criminal justice system.

Conclusion

This report highlights various innovative strategies (e.g., evidence-based screening and classification tools, diversion programs, and reintegration strategies) being implemented at the local, national, and global levels within diverse county and local jail settings nationwide. The data presented in this report underscores a significant concern: a vast number of Americans, nearly 50 million, are grappling with mental health issues, with a substantial portion, approximately 2.45 million, facing severe mental health challenges. This report calls for urgent and targeted policy and legal interventions to address the widespread mental health crisis, emphasizing the need for enhanced resources, improved access to care, and the elimination of systemic barriers to treatment.

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Appendix 1

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Background and Legal Information

Reason for Referral:

Interview Location ☐ Medical Clinic ☐ Booking ☐ Cell Side ☐ Other_____	**Religion:**	**Primary Language**	**Interpreter used?** ☐Yes ☐No

Do you have a place to live when released? ☐ Yes *(list)* _____ ☐ No	**Emergency Contact(s) information:**
Current Charges:	**Review of current arrest:**
Sentenced? ☐ Yes ☐ No *If Yes Term:*_____	**Have you ever been convicted of any other crime?** ☐ Yes ☐ No *If Yes specify below:*
Probation/Parole? *If Yes specify below:* ☐ Yes ☐ No	**Were you incarcerated?** ☐ Yes ☐ No *If Yes Longest Duration* _____ *If Yes Type of Incarceration:*_____
Have you ever been arrested before? ☐ Yes ☐ No *If Yes # of past arrest?* _____	**Additional Legal information:**
Have you ever been charged or convicted of a sex offense? *If Yes specify below:* ☐ Yes ☐ No	
Were you incarcerated? ☐ Yes ☐ No *If Yes Longest Duration* _____ *If Yes Type of Incarceration:*	

Personal History

How far did you go in school (last grade completed; highest degree)	**Do you have a history of head injury or seizures?** *If Yes specify below:* ☐ Yes ☐ No
Currently a student? *If Yes specify below:* ☐ Yes ☐ No	**Do you know of any psychiatric history in any of your family members?** *If Yes specify:* ☐ Yes ☐ No ☐ Maternal ☐ Paternal ☐ Both
Have you ever repeated a grade(s)? *If Yes specify below:* ☐ Yes ☐ No	**Who is your primary support system?**
Have you ever been suspended or expelled? *If Yes specify below:* ☐ Yes ☐ No	**Current relationship status:** ☐ Single ☐ Married(First) ☐ Married(Remarried) ☐ Unmarried with long term partner ☐ Divorced ☐ Separated ☐ Widowed ☐ Other
Any special education in school? *If Yes specify below:* ☐ Yes ☐ No	**Do you have any children?** *If Yes specify:* ☐ Yes ☐ No *# of Children* _____ *Age Range:* _____ *Do you have custody:* ☐Yes ☐No

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Personal History cont

Any history of emotional/behavioral problems in school? *If Yes specify below:* ☐Yes ☐No	**Additional Notes:**	
Any other early development problems? *If Yes specify below:* ☐Yes ☐No		
Have you experienced or witnessed trauma? ☐Pt Denies ☐Emotional ☐Physical ☐Sexual	**Have you witnessed serious violence or abuse?** ☐Pt Denies ☐Yes ☐No	**Are you or have you been a victim of criminal violence?** ☐Pt Denies ☐Yes ☐No
Current Employment Status:	**Benefits:** ☐N/A ☐Public Assistance ☐Food Stamps ☐Pension ☐Other_____	**Supported by Disability?** ☐No ☐SSI ☐SSD ☐SSI/SSD Pending
Disability reason: ☐N/A ☐Physical ☐Psychiatric ☐Developmental	**Who is the Payee?** ☐N/A ☐Client ☐Other_____	**Have you ever served in the military?** ☐Yes ☐No
What Branch?	**Years of Service?**	**Are you associated with the VA?** ☐N/A ☐Yes ☐No
Have you experience combat? ☐N/A ☐Yes ☐No *If Yes specify below:*	**Do you have a combat related injury(ies)?** ☐N/A ☐Yes ☐No *If Yes specify below:*	

Mental Health Treatment History

Primary diagnosis self reported:	**Current Mental Health Treatment**
	Agency/Hospital/Program:
Past Psychiatric treatment? *If Yes specify below:* ☐Yes ☐No	**Primary Clinician/Therapist:**
Past Residential Treatment? *If Yes specify below:* ☐Yes ☐No	**Phone #**

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Mental Health Treatment History cont.

Past Psychiatric Hospitalization? *If Yes* ☐Yes ☐No

Age of first hospitalization: _____

Total # of hospitalizations: _____

Longest hospital stay (in days) _____

Date of last psychiatric hospitalization: _____

Past MH Medications? ☐Yes ☐No

If Yes specify side effects below

Past outpatient treatment? *If Yes specify below* ☐Yes ☐No

Address:

Course of Treatment:

Patient compliant with treatment:
☐N/A
☐Yes
☐No

Substance Abuse History

The patient admits to use of the following substances.

Drug #1

Type:	Age of first use	Date last used	Frequency	Amount

Drug #2

Type:	Age of first use	Date last used	Frequency	Amount

Drug #3

Type:	Age of first use	Date last used	Frequency	Amount

Drug #4

Type:	Age of first use	Date last used	Frequency	Amount

Drug #5

Type:	Age of first use	Date last used	Frequency	Amount

Have you ever overdosed? *If yes specify below:*
☐N/A
☐Yes
☐No

Substance Abuse Treatment?	Are there any reported past or present detoxification issues	Residential Substance Abuse Treatment:
☐N/A ☐Inpatient ☐Outpatient ☐Both	☐Yes ☐No	☐Yes ☐No

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Substance Abuse History cont.

Longest substance abuse treatment *(specify):*	**Longest period of time you went without using any substances?**

Current withdrawal from substances? ☐N/A ☐Yes ☐No	*If yes specify below:*

Prior history of MAT programs ☐Buprenorphine ☐Methadone ☐Naltrexone	*Specify any problems below:*

Mental Status Exam

Behavior	Mood and Affect	Thought	Cognition
Appearance ☐Groomed ☐Disheveled ☐Malodorous ☐Poor Hygiene ☐Poor Eye Contact ☐Unable to Access ☐Unkempt ☐Other	***Mood Description:*** ☐Normal ☐Depressed/Sad ☐Euphoric/Expansive ☐Anxious ☐Irritable/agitated ☐Angry ☐Euthymic ☐Elevated ☐Unable to Assess ☐Other	***Thought Content*** ☐Hypochondriacal ☐Ideas of Reference ☐Obsessions ☐Phobic Thoughts ☐Delusions ☐Reality based concerns ☐Hallucinations A/V ☐Broadcasting Thought Insertion ☐Appropriate to Content ☐Unable to Access ☐Other	***Sensorium*** ☐Alert ☐Distractible ☐Resp. to Internal Stimuli ☐Drowsiness ☐Unable to Asses ☐Other
Motor Behavior ☐Normal ☐Agitation ☐Retardation ☐Mannerisms ☐Unable to Assess ☐Other	***Range of Affect*** ☐Normal Range ☐Constricted ☐Labile ☐Blunted ☐Flat ☐Hostile ☐Tearful ☐Unable to Assess ☐Other	***Thought Process*** ☐Coherent/logical ☐Preservation ☐Circumstantial ☐Tangential ☐Flight of Ideas ☐Loose Associations ☐Blocking ☐Neologisms ☐Vague ☐Fragmented ☐Unable to Assess ☐Other	***Orientation*** ☐Oriented x 4 ☐Not Oriented to Person ☐Not Oriented to Place ☐Not Oriented to Time ☐Not Oriented to Situation ☐Unable to Assess ☐Other
Interpersonal Manner during contact ☐Pleasant ☐Indifferent ☐Passive ☐Aggressive ☐Suspicious ☐Dramatic ☐Manipulative ☐Seductive ☐Cooperative ☐Unable to Assess ☐Other	***Appetite*** ☐Normal ☐Increased ☐Decreased ☐Unable to Assess ☐Other	***Self/Other Directed Violence*** ☐Suicidal Ideation ☐Suicidal Plan/Intent ☐Homicidal Ideation ☐Homicide Plan ☐Identified Victim ☐Other	***Memory*** ☐Intact ☐Immediate Deficit ☐Recent Deficit ☐Remote Deficit ☐Unable to Asses ☐Other

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Mental Status Exam cont.

Behavior	Mood and Affect	Thought	Cognition
Sleep ☐Normal ☐Troublesome ☐Interrupted ☐Daytime ☐Unable to Assess ☐Other	***Perception*** ☐No Disturbance ☐Auditory Hallucinations ☐Visual Hallucinations ☐Olfactory Hallucinations ☐Tactile Hallucinations ☐Unable to Assess ☐Other		***Intellect*** ☐Average Functioning ☐Concrete Thinking ☐Limited Fund of Info ☐Formal Diagnosis DD/LD ☐Below Avg. Functioning ☐Unable to assess ☐Other
Speech ☐Appropriate ☐Normal Rate/Volume ☐Expressive ☐Loud ☐Soft ☐Quiet ☐Slowed ☐Pressured ☐Rapid ☐Slurred ☐Mute ☐Other			***Insight*** ☐Intact ☐Good ☐Fair ☐Poor ☐Other
			Judgement ☐Intact ☐Good ☐Fair ☐Poor ☐Other
			Impulse Control ☐Very Good ☐Good ☐Fair ☐Poor ☐Other

Suicide Risk Screening

History of self-injurious behavior? ☐Yes ☐No	***History of suicidal ideation?*** ☐Yes ☐No	***History of suicidal intent?*** ☐Yes ☐No	***History of suicidal plan?*** ☐Yes ☐No	***History of suicidal attempt?*** ☐Yes ☐No
Family history of suicide? ☐Yes ☐No	***Current self-injurious behavior?*** ☐Yes ☐No	***Current suicidal ideation?*** ☐Yes ☐No	***Current suicidal intent?*** ☐Yes ☐No	***Current suicidal plan?*** ☐Yes ☐No

Specify all YES answers below:

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Risk Factors

Select all options that applies to the patient.

☐Hopelessness(feelings of guilt of worthlessness) ☐ Impulsive ☐ Major Depressive / Manic Episode ☐ 1st incarceration or arrest ☐ Prior suicide attempts / suicide note found ☐ New legal issue ☐New charges ☐ Newly sentenced ☐ Lengthy sentence ☐Denied Parole ☐ Other ☐Bad News ☐ Loss of loved one ☐ Visit canceled / No Show ☐Privileges revoked ☐ Serious illness ☐ Recent Rejection or Loss ☐Other	☐ Placement in segregation / isolation ☐ Family history of suicide attempts ☐Intoxicated or detoxing from alcohol / other drugs ☐ Humiliating events / rejection (sexual assault) ☐ High profile crime (media attention) ☐ Anniversary of Important loss ☐ Prior suicide watch placement in jail	☐Recent release from psychiatric hospital ☐ Reports of giving items away ☐ Poor reactic to confinement (angry / scared) ☐ Feels like a burden to others ☐ Feels isolated / alone from others ☐Extreme / Intense agitation ☐ Other

Elaborate on selected items below:

Protective Factors

☐Identifies reason for living ☐ Fear of death or dying due to pain and suffering	☐ Responsibility to family or others; living with family ☐ Belief that suicide is immoral/ high spirituality	☐ Supportive social network or family ☐Engaged in work or school	☐ Motivated for treatment; wants help ☐ Other

Elaborate on selected items below:

CFG Health Systems, LLC

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Assessment & Plan

Assessment/Plan Comments:

***Enroll in MH Roster:**	***Disposition***	***Housing***
☐Yes ☐No	☐No MH intervention ☐Continue mediation ☐Supportive Counseling ☐Education regarding Dx discussed ☐Indication for mediation(s) including risk/benefits – side effects discussed ☐Refer to medical ☐Other *(specify)*	☐Special Housing / Special Needs Unit ☐General Population ☐Close Watch ☐Constant Watch 1:1

Patient Education

***The patient has been educated regarding the patient's diagnosis and diagnostic results. The patient verbalizes understanding of current health status and expresses verbal consent to current management:**	***Education provided:***
☐Yes ☐No	☐Test Results ☐Medicine Management ☐Alcohol Abuse ☐Substance Abuse ☐MAT *(specify)* _____ ☐Community Outreach *(specify)* _____ ☐Other *(specify)* _____

Mental Health Specialist ***Date/Time***

Psychologist ***Date /Time***

Appendix 1

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Background and Legal Information

Reason for Referral:

Interview Location ☐ Medical Clinic ☐ Booking ☐ Cell Side ☐ Other_____	**Religion:**	**Primary Language**	**Interpreter used?** ☐Yes ☐No

Do you have a place to live when released? ☐ Yes *(list)* _____ ☐ No	**Emergency Contact(s) information:**
Current Charges:	**Review of current arrest:**
Sentenced? ☐ Yes ☐ No *If Yes Term:*_____	**Have you ever been convicted of any other crime?** ☐ Yes ☐ No *If Yes specify below:*
Probation/Parole? *If Yes specify below:* ☐ Yes ☐ No	**Were you incarcerated?** ☐ Yes ☐ No *If Yes Longest Duration* _____ *If Yes Type of Incarceration:*_____
Have you ever been arrested before? ☐ Yes ☐ No *If Yes # of past arrest?* _____	**Additional Legal information:**
Have you ever been charged or convicted of a sex offense? *If Yes specify below:* ☐ Yes ☐ No	
Were you incarcerated? ☐ Yes ☐ No *If Yes Longest Duration* _____ *If Yes Type of Incarceration:*	

Personal History

How far did you go in school (last grade completed; highest degree)	**Do you have a history of head injury or seizures?** *If Yes specify below:* ☐ Yes ☐ No
Currently a student? *If Yes specify below:* ☐ Yes ☐ No	**Do you know of any psychiatric history in any of your family members?** *If Yes specify:* ☐ Yes ☐ No ☐ Maternal ☐ Paternal ☐ Both
Have you ever repeated a grade(s)? *If Yes specify below:* ☐ Yes ☐ No	**Who is your primary support system?**
Have you ever been suspended or expelled? *If Yes specify below:* ☐ Yes ☐ No	**Current relationship status:** ☐ Single ☐ Married(First) ☐ Married(Remarried) ☐ Unmarried with long term partner ☐ Divorced ☐ Separated ☐ Widowed ☐ Other
Any special education in school? *If Yes specify below:* ☐ Yes ☐ No	**Do you have any children?** *If Yes specify:* ☐ Yes ☐ No *# of Children* _____ *Age Range:* _____ *Do you have custody:* ☐Yes ☐No

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Personal History cont

Any history of emotional/behavioral problems in school? *If Yes specify below:* ☐Yes ☐No	**Additional Notes:**	
Any other early development problems? *If Yes specify below:* ☐Yes ☐No		
Have you experienced or witnessed trauma? ☐Pt Denies ☐Emotional ☐Physical ☐Sexual	**Have you witnessed serious violence or abuse?** ☐Pt Denies ☐Yes ☐No	**Are you or have you been a victim of criminal violence?** ☐Pt Denies ☐Yes ☐No
Current Employment Status:	**Benefits:** ☐N/A ☐Public Assistance ☐Food Stamps ☐Pension ☐Other_____	**Supported by Disability?** ☐No ☐SSI ☐SSD ☐SSI/SSD Pending
Disability reason: ☐N/A ☐Physical ☐Psychiatric ☐Developmental	**Who is the Payee?** ☐N/A ☐Client ☐Other_____	**Have you ever served in the military?** ☐Yes ☐No
What Branch?	**Years of Service?**	**Are you associated with the VA?** ☐N/A ☐Yes ☐No
Have you experience combat? ☐N/A ☐Yes ☐No *If Yes specify below:*	**Do you have a combat related injury(ies)?** ☐N/A ☐Yes ☐No *If Yes specify below:*	

Mental Health Treatment History

Primary diagnosis self reported:	**Current Mental Health Treatment**
	Agency/Hospital/Program:
Past Psychiatric treatment? *If Yes specify below:* ☐Yes ☐No	**Primary Clinician/Therapist:**
Past Residential Treatment? *If Yes specify below:* ☐Yes ☐No	**Phone #**

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Mental Health Treatment History cont.

Past Psychiatric Hospitalization? *If Yes* ☐Yes ☐No

Age of first hospitalization: _____

Total # of hospitalizations: _____

Longest hospital stay (in days) _____

Date of last psychiatric hospitalization: _____

Past MH Medications? ☐Yes ☐No

If Yes specify side effects below

Past outpatient treatment? *If Yes specify below* ☐Yes ☐No

Address:

Course of Treatment:

Patient compliant with treatment:
☐N/A
☐Yes
☐No

Substance Abuse History

The patient admits to use of the following substances.

Drug #1

Type:	Age of first use	Date last used	Frequency	Amount

Drug #2

Type:	Age of first use	Date last used	Frequency	Amount

Drug #3

Type:	Age of first use	Date last used	Frequency	Amount

Drug #4

Type:	Age of first use	Date last used	Frequency	Amount

Drug #5

Type:	Age of first use	Date last used	Frequency	Amount

Have you ever overdosed? *If yes specify below:*
☐N/A
☐Yes
☐No

Substance Abuse Treatment?	Are there any reported past or present detoxification issues	Residential Substance Abuse Treatment:
☐N/A ☐Inpatient ☐Outpatient ☐Both	☐Yes ☐No	☐Yes ☐No

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Substance Abuse History cont.

Longest substance abuse treatment *(specify):*	**Longest period of time you went without using any substances?**

Current withdrawal from substances? ☐N/A ☐Yes ☐No	*If yes specify below:*

Prior history of MAT programs ☐Buprenorphine ☐Methadone ☐Naltrexone	*Specify any problems below:*

Mental Status Exam

Behavior	Mood and Affect	Thought	Cognition
Appearance ☐Groomed ☐Disheveled ☐Malodorous ☐Poor Hygiene ☐Poor Eye Contact ☐Unable to Access ☐Unkempt ☐Other	***Mood Description:*** ☐Normal ☐Depressed/Sad ☐Euphoric/Expansive ☐Anxious ☐Irritable/agitated ☐Angry ☐Euthymic ☐Elevated ☐Unable to Assess ☐Other	***Thought Content*** ☐Hypochondriacal ☐Ideas of Reference ☐Obsessions ☐Phobic Thoughts ☐Delusions ☐Reality based concerns ☐Hallucinations A/V ☐Broadcasting Thought Insertion ☐Appropriate to Content ☐Unable to Access ☐Other	***Sensorium*** ☐Alert ☐Distractible ☐Resp. to Internal Stimuli ☐Drowsiness ☐Unable to Asses ☐Other
Motor Behavior ☐Normal ☐Agitation ☐Retardation ☐Mannerisms ☐Unable to Assess ☐Other	***Range of Affect*** ☐Normal Range ☐Constricted ☐Labile ☐Blunted ☐Flat ☐Hostile ☐Tearful ☐Unable to Assess ☐Other	***Thought Process*** ☐Coherent/logical ☐Preservation ☐Circumstantial ☐Tangential ☐Flight of Ideas ☐Loose Associations ☐Blocking ☐Neologisms ☐Vague ☐Fragmented ☐Unable to Assess ☐Other	***Orientation*** ☐Oriented x 4 ☐Not Oriented to Person ☐Not Oriented to Place ☐Not Oriented to Time ☐Not Oriented to Situation ☐Unable to Assess ☐Other
Interpersonal Manner during contact ☐Pleasant ☐Indifferent ☐Passive ☐Aggressive ☐Suspicious ☐Dramatic ☐Manipulative ☐Seductive ☐Cooperative ☐Unable to Assess ☐Other	***Appetite*** ☐Normal ☐Increased ☐Decreased ☐Unable to Assess ☐Other	***Self/Other Directed Violence*** ☐Suicidal Ideation ☐Suicidal Plan/Intent ☐Homicidal Ideation ☐Homicide Plan ☐Identified Victim ☐Other	***Memory*** ☐Intact ☐Immediate Deficit ☐Recent Deficit ☐Remote Deficit ☐Unable to Asses ☐Other

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Mental Status Exam cont.

Behavior	Mood and Affect	Thought	Cognition
Sleep ☐Normal ☐Troublesome ☐Interrupted ☐Daytime ☐Unable to Assess ☐Other	***Perception*** ☐No Disturbance ☐Auditory Hallucinations ☐Visual Hallucinations ☐Olfactory Hallucinations ☐Tactile Hallucinations ☐Unable to Assess ☐Other		***Intellect*** ☐Average Functioning ☐Concrete Thinking ☐Limited Fund of Info ☐Formal Diagnosis DD/LD ☐Below Avg. Functioning ☐Unable to assess ☐Other
Speech ☐Appropriate ☐Normal Rate/Volume ☐Expressive ☐Loud ☐Soft ☐Quiet ☐Slowed ☐Pressured ☐Rapid ☐Slurred ☐Mute ☐Other			***Insight*** ☐Intact ☐Good ☐Fair ☐Poor ☐Other
			Judgement ☐Intact ☐Good ☐Fair ☐Poor ☐Other
			Impulse Control ☐Very Good ☐Good ☐Fair ☐Poor ☐Other

Suicide Risk Screening

History of self-injurious behavior? ☐Yes ☐No	***History of suicidal ideation?*** ☐Yes ☐No	***History of suicidal intent?*** ☐Yes ☐No	***History of suicidal plan?*** ☐Yes ☐No	***History of suicidal attempt?*** ☐Yes ☐No
Family history of suicide? ☐Yes ☐No	***Current self-injurious behavior?*** ☐Yes ☐No	***Current suicidal ideation?*** ☐Yes ☐No	***Current suicidal intent?*** ☐Yes ☐No	***Current suicidal plan?*** ☐Yes ☐No

Specify all YES answers below:

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Risk Factors

Select all options that applies to the patient.

☐Hopelessness(feelings of guilt of worthlessness) ☐ Impulsive ☐ Major Depressive / Manic Episode ☐ 1st incarceration or arrest ☐ Prior suicide attempts / suicide note found ☐ New legal issue ☐New charges ☐ Newly sentenced ☐ Lengthy sentence ☐Denied Parole ☐ Other ☐Bad News ☐ Loss of loved one ☐ Visit canceled / No Show ☐Privileges revoked ☐ Serious illness ☐ Recent Rejection or Loss ☐Other	☐ Placement in segregation / isolation ☐ Family history of suicide attempts ☐Intoxicated or detoxing from alcohol / other drugs ☐ Humiliating events / rejection (sexual assault) ☐ High profile crime (media attention) ☐ Anniversary of Important loss ☐ Prior suicide watch placement in jail	☐Recent release from psychiatric hospital ☐ Reports of giving items away ☐ Poor reactic to confinement (angry / scared) ☐ Feels like a burden to others ☐ Feels isolated / alone from others ☐Extreme / Intense agitation ☐ Other

Elaborate on selected items below:

Protective Factors

☐Identifies reason for living ☐ Fear of death or dying due to pain and suffering	☐ Responsibility to family or others; living with family ☐ Belief that suicide is immoral/ high spirituality	☐ Supportive social network or family ☐Engaged in work or school	☐ Motivated for treatment; wants help ☐ Other

Elaborate on selected items below:

CFG Health Systems, LLC

SELECT FACILITY

MENTAL HEALTH INITIAL EVALUATION

Inmate's Name	*ID#:*	*Gender* ☐M ☐F	*DOB:*	*LOC*

Assessment & Plan

Assessment/Plan Comments:

***Enroll in MH Roster:**	***Disposition***	***Housing***
☐Yes ☐No	☐No MH intervention ☐Continue mediation ☐Supportive Counseling ☐Education regarding Dx discussed ☐Indication for mediation(s) including risk/benefits – side effects discussed ☐Refer to medical ☐Other *(specify)*	☐Special Housing / Special Needs Unit ☐General Population ☐Close Watch ☐Constant Watch 1:1

Patient Education

***The patient has been educated regarding the patient's diagnosis and diagnostic results. The patient verbalizes understanding of current health status and expresses verbal consent to current management:**	***Education provided:***
☐Yes ☐No	☐Test Results ☐Medicine Management ☐Alcohol Abuse ☐Substance Abuse ☐MAT *(specify)* _____ ☐Community Outreach *(specify)* _____ ☐Other *(specify)* _____

Mental Health Specialist ***Date/Time***

Psychologist ***Date /Time***

Appendix 2

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Pediatric - Since Last Contact – Communities and Healthcare

Version 6/23/10

Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A.; Oquendo, M.; Mann, J.

Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia-Suicide Severity Rating Scale are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

Definitions of behavioral suicidal events in this scale are based on those used in ***The Columbia Suicide History Form****, developed by John Mann, MD and Maria Oquendo, MD, Conte Center for the Neuroscience of Mental Disorders (CCNMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M. A., Halberstam B. & Mann J. J., Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.]* Standardized Evaluation in Clinical Practice*, pp. 103 -130, 2003.)*

For reprints of the C-SSRS contact Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries and training requirements contact *posnerk@nyspi.columbia.edu*

SUICIDAL IDEATION

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.	**Since Last Visit**
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you thought about being dead or what it would be like to be dead?*** ***Have you wished you were dead or wished you could go to sleep and never wake up?*** ***Do you wish you weren't alive anymore?*** If yes, describe:	**Yes** ☐ **No** ☐
2. Non-Specific Active Suicidal Thoughts General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., *"I've thought about killing myself"*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. ***Have you thought about doing something to make yourself not alive anymore?*** ***Have you had any thoughts about killing yourself?*** If yes, describe:	**Yes** ☐ **No** ☐
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, *"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."* ***Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?*** If yes, describe:	**Yes** ☐ **No** ☐
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?*** ***This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.*** If yes, describe:	**Yes** ☐ **No** ☐
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. ***Have you decided how or when you would make yourself not alive anymore/kill yourself? Have you planned out (worked out the details of) how you would do it?*** ***What was your plan?*** ***When you made this plan (or worked out these details), was any part of you thinking about actually doing it?*** If yes, describe:	**Yes** ☐ **No** ☐

INTENSITY OF IDEATION

The following feature should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). ***Most Severe Ideation:*** _____ _____ _____ ***Type # (1-5)*** ***Description of Ideation***	Most Severe
Frequency ***How many times have you had these thoughts?*** ***Write response*** _____ (1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable	____

SUICIDAL BEHAVIOR

(Check all that apply, so long as these are separate events; must ask about all types)

Since Last Visit

Actual Attempt:

A potentially self-injurious act committed with at least some wish to die, *as a result of act.* Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is ***any*** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm***, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.

Did you do anything to try to kill yourself or make yourself not alive anymore? What did you do?

Did you hurt yourself on purpose? Why did you do that?

Did you_____ as a way to end your life?

Did you want to die (even a little) when you_____?

Were you trying to make yourself not alive anymore when you _____?

Or did you think it was possible you could have died from_____?

Or did you do it purely for other reasons, not at all to end your life or kill yourself (like to make yourself feel better, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)

If yes, describe:

Yes ☐ No ☐ — Total # of Attempts: _____

Has subject engaged in Non-Suicidal Self-Injurious Behavior? Yes ☐ No ☐

Has subject engaged in Self-Injurious Behavior, intent unknown? Yes ☐ No ☐

Interrupted Attempt:

When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred).*

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to make yourself not alive anymore (end your life or k:'l yourself) but someone or something stopped you before you actually did anything? What did you do?

If yes, describe:

Yes ☐ No ☐ — Total # of interrupted: _____

Aborted Attempt or Self-Interrupted Attempt:

When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.

Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do?

If yes, describe:

Yes ☐ No ☐ — Total # of aborted or self-interrupted: _____

Preparatory Acts or Behavior:

Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).

Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself)- like giving things away, writing a goodbye note, getting things you need to kill yourself?

If yes, describe:

Yes ☐ No ☐ — Total # of preparatory acts: _____

Suicide:

Death by suicide occurred since last assessment. Yes ☐ No ☐

Most Lethal Attempt Date:

Actual Lethality/Medical Damage: *Enter Code*

0. No physical damage or very minor physical damage (e.g., surface scratches).
1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).
2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).
3. Moderately severe physical damage; *medical* hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).
4. Severe physical damage; *medical* hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).
5. Death

Potential Lethality: Only Answer if Actual Lethality=0 *Enter Code*

Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).

0 = Behavior not likely to result in injury
1 = Behavior likely to result in injury but not likely to cause death
2 = Behavior likely to result in death despite available medical care

EPINET
Early Psychosis Intervention Network

Client ID # _____ Date of Administration: _____

SYMPTOMS

CLINICIAN-COMPLETED

CLINICS CAN ADMINISTER THE COMPASS-10 SCALE, THE BRIEF PSYCHIATRIC RATING SCALE (BPRS), OR THE POSITIVE AND NEGATIVE SYMPTOMS OF SCHIZOPHRENIA SCALE (PANSS-6)

COMPASS-10 Scale

The Compass-10 scale consists of 10 items selected from the COMPASS Clinician Rating Form developed for the RAISE-ETP study. Each item includes a description of the symptom being assessed that immediately follows the name of the symptom. Following the description are suggested probe questions (in italics) to obtain information about the symptom. Assessors should ask additional questions if the probe questions do not provide enough information to make a rating for symptom severity.

---

1. DEPRESSED MOOD

Sadness, grief, or discouragement (do not rate emotional indifference or empty mood here - only mood which is associated with a painful, sorrowful feeling).

Have you been feeling depressed, sad, or down?

a. ***If yes:*** *Tell me about what you have been experiencing. How often did it happen? Does it come and go? How long does it last? How bad is the feeling? (Can you stand it?)*

b. ***If no:*** *Any problems not being interested in things you usually enjoy?*

   i. *If decreased interest is present, probe further for the presence of depressed mood.*

Rating	
	0 = Not present
	1 = Very Mild: Occasionally feels sad or "down"; of questionable clinical significance.
	2 = Mild: Occasionally feels moderately depressed or often feels sad or "down".
	3 = Moderate: Occasionally feels very depressed or often feels moderately depressed.
	4 = Moderately Severe: Often feels very depressed.
	5 = Severe: Feels very depressed most of the time.
	6 = Very Severe: Constant extremely painful feelings of depression.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

2. ANXIETY/WORRY

Subjective experience of worry, apprehension; over-concern for present or future. Anxiety/fear from a psychotic symptom should be rated (e.g., the subject feels anxious because of a belief that he/she is about to be killed).

Have you been feeling anxious, worried or nervous?

a. ***If yes:*** *Tell me about what you have been experiencing. What are some things you worry about or that make your nervous? How often did it happen? Does it come and go? How bad is the feeling?*

b. ***If no:*** *Would you say that you have usually been feeling calm and relaxed recently?*

Rating	**0 = Not present**
	1 = Very Mild: Occasionally feels a little anxious; of questionable clinical significance.
	2 = Mild: Occasionally feels moderately anxious or often feels a little anxious or worried.
	3 = Moderate: Occasionally feels very anxious or often feels moderately anxious.
	4 = Moderately Severe: Often feels very anxious or worried.
	5 = Severe: Feels very anxious or worried most of the time.
	6 = Very Severe: Patient is continually preoccupied with severe anxiety.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

3. SUICIDAL IDEATION/BEHAVIOR

The individual reports a passive death wish, thoughts of suicide, or engages in suicidal behavior (do not include self-injurious behavior without suicidal intent).

Have you had any thoughts recently about death or that you would be better off dead?

a. ***If yes:*** *Tell me about what you have been thinking. How often do you think about death? Have you thought about hurting yourself?*

   i. *If suicidal ideation is present, further suggested questions are:*

      1) *Have you thought of any ways to hurt yourself?*

      2) *Do these thoughts upset you?*

      3) *Any times when you have tried to hurt yourself since our last visit?*

Rating	**0 = Not present**
	1 = Very Mild: Occasional thoughts of dying, "I'd be better off dead" or "I wish I were dead".
	2 = Mild: Frequent thoughts of dying or occasional thoughts of killing self, without a plan or method.
	3 = Moderate: Often thinks of suicide or has thought of a specific method.
	4 = Moderately Severe: Has mentally rehearsed a specific method of suicide or has made a suicide attempt with questionable intent to die (e.g., takes aspirins and then tells family).
	5 = Severe: Has made preparations for a potentially lethal suicide attempt (e.g., acquires a gun and bullets for an attempt).
	6 = Very Severe: Has made a suicide attempt with definite intent to die.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

4. HOSTILITY/ANGER/IRRITABILITY/AGGRESSIVENESS

Anger, verbal and non-verbal expressions of anger and resentment including a belligerent attitude, sarcasm, abusive language, and assaultive or threatening behavior.

Have you been feeling anxious, worried or nervous?

a. ***If yes:*** *Tell me how you have been feeling. Have other people done things to make you mad?*

   i. *If applicable, other suggested questions include:*

      1) *Could other people tell that you were angry?*

      2) *Have you done anything about your anger [for example, shout at people])?*

b. ***If no:*** *Have other people done things that could have make you mad?*

Rating	
	0 = Not present
	1 = Very Mild: Occasional irritability of doubtful clinical significance.
	2 = Mild: Occasionally feels angry or mild or indirect expressions of anger, e.g., sarcasm, disrespect or hostile gestures.
	3 = Moderate: Frequently feels angry, frequent irritability or occasional direct expression of anger, e.g., yelling at others.
	4 = Moderately Severe: Often feels very angry, often yells at others or occasionally threatens to harm others.
	5 = Severe: Has acted on his anger by becoming physically abusive on one or two occasions or makes frequent threats to harm others or is very angry most of the time.
	6 = Very Severe: Has been physically aggressive and/or required intervention to prevent assaultiveness on several occasions; or any serious assaultive act.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

5. SUSPICIOUSNESS

Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other nonhuman agencies (e.g., the devil).
Note: Ratings of "2" (mild) or above should also be rated under Unusual Thought Content.

Do you ever feel uncomfortable in public? Does it seem as though others are watching you? Are you concerned about anyone's intentions toward you?

Is anyone going out of their way to give you a hard time, or trying to hurt you? Do you feel in any danger?

a. *If an individual reports any persecutory ideas/delusions, ask the following:*

   i. *How often have you been concerned that [use individual's description]?*

   ii. *Have you told anyone about these experiences?*

Rating	
	0 = Not present
	1 = Very Mild: Seems on guard. Reluctant to respond to some "personal" questions. Reports being overly self-conscious in public.
	2 = Mild: Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Patient feels as if others are watching, laughing, or criticizing him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.
	3 = Moderate: Says others are talking about him/her maliciously, have negative intentions, or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.
	4 = Moderately Severe: Same symptoms as moderate (level 3) above, but incidents occur frequently such as more than once a week. Patient is moderately preoccupied with ideas of persecution OR patient reports persecutory delusions expressed with much doubt (e.g., partial delusion).
	5 = Severe: Delusional -- speaks of Mafia plots, the FBI, or others poisoning his/her food, persecution by supernatural forces.
	6 = Extremely Severe: Same symptoms as severe (level 5) above, but the beliefs are bizarre or more preoccupying. Patient tends to disclose or act on persecutory delusions.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

6. UNUSUAL THOUGHT CONTENT

Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the patient to have full conviction if he/she has acted as though the delusional belief were true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere. **Note:** If Suspiciousness is rated "5" (severe) or "6" (extremely severe) due to delusions, then Unusual Thought Content must be rated a "3" (moderate) or above.

Have you been receiving any special messages from people or from the way things are arranged around you? Have you seen any references to yourself on TV or in the newspapers? Can anyone read your mind? Do you have a special relationship with God? Is anything like electricity, X-rays, or radio waves affecting you? Are thoughts put into your head that are not your own? Have you felt that you were under the control of another person or force?

a. *If an individual reports any odd ideas/delusions, ask the following:*

   i. *How often do you think about [use individual's description]?*

   ii. *Have you told anyone about these experiences?*

   iii. *How do you explain the things that have been happening [specify]?*

Rating	**0 = Not present**
	1 = Very Mild: Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.
	2 = Mild: Same symptoms as very mild (level 1) above, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.
	3 = Moderate: Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.
	4 = Moderately Severe: Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.
	5 = Severe: Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.
	6 = Extremely Severe: Full delusions present with almost total preoccupation OR most areas of functioning are disrupted by delusional thinking.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

7. HALLUCINATIONS

Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behavior due to command hallucinations). Include "thoughts aloud" ("gedankenlautwerden") or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.

Do you ever seem to hear your name being called? Have you heard any sounds or people talking to you or about you when there has been nobody around?

a. *If hears voices: What does the voice/voices say? Did it have a voice quality?*

Do you ever have visions or see things that others do not see?

What about smell — odors that others do not smell?

a. *If the individual reports hallucinations, ask the following:*
b. *Have these experiences interfered with your ability to perform your usual activities/work?*
c. *How do you explain them?*
d. *How often do they occur?*

Rating	
	0 = Not present
	1 = Very Mild: While resting or going to sleep, sees visions, smells odors, or hears voices, sounds or whispers in the absence of external stimulation, but no impairment in functioning.
	2 = Mild: While in a clear state of consciousness, hears a voice calling the subject's name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations, or has sensory experiences in the presence of a modality-relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.
	3 = Moderate: Occasional verbal, visual, gustatory, olfactory, or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or with impairment.
	4 = Moderately Severe: Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.
	5 = Severe: Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.
	6 = Extremely Severe: Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by these hallucinations.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

8. CONCEPTUAL DISORGANIZATION

Degree to which speech is confused, disconnected, vague or disorganized. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do not rate content of speech.

This item does not have specific probe questions as it is based upon speech obtained in response to questions about other COMPASS-10 items.

Rating	**0 = Not present**
	1 = Very Mild: Peculiar use of words or rambling but speech is comprehensible.
	2 = Mild: Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality, or sudden topic shifts.
	3 = Moderate: Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.
	4 = Moderately Severe: Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking, or topic shifts most of the time OR 3-5 instances of incoherent phrases.
	5 = Severe: Speech is incomprehensible due to severe impairments most of the time. Many symptom items cannot be rated by self-report alone.
	6 = Extremely Severe: Speech is incomprehensible throughout interview.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

9. AVOLITION/APATHY

Avolition manifests itself as a characteristic lack of energy, drive, and interest. Consider degree of passivity in pursuing goal-directed activities. Factor in the range of activities available to the subject (e.g., inpatient hospitalization often substantially limits the range of activities available to patients).

During the past week, how have you been spending your time?

Rating	
	0 = Not present
	1 = Very Mild: Questionable decrease in time spent in goal-directed activities.
	2 = Mild: Spends less time in goal-directed activities than is appropriate for situation and age.
	3 = Moderate: Initiates activities at times but does not follow through.
	4 = Moderately Severe: Rarely initiates activity but will passively engage with encouragement.
	5 = Severe: Almost never initiates activities; requires assistance to accomplish basic activities.
	6 = Very Severe: Does not initiate or persist in any goal-directed activity even with outside assistance.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

10. ASOCIALITY/LOW SOCIAL DRIVE

The subject pursues little or no social interaction, and tends to spend much of the time alone or non-interactively.

Some people are very outgoing and like to always be around people; they are "the life of the party". Other people are very reserved and like to have a lot of time alone. What type of person are you? *(if extra prompt needed: Are you more reserved or more outgoing?)*

What types of things have you done with people during the past week?

Tell me about your friends?

Have you had a chance to see or speak with them lately?

a. *If an inpatient: How about people on the ward?*

What types of things do you do with them?

Rating	**0 = Not present**
	1 = Very Mild: Questionable.
	2 = Mild: Slow to initiate social interactions but usually responds to overtures by others.
	3 = Moderate: Rarely initiates social interactions; sometimes responds to overtures by others.
	4 = Moderately Severe: Does not initiate but sometimes responds to overtures by others; little social interaction outside close family members.
	5 = Severe: Never initiates and rarely encourages conversations or activities; avoids being with others unless prodded, may have contacts with family.
	6 = Very Severe: Avoids being with others (even family members) whenever possible, extreme social isolation.
	☐ Unable to assess (e.g., subject uncooperative or incoherent).

Intake Mental Health Screening and Assessment

Suicide Potential Screening

1. Arresting/transporting officer believes subject may be suicide risk:
2. Lacks close family/friends in community:
3. Experienced a significant loss within last 6 months. (Loss of job, relationship, death of close family member):
4. Psychiatric history (psychotropic medication or treatment):
5. Worried about major problems other than legal situation. (Terminal illness):
6. Shows signs of depression (crying, emotional flatness):
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature.
8. Family member of significant other has attempted or committed suicide (spouse, parent, sibling, close friend, lover):
9. History of suicidal behavior/attempt(s):
10. Expresses thoughts about killing self (current suicidal ideation):
11. Has a suicide plan:
12. Expresses feelings there is nothing to look forward to in the future. (Feelings of helplessness or hopelessness):
13. Is acting and/or talking in a strange manner? (Cannot focus attention; hearing or seeing things not there):
14. Appears unusually embarrassed or ashamed, feels like a burden to family and/or friends:
15. Appears overly anxious, afraid, crying excessively, poor emotional response to incarceration or angry:
16. Is apparently under the influence of alcohol or drugs?
17. If YES to #16, is individual incoherent or showing signs of withdrawal or mental illness?

Psychiatric Screening

1. Psychotropic medication(s):
2. History of psychiatric hospitalization:
3. History of psychiatric outpatient treatment:
4. History of Emergency Room Crisis treatment:
5. History of substance abuse treatment/hospitalization:
6. History of detoxification & outpatient treatment:
7. History of violent behavior:
8. History of victimization (e.g. physical, mental, or sexual abuse):
9. History of cerebral trauma:
10. History of seizures during withdrawal:
11. History of current sex offenses:
12. History of special education placement:
13. Intellectual Functioning Screening:

Current Mental Status

Orientation:
Affect:
Activity:
Appearance:
Mood:
Hallucinations:
Speech:
Delusions:

Summary

INITIAL MENTAL HEALTH ASSESSMENT

1. **Identifying Information** (age, gender, ethnicity, preferred language, relationship status, sexual orientation, gender identity, living arrangement): _____

2. **Presenting Mental Health Problem** (referral source, current symptoms, behaviors, and stressors): _____

3. **Mental Health History** (onset, symptoms, previous treatment – hospitalizations, providers, dates – in order): _____

4. **Cultural Factors** (e.g., ethnicity, immigration, acculturation, language, religion, sexual orientation, etc.): _____

Do any cultural factors affect client's treatment? YES ☐ NO ☐

If yes, describe:

Client's Name: _____

Unicare #: _____

Program (Cost Center): _____

5. **Client Strengths** (e.g., skills, personality traits, intelligence, resiliency, insight, etc.): _____

6. **Psychosocial History:**

   a. Prenatal/Birth (e.g., pregnancy complications, exposure to substances, etc.): _____

   b. Childhood/Adolescence (e.g., developmental milestones, attachment, separation, temperament, peer relations): _____

   c. Family History/Situation (e.g., family members, financial issues, relationship issues, living arrangements, placement history, mental health, substance abuse, medical, etc.): _____

   d. Social Relationships & Support (e.g., significant others, friends, support system, etc.): _____

6. **Psychosocial History (cont.):**

e. Education/Vocation: (e.g., special needs, IEP, work history, etc.): _____

f. Inter-Agency Involvement (e.g., DSS, JPD, DADS, conservators, criminal justice, etc.): _____

7. **Medical History** (Does the individual report any of the following? Check all that apply and describe below.):

☐ Head injury/stroke	☐ Thyroid problems	☐ Chronic pain (incl. location)	☐ STD
☐ Loss of consciousness	☐ Cancer	☐ Enuresis/encopresis	☐ Respiratory problems
☐ Kidney disease	☐ Diabetes	☐ Allergies	☐ Seizures
☐ Heart/vascular problems	☐ Sleep disturbances	☐ Adverse reaction to meds	☐
☐ Hypertension	☐ Appetite changes	☐ Parasites/scabies/lice	☐
☐ Liver disease	☐ Weight changes	☐ Pregnancy	☐

Comments: _____

☐No major medical conditions Lab Results: ☐ Not Applicable ☐ In Medical Section ☐ Other_____

Medications (include prescribed, over-the-counter, alternative or herbal remedies)

Medication	Dosage	Date Started	OTC (y/n)	Reported Side Effects

Are there any medication compliance/adherence issues? YES ☐ NO ☐

Describe: _____

Name and phone number of Primary Care Physician: _____

_____ If no PCP, then referral made? YES ☐ NO ☐

Client's Name: _____

Unicare #: _____

Program (Cost Center): _____

8. **Substance Use History (e.g., alcohol, stimulants, sedatives, hallucinogens, nicotine, caffeine, etc.):**

Type	Date of Last Use	Amount of Last Use	Frequency and Amount of Use	Length of Time Using	Age of First Use

Treatment/Recovery History: _____

_____

_____

_____

Comments: _____

_____

_____

_____

9. **Risk Factors** (CHECK ALL THAT APPLY):

Yes		If yes, please explain:
☐	Homicidal/Assaultive	_____
☐	Suicidal/Self-Harm	_____
☐	Access to Weapons	
☐	Trauma	_____
☐	Neglect/Abuse	_____
☐	Domestic Violence	
☐	Legal Issues	_____
☐	Crime/Gang Involvement	_____
☐	Runaway	
☐	Inappropriate/Risky Sexual Behavior	_____
☐	Substance Use/Abuse	_____
☐	Cognitive Impairment	
☐	Cultural Isolation	_____
☐	Potential for Victimization	_____
☐	Risk of Homelessness	

Comments: _____

_____

_____

_____

_____

_____

Client's Name: _____

Unicare #: _____

Program (Cost Center): _____

10. **Mental Status Exam** (CIRCLE ALL THAT APPLY):

Appearance:	clean	well-groomed	disheveled	bizarre	malodorous		
Motor:	normal	decreased	agitated	tremors	tics	repetitive	impulsive
Behavior:	cooperative	evasive	uncooperative	threatening	agitated	combative	guarded
Consciousness:	alert	lethargic	stuporous				
Orientation:	person	place	time: [day month year]		current situation		
Speech:	normal	slurred	loud	pressured	slow	mute	
Affect:	appropriate	labile	restricted	blunted	flat	congruent	incongruent
Mood:	normal	depressed	anxious	euphoric	irritable	congruent	incongruent
Thought Process:	coherent	tangential	circumstantial	loose	paranoid	concrete	
Delusions:	persecutory	grandiose	referential	somatic	religious		
Hallucinations:	auditory	visual	olfactory	gustatory	tactile		
Intellect:	average	above average	below average				
Memory:	good	poor recent	poor remote	confabulation			
Insight:	good	fair	poor	limited			
Judgment:	good	fair	poor	unrealistic	unmotivated	uncertain	

Comments/Additional Information: _____

_____

_____

11. **Medical Necessity Criteria:**

a. Impairment (significant; probability of significant deterioration; or probability a child will not progress developmentally as individually appropriate) in a life functioning area as a result of the client's mental disorder(s):

Check all that apply:

/	Area	Brief description of impairment (if checked):
	Health [e.g., physical condition, activities of daily living]	
	Daily Activities [e.g., work, school, leisure]	
	Social Relationships [e.g., significant other, family, friends, support system]	
	Living Arrangement [e.g., homeless, maintaining current housing situation]	

Client's Name: _____

Unicare #: _____

Program (Cost Center): _____

11. **Medical Necessity Criteria (cont.):**

b. Diagnosis Summary

The name of the disorder according to DSM 5 classification followed by the numerical ICD-10 code and description. Example:(Primary) DSM 5: Major Depressive Disorder, Moderate. ICD-10: F33.1, Recurrent Depressive Disorder, Current Episode Moderate.

Each diagnosis must be stated clearly and legibly, and primary and secondary diagnosis (if applicable) must be identified. Please follow the State guidelines for primary and secondary diagnoses for mental health clients. *(Please note that each diagnosis given and documented in this section must be substantiated and supported by symptoms, behaviors, and functional impairments in the assessment form under the appropriate sections, usually under presenting problems and medical necessity.)*

12. **Mental Health Conclusions/Narrative Summary:**

Client's Name: _____

Unicare #: _____

Program (Cost Center): _____

Mental Health Conclusions/Narrative Summary (Continues):

Person completing Assessment:

Signature	Discipline	Date

Review/Approval by Licensed Professional of the Healing Arts (if different from above):

Signature	Discipline	Date

See progress note dated _____ for additional assessment information.

Client's Name: _____

Unicare #: _____

Program (Cost Center): _____

N.J. DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
PSYCHIATRIC HOSPITAL

INITIAL PSYCHIATRIC ASSESSMENT AND TREATMENT/STABILIZATION PLAN

Source of Information: ❒ Patient ❒ Family ❒ Significant Other ❒ Records

Language Line utilized to complete the Screening: ❒ (Check if applicable)

If checked, Name of Language Line Interpreter:_____

1. Admission Status (Legal Category):
   ❒ Involuntary ❒ Voluntary ❒ CEPP ❒ CEPP/CR ❒ IST Evaluation
   ❒ IST ❒ Krol ❒ Megan's Law
   ❒ Other:_____

2. Does the patient have a Mental Health Advance Directive?: ❒ Yes ❒ No ❒ Unable to answer
   Is a physical copy of the Mental Health Advance Directive filed in chart?: ❒ Yes ❒ No

3. Chief Complaint:_____

4. Current History and Assessment (Include onset of symptoms and circumstances leading to admission, assessment of data/ symptom):_____

5. Past Psychiatric History/Current Treatment:_____

INITIAL PSYCHIATRIC ASSESSMENT AND TREATMENT/STABILIZATION PLAN

6. Suicide/Self Injurious/Foreign Body Ingestion/Risk and Protective Factors

Instructions: Check all that apply. Modified COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Screen Version – Recent (S1)			
Suicidal Ideation – Ask Questions 1 and 2.	**Past 1 Month**	**Past 6 Months**	**None Reported**
1. Wish to be dead			
2. Suicidal thoughts			
If YES to 2, ask question 3, 4, 5 and 6. If NO, go directly to question 6.			
3. Suicidal thoughts with method (but without specific plan or intent to act)			
4. Suicidal ideation with some intent but without specific plan			
5. Suicidal ideation with specific plan and intent			

Suicide Behavior

6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?
   ❒ Yes ❒ No
   If YES, ask: How long ago did you do any of these?
   ❒Over a year ago, ❒ Between three months and a year ago, ❒Within the last three months

Self-injurious behavior and foreign body ingestion	**Past 1 Month**	**Past 6 Months**	**None Reported**
7. Self-injurious behavior **without** suicidal intent			
8. Foreign body ingestion			

Describe any suicidal, self-injurious or aggressive behavior (include dates)

Modified COLUMBIA-SUICIDE SEVERITY RATING SCALE – Risk Assessment

Activating Events/Risk Factors Check all that apply or: ☐ **None**

☐ Recent Loss(es) or other significant negative events (legal, financial, relationship, etc.)
☐ Social isolation/feeling alone
☐ Hopelessness
☐ Mixed affective (Bipolar)
☐ Major depressive episode
☐ Highly impulsive behavior
☐ Command hallucinations to hurt self
☐ Substance abuse/dependence
☐ Agitation or severe anxiety
☐ Perceived burden on family or others
☐ Sexual abuse (lifetime)
☐ Chronic physical pain or other acute medical problem
☐ Pending incarceration
☐ Family history of suicide (lifetime)
☐ Other: _____

Protective Factors (Recent) Check all that apply:

☐ Identifies reason for living
☐ Responsibility to family or others; living with family
☐ Supportive social network
☐ Other
☐ Engage in work, school or hobby
☐ Fear of death or dying
☐ Belief that suicide is immoral; high spirituality

Treatment History (Check all that apply)

☐ Previous psychiatric diagnoses and treatments ☐ Non-compliant with treatment
☐ Hopeless or dissatisfied with treatment ☐ No prior treatment ☐ Refused or unable to develop a safety plan

Estimated Risk Status

Acute: ❑ Low Risk ❑ Moderate Risk ❑ High Risk

Description and Explanation of Risk

Referred to Psychologist for full C-SSRS Suicide Risk Assessment

❑ Yes ❑ No

INITIAL PSYCHIATRIC ASSESSMENT AND TREATMENT/STABILIZATION PLAN

7. Trauma History Describe, if known, specific trauma (Nature, date, details and subjective symptoms surrounding event):

- Patient reports history of traumatic psychological (combat, physical/sexual assault) ❒ Yes ❒ No ❒ Incomplete event information
- Reported intrusive thoughts or nightmares surrounding event ❒ Yes ❒ No ❒ Incomplete event information
- Reports avoidant behaviors to minimize memory of event ❒ Yes ❒ No ❒ Incomplete event information
- Reports being hyper vigilant and perpetually on alert for potential harm ❒ Yes ❒ No ❒ Incomplete event information
- Expresses feelings of numbness, detached from others ❒ Yes ❒ No ❒ Incomplete event information
- Reports that these dangerous or life threatening experiences are still occurring in their life ❒ Yes ❒ No ❒ Incomplete event information
- There is history of significant physical, emotional abuse, neglect or sexual abuse as a child or adult that places this patient at increased risk if placed in restraint ❒ Yes ❒ No ❒ Incomplete event information

Additional Comments:_____

_____

8. Medical History/Surgical History:_____

_____

_____

9. Allergies/Adverse Drug Reaction (Include Food and Drug Allergies):_____

_____

_____

_____

10. Social and Family History:_____

_____

_____

_____

_____

_____

_____

_____

_____

11. Substance Abuse: Has patient used in the past 12 months: ❒ No ❒ Yes

Substance of Abuse	Quantity / Frequency / Route / Last Use
Opiates/ Opioids/ Synthetic Opiates	
Amphetamines	
Cocaine	
Cannabis/Marijuana	
Synthetic Cannabis	

Hallucinogens/Synthetic Hallucinogens	
Dissociative Anesthetics	
Sedatives/Tranquilizers/Hypnotics	
Anabolic Steroids	
Caffeine	
Inhalants/Huffing	
Alcohol	
Over the Counter	
Methylamphetamine	
Synthetic Cathinone	
Other:	

Additional Comments:_____

_____

12. **Alcohol Screening** (Circle answer & score): Each answer has 5 choices and points are allotted as follows:

a = 0 points (pts.) b = 1 pts. c = 2 pts. d = 3 pts. e = 4 pts.

- How often have you had a drink containing alcohol in the past year? (If a. is circled, proceed to score and enter 0)

a. Never (0 pts.)	b. Monthly or less (1 pts.)	c. 2-4 per month (2 pts.)	d. 2-3 per week (3 pts.)	e. 4 or more per week (4 pts.)

- How many standard drinks containing alcohol do you have on a typical day in the past year?

a. 1 or 2 (0 pts.)	b. 3 or 4 (1 pts.)	c. 5 or 6 (2 pts.)	d. 7 to 9 (3 pts.)	e. 10 or more (4 pts.)

- How often do you have six or more drinks on one occasion in the past year?

a. Never (0 pts.)	b. Less than monthly (1 pts.)	c. Monthly (2 pts.)	d. Weekly (3 pts.)	e. Daily or almost daily (4 pts.)

Score:_____

Scoring:
Men: A score of 4 or more is considered positive, optimal for identify hazardous drinking or active alcohol use disorders.
Women: A score of 3 or more is considered positive, optimal for identify hazardous drinking or active alcohol use disorders.

13. **Tobacco Use Screening:**

A. Tobacco Use/Smoking History: ❒ Non User/ Smoker ❒ Former Use/ Smoker ❒ Current User/Smoker

B. Have you used a tobacco in the last 30 days: ❒ Yes (Answer C. through F.) ❒ No

C. Tobacco Products used:

❒ Cigarettes ❒ Dry Snuff ❒ Moist Snuff ❒ Chewing/Plug/Twist Tobacco

❒ Smokeless Tobacco ❒ Snus(moist powder tobacco) ❒ Other:_____

D. Volume:

❒ Heavy smoker: Patient has smoked **5 or more** cigarettes per day and/or cigars daily and/or pipes daily during the past 30 days.

❒ Light smoker: Patient has smoked **4 or less** cigarettes per day and/or used smokeless tobacco and/or smoked cigarettes but not daily and/or used cigars but not daily and/or pipes but not daily during the past 30 days.

E. Face-to-face, practical, tobacco use counseling provided: ❒ Yes ❒ No ❒ Refused

F. Patient consented to treatment and FDA-approved tobacco cessation medication ordered: ❒ Yes ❒ No
If No, why not: ❒ Refused ❒ Allergy to Nicotine Replacement Therapies
❒ Pregnant ❒ Patient only uses smokeless tobacco ❒ Drug Interaction
❒ Patient has been at a non-smoking setting for the previous 30 days

14. **Legal History** (Include dates of incarceration, if any, and implications for treatment, as applicable):_____

_____

_____

_____

15. **Violence Risk Assessment**

• Previous violence (verbal/physical)	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Current violence (verbal/physical) in the past 6 months	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Previous substance abuse	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Current substance abuse	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Previous major mental illness	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Current major mental illness	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Personality disorder	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Shows lack of insight into illness and/or behavior	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Expresses suspicion/paranoia	❒ No	❒ Maybe/ moderate	❒ Yes	❒ Unable to obtain
• Does patient have present or past history of sexual aggression	❒ No	❒ Maybe /moderate	❒ Yes	❒ Unable to obtain
• Does the patient have a history of significant damage to property and/or arson	❒ No	❒ Maybe /moderate	❒ Yes	❒ Unable to obtain
• Does patient pose a threat to a specific individual	❒ No	❒ Maybe /moderate	❒ Yes	❒ Unable to obtain

If Yes, state name and relationship:_____

16. **Mental Status** (Check all application areas):

Appearance
❑ Healthy ❑ Well groomed ❑ Relaxed ❑ Gesturing (odd) ❑ Sickly
❑ Unkempt ❑ Tense ❑ Tics ❑ Other_____

Behavior
❑ Appropriate ❑ Cooperative ❑ Combative ❑ Hyperactive ❑ Apathetic
❑ Hostile ❑ Uncooperative ❑ Guarded ❑ Slowed ❑ Paranoid
❑ Other_____

Speech
❑ Soft ❑ Slurred ❑ Dysarthric ❑ Slow ❑ Stutter
❑ Loud ❑ Spontaneous ❑ Mumbled ❑ Pressured ❑ Monotonous
❑ Other_____

Mood
❑ Euthymic ❑ Euphoric/manic ❑ Empty/nihilistic ❑ Self contemptuous ❑ Terrified
❑ Depressed ❑ Irritable ❑ Expansive ❑ Guilty ❑ Angry

❑ Anxious ❑ Other:_____

Affect
❑ Appropriate ❑ Mood congruent ❑ Constricted ❑ Flattened ❑ Inappropriate
❑ Mood incongruent ❑ Labile ❑ Blunted ❑ Other_____

Perceptional
❑ None ❑ Hallucinations: ❑ Auditory ❑ Visual
❑ Other:_____

Thought Process
❑ Goal directed ❑ Coherent ❑ Perseverative ❑ Blocking ❑ Confabulation
❑ Distractibility ❑ Incoherent ❑ Flight of ideas ❑ Tangential ❑ Loose association
❑ Circumstantial ❑ Other:_____

Thought Content
Homicidal Ideation ❑ Yes ❑ No Suicidal Ideation ❑ Yes ❑ No Delusions ❑ Yes ❑ No
Self harm ❑ Yes ❑ No Harm to others (Assault) ❑ Yes ❑ No Ideas of Reference ❑ Yes ❑ No

Other:_____

Insight into illness:_____

_____

_____

Judgment (Evidenced by, i.e., plans for the future. Describe patient's words and behavior):_____

_____

_____

Cognitive
Registration (Ask the patient to repeat 3 words):_____

Attention/Concentration (Ask the patient to spell a 5 letter word backwards):_____

Orientation (Person, place time):_____

Memory (Recent/Remote):

_____

Immediate Recall:

_____

Abstract reasoning (Give the patient a proverb and ask him/her what it means; give the patient verbal similarities and difference and ask him/her to explain:_____

Cognitively Impaired: ❑ Yes ❑ No

If Yes, will patient be cognitively impaired for at least 3 days: ❑ Yes ❑ No

17. Admitting Diagnoses:

Psychiatric:_____

_____

_____

_____

INITIAL PSYCHIATRIC ASSESSMENT AND TREATMENT/STABILIZATION PLAN

Medical:_____

_____

_____

18. Summary or Assessment:_____

_____

_____

_____

_____

_____

_____

19. Initial Psychiatric Treatment/Stabilization Plan:

• Assets/Patient Strengths:	
❒ Supports:_____	❒ Family/relationships:_____
❒ Interests:_____	❒ Spiritual/religion:_____
❒ Talent/Skill sets:_____	❒ Employment status:_____
❒ Personal experiences:_____	❒ Other:_____
❒ Education:_____	❒ Other:_____

• Anticipated Discharge Plan:	
SERVICES	PLACEMENT
❒ Outpatient Mental Health Treatment	❒ Home/Family ❒ Supportive housing
❒ PACT	❒ Group home ❒ Boarding home/RHCF
❒ Substance Abuse Treatment	❒ Nursing home
❒ Other:_____	❒ Other:_____

• Initial Justification for Hospitalization/Problems/Plan of Care:

Problem(s) Related to Safety:

❒ Unable to care for self, as evidenced by:_____

❒ Danger to self, as evidenced by:_____

❒ Danger to others, as evidenced by:_____

❒ Danger to property, as evidenced by:_____

❒ Other, as evidenced by:_____

Long Term Goal: ❒ Patient will remain free of injury to self, others, property during hospitalization.

❒ Other:_____

Short Term Objective: ❒ Patient will remain free of injury to self, others, property for the next 7 days.

❒ Other:_____

Intervention: ☒ Patient observation via: ☒ Every 15 minute safety check

❒ 1:1 observation

❒ Fall Risk

❒ Assess safety risk daily

❒ Refer for psychological risk assessment

❒ Other:_____ _____

INITIAL PSYCHIATRIC ASSESSMENT AND TREATMENT/STABILIZATION PLAN

Problem(s) Related to Stabilization

❒ Psychosis, as evidenced by: ❒ Hallucinations, specify:_____
❒ Delusions, specify:_____
❒ Other:_____

❒ Mood Disturbance, as evidenced by:_____

❒ Substance Abuse, as evidenced by:_____

❒ Other:_____, as evidenced by:_____

Long Term Goal: ❒ Patient will demonstrate a reduction of psychiatric symptomology, _____(Specify) prior to discharge.
❒ Allow for placement in a less restrictive environment.
❒ Other:_____

Short Term Objective:❒ Patient will identify target symptoms contributing to hospitalization within 7 days.
❒ Patient will provide at least one benefit of medication/treatment within 7 days.
❒ Other:_____

Interventions: ❒ Medication Management with _____
for _____(Indication)
❒ Medication Management with _____
for _____(Indication)
❒ Medication Management with _____
for _____(Indication)
❒ Medication Management with _____
for _____(Indication)
❒ Refer for drug use brief intervention
❒ Refer for alcohol use brief intervention
❒ Refer for psychology assessment
❒ Other:_____

Problem(s) Related to Engagement

❒ Supports are insufficient to maintain safety and psychiatric stabilization in less restrictive environment, as evidenced by:_____

❒ Other, as evidenced by:_____

Long Term Goal: ❒ Patient will utilize resources and supports to maintain their own safety and psychiatric stabilization prior to discharge.
❒ Other:_____

Short Term Objective:❒ Patient will successfully transition to therapeutic milieu/active treatment as demonstrated by appropriate social interactions, self-care medication adherence, participation in discipline specific assessments and review of recommended treatment mall programming within 7 days.
❒ Other:_____

Interventions: ☒ Staff will provide the patient unit specific orientation to the therapeutic milieu.
☒ Treatment Team will collaborate with patient to identify initial Treatment Mall programs with a focus towards engagement.
☒ Social Service, Rehabilitation and other referred disciplines will complete assessments prior to day 7.
❒ Other:_____

Psychiatrist's Printed Name:_____ Signature:_____

Date:____/____/____ Time:____:____a.m./p.m.

Appendix 4

Mental Health FIRST AID
from NATIONAL COUNCIL FOR MENTAL WELLBEING

MENTAL HEALTH FIRST AID FOR CORRECTIONS PROFESSIONALS

> *I have experienced corrections staff at Riker's Island become certified MHFA instructors and teach their peers the skills needed to connect with and support individuals who may experience mental health challenges. Their efforts have helped them to achieve their mission of creating a safe and supportive environment where staff act with integrity and professionalism while providing individuals in care with a path to successful community reintegration."*
>
> — **Gina Ehlert, MEd**,
> National MHFA Trainer

WHY MENTAL HEALTH FIRST AID?

Mental Health First Aid (MHFA) for Corrections Professionals equips staff with the knowledge and skills to identify, understand and respond to mental health and substance use challenges in their peers. By providing the necessary support and resources, correctional facilities can help staff members cope with the challenges they face, reduce burnout and promote a positive work environment that ultimately benefits both staff and the individuals they serve.

37%
of corrections officers report mild to severe anxiety.

48%
of corrections officers report mild to severe depression.

50%
of corrections officers report post-traumatic stress symptoms.

WHAT IT COVERS

- The impact of mental health and substance use challenges on the wellbeing of corrections professionals.
- Risk factors and protective factors specific to a correctional facility.
- How to apply the MHFA Action Plan (ALGEE) in scenarios designed specifically for corrections professionals.
- Methods for self-care following the application of Mental Health First Aid in a crisis or non-crisis situation.
- National, regional and community mental health resources for corrections professionals and their families.

WHO SHOULD TAKE IT

- Corrections officers
- Healthcare workers
- Chaplains
- Food Service staff minus incarcerated
- Admin staff (HR, Accounting, etc.)
- Corrections management (ex. captains, lieutenants, corporals and sergeants, etc.)

The Mental Health First Aid for Corrections Professionals course can help your facility:

- Create a new path of resilience and wellbeing.
- Reduce stigma and discrimination.
- Improve overall psychological safety.
- Reduce costs associated with untreated mental health conditions.
- Increase employee productivity, morale and retention.
- Address mental health and substance use challenges.

GET CERTIFIED at MentalHealthFirstAid.org

Contact us at: **Hello@MentalHealthFirstAid.org**

5 Steps to Mental Health First Aid: Correctional Officers

1 Approach the Individual

- Assess the situation.
  - Does the person seem at risk of harming themselves?
- Approach them as an equal.
- Respect their privacy. Determine an appropriate setting.

2 Assess and Assist with any Crisis

- Listen to the individual's concerns, and help when needed.
- Practice empathy for them.
- Try to be accepting, regardless of your feelings.
- Uphold confidentiality. Their information is personal.

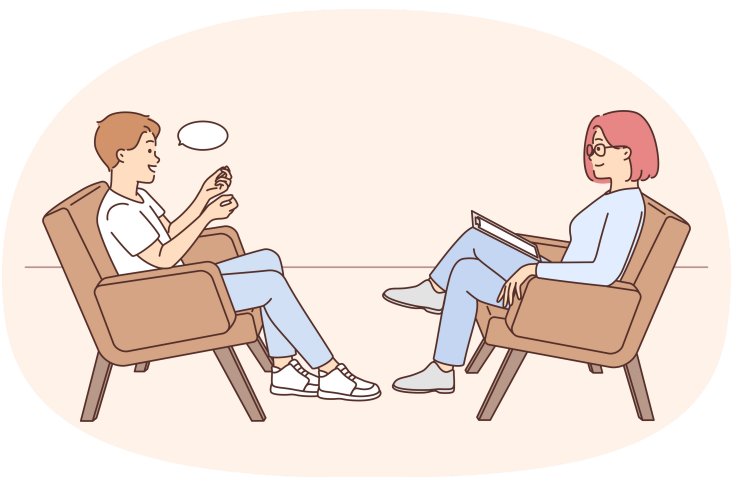
3 Give support and information

- Support the individual after they have shared their experiences.
- Provide them with hope, and useful facts.

Fact

↓ LEARN MORE ↓

Correctional officers often face significant challenges, and traumatic events, with many experiencing high rates of major depressive disorders (37%), anxiety (49%), and suicidal thoughts (35.2%) compared to the general population (Flumo et al., 2024).



4 Encourage appropriate professional help

- The earlier someone gets professional help, the better their chances of recovery.
- Offer to help them find resources.

5 Encourage other supports

- Help to identify personal support systems.
- Promote local resources, and community programs.
- Personalize a mental and physical help plan.

"...from taking this course and reading all the material, it allowed me to open up, and learn about myself..." (Flumo et al., 2024)

Want to know more? Read the research:

Flumo, R., Valera, P., Malarkey, S., & Acevedo, S. (2024). Improving the mental health and well-being of correctional officers through mental health first aid training. *Journal of Police and Criminal Psychology, 39*(1), 131-140. https://doi.org/10.1007/s11896-023-09620-3

Canniff Foster, Gabi Carrière, Annika Whitford

Journal of Police and Criminal Psychology
https://doi.org/10.1007/s11896-023-09620-3

Improving the Mental Health and Well-Being of Correctional Officers through Mental Health First Aid Training

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Abstract
This study aimed to understand the perspectives of correctional officers participating in Mental Health First Aid (MHFA) training. A total of 54 correctional officers from two State Department of Corrections participated in the study. Correctional officers completed two focus group meetings. The focus group meetings were analyzed using narrative analysis. The themes of the focus group meetings were (1) the emotional toll of working in the criminal justice system, (2) correctional officers managing poor mental health, (3) barriers to mental health-seeking behaviors, (4) benefits and facilitators to MHFA, and (5) recommendations for future MHFA training. In summary, correctional officers emphasized the need for additional mental health resources to cope with the unpredictable and challenging work environment. State Departments of Corrections should prioritize the mental health of correctional officers and work toward destigmatizing mental health across these settings by implementing MHFA for all correctional professionals.

Keywords Mental health First Aid · Correctional officer · Mental health · Mental health stigma · Workforce development

Introduction

Mental Health First Aid (MHFA), developed by Betty Kitchener and Anthony Jorm in Australia in 2001, aims to teach individuals to identify, understand, and respond to signs of mental health challenges and substance use disorders. The National Council for Mental Health and Wellbeing adopted MHFA in the USA in 2007. MHFA is an 8-hr training that equips individuals with the skills to recognize and assist someone experiencing a mental health or substance use-related crisis. The training can be conducted in person, remote, or hybrid. The course educates individuals on the risk factors and warning signs for mental health concerns, how to appropriately de-escalate a crisis and non-crisis situation, and where to seek help (National Council for Mental Wellbeing n.d.). Once trained, an individual is considered a Mental Health First Aider, and training is valid for 3 years. MHFA programs are in twenty-four countries and have trained over five million people worldwide (MHFA International 2022). MHFA has been tailored and adopted in various populations, such as firefighters, veterans, and public safety, but not correctional officers (National Council for Mental Wellbeing n.d.).

Studies focusing on the efficacy of MHFA for public safety are limited, with gaps in the scientific literature (Scantlebury et al. 2018), and there is insufficient evidence on whether MHFA improves the helping behaviors of first responders (Forthal et al. 2022). Gaps in previous research studies include the following: (1) mixed results, interpretation challenges in qualitative studies; (2) poor generalizability of research, lack of comparison groups; (3) risk of researcher bias; (4) limited inclusion/exclusion criteria which decreased the amount of literature found from officer incident reports; and (5) an overall limited amount of empirical studies available to evaluate the effectiveness of MHFA training for public safety and correctional officers (Booth et al. 2017; Scantlebury et al. 2018; Tomar et al. 2017).

Previous studies indicate that correctional officers are the first to observe (1) significant changes to an incarcerated person's mental health, including changes in behavior, (2) deterioration among incarcerated persons self-care, or (3)

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an increase in aggressive or irritable behavior (Abdel-Salam and Sunde 2018; Jessiman-Perreault et al 2021). Many correctional officers lack the knowledge to identify mental health signs and symptoms and the resources to handle them appropriately due to receiving little to no mental health training (Ferbik et al. 2017; Darani et al. 2021).

Correctional Officers Roles and Responsibilities in Correctional Settings

The primary responsibilities of correctional officers are to maintain security and respond to urgent events and incidents in correctional settings (Jessiman-Perreault et al. 2021). Correctional officers enforce the rules and supervise the activities of incarcerated people (Abdel-Salam and Sunde 2018). They often witness traumatic events like fights or a death, observe, and encounter physical or verbal abuse while performing as first responders in many difficult situations (Trounson and Pfeifer 2017). Majority experience various work-related stressors affecting their psychological well-being (Moghimi et al. 2022). For example, correctional officers are often exposed to various adverse experiences, such as physical and verbal abuse and other graphic events (Jessiman-Perreault et al. 2021). They are expected to perform well and manage unpredictable events because they work in high-risk environments. Major depressive disorders experienced among correctional officers are estimated to be 37%, 49% for anxiety, and 35.2% for lifetime suicidal disorders compared to the general working population (Moghimi et al. 2022).

Stress and burnout could also result from (1) the demands and workload of the job and one's ability to cope; (2) workplace culture; (3) interactions between co-workers and management of people who are incarcerated (Trounson and Pfeifer 2017; Edgelow et al. 2022; Jessiman-Perreault et al. 2021); (4) relationships between management and staff causing job satisfaction; and (5) personal family-related stressors combining with work stressors (Fusco et al. 2021; Edgelow et al. 2022). Correctional officers also work in an environment that stigmatizes mental health situations, which leads to underreporting the stress they experience (Edgelow et al. 2022). Lack of supervisor and co-worker support also contributes to the stress and burnout experienced by correctional officers.

Other challenges correctional officers face includes balancing a healthy work-home life, public misconceptions of correctional officers, and lack of organizational and political support (Ferdik et al. 2017; Edgelow et al. 2022). Correctional officers' day-to-day tasks require them to use certain communication strategies and enforce compliance, usually by being assertive and lacking emotion when interacting with incarcerated persons (Ferdik et al. 2017). Correctional officers often struggle with turning that off at home. Discordance between work and home environments dramatically affects the overall well-being of correctional officers as it can result in stress responses like isolating oneself, becoming withdrawn, and having no outlets to express work-related frustrations (Ferdik et al. 2017).

There is a need to provide mental health training and support to correctional officers who work to manage correctional settings. MHFA may provide correctional officers with techniques to de-escalate a situation, identify the warning signs of a mental health crisis and substance misuse, and demonstrate the skills to seek help, when necessary (Fusco et al. 2021), verbally and nonverbally. This approach underscores the importance of describing the barriers and facilitators to adopting MHFA training for correctional officers. This pilot study explores the implementation process of remote MHFA training in two state prisons. The research questions that guided this work are as follows: (1) What are the mental health challenges experienced by correctional officers? (2) What are the barriers and facilitators of implementing remote MHFA training for correctional officers?

Methods

Study Design

The Rutgers University's Institutional Review Board approved this project. This research study was conducted in two state prisons to determine the perspectives of correctional officers who were being trained on MHFA from November 2021 to August 2022. This study involved the implementation of three MHFA remote training with correctional officers completing knowledge checks for the MHFA course (i.e., 2-h self-paced online "homework" to be completed before or after the virtual MHFA training), a web-based Qualtrics mental health pre-test at baseline, a post-test follow up at 2-weeks, and a post-training focus group. Each MHFA day-long (6.5 hrs.) remote training was implemented by groups of 7–10 correctional officers over three consecutive weeks. In total, 54 correctional officers participated in the training.

Setting and Location

Due to the COVID-19 pandemic, MHFA was administered remotely. The correctional officers who participated in the virtual MHFA training worked at two northeastern maximum security state prison facilities. Zoom was used to conduct the MHFA training and the focus group meetings. Correctional officer participants were seated in a private conference room at the prison facility for the Zoom training and the focus groups meetings.

Recruitment Strategy

An IRB-approved advertisement, which included the research staff's contact information, was distributed to the superintendent to help recruit correctional officers. The superintendent collected contact information of correctional officers who showed interest in the study. A total of 30 correctional officers from each facility were assigned to one of the three MHFA training dates based on their availability. Participants could withdraw at any time during the study.

Study Participants

To participate in the study, eligibility criteria were (1) must be able to speak, read, and write in English well enough to provide informed consent; (2) be 21 years old or older; (3) employed full-time in a correctional officer capacity; and (4) have at least 1 year of service at the prison facility. Six of the 60 correctional officers assigned could not participate due to personal reasons, resulting in a final total of 54 correctional officers. Twenty-seven correctional officers from State Departments of Corrections A and B participated in all three MHFA groups. In State Department of Corrections A, group 1 had 10 participants, group 2 had nine correctional officer participants, and group 3 had eight. In State Department of Corrections B, group 1 had seven correctional officer participants, group 2 had 10 correctional officer participants, and group 3 had 10 correctional officer participants. Participants were provided with and signed informed consent forms before the study participation.

MHFA Course Materials

Participants could access the MHFA course and course materials through the MHFA Connect website, an online platform created by the National Council for Mental Wellbeing. Participants accessed their pre-work and course materials, including the Adult MHFA manual, participant processing guide, and self-care action plan on this platform. This website is also used to access their post-work and MHFA certification.

Pre-work

The pre-work included demographic characteristic questions, an MHFA knowledge check, and a 2-hr, self-paced online MHFA pre-test.

Post-work

After completing the 6.5-hrs of instructor-led training, participants completed the post-work required to receive certification as a Mental Health First Aider.

MHFA Scenarios

The MHFA training includes scenarios describing individuals experiencing a mental health challenge or crisis. To develop the scenarios, stories from news articles related to correctional officers navigating personal mental illnesses and mental illness with incarcerated people were identified and shared with the National Council for Mental Wellbeing. The purpose of this search was to uncover recent trends of mental health challenges impacting correctional officers during the COVID-19 pandemic. Search results included podcasts and articles focusing on traumatic experiences, witnessing and breaking up fights, beatings, etc. Each scenario had three scenes that presented different stages of worsening mental illness signs and symptoms (early warning signs, worsening signs, and a crisis scenario). Content of the mental health scenarios included the following: "Alice has been a correctional officer for 18 years. They have worked in numerous correctional facilities and are known well-known in their area. Unfortunately, throughout their many years as an officer, they have witnessed countless acts of brutality within facilities. Due to understaffing, Alice has had to take on more shifts within the past few weeks. Their usual level of energy and mood has started to decrease. Recently, they have been saying how much they miss spending time with their family. Alice occasionally gets sad when thinking about her children and feels like missing out on quality time. You are Alice's colleague. What would you say to them?" The scenarios allowed participants to practice what they learned from the lecture.

Data Collection Procedures

To meet the scheduling demands of the participants, we conducted training in three separate groups with approximately 7–10 people per group. MHFA training was conducted once a week for three consecutive weeks. Approximately 6.5 hrs were devoted to training, and 2 hrs were used for lunch and mental health breaks. Video presentations contained mental health crises that provided an in-depth look into the experiences of individuals with mental disorders. Small-group, interactive activities improved the learning process. Prior to the training, prison staff uploaded signed participant consent forms to a shared, IRB-approved HIPAA-compliant drive.

Data Collection Procedures

The data collection instruments and procedures included the pre- and post-work for the Adult MHFA participants, a pre- and post-intervention online survey to analyze differences before and after the MHFA training for correctional officers, and one focus group meeting post-training per facility to

discuss correctional officers' experience and receive feedback about the MHFA training and tailored scenarios. For this study, we present data from the focus group meetings only.

Pre-intervention Survey

The survey was created using Qualtrics, a free HIPAA-compliant software tool. Both State Departments of Corrections A and B surveys had one section: demographic information.

Demographic Information

At the beginning of the survey, we collected demographic information. The demographic items included were age, gender, Hispanic/Latino origin, race, marital status, the highest level of education completed, length of employment in a prison facility, correctional officer rank, and military status.

Focus Group Meeting

We conducted two remote 2-hr focus group meetings with nine study participants from each facility. Focus group topics included experiences as a correctional officer, mental health, mental health stigma, job functions as a correctional officer, feedback on MHFA training, their experiences working during the COVID-19 pandemic, and how MHFA applied in their job during COVID-19. Examples of focus group questions included, "How do you all take care of your mental health? What do you all do to cope with the stresses of the job?" The focus group meetings were recorded, downloaded to an audio file, and uploaded to NVivo for transcription (Lumivero 2020). The facilitators for the State Department of Corrections A focus group meeting were four graduate students in public health trained as MHFA instructors. Another research assistant served as a note-taker during the focus group meeting. The facilitators for the State Department of Corrections B focus group were the same MHFA instructors who led focus group A. The first author served as the note-taker during this meeting. The recordings were transcribed and reviewed for accuracy against the Zoom recordings, and the focus group facilitators wrote memos.

Qualitative Analytical Plan

The purpose of the study was to: (1) understand the mental health challenges correctional officers' experience and (2) describe the perspectives of correctional officers participating in MHFA training. A narrative approach was chosen to frame the qualitative data analysis as it provided the appropriate approach to highlight the correctional officers' experience with mental health in the correctional setting. Significant statements of in-depth experiences were identified and reviewed for recurring themes.

Coding

A codebook was developed using narrative analysis. The team worked together to create initial codes for the codebook. Examples of coding categories used were views of people who are incarcerated, corrections officers dealing with mental illness, work environment, and MHFA-specific feedback. Memos recorded throughout the focus group meetings were analyzed for recurring themes. The qualitative data were coded using NVivo, a qualitative data analysis software program (Lumivero 2020). The codebook is presented in Table 1.

Coders independently coded both focus group transcripts to determine intercoder reliability, which had above 90% agreement between the two coders. A third researcher trained in qualitative analysis was recruited to code both transcripts to mitigate bias.

Results

Nearly half (42.6%) of the correctional officers were 35–54 years old. About three-quarters (72.2%) identified as male. Most were Caucasian/White (59.3%) or African American/Black (27.8%). Over one-third (35.2%) of the participants are Veterans, about one-third (76%) worked in correctional settings between 6 and 20 years, and three-fourths identified as correctional officers. Over half (57.4%) were married or involved in a domestic partnership, and one-third completed some college. Tables 2 and 3 describe the demographic characteristics of the sample.

Qualitative Findings

The major themes from the focus groups were formulated from patterns based on participant responses from both State Department of Corrections A and B focus groups. The themes of the focus group meetings were (1) the emotional toll of working in corrections, (2) correctional officers dealing with poor mental health, (3) barriers to mental health-seeking behaviors, (4) benefits and facilitators to MHFA, and (5) recommendations for future MHFA training.

Theme 1: The Emotional Toll of Working in the Criminal Justice System

Working in correctional settings directly impacted how they viewed and handled their mental health. Some correctional officers preferred not to deal with it, ignoring their feelings and sentiments, while others hid any feelings of frustration. When encountering someone going through a crisis outside of the prison facility, many correctional officers prefered to ignore these situations since they experience it often during their workday. They described the heavy toll working in corrections takes

Table 1 Codebook

Name	Description	Secondary codes	References
Background	Anything related to lived experience before participating in MHFA training	Motivation, past military experience	21
Burnout	Experience with exhaustion, being uninterested in topics that I previously cared about, or abnormal behavior related to stress or anxiety	N/A	12
Gun storage	Location correctional officers store their weapons during the workday	N/A	5
Home life	Anything related to a COs lived experience outside of the jail or prison	N/A	17
Identity	Personal qualities, beliefs, attitudes, and behaviors make a person unique	Emotional vulnerability, toxic masculinity	7
Incarcerated people	Anything related to people who are incarcerated	Views of people who are incarcerated	32
Mental health	Anything related to the psycho-social well-being of an individual	Barriers to participation, MHFA specific feedback, content of MHFA, experience with training, improving MHFA, scenarios	67
Mental Health First Aid	Anything related to the training curriculum from the National Council	N/A	8
Personal Firearms	Pertaining to whether or not correctional carry personal firearms	Humor	3
Self-care	Anything related to personal care behaviors, patterns, and attitudes	Resources, mental health resources for COs, within community, within facility, mental health resources for incarcerated persons	21
Support	Psycho-social and emotional services are available to assist with mental wellbeing	CO daily responsibilities, custody experience, challenges, and difficulties, CO experience with PWIs, impact of working in corrections, perception of work environment, policies, and procedures, medication notification, mental healthcare emergencies, referral process, workplace culture, inter-colleague dynamics	5
Work environment	Anything related to the job environment in the jail or prison facility	Appropriateness of treatment, unfit for duty	60
Other	Additional codes		11

CO correctional officer, *PWI* persons who are incarcerated

on their mental health, discussing high suicide rates, and many other pressing issues. Correctional officers noted the following:

> …The suicide on the officer's side of the house, I believe, far exceeds the suicide rates on the inmate's ….It's to the point where I see that an officer dies on social media. My first thought is, why did he kill himself? (State Department of Corrections B correctional officer, male, age range 55-64)
>
> …Nothing good comes with this job, high divorce rate, high suicide rate, all that drinking self-medicating. Uhm, a lot of times I'm battling or trying to keep a balance on it, when I come inside the walls (State Department of Corrections A Sergeant, male, age range 55-64)
>
> We come in here and we got poker faces on all day long and inside we're crumbling. Some of us are crumbling like just on the inside you know? I mean, at any moment I can't go anymore. So, it's kind of hard to identify in this realm you know? I mean because we all could be poker champions pretty much. (State Department of Corrections A correctional officer, age 45-54)

Correctional officers described that their job has caused them to become somewhat anti-social as they are constantly "correcting" people's behavior, which for some led to their experiencing burnout and depression, so they refrain from being around people outside of work. One correctional officer said:

> A lot of times, this place will make you somewhat anti-social because you've socialized all day, whether you like it or not, you're socializing here. Now, go lock it up. Come on, man, you're, you're constantly in a state of correcting people. So I think you get burnt out, you get burnt out after doing that for so long every day, you're correcting people…So when you leave this place, you don't want to socialize, when you leave

Table 2 Demographic characteristics of sample of State Departments of Corrections A and B correctional officers ($N=54$)

Variable	Total ($N=54$) *n* (%)	Prison A ($N=27$) *n* (%)	Prison B ($N=27$) *n* (%)
Age			
25–34	12 (22.2)	7 (25.9)	5 (18.5)
35–44	23 (42.6)	9 (33.3)	14 (51.9)
45–54	14 (25.9)	9 (33.3)	5 (18.5)
55–64	5 (9.3)	2 (7.4)	3 (11.1)
Race			
Black or African American	15 (27.8)	8 (29.6)	7 (25.9)
Hispanic or Latino	6 (11.1)	1 (3.7)	5 (18.5)
White or Caucasian	32 (59.3)	17 (63.0)	15 (55.6)
Two or more races	1 (1.9)	1 (3.7)	0
Hispanic or Latino			
Yes	9 (16.7)	3 (11.1)	6 (22.2)
No	45 (83.3)	24 (88.9)	21 (77.8)
Gender			
Man	39 (72.2)	18 (66.7)	21 (77.8)
Woman	15 (27.8)	9 (33.3)	6 (22.2)
Highest educational attainment			
High school/GED	11 (20.4)	3 (11.1)	8 (29.6)
Associate degree	5 (9.3)	2 (7.4)	3 (11.1)
Some college	21 (38.9)	10 (37.0)	11 (40.7)
Bachelor's degree	14 (25.9)	10 (37.0)	4 (14.8)
Post-graduate or above	1 (1.9)	1 (3.7)	0
Vocational training	2 (3.7)	1 (3.7)	1 (3.7)
Marriage status			
Single, never married	17 (31.5)	9 (33.3)	8 (29.6)
Married or domestic partnership	31 (57.4)	14 (51.9)	17 (63.0)
Divorced	6 (11.1)	4 (14.8)	2 (7.4)

> here, you don't want to be around people or anything you want to do is go home, and relax and unwind and forget about the day because you know, you got to do it again tomorrow (State Department of Corrections A correctional officer, male, age range: 45-54)

Correctional officers found it challenging to separate work and home life and speak to their families about their workday. Two correctional officers noted the following:

> That's the thing. We got to learn how to separate our job. You know what I mean? For my family responsibilities are just our responsibilities outside of here. That's the big challenge of leaving here. You know, I mean, dealing with our stuff outside of here. You know what I mean? Normally, because nine times out of 10 we are not trying to hear anything from nobody, especially nobody challenging us outside of here. It's just like, I did that all day (State Department of Corrections A correctional officer, male, age range: 45-54).

> Plus, you can't even go home and talk to your family about it because this isn't an interesting job to talk about at home. (State Department of Corrections B correctional officer, male, age range 35-44)

Theme 2: Correctional Officers are Managing Poor Mental Health

The correctional officers in our study discussed how they coped with the stressors of their work environment. They discussed how they handled their mental health challenges; some often ignored their concerns. For instance, some officers explained,

> …you don't be surprised about your mental health until you're talking about it because we never talked about this stuff. We never talked about this stuff like what y'all have in here, this focus group or whatever… So this is why, you know, a lot of our habits, they went untamed, they went uncorrected, [mmm hmm]

Table 3 Correctional officer (CO) rank, length of employment, and military history of sample ($N = 54$)

Variable	Total ($N = 54$) *n* (%)	Prison A ($N = 27$) *n* (%)	Prison B ($N = 27$) *n* (%)
Rank			
Officer	38 (70.4)	17 (63.0)	22 (81.5)
Sergeant	7 (13.0)	3 (11.1)	4 (14.8)
Major	1 (1.9)	0	1 (3.7)
Lieutenant	5 (9.3)	5 (18.5)	0
Captain	2 (3.7)	2 (7.4)	0
Length of service			
3–5 years	8 (14.8)	7 (25.9)	1 (3.7)
6–10 years	17 (31.5)	11 (40.7)	6 (22.2)
11–15 years	11 (20.4)	2 (7.4)	9 (33.3)
16–20 years	13 (24.1)	4 (14.8)	9 (33.3)
21–30 years	4 (7.4)	3 (11.1)	1 (3.7)
More than 30 years	1 (1.9)	0	1 (3.7)
Military status			
Veteran	19 (35.2)	13 (48.1)	6 (22.2)
No military status	35 (64.8)	14 (51.9)	21 (77.8)

CO correctional officer

> you know, as far as the machismo or, or the lack of a knowing that you're having mental health issues and stuff like that, or just blowing it off (State Department of Corrections A correctional officer, male, age range 45-54)
>
> …And that's another thing is hard for people to acknowledge they're having a mental health issue it's hard to admit… because we're always under some kind of pressures and stressors in here on a daily basis, whether it be here or outside, and in our regular lives and things of that nature. We have pressures and stressors a lot of us don't deal with. We don't go to professional people and air our grievances and stuff of that nature. (State Department of Corrections A correctional officer, male, age range 45-54)

Most of our participants explained that they do not adequately manage their mental health concerns because there is hardly any space or time. There is also a lack of trust, so they refrain from speaking out about their mental health problems, mainly because they fear being called crazy, weak, or deemed "unfit for duty." They explained,

> It's hard to express that because there's a lot of stipulations about this job when it comes to carrying off duty weapon, and you express that, it could potential, like, I don't know necessarily that it does happen, but it can happen that they're like, "Oh , you're unfit for duty". If there is something wrong with you, we're going to put you out and we're going to take your gun privilege. You know, you can't carry a gun at all. If you're going through mental health issues. So, people don't want that to happen to them and they just keep silent. (State Department of Corrections B correctional officer, female, age range 45-54)

With most correctional officers acknowledging that they do not appropriately handle their mental health due to stigma, it is important to look at the barriers preventing them from seeking help and support.

Theme 3: Barriers to Mental Health-Seeking Behaviors

Correctional officers discussed the barriers that prevent them from seeking and receiving mental health treatment to cope with the stressors and pressures from work.

Subtheme: Mental Health Stigma in the Workplace There is a mental health stigma to having emotions and feelings and the need to appear strong and in control, despite facing many challenges throughout their workday. A few officers expressed the following:

> How you've got to appear strong, right? Handle it on your own… the perception of you wanting help might make you appear weak. There is always that stigma that we discuss in the suicide prevention class that we get. And you're always supposed to be…You have to be in control of yourself… And then next thing you do find out that person's taken their life when they've gotten in some kind of trouble (State Department of Corrections B correctional officer, male, age range: 55-64)
>
> …So, you can see an inmate end themselves, and then within the next half hour, you're back on the... You're working. So, you're not even allowed to de-escalate or get rid of that... (State Department of Corrections B correctional officer, male, age range 35-44)

Some correctional officers reported that others saw them as weak for participating in MHFA. For example, one correctional officer described it as follows:

Just us being here is a stigma… I tell my partner I'm coming over here, and I'm the joke. So, we need to get past that (State Department of Corrections B correctional officer, male, age range 45–54).

Subtheme: Lack of Mental Health Resources Correctional officers strongly expressed their feelings about the lack of mental health resources within the facilities in which they work. They described it as follows:

But it is true that you have to jump through so many hoops just to find a therapist, a doctor just to get help. And then by that time, honestly, why, even bother you know? (State Department of Corrections B Correctional Officer, male, age range 35–44).

> ... it feels like for inmates, there's a lot of resources They could go to if they want. For officers, it doesn't feel like this. I don't see a lot of resources for officers here. (State Department of Corrections B correctional officer, male, age range 55-64)

When asked about the suicide protocol for correctional officers within their facility, a few correctional officers sarcastically answered,

> "That's nice" … "You notify a supervisor, they'll notify the union and the union will help get them" … "which would take days or months" (State Department of Corrections B correctional officer, male, age range 35-44)

Subtheme: Lack of Trust Many mentioned that their mental health is not taken seriously until too late. If there are resources within the facility, there is no trust among colleagues, and their business is likely to spread within the facility. Correctional officers noted the following:

> In this setting of work, it can get real intense here. You know, you know the person that you work next to, you don't know if they'd spread it. So, unless you have a relationship with them outside the jail, you wouldn't share it. I wouldn't share that. (State Department of Corrections B correctional officer, male, age range: 45-54)
> Uh It's sad, but it's true, not amongst us staff members, we don't have a lot of people that we trust in here. (State Department of Corrections A correctional officer, male, age 25-34)

With mental health stigma, lack of mental health resources, and trust within the facilities in which they work, the correctional officers in our study seemed to need the MHFA training they received before the focus group meetings. In the next section, the correctional officers express how MHFA changed their views on mental health and how the training benefited them.

Theme 4: Benefits and Facilitators of MHFA

Correctional officers gave feedback on the MHFA training describing how it helped them and how the training can be improved.

Overall, the correctional officer perceived MHFA training to be very beneficial, equipping them with the skills needed to recognize and assist someone experiencing a mental health crisis. It allowed them to discuss mental health in a safe and non-judgmental way. For instance, a few correctional officers stated:

> You know, like I said, from taking this course and reading all the material, it allowed me to open up, you know, I mean, and learn about myself and learn what I have been ignoring. And what I need to deal with and stuff like that. (State Department of Corrections A correctional officer, male, age range: 45-54)
> It has brought awareness. Not something I probably would have thought too much about before I got this job. Certainly, especially with the rate of suicide, I've never experienced that outside this job (State Department of Corrections B correctional officer, male, age range 55-64)
> That is what we need to be having because we do not have these classes in abundance. So, everybody can have an understanding of what mental health looks like, or stigma. To be able to identify even when we call that first responders' level, you know what I mean? That's a big key… I think everybody should be able to get this class. Because then that way, you're not dependent on 13 people, or 30-some people out of 600 you know, corrections officers to identify all this. (State Department of Corrections A correctional officer, male, age range: 45-54)

Theme 5: Recommendations for Future MHFA Training

For future MHFA training, the correctional officers gave feedback on tailoring more scenarios to connect to their work life so they can learn how to help themselves and others. They would like mental health training specifically tailored to their needs:

> … it was nothing in there that that that I can like apply when it comes to us as far as us as in corrections, and people of that nature like that identifiers were there, but we do things differently (State Department of Corrections A correctional officer, male, age range 45-54)
> Facilitator: Okay so you think changing that scenario to be more correctional officer specific?
> Or at least a couple of them, yeah. (State Department of Corrections A correctional officer, male, age range 45-54)

Correctional officers expressed that while completing the MHFA training online was manageable, they preferred in-person training because there would be fewer technical difficulties to manage. A few correctional officers stated:

> In person, we prefer in person (State Department of Corrections B correctional officer, female, age range 45-54)
> … next time, we have to have a better audio set up (State Department of Corrections B correctional officer, male, age range 45-54)
> Wait, do we have to do a remote? We could do it in person too and bring food (State Department of Corrections A Lieutenant, female, age range 34-44)

Correctional officers preferred in-person and the opportunity to eat together with their colleagues.

Discussion

Findings from this study showed that most participants believed working in correctional settings caused significant stress throughout their daily lives. Participant perspectives indicated that mental health is often stigmatized in correctional settings, and seeking help or simply speaking about challenges often leads to negative criticism or judgment. It can be surmised that the correctional facilities in our study lack a sense of urgency regarding mental health. Our participants reiterated the lack of trust in the facilities' resources and the lack of trust among their colleagues. Participants at the State Department of Corrections B discussed a correctional officer resource called "cop-to-cop" provided to them when they need to express their mental health needs and concerns. These participants explained that "cop-to-cop" lackeds confidentiality and privacy when disclosing critical information about their mental health.

The correctional officers in this study believed that the MHFA training prepared them to assist someone experiencing a crisis. However, according to participants, MHFA tailored to correctional professionals should include correctional-specific scenarios relating to their daily work lives and give examples of coping mechanisms and problem-solving skills that would benefit correctional settings. These participants craved knowledge on how to act and refer their colleagues to appropriate services to care for themselves first, which would benefit the incarcerated people they serve.

Correctional officers voiced needing additional resources to manage their mental health concerns. They preferred confidential, certified mental health specialists within the facility in which they work. Studies on mental health training among non-mental health professionals, including correctional officers, reported that providing resources that meet the mental health needs of these workers may shift the work culture to a more pragmatic and positive one (Moghimi et al. 2022). The findings are consistent with other studies that suggest that bringing awareness through education and training about mental health and increasing access to support for correctional officers within the facility and community might help improve their overall well-being (Fusco et al. 2021). A workplace that focuses on wellness will likely create a safe and compassionate environment for both correctional officers and those incarcerated (Moghimi et al. 2022).

Findings from a study focusing on Crisis Intervention Team training in a correctional setting showed that correctional staff could identify mental health symptoms among incarcerated persons and were more likely to refer them to appropriate mental health services (Mcneeley & Donley 2020). These findings correspond with the results of the current study, which also found that MHFA equipped correctional officers with the knowledge to identify signs and symptoms of mental health. As stated, MHFA has not been tailored to correctional officers. The current study adds to the limited empirical studies evaluating the effectiveness of MHFA training for correctional officers.

Limitations of this study can be observed through the focus group methods used in this study. The correctional officers may have refrained from expressing their thoughts and opinions due to the opposing views of their colleagues in the room. During the meetings, there were moments of silence when certain questions were asked, and some participants spoke more than others. There is also a possibility of moderator bias, as the facilitators may have unintentionally shared their personal biases during the focus group meeting.

Implications

Strengths of this study include the in-depth perspectives provided by the participants on understanding mental health, which provided insight into their lives as correctional professionals. Along with the in-depth conversations, the study collected multiple forms of data, including the pre- and post-test knowledge check questionnaires. Future research should consider MHFA for people who are incarcerated. Another consideration could include conducting 6-month follow-ups with the correctional officers to examine mental health knowledge. Other considerations include reaching out and educating other correctional facilities on mental health to bring awareness to the issue so the facilities could be more open to welcoming MHFA for their correctional professionals. Implementing MHFA in correctional facilities would be critical to ensuring improved mental wellbeing of correctional officers and those they serve.

Conclusion

Correctional settings should prioritize the mental health of correctional officers and work toward destigmatizing mental health by implementing MHFA training for correctional

professionals. This study suggests that tailoring MHFA for correctional professionals would require centering the experiences of correctional professionals at the basis of development.

Availability of Data and Materials The datasets generated and/or analyzed during the current study are not publicly available due to research participant privacy and/or consent.

Declarations

Ethical Approval The Rutgers University Institutional Review Board approved this research project. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all correctional officers who were included in the study.

Conflict of Interest The authors declare no competing interests.

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Appendix 5

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Appendices

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Executive Summary

The United States mental health care infrastructure is severely under-resourced, significantly impacting county and local jails as they confront an escalating mental health crisis.[1-2] Mental health challenges are widespread across the United States, with estimates indicating that 20% (1 in 5 adults) of adults, or approximately 50 million people, are living with mental health disorders.[3-5] Approximately 4.91% (2.45 million) adults are living with severe mental illness (SMI). In New Jersey, 16.37% (8.2 million) of adults are experiencing mental health challenges. [5] These mental health conditions encompass a diverse range of disorders that vary significantly in severity, from mild and moderate to severe cases.

Millions of people with mental health challenges face significant barriers to accessing mental health care. Nearly 60% of adults and children with mental health challenges in the United States receive no treatment.[6] Those seeking help must contend with a complex and expensive system of barriers, challenging timely and effective care. This lack of access exacerbates the mental health crisis, leaving many without needed support.

When individuals facing mental health challenges lack access to appropriate mental health treatment, a significant number end up facing homelessness, incarceration, or battling substance use issues. Around 21% of individuals experiencing homelessness have been reported to suffer from SMI, while 16% are living with a substance use disorder.[7] More than 9 million people cycle through U.S. jail systems annually, and among those incarcerated in local and county jails, close to half (44%) have some form of mental health challenges significantly higher than in the general adult population (44 vs. 20%).[8-10.]

Jails: The Unofficial Mental Health Care Setting in Many Communities

The severity of the mental health crises in the United States has led to the coined term "new asylums" for county and local jails.[11] For many people, local and county jails have progressively replaced mental health treatment centers as the primary source of mental health care due to closures or service reductions.[12–15] As a result, there has been a shift in the provision of inpatient treatment services for individuals with SMI who encounter law enforcement, with jails assuming a significant role in providing mental health services due to a substantial reduction in

available psychiatric inpatient beds. **In Newark, New Jersey, Essex County Correctional Facility is one of the nation's largest jails – the facility holds more incarcerated individuals with SMI than any New Jersey psychiatric hospital.**[16-17] ECCF has a jail population 2,264 (95% men and 5% women). An estimated 33% (n=750) of incarcerated individuals are diagnosed with an SMI according to DSM 5 (standard classification of mental health disorders used by mental health professionals) or ICD-10 codes (classification of diseases) and are currently undergoing some form of mental health treatment. Approximately 87% (n=600) of the 750 incarcerated individuals with SMI have a co-occurring disorder, and most often, the co-occurring diagnosis is related to substance use disorder.

Types of Psychiatric Diagnosis. The most prevalent mental health diagnosis categorized at ECCF is the following: major depressive disorder (with anxious or paranoid features), schizophrenia, schizoaffective disorder, mood disorders (with psychotic, anxiety/depressive features, bipolar), anxiety disorder, post-traumatic stress disorder (PTSD), delusional disorder, and substance use disorder. Since the last Essex County Civilian Task Force report on Social Determinants of Health (2022), additional mental health disorders have been identified that fall into two broad categories: personality disorders (antisocial personality disorders) and developmental disorders (e.g., reactive attachment disorder [condition found in children due to not having formed healthy emotional attachments with primary caregivers, usually due to severe neglect or abuse, characterized by disturbed and developmentally inappropriate ways of relating socially; oppositional defiant disorder [disruptive, impulsive, categorized as angry/irritable mood, argumentative, defiant or even vindictive]). [18]

Research indicates a significant correlation between substance use disorders and the concurrent presence of psychiatric conditions, leading to a disproportionate representation of complex mental health diagnoses, such as schizophrenia,[19, 62] within ECCF. This comorbidity underscores the need for integrated treatment approaches that address both substance use and mental health issues to effectively manage these conditions in a jail environment.[19, 20, 62, 63]

The rising incidence of SMI within local and county jail populations presents significant challenges for Wardens, Directors, and Captains responsible for their management. The presence of SMI among incarcerated individuals not only exacerbates the risk of violence within these facilities but also elevates the potential for injuries among both correctional officers and

the incarcerated population.[21-24] This situation underscores the urgent need for tailored strategies and resources to address mental health needs effectively, ensuring the safety and well-being of all individuals within the correctional system. This Mental Health report examines how local and county jails present opportunities to investigate innovative and promising strategies for mental health care for incarcerated populations.

Current Laws Governing Treatment in New Jersey Local and County Jails

Current state legislation does not restrict New Jersey's local and county jails from administering medications to incarcerated individuals involuntarily in non-emergency situations.[25] Using a process similar to the *Washington v. Harper* administrative proceeding, local and county jails could authorize the involuntary medication of incarcerated individuals diagnosed with mental disorders, those considered gravely disabled, or those who present a significant risk of harm to themselves or others.[26-27] However, due to a limited number of psychiatric hospital beds, New Jersey jails often face challenges in transferring inmates in need of treatment. As a result, local and county jails are compelled to manage incarcerated individuals' mental health symptoms through alternative methods such as restraints, seclusion, or direct supervision rather than medication. [12-15]

The state's Centralized Admissions Department, acting as a gatekeeper, has the authority to refuse state hospital admissions for incarcerated individuals with SMI, even when they are assessed as meeting the criteria for commitment by screening services. This situation underscores a critical capacity issue and the need for policymakers to consider strategies for expanding access to appropriate mental health treatment for incarcerated individuals.

Addressing Mental Health Challenges in New Jersey's Local and County Jails

A variety of approaches are currently being implemented in local and county jails to better manage incarcerated people with SMI. Resources may vary dramatically by county depending on population size and determination of need. For instance, in the previous report, ECCF considered establishing a specialized mental health unit that fosters a better transition from forensic status to the general incarcerated population.

In December 2023, ECCF unveiled a specialized housing pod, a “step-down” unit, designed to bridge the gap between the forensic unit placement (where intensive psychiatric care is provided) and the possibility of returning to the general incarcerated population. This unit is tailored for individuals who have been deemed stable enough through intensive mental health interventions but still require a structured setting for further recovery and preparation for reintegration.

Other county jails provide a range of services for mental health, veteran assistance programs, medication-assisted treatment (MAT), or re-entry services; others may offer one, two, or none. Some may prioritize that the incarcerated person pay restitution to the victim while others provide complete Alternative to Incarceration Programs equipped with reentry services (see Essex), electric ankle monitoring systems and relapse prevention (see Cape May); GED classes and computer lab literacy (Camden); Alcohol Anonymous/Narcotic Anonymous and religious services, and Cognitive Behavioral Therapy and anger management classes for example (see Essex County and Middlesex County).

Effective Models, Designs, and Infrastructure for Mental Health Intervention

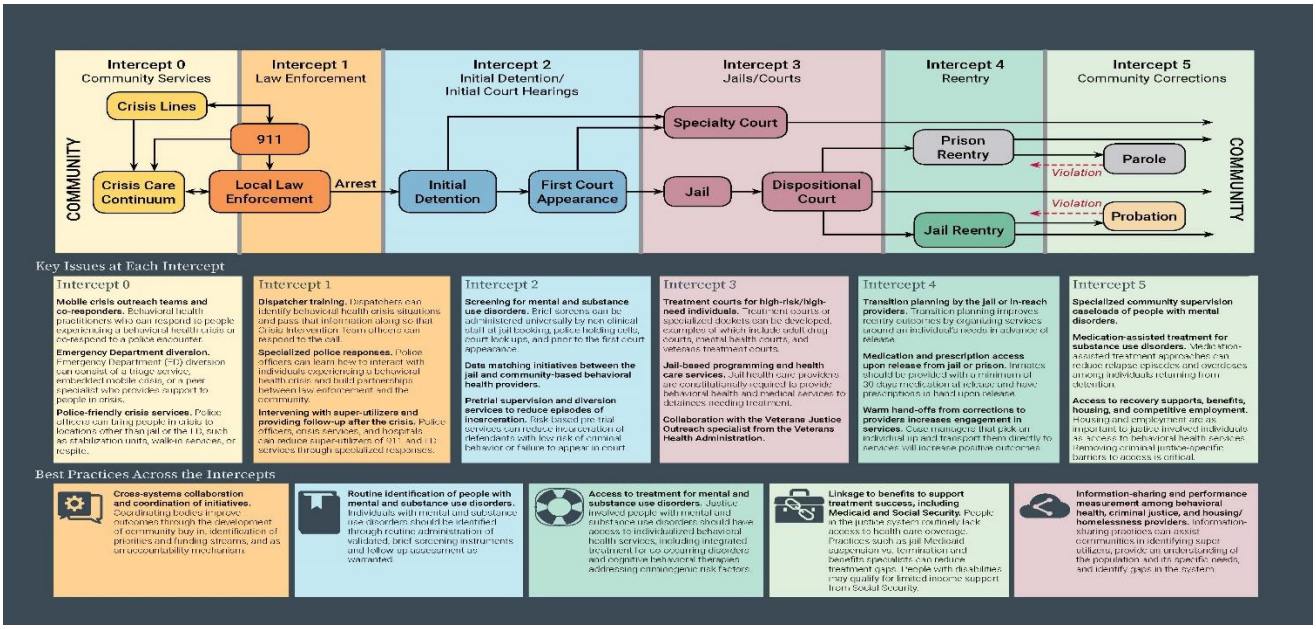
Diversion Strategies. Pretrial intervention, or PTI, is a diversionary program designed for first-time justice involving individuals who enter the program before their case is decided. Typically, pretrial intervention occurs after formal charges are filed but before guilt is adjudicated, with the defendant remaining under the jurisdiction of the criminal justice system. In New Jersey, the primary diversionary programs are Pre-Trial Intervention, Conditional Discharge, and Conditional Dismissal.[28] PTI in New Jersey is for first-time offenders in Superior Court and is available for more severe crimes such as felonies or indictable charges. Conditional Discharge in New Jersey is for first-time offenders charged with a municipal court drug offense and is only available for minor drug offenses. For the first time, conditional dismissal in New Jersey is a justice-involved person in municipal court for various, less serious offenses.[28]

Examples of Nationwide Best Practices and interventions: Promising Approaches

Revamping mental health treatment in local and county jails necessitates a collaborative effort involving partnerships with community-based services, the medical professional

community, state policymakers, and institutional systems. This requires considering a systems framework such as the Sequential Intercept Model (SIM) to develop a strategy for mapping how individuals with mental health challenges navigate the criminal justice system, identifying resource availability, pinpointing service gaps, and planning for systemic changes.[29]

Figure 1. Sequential Intercept Model



One example is Yakima County, Washington. They have been at the forefront of creating a comprehensive care continuum for individuals with SMI.[30] Yakima County established a Mental Health Crisis Stabilization Unit, Crisis Intervention Training for Law Enforcement, a Behavioral Health Diversion Program, and a Mental Health Court. Yakima County is also one of the few sites in the nation that have implemented a therapeutic court - The Dual Diagnosis Mental Health/Drug and Alcohol Court.[31] This effort is spearheaded by the Yakima County Collaborative Diversion Policy team, a coalition of criminal justice stakeholders and local mental health providers, using SIM. The SIM has proven crucial in offering a structured framework for evaluating the existing system and helping the community outline proactive steps for future reforms. Currently, Yakima County is actively working towards filling additional identified service gaps, aiming to reroute individuals with SMI away from the criminal justice system and towards community-based treatment solutions.

Global Mental Health Approaches in the Criminal Justice System

Globally, there has been an increase in SMI among incarcerated individuals. This section of the report will provide examples of existing services and programs for incarcerated individuals with SMI. Japan, Singapore, the UK (England and Wales), and Australia are notable examples of existing mental health services and general programming for incarcerated individuals. Brazil and China are examples of countries with scarce services for incarcerated individuals with SMI and a lack of services for all detained. Each country's services and programming will be described.

This report also highlights various innovative strategies (e.g., evidence-based screening and classification tools, diversion programs, and reintegration strategies) being implemented at the local, national, and global levels within diverse county and local jail settings. The data presented in this report underscores a significant concern: a vast number of Americans, nearly 50 million, are grappling with mental health issues, with a substantial portion, approximately 2.45 million, facing severe mental health challenges. This report calls for urgent and targeted policy interventions to address the widespread mental health crisis, emphasizing the need for enhanced resources, improved access to care, and the elimination of systemic barriers to treatment.

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Chapter 1:
Introduction

Mental health challenges among people incarcerated within the United States, and particularly in county jails, present a complex public health crisis, with New Jersey exemplifying many of the critical issues faced nationwide. [32-35] Many individuals arrive at a county jail with preexisting mental health issues, and the stressful conditions within can lead to the onset of mental health disorders in others.[32-35] County jails serve as local facilities for short-term detention, accommodating individuals awaiting trial or serving brief sentences, and are operated by county or city authorities. Furthermore, incarceration exerts a disproportionately negative impact on marginalized communities – this further exacerbates racial disparities and health inequities, particularly among incarcerated individuals experiencing mental health challenges.[36] Serious mental health illnesses (SMI) typically encompass psychiatric disorders categorized as "moderate" and "severe" based on the symptoms, severity, and functional impact, as outlined in the ICD-10 classification, which includes three levels of severity: mild, moderate, and severe.[35]

Examples of mild mental health challenges include mild anxiety or mild depressive episodes. Moderate mental health challenges include but are not limited to major depression or anxiety disorders, while severe conditions include severe depression, schizophrenia, and bipolar disorder. Incarcerated individuals with SMI face unique challenges and vulnerabilities that contribute to an increased risk of interpersonal violence. National data indicate that a diagnosis of SMI (e.g., schizophrenia) is prevalent (40-64%) among people who are incarcerated in county jails and state prisons, with Black incarcerated individuals (63%) substantially overrepresented compared to other racial and ethnic groups.[37-39]

Additionally, the prevalence of mental health problems among those incarcerated in county jails is significantly higher than in the general population (44% vs 26%), necessitating a critical understanding of the scope, contributing factors, and potential solutions to this crisis.[9-10] The extent of severe mental health disorders in the United States correctional settings has become so pronounced that county jails are deemed as the “new asylums.”[11] More than nine million people cycle through the United States jail system annually.[40] With the community mental health system having undergone significant structural changes in the last few decades, there is a growing demand for county jails to deliver comprehensive mental health care and treatment

services.[41-43] As a result, there has been a shift in the provision of inpatient treatment services for SMI individuals who encounter law enforcement, with jails assuming a significant role in providing mental health services due to a significant reduction in available psychiatric inpatient beds.[44-45]

County jails experience a higher incidence of individuals with mental health challenges compared to the general population, yet these institutions often lack the resources necessary for adequate treatment and care.[9,10] People with mental health challenges in jail settings pose a high risk of experiencing physical and emotional trauma that acts as an acute and chronic stressor throughout incarceration.[37] Specifically, people with mental health disorders are at heightened risk of physical and sexual victimization and suicide.[46-47] Once involved in the criminal legal system, people with mental health challenges face an elevated risk of re-incarceration due to parole and probation violations and new arrests.[8]

Aim of the Mental Health in Jail Setting Report

The purpose of this report is to explore the prevalence and treatment of mental health issues within jail facilities, focusing on Essex County Correctional Facility (ECCF) and the state of New Jersey as a whole, highlighting the challenges and gaps in care for incarcerated individuals. It aims to understand the extent to which mental health challenges affect those in jail, examining how pre-existing conditions are managed and the development of new mental health issues due to incarceration conditions. The report seeks to offer insights into effective interventions and recommend strategies for improving mental health support to inform policy and practice better to address the mental health needs of the incarcerated population.

In New Jersey, as in much of the United States, the intersection of the criminal justice system and mental health care has been fraught with difficulties. County jails, often the first point of contact for individuals directly impacted by the legal system, have become de facto mental health care providers for many.[48] A report by the Treatment Advocacy Center highlights that individuals with severe psychiatric conditions are ten times more likely to be in jail or prison than in a state psychiatric hospital. This shift is indicative of broader systemic issues, including inadequate mental health services in communities, which lead to a cycle of incarceration for many suffering from mental health challenges.

The State of New Jersey

Population and Demographic Characteristics. As of 2021 (latest data available), 9.23 million people live in New Jersey.[49] The state is comprised of 21 counties,[50] of which are Bergen (975,980), Essex (895,632), and Middlesex (885,432), leading in the top three most populated counties.[49] Median household income in the state (in 2022 dollars), 2018-2022 is $97,126, leaving 9.7% of people in poverty.[51] The five most prominent ethnic groups in New Jersey are White (Non-Hispanic) (53.8%), Black or African American (Non-Hispanic) (12.5%), Asian (Non-Hispanic) (9.69%), White (Hispanic) (8.89%), and Other (Hispanic) (6.74%). About 91% of those living in New Jersey are documented U.S. citizens.[49] The most common non-English languages spoken as the primary language in households in New Jersey are Spanish (1,440,046 households), Chinese (including Mandarin and Cantonese) (124,963 households), and Portuguese (90,904 households).[49]

A National Alliance on Mental Illness (2021)[52] report indicates that over 1.1 million adults in New Jersey are affected by a mental health condition. This figure surpasses three times the population of Newark, the state's most populous city. Furthermore, 42% of adults statewide reported experiencing symptoms associated with anxiety and depression. Within this group, 19.9% encountered challenges accessing the necessary counseling or therapy services.

Overview of New Jersey's Mental Health Crisis in County Jails

Local and County Jails in New Jersey. New Jersey's jail system comprises 19 jails spread across its 21 counties.[53] These facilities support the state's criminal justice infrastructure, detaining individuals awaiting trial, serving short sentences, or facing various legal processes.

Demographic Characteristics of Incarcerated People in New Jersey County Jails. As of January 2022, the demographic composition of incarcerated people in New Jersey County jails was 65% Black/African-American, 21% White, 12% Hispanic/Latino, and less than 1% Asian.[54] It is important to note that while Hispanic/Latino individuals are nationally overrepresented in correctional settings, data misclassification commonly distorts estimates of their incarceration rates, making it challenging to measure the impact of incarceration among this group compared to other racial groups due to limited and inconsistent data reporting.[55]

Since 1970, there has been a 240% increase in the overall county jail population.[54] In 2015, pretrial detainees made up 70% of the total county jail population in New Jersey. Male inmates made up at least 90% of the reported jail population in 2013 in New Jersey.[56] The female population in New Jersey's jails has surged more than sevenfold, rising from 175 in 1970 to 1,268 in 2015.[57] The overrepresentation of Black Americans who are incarcerated in the state reveals significant racial and economic disparities. **One in five Black individuals born in 2000 nationwide is likely to experience incarceration in their lifetime, contrasting with one in 10 Hispanic/Latino individuals and one in 29 White individuals**.[58]

Several factors exacerbate the mental health crisis in New Jersey's county jails. First, there is the issue of some county jails not using standardized screening tools and assessments.[59-61] Upon admission into the jail system, the screening process for mental health conditions often lacks consistency and comprehensiveness, resulting in numerous individuals not obtaining the appropriate care they need.[61] Mental health screening, assessment, and diagnostic processes are critical components of comprehensive healthcare for incarcerated individuals in county jails. A mental health screening, mental health assessment, and mental health diagnosis refer to different methods and processes used by health professionals to evaluate an individual's mental health status.

Mental health screening can be used to quickly evaluate whether an individual might be experiencing symptoms of a mental health condition. It is a preliminary process that can indicate the need for a more in-depth evaluation. Mental health screenings usually include brief questionnaires or checklists covering various psychological symptoms. These tools can be self-administered or conducted by a healthcare provider. The outcome is typically a recommendation on whether to seek further evaluation. It does not result in a definitive diagnosis.

A *mental health assessment* is a more comprehensive evaluation of an individual's mental health. It aims to understand the symptoms' nature, severity, and impact on the individual's life. It also aims to identify potential mental health disorders. The assessment involves detailed interviews, observations, and sometimes standardized testing. It may cover personal history, emotional functioning, cognitive abilities, and other relevant aspects of mental health. Assessments are usually conducted by trained professionals such as psychologists or psychiatrists. Mental health assessments provide a detailed understanding of the individual's

mental health status. While it can suggest possible diagnoses, its primary goal is to guide treatment.

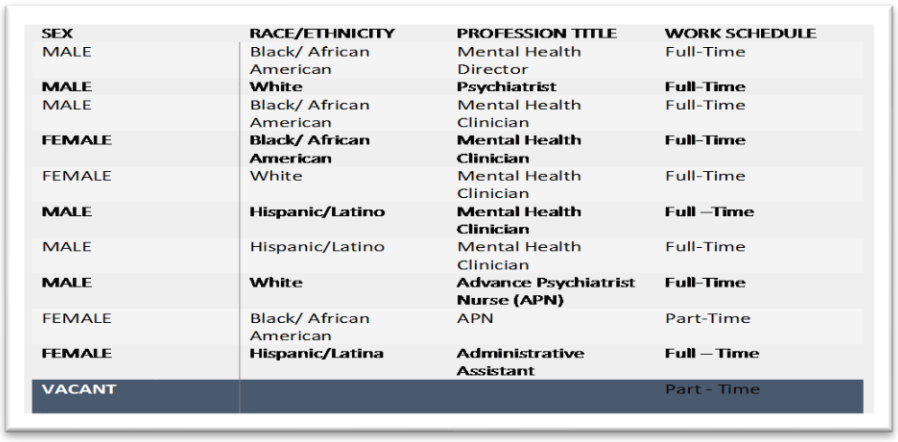
A *mental health diagnostic* evaluation is to determine whether an individual meets the criteria for a specific mental health disorder according to standardized diagnostic guidelines (such as the DSM-5 or ICD-10). A mental health diagnostic involves a detailed assessment of the individual's symptoms, history, and functioning across various domains. It is conducted by a qualified mental health professional, such as a psychiatrist or clinical psychologist, who can make a diagnosis. A mental health diagnosis is used to guide treatment decisions and interventions. The diagnosis is based on established criteria and is crucial for accessing appropriate care and support.

Each step—from initial screening through an assessment to a formal diagnostic evaluation—ensures the well-being and safety of the incarcerated population and the broader jail community.

Essex County Correctional Facility (ECCF) and Mental Health

Essex County Correctional Facility (ECCF). Because ECCF serves as the main entrance point into the criminal justice system for people with mental health issues in Essex County, Newark, and the adjacent counties, focusing on this facility is important. ECCF is the largest county jail in New Jersey. ECCF is a medium-security, county-level facility located in Newark. As of February 27, 2024 (latest census data available), ECCF has a jail population 2,264 (95% men and 5% women). Ninety-five percent of the individuals who are incarcerated are men, and about 72% (n=1,629) are Black Americans. Approximately 40 new admissions are received daily, managed by 700 correctional police officers. Currently, the Mental Health Department comprises ten full-time staff members (see updated staffing matrix, table 1) responsible for providing treatment to 750 out of over 2,000 incarcerated individuals diagnosed with a mental health condition according to DSM or ICD-10 codes and who are undergoing mental health treatment. Approximately 87%(n=600) of the 750 incarcerated individuals with a mental health diagnosis have a co-occurring disorder, and most often, the co-occurring diagnosis is related to substance use disorder.

Table 1. Mental Health Staff Matrix Table – Update 2024



SEX	RACE/ETHNICITY	PROFESSION TITLE	WORK SCHEDULE
MALE	Black/ African American	Mental Health Director	Full-Time
MALE	**White**	**Psychiatrist**	**Full-Time**
MALE	Black/ African American	Mental Health Clinician	Full-Time
FEMALE	**Black/ African American**	**Mental Health Clinician**	**Full-Time**
FEMALE	White	Mental Health Clinician	Full-Time
MALE	**Hispanic/Latino**	**Mental Health Clinician**	**Full –Time**
MALE	Hispanic/Latino	Mental Health Clinician	Full-Time
MALE	**White**	**Advance Psychiatrist Nurse (APN)**	**Full-Time**
FEMALE	Black/ African American	APN	Part-Time
FEMALE	**Hispanic/Latina**	**Administrative Assistant**	**Full – Time**
VACANT			Part - Time

Types of Psychiatric Diagnosis. The most prevalent mental health diagnoses categorized at the facility are the following: major depressive disorder (with anxious or paranoid features), schizophrenia, schizoaffective disorder, mood disorders (with psychotic, anxiety/depressive features, bipolar), anxiety disorder, post-traumatic stress disorder (PTSD), delusional disorder, and substance use disorder. Since the last report, additional mental health disorders have been identified that fall into three broad categories: personality disorders (antisocial personality disorders, developmental disorders *(e.g., reactive attachment disorder [condition found in children due to not having formed healthy emotional attachments with primary caregivers, usually due to severe neglect or abuse, characterized by disturbed and developmentally inappropriate ways of relating socially; oppositional defiant disorder [disruptive, impulsive, categorized as angry/irritable mood, argumentative, defiant or even vindictive])* and neurodivergent conditions *(e.g., autism spectrum disorder, attention-deficient hyperactive disorder)*.

In addition, the number of people who are incarcerated with “developmental disabilities” has increased since the last report. However, the Mental Health Department does not have the staff or resources to screen for this condition accurately when inmates arrive. Therefore, mental health staff can only glean from the historical reporting in the charts (previous incarceration at ECCF) or from what they can observe when they meet with the medical and mental health team. Research indicates a significant correlation between substance use disorders and the concurrent presence of psychiatric conditions, leading to a disproportionate representation of complex mental health diagnoses, such as schizophrenia, within ECCF.[21-22] This comorbidity underscores the need for integrated treatment approaches that address both substance use and mental health issues to manage these conditions in a jail environment effectively.

Screening, assessment, and diagnostic treatment at ECCF

Upon the admission process (Day 1, within 4-6 hours), individuals entering custody complete a medical and mental health intake screening form designed to identify potential mental disorders. This form queries the individual's mental health history, suicide risk, physical health issues, substance abuse history, and any propensities for violence or aggression (detailed in Appendix 1: CFG Mental Health Evaluation). Responses to these items are used to identify the likelihood of mental health symptoms and suicide risk profiles. This intake screening tool also flags medical health risks and Prison Rape Elimination ACT (PREA) related concerns. When a nursing staff identifies an immediate need for mental health care, the incarcerated person is quickly referred to a mental health specialist for further clinical assessment (refer to Appendix 2: Columbia Suicide Severity Rating Scale, Compass 10 Scale Symptoms, Initial Mental Health Assessment, Initial Psychiatric Assessment, and Stabilization Plan).[64-65] Even in cases where the initial screening does not reveal an urgent mental health concern, the individual is still directed to the mental health department for a further evaluation conducted by a licensed clinician, such as a clinical social worker, mental health counselor, or individual holding a Master's degree in a related field.

Everyone in custody undergoes a comprehensive secondary mental health evaluation conducted by a clinician within 72 hours. This process includes reviewing electronic health records through the Centricity system, allowing the mental health team to identify any pre-existing psychological or medical conditions. Behavioral changes in incarcerated individuals are monitored closely, with observations from healthcare providers or correctional police officers promptly communicated to mental health professionals. Based on these assessments, individuals may receive a referral for further examination by a psychologist or psychiatrist, who will determine the necessary level of care, type of mental health intervention, or both. Tailored mental health or psychiatric treatment plans are developed for everyone, subject to regular review and adjustment by the mental health team in collaboration with the person under their care.

While ECCF recognizes the importance of mental health screening, there are some barriers and challenges that limit the implementation of systematic mental health screenings. There is currently an absence of standardized mental health screening being used for all individuals entering the facility. For instance, the current instrument used to screen for mental

health (see Appendix 1: CFG Mental Health Evaluation) is not a standardized mental health screening tool. ECCF currently does not use validated mental health screening tools, making integrating a mental health screening protocol into the intake process imperative. Mental health screening tools are essential for incarcerated populations because early identification through screenings can lead to better management of these conditions.[61, 66-67] In addition, it allows for timely intervention, which can improve outcomes, reduce the severity of mental health issues, and potentially lower the risk of suicide, self-harm, and violence within facilities.

Recommendations: Implement Standardized Mental Health Screening Tool

The progression from screening to assessment to diagnostic evaluation represents a continuum of increasing specificity and depth. Screening tools identify potential issues, assessment explores these issues in more detail, and diagnostic evaluation culminates in identifying specific mental health conditions, thereby guiding treatment and interventions. The choice of a mental health screening tool will depend on several factors at ECCF, including training the staff administering the screenings, resources available for follow up, and appropriate assessment. However, a precise mental health diagnosis requires using an evidence-based screening tool to identify potential mental health concerns, as this is the cornerstone of effective treatment. For incarcerated individuals, it ensures that they receive appropriate medication, therapy, and support services tailored to their specific conditions. These standardized mental health screenings represent an essential component of comprehensive healthcare services for ECCF, aiming to address the complex needs of incarcerated individuals. Below is a list of standardized mental health screening tools that have been designed or adapted for use with people who are incarcerated (see Appendix 3 for screening tools):

1. Brief Jail Mental Health Screen (BJMHS) – Explicitly developed for use in county and local jails, the BJMHS is designed to quickly identify incarcerated individuals needing mental health services. It includes eight questions that screen for symptoms of major depression, manic episodes, psychotic disorder, and thoughts of suicide.[68]
2. Correctional Mental Health Screen (CMHS) – Designed for men and women entering correctional facilities for a range of mental health disorders.[69] It includes separate versions for male and female individuals, reflecting differences in symptomology and prevalence rates of mental health conditions between the genders.[69]

3. Mental Health Screening Form – III (MHSF-III) – This tool is used to identify a broad range of psychological problems and conditions. While not developed exclusively for people incarcerated, MHSF-III has been used widely in jails and prisons due to its comprehensive approach to screening.[70]

4. Jail Screening Assessment Tool (JSAT)– The JSAT is used to identify those who may have mental health or substance misuse issues. It assesses a wide range of emotional and behavioral problems.[71]

5. Substance Abuse/Mental Illness Screener (SAMISS) – Explicitly developed for correctional settings, the SAMISS is a brief tool used to screen for both substance use and mental health disorders. It recognizes the high comorbidity of these issues in people who are incarcerated.[72]

6. Beck Depression Inventory (BDI) – While not explicitly designed for the incarcerated population, the BDI is a widely used tool for detecting depression. BDI is a straightforward questionnaire and can be easily administered in a jail setting.[73]

7. Kessler Psychological Distress Scale (K10) – The K10 is a simple, 10-question screening tool to identify individuals with psychological distress. It has been used in a variety of settings, including correctional facilities, to screen for mental health issues such as anxiety and depression.[74]

Approaches to Addressing Mental Health Disorders at ECCF

Incarcerated individuals at ECCF who are diagnosed with mental health disorders receive pharmacological treatment that may include antidepressants, antipsychotics, anxiolytics, stimulants, and benzodiazepines, among other medications. Beyond pharmacotherapy, these patients engage in a comprehensive treatment regimen comprising individual and group therapy, crisis intervention, brief psychotherapy, grief counseling, and, when feasible, family counseling. Therapy sessions are offered to those who are emotionally and behaviorally prepared to participate in a group setting. Incarcerated individuals with mental disorders are prescribed psychotropic medications and undergo a clinical evaluation by a psychiatrist or the Mental Health Director within 30 days, with subsequent routine follow-ups by psychiatric personnel. The administration of sedatives or chemical restraints for individuals experiencing acute or severe mental health crises is against ECCF's policies and procedures. Instead, those presenting with severe or acute mental health conditions are promptly assessed and treated by

the facility's attending psychologist or psychiatrist, ensuring a humanistic approach to their mental health needs while prioritizing safety and ethical standards of care.

The Protocol for a Mental Health Crisis. When an incarcerated person within the correctional facility experiences a psychiatric emergency, posing a potential risk to their safety (e.g., exhibiting suicidal ideation), a specific mental health protocol, including placement on mental health observation status (either Constant or Close Watch by a correctional police officer), is initiated. This involves assigning the patient to a solitary cell, which may require relocating the patient to a different cell or removing any cellmates. The clinical team conducts a risk assessment to determine the appropriateness of certain personal items, including clothing and eating utensils, given the potential for these items to be used in self-harm attempts. Patients under observation are always afforded dignity; they are not left unclothed. Those assessed as being at risk of self-harm are provided with a mattress for basic comfort. If it is clinically judged that standard clothing poses a safety risk, patients are instead provided with specially designed safety gowns and blankets to prevent self-harm.

The mental health staff conducts daily evaluations of patients on observation status to monitor their well-being and adjust care as necessary. Patients are permitted recreational activities in a controlled environment to ensure the safety of patients and staff. However, for those deemed clinically unstable, time outside their cell may be limited to essential activities, such as showering, to ensure their safety and well-being.

Forensic Mental Health Units

The Department of Mental Health supervises the Forensic Mental Health Units within the facility, providing specialized care for incarcerated persons diagnosed with severe mental health disorders. These units are designed to accommodate inmates requiring separation from the general population due to mental health concerns, medical needs, disciplinary actions, or protective reasons. Incarcerated individuals facing disciplinary measures may still share cells.

For suicide prevention measures, any cell within the facility can be designated as a suicide prevention cell. In cases where mental health observation is necessary, and space in the designated 2D1 or 2D3 housing pods is available, incarcerated persons are transferred there. Otherwise, they remain within their original housing pod. These specific observation cells are in single occupancy.

The medical infirmary includes 16 beds across two cell units specifically used for suicide prevention efforts. These smaller cells are equipped with essential furnishings, including a bed, sink, a toilet, and feature a tinted window, with meal delivery facilitated through a door port. Each cell is fitted with two types of overhead lighting: one that remains on from 6 AM to 10 PM and a night light that operates from 10 PM to 6 AM. Additionally, main lights in the tier hallways are turned off overnight from 10 PM to 6 AM.

Incarcerated persons within the forensic units are subject to a 23-hour daily lockdown, with a one-hour release for physical exercise in a secured area. This strict regimen underscores the facility's commitment to both safety and the necessity of accommodating the specialized needs of incarcerated individuals with severe mental health conditions.

Four-Level System – The facility employs a four-tier system to ensure widespread awareness of its inmates' specific needs and circumstances, enabling tailored management practices for those requiring special accommodations. At this time, according to a December 14, 2021, communication with Dr. Jason Fleming, there are 67 inmates at ECCF who have Mental Health Forensic Status within the following levels: Level 1: 23; Level 2: 28; Level 3: 13, and Level 4: 4 [Transferred to Unit 2B1 (step up from Level 3, Special Needs general population status)].

Advancements or progression within the Four-Level System are decided based on collective clinical assessments conducted by Dr. Jason Fleming and the Mental Health clinical team. This dynamic monitoring process involves daily oversight by mental health professionals to observe inmate progression or regression closely. Modifications to an incarcerated person's designated level are systematically communicated to custody staff through detailed clinical evaluations, facilitating the logistical arrangements for transferring them between housing pods or cells. Additionally, these level adjustments directly affect the scheduling and permissibility of recreation time, with higher tiers enjoying more flexible recreation standards. For instance, incarcerated persons at level 1 are allocated individual recreation periods to ensure safety.

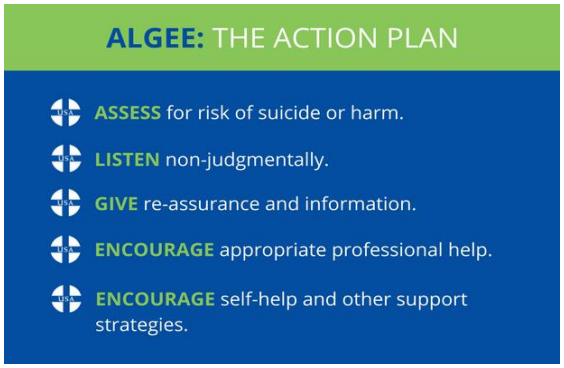
Step down unit (2E1) – From the previous report, ECCF considered establishing a specialized mental health unit that fosters a better transition from forensic status to the general incarcerated population. In December 2023, ECCF unveiled a specialized housing pod, known as a “step-down” unit, designed to bridge the gap between the forensic unit placement (where intensive psychiatric care is provided) and the possibility of returning to the general incarcerated

population. This unit is tailored for individuals who have been deemed stable enough through intensive mental health interventions but still require a structured setting for further recovery and preparation for reintegration.

As of February 27, 2024, there were currently 31 incarcerated individuals who have been moved from a forensic status to this step-down unit. The primary goal of this step-down unit is to facilitate a gradual transition for incarcerated individuals, reducing the likelihood of relapse into acute mental health crises by providing continued support and monitoring. Moreover, the step-down unit could serve as a critical component in the continuum of care within ECCF, emphasizing the importance of seamless care coordination and continuity of treatment.

By closely monitoring the progress of each incarcerated person in the step-down unit and adjusting treatment plans as necessary, the correctional police officers monitoring 2E1 play a pivotal role in ensuring that the transition is not only smooth but also sustainable. Correctional police officers in 2E1 with training in mental health are better equipped to understand the challenges faced by incarcerated individuals with mental health issues. In preparation, correctional police officers were trained in Mental Health First Aid for Correctional Professionals (MHFA-CP), a novel 7.5-hr intervention designed to train correctional police officers in recognizing the signs/symptoms of mental health challenges and substance use.

Figure 1. ALGEE



(see Appendix 4).[75-76] Currently, 16 correctional police officers have been trained in MHFA-CP. Some of these correctional police officers are managing 2E1. Preliminary data suggest that the training effectively improved the officer's knowledge of the ALGEE: The Action Plan (Figure 1), which is a five-step guide for providing MHFA.[76]

Furthermore, correctional police officers reported referring incarcerated individuals to mental health services at least 30 times at three months after MHFA-CP training. The reasons for referring those inmates to the mental health department were the following: requested by the inmate, noticed of irregular behavior(s), an incarcerated person experiencing hallucinations; the inmate was screening, behaving aggressively, refusing to leave the cell, refusing to shower, and challenging to communicate

with. Interestingly, before the MHFA-CP training, correctional police officers did not refer family or friends to mental health services. Still, post-intervention training, they reported referring someone they knew to mental health at least twice. The reasons were the following: stress and personal troubles.

Correctional police officers have a profound impact on the mental health of inmates through their daily interactions, the environment they help create, and their role in connecting incarcerated people to mental health services.[34] Training correctional officers in mental health awareness and intervention strategies is thus a vital component of efforts to improve the mental well-being of incarcerated individuals.[77]

Recommendations: Develop a Mental Health Policy for the Step-Down Unit

Given the recent development of the Step-Down Unit at ECCF, the facility should consider creating a mental health policy that addresses the specific needs of incarcerated individuals transitioning from intensive mental health treatment back into the general jail population or preparing for community release. The step-down unit serves as an intermediate level of care, providing support and monitoring as individuals adjust to less restrictive environments. Here's an outline for a mental health policy tailored to such a unit:

Develop an Objective Statement for the Step-Down Unit

- *Purpose:* Define the purpose of the step-down unit, emphasizing its role in supporting inmates with mental health conditions in their transition, facilitating continued recovery, and preparing for reintegration into the general jail population or the community.

Define Eligibility Criteria

- Assessment-Based Entry: Detail criteria for an inmate's entry into the step-down unit, based on comprehensive mental health assessments by qualified professionals, demonstrating readiness to transition from a higher level of care.

Identify Staffing and Training Needs

- *Specialized Staff:* Ensure the unit is staffed with professionals trained in mental health care, including psychologists, psychiatrists, nurses, and correctional officers with specialized training.

- *Ongoing Training:* Mandate regular training for all staff on mental health issues, crisis intervention, de-escalation techniques, and the unique needs of individuals in the step-down process (e.g., MHFA-CP)

Describe Treatment and Support Services

- *Individualized Treatment Plans:* Each inmate in the step-down unit must have an individualized treatment plan; staff should develop in collaboration with a multidisciplinary team that outlines therapeutic goals, medication management plans, and any necessary accommodations.
- *Therapeutic Activities:* Provide access to therapeutic activities designed to support mental health, including individual and group therapy, skill-building workshops, and recreational therapy.

Safety and Security

- *Risk Assessment***:** Implement regular risk assessments to monitor for signs of distress or deterioration in mental health, with protocols in place to respond to acute mental health crises.
- *Jail Environment:* Design the unit to be conducive to mental health recovery, with attention to safety, privacy, and access to outdoor spaces or common areas that facilitate social interaction in a controlled manner.

Transition and Continuity of Care

- *Transition Planning:* Begin transition planning early, involving the inmate, mental health professionals, and, when appropriate, family members or community resources to ensure a smooth transition to the next level of care or the community.
- *Continuity of Care***:** Establish protocols to ensure continuity of mental health care as inmates move out of the step-down unit, including communication with future care providers and assistance accessing community resources upon release.

Develop a Monitoring and Evaluation Plan

- *Outcome Measurement:* Define metrics for evaluating the effectiveness of the step-down unit in improving mental health outcomes, facilitating successful transitions, and reducing recidivism.
- *Continuous Improvement:* Include a process for regularly reviewing outcomes and feedback from inmates and staff to inform ongoing improvements to the unit's policies and practices.

Create Rights and Responsibilities

- *Inmate Rights:* Clearly articulate the rights of inmates within the step-down unit, including the right to participate in treatment decisions, access to legal and advocacy services, and mechanisms for voicing concerns or grievances.
- *Staff Responsibilities:* Outline the responsibilities of staff in upholding the therapeutic objectives of the unit, including ethical obligations, respect for inmate privacy, and commitment to providing high-quality care.

In summary, creating a Step-Dow Unit Mental Health Policy requires a commitment to best practices in mental health treatment, recognizing the critical role of structured, supportive environments in facilitating recovery and successful community reintegration.

Chapter 2:
Mental Health Step-Down Units in Local and County Jails

Developing and implementing mental health policies in correctional settings, including step-down units, involves addressing the complex needs of inmates transitioning from intensive psychiatric care to less restrictive environments or preparing for reintegration into the community. While specific program examples can vary widely depending on jurisdiction, funding, and facility size, several initiatives and models have gained recognition for their approaches to inmate mental health in county and local jails. Here are examples from various jurisdictions that demonstrate commitment to improving the mental health of incarcerated individuals.

Harris County Jail's Diversion Programs, Texas. Recognizing the need to address mental health issues as a root cause of some criminal behaviors, Harris County has developed diversion programs aimed at redirecting individuals with mental health conditions away from the criminal justice system and into appropriate treatment programs. While not a step-down unit per se, these programs represent an essential component of a broader strategy to manage mental health in a correctional context, emphasizing early intervention and community-based care.[78,79]

Cook County's Jail, Illinois. The Mental Health Transition Center in Cook County Jail has implemented several initiatives to address the mental health of its inmates, including the development of specialized units that could be considered similar to step-down facilities. These units provide targeted mental health services and programming designed to meet the specific needs of individuals as they prepare to transition out of intensive mental health care settings. Programs include education, vocational training, and therapeutic services, all aimed at reducing recidivism by addressing the underlying mental health issues that contribute to criminal behavior.[80]

***Los Angeles County Jail, Twin Towers Correctional Facility, California*.** The Twin Towers Correctional Facility houses the Correctional Psychiatric Program, which is one of the largest mental health facilities within a jail in the United States. It has developed units that function similarly to step-down units, providing care and monitoring for inmates transitioning between levels of mental health care. These units focus on stabilization and rehabilitation, offering various programs to prepare inmates for a successful transition back to the general population or the community. The program offers comprehensive psychiatric services, including assessment,

treatment, and crisis intervention, for inmates with mental health conditions. The facility's design and staffing model are tailored to meet the needs of this population, with specialized training for staff in mental health issues.[81]

San Francisco County Jail, California. San Francisco County Jail's Integrated Behavioral Health Unit (IBHU) is a model program designed to address the needs of inmates with psychiatric disorders. This unit offers an interdisciplinary approach to care, integrating mental health, substance use treatment, and physical health services. IBHU focuses on stabilizing inmates' conditions, providing intensive case management, and preparing them for a successful transition back into the community.[82]

In summary, the mental health crisis at ECCF highlights broader issues at the intersection of the criminal justice and mental health care systems. While initiatives to address these challenges are underway, a comprehensive approach that includes adequate funding, systemic reform, and the de-stigmatization of mental health issues is necessary. Improving mental health care in jails, alongside efforts to divert individuals with mental health conditions away from the criminal justice system, is not only a matter of public health but also a moral imperative to ensure the rights and dignity of all individuals are respected.

Laws Governing Treatment in New Jersey Local and County Jails

There are 21 counties in New Jersey, each containing a correctional facility except for Union, Gloucester, Cumberland, Hunterdon, Sussex, Somerset, and Passaic. Local and county jails are constitutionally mandated to provide mental health care, treatment, and services to individuals in custody. [83-84] This obligation stems from legal precedents that establish the right to healthcare for incarcerated populations, ensuring that mental health conditions are identified, treated, and managed effectively within these facilities.[84] According to legal requirements, mental health interventions must be adequate and comprehensive, incorporating the inclusion of assessment and screening, treatment beyond monitoring, carried out by licensed or certified mental health practitioners, record keeping, responsible management and administration of psychotropic drugs, and suicide prevention initiatives. [85-87]

Current state legislation does not restrict New Jersey's local and county jails from administering medications to incarcerated individuals involuntarily in non-emergency situations.[66] Using a process similar to the *Washington v. Harper* administrative proceeding, local and county jails could authorize the involuntary medication of incarcerated individuals diagnosed with mental disorders, those considered gravely disabled, or those who present a significant risk of harm to themselves or others.[67-68] However, due to a limited number of psychiatric hospital beds, New Jersey jails often face challenges in transferring inmates in need of treatment. As a result, local and county jails are compelled to manage incarcerated individuals' mental health symptoms through alternative methods such as restraints, seclusion, or direct supervision, rather than medication. [52,54-55]

The state's Centralized Admissions Department, acting as a gatekeeper, has the authority to refuse state hospital admissions for incarcerated individuals with SMI, even when they are assessed as meeting the criteria for commitment by screening services. This situation underscores a critical capacity issue and the need for policymakers to consider strategies for expanding access to appropriate mental health treatment for incarcerated individuals. Moreover, these legal frameworks compel county jails to develop [ideally] comprehensive mental health programs, including initial assessments, ongoing treatment, crisis intervention, and planning for reintegrating individuals into the community post-release. As such, each county facility approaches developing mental health programs based on resources, population size, and available partnerships, but all these facilities are legally mandated to address both the immediate and long-term needs of incarcerated individuals with mental health disorders.

Addressing Mental Health Disorders at New Jersey County Jails

New Jersey has taken steps to address these mental health challenges, with initiatives and policies aimed at diverting individuals with mental health issues away from the criminal justice system and towards treatment and support services. These include the **Criminal Justice Reform Act (2017)**, which overhauled the state's bail system, significantly reducing the pretrial jail population without increasing serious crimes or repeat offenses.[88] The **Public Health Emergency Credit (PHEC) Law,** enacted in response to the COVID-19 pandemic, allowed for the early release of nearly 9,000 incarcerated individuals, aiming to reduce mass incarceration and improve public health.[89-90] The **Isolated Confinement Restriction Act** limits the use of

solitary confinement, reflecting a broader move towards de-incarceration and better conditions for those in custody, particularly for vulnerable populations.[91]

In addition, programs such as Mental Health Courts[92] are being actively implemented in response to the increasing recognition of the intersection between mental health issues and the criminal justice system. These programs are designed to offer a more therapeutic approach to justice, recognizing that appropriate treatment and support can lead to better outcomes for individuals with mental health disorders, their families, and the community at large.[93] These efforts reflect a growing recognition of the need for a practical approach to dealing with mental health issues in the justice system.

Despite these initiatives, significant barriers remain. Funding for mental health services, both within jails and in the community, is often insufficient. Stigma around mental health can prevent individuals from seeking help, and systemic issues such as poverty, homelessness, and substance abuse complicate the provision of care. Collaboration between mental health professionals, law enforcement, and the judicial system is crucial, yet coordination can be challenging due to differing priorities and resources.

The *"*County Correctional Facility Mental Health and Diversion Treatment Programs" and "Pre-trial Services by County" (see Appendix 5), respectively, briefly detail the types of services that may be encountered by those jails, containing the available mental health or re-entry treatment program service available. Resources may vary dramatically by county depending on population size and determination of needs. For instance, while some counties may provide a range of services for mental health, veteran populations, medication-assisted treatment (MAT), or re-entry services, others may offer one, two or none. Some may prioritize that the offender pays restitution to the victim while others provide full Alternative to Incarceration Programs equipped with sober Units and reentry services (see Essex), electric ankle monitoring systems and relapse prevention (see Cape May); GED classes and computer lab literacy (Camden); AA/NA and religious services, and Cognitive Behavioral Therapy (CBT) and anger management classes for example (see Essex and Middlesex).

Pre-trail Interventions by County Jail in New Jersey

Pretrial intervention, or PTI is a diversionary program designed for first-time offenders who enter the program before their case is decided.[94] Typically, pretrial intervention occurs after formal charges are filed but before guilt is adjudicated (decided), with the defendant remaining under the jurisdiction of the criminal justice system. "*When defendants are granted pretrial interventions, defendants who qualify for a pretrial diversion program won't have to go through a full trial and won't carry the stigma of a permanent criminal record".*[95] Upon successful completion of the pretrial intervention. The charge is dismissed, though the specifics of dismissal vary by state. Although diversion programs vary by state and county, they commonly include requirements like court reporting, restitution to victims, maintaining employment or education, clean urinalysis, and other stipulations the overseeing officer determines. Even though there are requirements, diversion is voluntary and usually considered for defendants who are determined to be low risk, are adolescents, or have mental health or substance abuse issues.

In New Jersey, the primary diversionary programs are Pre-Trial Intervention, Conditional Discharge, and Conditional Dismissal.[96] PTI in New Jersey is for first-time offenders in Superior Court and is available for more serious crimes such as felonies or indictable charges. Conditional Discharge in New Jersey is for first-time offenders charged with a municipal court drug offense and is only available for minor drug offenses. Conditional Dismissal in New Jersey is for first-time offenders in municipal court for various, less serious offenses.[96]

Pretrial intervention diversion is sometimes confused with pretrial detention or release, which are separate processes involving the defendant's temporary release during the criminal case proceedings, whereby the defendant is released from detention to assist in his or her defense in a criminal case processed through conventional steps of being charged.[94] Upon successful completion of *pretrial release,* the charge is dismissed. Still, the meaning of dismissal varies as some states permanently dismiss charges. In contrast, others allow prosecutors to re-file if the defendant commits another crime within a specified timeframe after completing the diversion program.[94]

PTI provides an avenue for these resources and early interventions to occur; however, the model documented in Appendix E, “Pre-trial services by county,” presents the grim reality of punitive measures still practiced and played off as “rehabilitative” services. Operation Helping Hand is a perfect example of this “traditional” policing model in which law enforcement officers arresting users purchasing narcotics in “street sweeps” aim to offer treatment instead of jail. However, this model fails to account for the New Jersey bail reform law passed in 2017, which will hold repeat offenders or those in contempt of court, posing them as a flight risk until a trial; though, the majority of drug offenders who are individuals on pretrial are detained (two-thirds or 75%) will not see trial but rather a detention hearing, of which they are 25% more likely to plead guilty than defendants who are not detained.[97] The last column in this table provides contact information and websites for available information.

Lastly, this table highlights that the validated risk assessment tools used to score the offender's bail ratio or ‘PSA’ number is often paired with other customized risk assessment tools which help determine the individual qualifications for treatment of the medical needs of the offender. These tools may attempt to evaluate substance abuse, but since they are likely not validated, verifying their reliability proves challenging.

Assessment of Existing Mental Health Services and Programs In New Jersey

The state of mental health services for incarcerated individuals in New Jersey requires a careful consideration of several factors, including the availability, quality, and accessibility of services, as well as systemic challenges that might affect service delivery. The state of New Jersey has demonstrated a solid dedication to enhancing mental health services within its correctional institutions, acknowledging the significant occurrence of mental health difficulties among jailed individuals.[93, 98] As an illustration, New Jersey has introduced targeted initiatives such as mental health courts intending to redirect persons grappling with mental health disorders away from the criminal justice system and towards treatment. This approach can potentially provide improved outcomes for these individuals and alleviate the strain on correctional facilities.[92]

New Jersey's Mental Health Courts are dedicated court systems that provide a therapeutic approach to handling cases involving defendants with mental health conditions.

The primary objective is redirecting individuals away from the criminal justice system and into community-oriented therapy and support services. Individuals involved in these programs may receive extensive case management, which includes mental health counseling, housing, and employment assistance, all overseen by the court. Successful completion of the program can lead to reduced charges or sentences. The primary objective of jail diversion programs is to identify individuals who exhibit mental health disorders upon their arrest or initial interaction with law enforcement, intending to redirect them towards treatment and support resources rather than incarceration.[99] These programs frequently entail the cooperation of law enforcement agencies, mental health practitioners, and community-based organizations to guarantee suitable care and assistance to individuals.

There has also been an increased focus on training for correctional police officers and staff on mental health issues to improve the understanding of these conditions and enhance their interactions with those facing mental health emergencies. The implementation of Crisis Intervention Team training in different jurisdictions aims to provide education to law enforcement professionals, particularly correctional police officers, regarding appropriate responses to individuals who are undergoing mental health crises.[100-102] The goal is to improve public safety, redirect individuals with mental health conditions away from the criminal justice system when appropriate, and ensure they receive adequate care.

Notwithstanding these initiatives, the state of New Jersey encounters obstacles in funding, personnel, and resources, constraining the accessibility and extent of mental health treatments for individuals with SMI.[103] Insufficient financial resources frequently impede the provision and standard of mental health services within county correctional facilities.[104-105] Recruitment and retention of psychiatric and mental health professionals in county and local jails are challenging due to the demanding work environment and potentially lower compensation compared to other work settings.[106-107] This phenomenon results in an increased workload for current personnel, diminishing the time and focus they can allocate to each individual, ultimately resulting in staff experiencing burnout.[103] This leads to extended waiting periods for services and an excessive dependence on medication as the primary form of therapy.

The jail environment itself can be a significant barrier to effective mental health treatment, with issues like overcrowding, the inherent stress of incarceration potentially

exacerbating mental health conditions, and a lack of privacy, which can intensify existing conditions or contribute to the development of new ones. For those with pre-existing conditions, the stresses of jail life—including separation from family, uncertainty about the future, and exposure to violence—can lead to deterioration in their mental state. For others, the experience of being incarcerated can itself be traumatizing, potentially leading to the onset of mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD).[45, 48, 108-109] Moreover, ensuring continuity of care as individuals transition in and out of correctional setting is a critical challenge.[110]

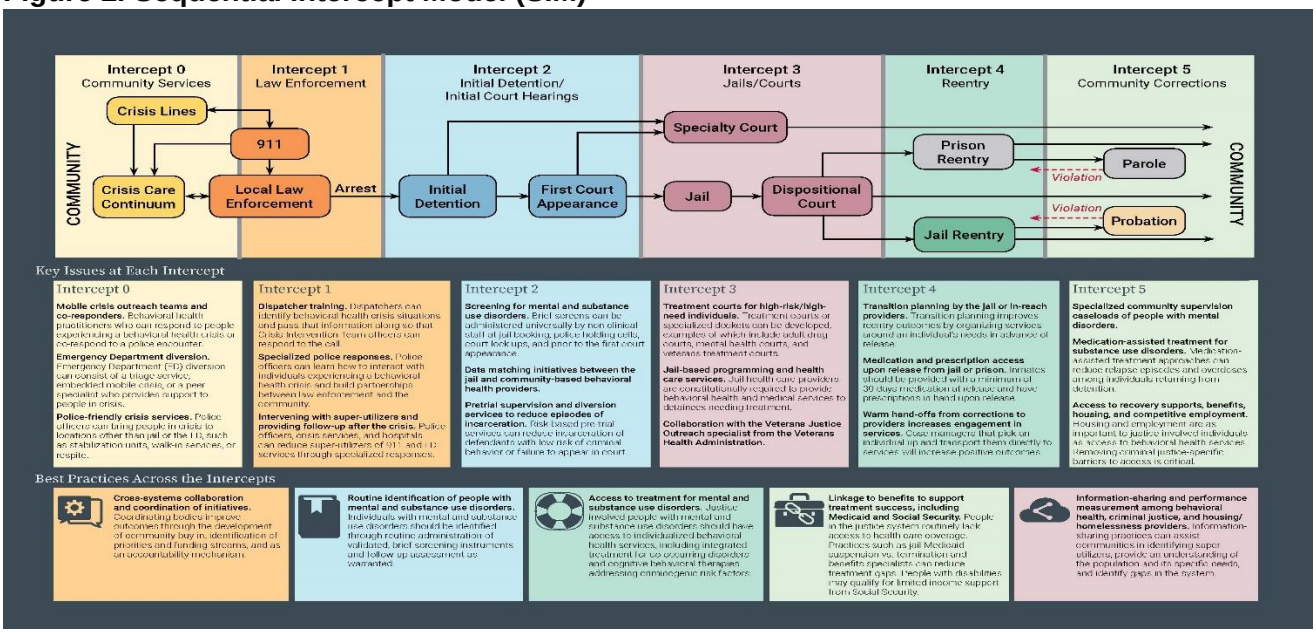
Gaps in care during transitions—into the correctional system, between facilities, and back into the community—pose significant risks to individuals with mental health conditions.[111-112] In addition, the successful transition from jail to community-based care necessitates effective coordination and the acquisition of resources, which can be challenging to obtain. Although New Jersey has made progress in addressing the mental health disorders of incarcerated individuals in county and local jails, there are still notable obstacles in delivering comprehensive mental health care and treatment. [108-109] Sustained allocation of resources towards mental health services, training initiatives, and interagency cooperation, in conjunction with extensive reforms to the criminal justice system, are crucial in enhancing the outcomes for jailed individuals with SMI.

Chapter 3:
Examples of Nationwide Best Practices and Promising Approaches

Revamping interventions for people with mental health disorders in local and county jails necessitates a collaborative effort involving partnerships with community-based services, the medical professional community, state policymakers, and institutional systems.[113] This requires considering a systems framework such as the Sequential Intercept Model (SIM) (see Figure 2) to develop a strategy for mapping how individuals with mental health challenges navigate the criminal justice system, identifying resource availability, pinpointing service gaps, and planning systemic changes.[29]

One example is **Yakima County, Washington.** They have been at the forefront of creating a comprehensive care continuum for individuals with SMI.[30] Yakima County established a Mental Health Crisis Stabilization Unit, Crisis Intervention Training for Law Enforcement, a Behavioral Health Diversion Program, and a Mental Health Court. Yakima County is also one of the few sites in the nation that have implemented *a therapeutic court* - The dual Diagnosis Mental Health/Drug and Alcohol Court.[31] This effort is spearheaded by the Yakima County Collaborative Diversion Policy team, a coalition of criminal justice stakeholders and local mental health providers, using SIM. The SIM has proven crucial in offering a structured framework for evaluating the existing system and helping the community outline proactive steps for future reforms. Currently, Yakima County is actively working towards filling additional identified service gaps, aiming to reroute individuals with mental health disorders away from the criminal justice system and towards community-based treatment.

Figure 2. Sequential Intercept Model (SIM)



Another example is the **Miami Center for Mental Health Recovery, which** is for people who regularly cycle between the criminal justice system and other acute care treatment systems due to major mental illnesses and substance use disorders.[114] The biggest mental health facility in Florida is the Miami-Dade County jail. Every year, over 11,000 persons with severe mental illnesses are admitted to the county jail in Miami-Dade County; these individuals are typically there for minor, non-violent acts. It is estimated that 57% of inmates in Miami suffer from mental problems. The Eleventh Judicial Circuit Criminal Mental Health Project and community stakeholders have been collaborating with Miami-Dade County to design and construct a first-of-its-kind mental health treatment and diversion center for people with severe mental health disorders who are either currently involved in or at risk of entering the criminal justice system. Operating out of a completely remodeled space, the Miami Center for Mental Health and Recovery will provide services that are hard to come by or not offered anywhere else in the community. Various levels of residential treatment, transitional housing, day treatment, and activity programs, outpatient behavioral health and primary care, dental and optometry services, vocational rehabilitation and employment services, classrooms and educational spaces, post-treatment housing assistance, a courtroom, and space for legal and social service agencies are

all included in the building. An integrated crisis stabilization unit and addiction-receiving facility are also included.

Judge Steve Leifman of the Florida 11th Judicial Circuit has been involved in the project from the start, and the Miami Center for Mental Health and Recovery is the next step in attempting to remedy a malfunctioning system. According to Judge Leifman, the county spends $636,000 a day, or $232 million annually, housing 2,400 individuals with mental health problems.[115] The state pays about $47.3 million annually to around 34,000 people for community-based mental health care.

Additionally**, Colorado's Summit County Sheriff's Office** launched a new initiative, Strategies to Avoid Relapse and Recidivism (STARR), to enhance outcomes pertaining to mental health, substance abuse, and related criminal activity.[116] Strategies to Avoid Relapse and Recidivism (STARR) is a program designed to support individuals involved with the criminal justice system in Colorado, focusing on reducing the likelihood of relapse into substance abuse and recidivism. STARR typically encompasses a range of interventions and supportive measures aimed at addressing the root causes of criminal behavior, particularly for those whose offenses are linked to substance abuse and mental health issues.[117]

Furthermore, **The University of Colorado School of Medicine's new Wellness, Opportunity, Resiliency Through Health (WORTH)** program seeks to support this transition and provide individuals with the tools to manage their healthcare requirements while incarcerated more effectively and after release.[118] For those in custody or recently released from county jail, the WORTH program makes it easier for them to get social services and community-based medical treatment.

Diversion programs in Utah reflect a broader trend within the criminal justice system toward alternative sentencing approaches that recognize the value of rehabilitation over incarceration for certain individuals.[119] By focusing on treatment, support, and accountability, these programs aim to reduce recidivism, alleviate the burden on the criminal justice system, and promote the successful reintegration of individuals into their communities.

For instance, the Utah Conviction Alternatives Track (UACT) is an inventive post-guilty plea diversion program currently available in the District of Utah. The UACT Program was created in collaboration with the District Court, the United States Attorney's Office, the United

States Probation Office, and the Federal Public Defender's Office.[120] Participating defendants can effectively address their behavior to foster recovery, lower recidivism, and enhance community safety Through the innovative combination of therapy, alternative sanctions, judicial engagement, and special incentives provided by the UACT program. Enrollment in UACT is entirely voluntary. Participants in the program will participate in various activities to address the root reasons for their criminal behavior. They will also be expected to attend UACT program meetings regularly, where they will get updates on their progress. Those who successfully fulfill all program criteria are either given probationary terms or have the charges against them dropped, depending on the category in which they are placed.

Additionally, the **Huntsman Mental Health Institute (HMHI),** University of Utah School of Medicine, helps individuals ages 18+ receive help and support during a mental health crisis 24 hours a day, seven days a week.[121] At HMHI, a Receiving Center provides care and support to individuals in crisis need. Interventions are highly intensive, brief, and focused on resolving the mental health crisis in the safest and least restrictive manner possible. Furthermore, HMHI offers a broad spectrum of mental health services, including inpatient and outpatient care, crisis intervention, and specialized programs. Police officers have been training to divert individuals in crisis away from the emergency room, the county jail, and into the HMHI.

Institutions like HMHI often collaborate with legal and correctional systems to provide mental health assessments, treatment, and support services aimed at addressing the needs of individuals within the criminal justice system, including those awaiting trial.

The "No Wrong Door" approach is a strategy used in several jurisdictions, including **Hillsborough County, FL**.[122] Its goal is to guarantee that people who need services, especially those with complex needs like homelessness, mental health disorders, substance abuse, or co-occurring disorders, receive thorough support and guidance from the moment they enter the system. This approach is grounded in the principle of seamless access to services, aiming to eliminate barriers and streamline assistance across a wide array of health and social service agencies. No Wrong Door approach requires strong collaboration and communication between various agencies, including health care, mental health, substance abuse treatment, social services, housing, and law enforcement.[123] By working together, these entities can provide a more coordinated and effective response to individuals' needs.

Centralized or Shared Intake Process: A common feature is implementing a centralized or shared intake process that allows individuals to access a range of services through a single-entry point. This process often involves comprehensive assessment tools to identify an individual's needs and connect them with the appropriate services.

Case Management: Individuals are often assigned a case manager who guides them through the system, helping them navigate services, follow up on referrals, and ensure continuity of care. This personalized support is crucial for individuals facing multiple interrelated challenges.

Flexibility and Responsiveness: Services under a "No Wrong Door" model are designed to be flexible and responsive to the changing needs of individuals. This might involve adjusting treatment plans, reevaluating housing needs, or introducing new services as required.

Advocacy and Empowerment: The approach also emphasizes empowering individuals to participate actively in their recovery and well-being. This includes educating on available resources, supporting self-advocacy, and encouraging treatment and service planning participation.

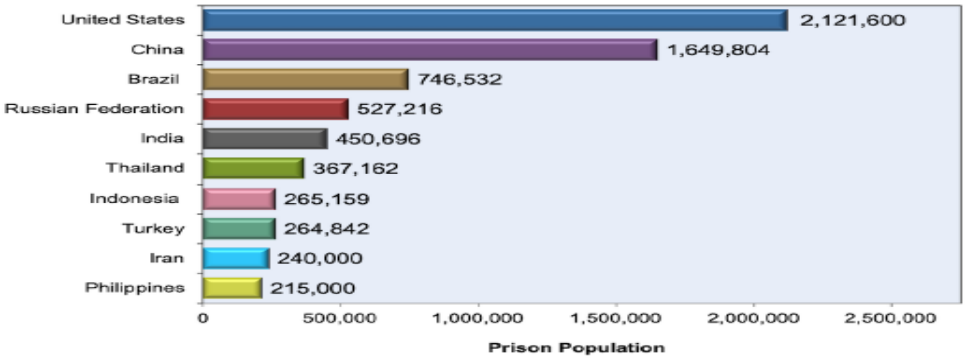
Focus on Prevention and Early Intervention: By providing easy access to services, the "No Wrong Door" approach aims to prevent crises and address issues early before they escalate into more serious problems.

Use of Technology: Many "No Wrong Door" systems leverage technology to facilitate communication between agencies, track services, and outcomes, and ensure that individuals do not fall through the cracks.

The Pre-Trial Diversion and Recovery Program in **East Baton Rouge Parish, LA,** represents an innovative approach to criminal justice, focusing on rehabilitation rather than incarceration for non-violent offenders with mental health or substance abuse challenges.[124] This initiative is part of a broader movement towards restorative justice. It recognizes that addressing the underlying issues leading to criminal behavior can benefit the individual and the community more than traditional punitive measures.

Global Mental Health Approaches in the Criminal Justice System

Figure 3. World Prison Brief: Highest to Lowest—Prison Population Total, 2018.



The country with highest incarcerated population is the United States, with about 2 million. The global prison population to date is close to 11 million people and 90% of the people incarcerated people who are assigned male at birth.

Global mental health approaches for incarcerated individuals with mental health conditions increasingly emphasize diversion, rehabilitation, and integrated care to address the needs of individuals with mental health conditions, aiming to improve outcomes and reduce recidivism. This section of the report provides examples of existing services and programs for incarcerated individuals with SMI at the global level. Japan, Singapore, the UK (England and Wales), and Australia are notable examples of existing mental health services and general programming for incarcerated individuals. Brazil and China are examples of countries with scarce services for incarcerated individuals with SMI and a lack of services for all detained. Each country's services and programming will be described. The sections herein are the following: Legal/Court Involvement, Services Offered (Addiction, Education, and more), Length of Stay, and Rehabilitation/Reentry. It should be noted that not all countries had the information available, so it may not be reported here.

Japan

Legal/Court Involvement. The treatment of incarcerated people with mental health disorders is based on the *Act for the Medical Treatment and Supervision of Persons with Mental Disorders who caused Serious Harm (MTSA).*[125] *MTSA is a law designed to ensure that individuals with mental health disorders who have committed serious offenses receive appropriate medical treatment and supervision.* The goal of this law is to balance the need for public safety with the necessity of providing treatment and rehabilitation for the offender.[126] Japan recognizes the importance of addressing the underlying mental health issues contributing

to criminal behavior, offering a structured system for treatment and monitoring rather than incarceration alone.[125, 127] This approach underscores a shift towards more humane and effective management of individuals with mental health conditions within the criminal justice system. This law was passed in 2003 and provides procedures and conditions for the management of serious individuals with mental health disorders to promote rehabilitation of those who commit severe offenses in a state of insanity or diminished capacity.

The MTSA System can be implemented in two ways: (1) a public prosecutor can request it if they decide not to charge someone based on the grounds of insanity or diminished capacity, and (2) a person who was acquitted or given a reduced sentence can be referred to the process.[125]

After the referral process, the district court orders a psychiatric evaluation as a part of the court process. The purpose of this evaluation is to verify the (1) presence of mental disorder, (2) treatability, and (3) factors impeding the person's reintegration into society.[125] This evaluation will determine whether the individual will receive inpatient or outpatient services.[125] The individual is often observed in an inpatient setting by a multi-disciplinary team in a hospital. A rehabilitation coordinator (qualified mental health professional) is also assigned to the individuals to assess their social circumstances.[125] Once the evaluation is complete, an interdisciplinary panel consisting of a judge a specially qualified psychiatrist uses the psychiatric evaluation, rehabilitation coordinator assessment, and testimony to determine the best way course of action for the individual.[125]

The individual will have to undergo either inpatient or outpatient treatment if it is found that MTSA is required for them to get better mentally so they may reintegrate into society.[125] Individuals undergoing inpatient treatment will be admitted to a forensic unit in a secure institution recognized by the MTSA, which public businesses, local governments, or the state may operate. The course of treatment is customized to meet the needs of each patient.[125] The duration of stay in the inpatient institution is undetermined; however, the facility director has the authority to request an extension of the patient's stay every six months if needed.

Outpatient treatment can be distributed into three options: (1) mental health supervision by the probation office, (2) medical treatment provided by MTSA-designated facilities, and (3)

social welfare services provided by a mental health center and support facilities in the community where the person lives.[125] The rehabilitation coordinator plays a key role here, supporting and establishing a plan for the individuals. For this treatment, the individuals must live in a stable location and appear at the probation officer's request. This treatment lasts less than three years, but it can be extended to an additional two years if it is determined the patient needs it.

If the courts decide that a person is not in need of MTSA treatment. The individual will be treated under the Mental Health and Well-being Act (MHWA), which is designed for non-offenders.[125] This statute offers a method for offenders with mental health disorders to get treatment and rehabilitation instead of incarceration, where they might not be able to get the care, they need.

Services offered under the MHWA. Education, job training, and rehabilitation opportunities are provided in Japanese prisons. Education programs include basic literacy and numeracy classes.[128] Incarcerated individuals can also receive vocational training in carpentry, cooking, etc. Job Training programs are hands-on experience in specific industries or trades.

Rehabilitation/Reentry. Supports the individual to receive opportunities for successful reintegration into society.

1. Core-work (Employment Support Information Center of Correction) – This office was established to support ex-offenders seeking employment but are disadvantaged because of their criminal record.[129] This office provides three services: (1) Employment information provision service, (2) Recruitment procedure support service, and (3) Job assistance consultation service.[129]
2. Offender Rehabilitation Facilities – These facilities assist in independent living.[129] Individuals are given a certain amount of freedom and responsibility to assist with reintegration into society. Various programs are available, including Drug and alcohol addiction treatment programs, social skills training, counseling, and therapy.[129] Currently, 103 facilities are active.

3. Self-Reliance Support Homes – This is another way to support independence, similar to offender rehabilitation facilities. Non-profit and other support organizations fund these homes. [129] Approximately 473 facilities are active.
4. Crime Prevention Activities – These activities promote public understanding and improve the social environment that causes crimes to prevent future crimes.[129] The community works together to create a society without crime through lectures, symposiums, etc. An example is the Yellow Feather campaign, which focuses on how difficulties in life can induce offending through varying types of advertising.[129]
5. Rehabilitation Coordinators – These coordinators have psychiatric qualifications and are crucial in supporting, supervising, and coordinating the social circumstances of mentally disabled offenders.[129]
6. Other Organizations – Juridical Person for Offenders Corporations, Women's Association for Rehabilitation Aid, and Japan Federation of Big Brothers and Sisters are organizations that provide rehabilitation support. The Juridical Person for Offenders Corporations provides support in housing, counseling, awareness-raising, and assistance to businesses that help rehabilitate individuals with criminal justice backgrounds.[129] The Women's Association for Rehabilitation Aid supports improvement and rehabilitation through childcare support, awareness, and community small discussion.[129] Lastly, the Japan Federation of Big Brothers and Sisters provides mentoring services and conducts learning support activities for children.[129]

Singapore

Legal/Court Involvement. Community courts *were* established in 2006 to handle special cases, including incarcerated individuals with mental health disorders.[130] Community Courts can impose mandatory treatment orders and other community-based sentencing. Community-based sentences are types of sentences that were introduced in 2012 and are applicable for justice-involved individuals with mental health disorders and other special cases. There are five types of community-based sentencing.

1. *Mandatory Treatment Order (MTO)* – Directive that sends individuals with a treatable psychiatric condition to undergo treatment for up to 36 months.[130-131] First, the person must be evaluated by an appointed psychiatrist. [131] The Criminal Justice Reform Act, as part of MTOs can be imposed on individuals convicted of a list of more serious crimes.[130] The court will appoint MTO if the evaluation and report state: (1) the person is suffering from a treatable psychiatric condition, (2) suitable for treatment, and (3) the psychiatric condition is one of the factors that contributed to the offense.[131] The Mental Health (Care and Treatment) Act, passed in 2008, requires a psychiatrist to determine the presence of a mental health disorder that warrants detention based on the safety of the individual.[132] This covers the involuntary hospitalization of offenders with mental health disorders.[132]

2. *Day Reporting Order* – Justice-involved individuals will report to a day reporting center for monitoring, counseling, and rehabilitation programs. [131] This can range from 3 to 12 months.

3. *Community Work Order* requires the individual to perform community work associated with the offense. [131]

4. *Community Service Order* – this requires individuals to perform community service.[131]

5. *Short Detention Order*: The individuals will be incarcerated for not more than 14 days.[131] This is supposed to deter them from committing a criminal offense.

Services Offered

Psychology-Based Correctional Programs – These programs aim to motivate offenders to change and work on the negative thought patterns that can lead to offending. Three theories guide these programs: Risk-Need-Responsivity (RNR) model, the Good Lives Model (GLM), and the Desistance Approach.[131]

Length of Stay

1. Short detention order – 14 days
2. Mandatory treatment – three years maximum

Rehabilitation/Reentry. Supports the individual to receive opportunities for successful reintegration into society. Community-based programs are available for offenders towards the end of their sentence. It promotes reintegration into society. There are three options:

1. *Home Detention/Residential Scheme*: the individual can serve their CBP at home with their family under certain conditions.[133] The conditions may include electronic monitoring, work, or education.

2. *Day Release Scheme/Employment Preparation Scheme*: individuals are allowed to undergo work, studies, or skills training during the day.[133] In the evening, they must return to stay at a step-down facility called Institution S2.[133]

3. *Halfway House Scheme*: This provides transitional support, case management, and treatment to justice-involved individuals, especially those who have an addiction.[133]

4. *Forensic Psychiatry Community Service* –This a one-year voluntary program that provides treatment and services to formerly incarcerated individuals with psychotic affective anxiety disorder.[130]

5. *Mandatory Aftercare* – This structured aftercare scheme supports ex-offenders. It is for people who use drugs, property offenders with drug antecedents, and individuals who have committed serious crimes.[133] They must attend casework and counseling sessions, comply with curfew, wear electronic monitoring devices, and undergo a urine test.[134] Halfway house, home supervision, and community reintegration occur in three phases.[134]

6. *Care Network* – This consortium of several founding agencies provides an inclusive environment for formerly incarcerated individuals.[135] They released a standardized aftercare and case management framework for better professionals. They also have opportunities for clients to pursue education and qualifications. They also launched two community initiatives: the Yellow Ribbon Project (YRP) and the Yellow Ribbon Fund (YRF).[135] YRP is a community campaign that is aimed at changing society's mindset of

ex-offenders. YRF is a charity fund for formerly incarcerated individuals and their families to access reintegration support and services.[135]

The UK (England and Wales)

Legal/Court Involvement. A legislative framework known as the Mental Capacity Act of 2005 was implemented in England and Wales to give people with poor mental health capacity to act and make decisions for themselves a legal foundation.[136] This covers choices on medical treatment, welfare, and money. The Mental Health Capacity Act permits the treatment of people who refuse mental health treatment because they are incapable of doing so or who are unable to make an informed decision about their treatment because of mental health disorders when it comes to individuals within the criminal justice system. The Mental Health Capacity Act highlights how crucial it is to act in these people's best interests while also considering their desires, beliefs, and values, both past and present. It seeks to safeguard and enable people who might not be able to make certain decisions by making sure they get the care and assistance they require in a way that upholds their rights and dignity.

The Mental Health Act of 1983 and the Mental Health Act of 2007 are two pieces of legislation that control the mandatory treatment and care of people with mental health disorders in Wales and England.[136] The 2007 revisions brought about several noteworthy adjustments with the goal of enhancing and modernizing mental health services, guaranteeing that people with mental health disorders receive equitable treatment and that their rights are upheld. This act allows offenders with severe mental illness to get assessed and transferred to a hospital for care.

Courts can require treatment for mental health disorders, substance abuse, or both as part of a community sentence for those found guilty of specific crimes by using Community Sentence Treatment Requirement (CSTR) Orders.[136] Individuals must participate in treatment programs designed to address the underlying problems causing their criminal behavior, either instead of or in addition to serving time in jail. CSTR Orders serve public safety and rehabilitation goals by lowering the probability of reoffending and enhancing the individual's health and well-being. [136]

People who have been found guilty of a crime but do not want to go to jail or prison are granted Community Sentences. These people can include those whose conduct is being affected by mental illness, those who are committing a crime for the first time, or those who the courts believe are more likely to quit committing crimes.[137] This sentence consists of completing unpaid work for the community (Community Payback).[80] Community Payback is from 40 to 300 hours and can range from 3 to 4 days a week if an individual is unemployed.[137]

Services Offered

1. *Offender Management in Custody Key Worker Scheme* – This is available to all incarcerated individuals in a male-enclosed facility. They are assigned a social worker responsible for engaging, motivating, and supporting them through the custodial period.[138]
2. *Samaritans Excellent Listeners Scheme* – This scheme trains selected offenders to provide emotional support to their fellow offenders.[138]

Rehabilitation/Reentry

1. *RECONNECT* – This aftercare/custody service improves the continuity of care of individuals leaving incarceration.[139] This program starts 12 weeks before release and goes up until six months after release or when all health needs are met.[139] RECONNECT provides case management, advocacy, and facilitation to community-based health services.[139]
2. *Health and Justice Partnership Coordinator* – This is a newly established position with a critical role in the continuity of care of individual's post-release. In this role, they work to ensure individuals have access to appropriate support and treatment once someone is released.[140] They will ensure they have suitable access to health and other necessary services.[140]
3. *HM Prison and Probation Service*, Offending Behavior Programs focus on various behaviors and attitudes to persuade individuals from reoffending. The programs encourage problem-solving, perspective-taking, managing relationships, and self-management. [141]

Australia

Victoria

Legal/Court Involvement. Community Corrections – Offenders are granted community corrections as an alternative to imprisonment or a term in their parole. Individuals have to comply with various conditions, and this includes participating in (1) educational programs, (2) community work, and (3) assessment and treatment programs (Department of Justice and Community Safety.[142] Most of the time, offenders engage in community work, which is unpaid work that allows the offender to pay back the community.[142] Examples of community work are Graffiti removal, Emergency support, etc.

Services Offered

1. *Aboriginal Art Policy Model* – This program allows Aboriginal prisoners to sell artwork produced through The Torch's Statewide Indigenous Arts in Prisons and Community (SIAPC) program.[142]

2. *Cultural Programs* – These programs are targeted to specific groups. For example, “Sister Day In” is a program dedicated to the prevention of family violence against Aboriginal women.[142]

3. *Family Engagement and Parenting Programs and Services Guide* – These programs aim to increase family engagement.[142] For example, “The family engagement service” plays a crucial role in assisting women in developing strong familial links/support and growing opportunities for social capital.[142]

Rehabilitation

1. *ReStart* – This program is specifically for short-sentence and remand individuals with high reintegration needs.[142] This includes three months of outreach support to establish links within the community.

2. The *Remand Release Assistance Program* is available to remand offenders discharged from court. This program provides them with information on support

services.[142] This includes drug and alcohol harm minimization, health services, and more.[142]

Australia Capital Territory

Legal/Court Involvement. Intensive Corrections Order – This is a custodial sentence that is served in the community, which is a maximum of 4 years.[143] Individuals with this order must undergo regular drug testing and home visits. They must also engage in community service work, adhere to curfews, and participate in a rehabilitation program(s).[143] Community Service Work might be a part of the intensive corrections or parole order. It involves completing unpaid work to give back to the community and can range from 20- 500 hours, and tasks can include gardening, cleaning, etc.[143]

Services Offered

1. *Programming for Women* – There are programs specific to support women. For example, feeding and bonding facilities are available to assist mothers in developing and retaining relationships with their children.[143]
2. *Programming for Aboriginal and Torres Strait Islander People* – These programs are specific for Aboriginal people. It is meant to foster cultural identity regeneration and practices to promote change.[143]
3. *Technology* – Offenders are given a computer in their cell with limited internet access.[86]
4. *Recreation Center* – The recreation center includes gym facilities, basketball courts, and football grounds.[143]
5. *Education Programs* – Education services include literacy and numeracy support, foundational qualifications, and vocational training.[143]
6. *Work Activities and Industries Work* - This allows offenders to gain vocational skills and gives them opportunities to work while serving their sentence. Various industries are mirrored, such as bakery, barista, and more.[143]
7. *Risk-Specific Programs* target offender-specific behavior, crimes, or health issues.[143]

Rehabilitation/Reentry

1. *Justice Housing Program* – This program provides limited accommodation options to incarcerated individuals.[143]
2. *Extended Through Care* – This voluntary program promotes reentry into the community by coordinating community resources for eligible offenders.[143] Areas of support include housing, health, income, family, community corrections, etc.

New South Wales

Legal/Court Involvement. Intensive correction orders (ICO) are community-served custodial sentences with a maximum two-year term.[144] It is accessible to individuals who have committed significant crimes. The courts may amend the ICO to include additional requirements such as curfews, home confinement, electronic monitoring, community service projects, drug use bans, etc. Community corrections orders (CCOs) are more individualized, less severe sentences with a two-year maximum.[144] A community correctional officer may oversee the imposition of curfews, community service projects, or other requirements.[144] For first-time and less serious offenses, conditional release orders (CROs) are frequently used as a penalty. [144] Drug and alcohol abstinence programs, among other things, may be mandated by CRO. Community service work (CSW) allows individuals to perform unpaid work to repay the community for their crimes. This involves various tasks, including preparing meals for community events, with a maximum 750-hour requirement. [144] Courts can send an individual to a community residential facility (CRS) instead of incarceration to complete a program. [144] There are currently two facilities, one for women and one for men.

These court orders are an example of a progressive sentencing strategy that acknowledges the value of mental health and drug addiction treatment in lowering recidivism and facilitating the reintegration of incarcerated individuals into society. This method emphasizes a change in how the criminal justice system manages people—a move from punitive to more therapeutic tactics.

Services Offered

1. *Education, Training, and Employment Opportunities* – Individuals who are incarcerated

may take part in vocational training, part-time employment, and basic education programs.[144] One instance is their animal care programs, which allow incarcerated individuals to get practical skills in taking care of animals from nonprofit organizations.[144]

2. *Alcohol and Drug Treatment* – The residential intensive drug and alcohol treatment program is designed for both male and female clients whose substance abuse and the current offense are connected.[144] Using a multidisciplinary approach, this program addresses substance use and behavior through pre-release treatments, education, employment, health, and therapy.
3. Statewide Disability Services – This multidisciplinary team supports intellectually and cognitively disabled individuals; the program includes mental health assessments, psychological services, etc. [144]

2. *Miruma* – This is a residential facility for women with mental health and substance abuse issues. [144] This facility allows women to gain stability before reintegrating into society.
5. The *Mental Health Screening Unit* ensures proper assessment, treatment, and management of individuals with mental illness. [144]
6. *Mum Shirl Unit* – This is a therapeutic unit for women who cannot be safely managed in other facilities. Services offered include assessment, tailored intervention, case management, and progression planning.[144]
7. *Acute Crisis Management Unit* – This unit is a short-term referral option for men who are at risk of harming themselves and cannot be managed at their center.[144] Services: ongoing review, tailored interventions, case management, and progression planning.

Rehabilitation/Reentry

Transitional Care Centers – **The Bolwara Transitional Center and Parramatta Transitional Center** provide support to female offenders approaching release and are designed to decrease the risk of re-offending. [144] The **Bolwara Transitional Center** specifically targets Aboriginal women, recognizing their unique cultural and social challenges. [144] It provides tailored support for those dealing with alcohol or substance use issues, aiming to facilitate a smoother transition back into the community. The center's programs likely include culturally sensitive approaches to treatment and rehabilitation,

acknowledging the importance of cultural identity in the healing and recovery process. By focusing on Aboriginal women, Bolwara seeks to address the overrepresentation of Indigenous peoples in the criminal justice system and the complex interplay of factors that contribute to this issue.

The Parramatta Transitional Center, on the other hand, is designed to assist women serving longer sentences in a correctional setting and help them become ready for life after release. [144] Because of the stigma associated with being incarcerated, advances in technology, and alterations in social and familial ties, the reintegration process can become more difficult the longer an individual has been behind bars. The center provides various services, such as mental health support, educational opportunities, vocational training, and help finding housing and work, to give these women the tools they need to start over.

With an emphasis on treating the underlying reasons for criminal conduct and giving incarcerated individuals the resources and assistance, they need for a smooth transition back into society, both facilities represent a rehabilitative approach to prisons. The Bolwara and Parramatta Transitional Centers represent efforts to customize reentry support to the varied backgrounds and experiences of individuals in the criminal justice system by focusing on the needs of female and Aboriginal offenders. It is acknowledged that a one-size-fits-all approach is frequently ineffective in reducing recidivism.

Northern Territory

Legal/Court Involvement. *Home Detention Order* is an alternative to traditional incarceration used in the Northern Territory of Australia.[145] It permits some individuals to serve their sentence under strict conditions in their own home or another approved property instead of jail. With an emphasis on the reintegration of individuals into the community, this type of incarceration aims to provide a more rehabilitative approach to punishment while maintaining public safety and legal compliance. Individuals must meet specific eligibility criteria to be considered for home detention, which typically include the nature of their offense, their criminal history, and a risk assessment of their likelihood to re-offend or breach the conditions of their home detention. A comprehensive assessment is conducted to determine the individual's

suitability for home detention, considering factors such as the availability of a suitable residence, supportive family or community networks, and the offender's health and employment status. The courts decide where the offender will live to complete the sentence, usually less than 12 months.[145]

A *Community Custody Order* is a sentencing option within some legal systems that allows an offender to serve their sentence within the community instead of in a correctional facility. This order is designed for up to 12 months and is aimed at offenders for whom community-based sanctions are deemed appropriate by the court. Part of the order may involve completing a certain number of hours of community service or engaging in other forms of community work. [88] This aspect is intended to provide a reparative element to the sentence, allowing individuals to contribute positively to society.

A *Community Custody Order* is a sentencing option that allows individuals to serve their sentence within the community, under supervision, rather than in a correctional facility. [145] This type of sentence is part of a broader effort to rehabilitate offenders and integrate them back into society in a controlled and monitored way. This sentence allows the individual to serve their time in the community for up to 12 months. An individual’s community custody order may require them to attend programming and counseling, complete community work, and more.[145]

A *Good Behavior Order* is a court-imposed legal order that permits an individual to serve time in detention rather than imprisonment if they continue to behave well for a predetermined amount of time. [145] Using the threat of harsher penalties for order violations, this order aims to promote recovery and discourage recidivism. Individuals under Good Behavior Order may be subject to supervision by parole or probation officers, depending on the specific terms of their order. This supervision ensures compliance with the order's conditions and supports the offender's rehabilitation efforts. Individuals may also have to engage in programming, treatment, or training, depending on their order. By emphasizing good behavior and adherence to prescribed guidelines, these orders aim to promote individual accountability and sustained behavioral modification among individuals.

Community-based Order is a sentencing option that lets individuals spend their time in the community under set guidelines as an alternative to going to jail.[145] With a focus on addressing the root causes of criminal conduct, this sentencing strategy keeps offenders in their communities while imposing conditions intended to aid their rehabilitation. This order (lasting up to 2 years) requires a probation and parole officer to monitor offenders and engage in programs, treatment, and training.[145] The primary goal of a community-based order is rehabilitation. This is achieved through conditions that may include participation in educational programs, employment, counseling, or treatment for substance abuse and mental health disorders. Individuals are required to adhere to strict conditions set by the court. These can vary significantly based on the individual's needs and the nature of their offense and may include curfews, restrictions on alcohol or drug use, and prohibitions against contacting certain people.

Often, a community-based order includes a requirement to complete a certain number of hours of community service, allowing the individuals to contribute positively to the community while reflecting on their actions. Community corrections officers or other designated supervisory authorities closely monitor individuals under community-based order. Parole and probation officers provide oversight, ensure compliance with the order, and offer support to facilitate the offender's rehabilitation. Individuals may be connected with various support services as part of their community-based order, including vocational training, education, counseling, and health services, to address underlying issues and support successful reintegration into society. [88] Failure to comply with the conditions of a community-based order can result in penalties, including the possibility of the order being revoked and the individual being sentenced to a term of incarceration.

Services Offered

1. *Intensive Alcohol and Drug Program* – This program includes a psycho-educational component with intensive treatment.[145]
2. *Psychology* services are offered to male and female offenders over 18 years old.[145]

Rehabilitation/Reentry

Maintenance/Through Care Programs – These programs provide pathways to release and help offenders transition successfully into the community.[145]

South Australia

Legal/Court Involvement. Community-Based Court Orders are a type of legal discipline that, instead of putting individuals in jail, let them serve their sentences under certain restrictions in the community. These orders aim to preserve public safety and the individual's rehabilitation by giving them organized support and supervision. They are designed to meet the unique requirements and circumstances of each person and demonstrate a belief in the possibility of rehabilitation outside of prison.[146] These orders allow offenders to serve their sentences in the community.[146] The court can impose additional conditions, including good behavior, supervision by a community corrections officer, attending programming, community service, etc.[146] There are several types of Community-Based Orders:

Order for Community Service, as part of this order, the individual must contribute positively to the community for a predetermined number of hours while still being held accountable for their acts.[146] The work aims to assist the offender in gaining a feeling of social responsibility while also benefiting the community. A bond is an agreement given to the court to abide by specific requirements, such as attending therapy or rehabilitation sessions, maintaining good behavior for a predetermined amount of time, or providing regular updates to a community correctional officer.[146] Further legal repercussions may follow a breach of the bond's terms.

Intervention Order: An Intervention Order mandates that individuals take part in programs that address the root reasons of their criminal behavior.[146] It is specifically intended for offenders whose offenses have been impacted by substance misuse, mental health concerns, or other personal challenges.

Home Detention Order: With this order, individuals can spend their time at home or another authorized address under stringent guidelines. There are two options for this order: The release was ordered for home detention, and the court ordered home detention. Released-ordered home detention is used when an eligible individual is serving a sentence and has not committed the following crimes (e.g., homicide, offense of a sexual nature, and terrorist offense).[146] Court-ordered home detention is court sentences offender instead of incarceration. This type of detention may require electronic monitoring.[146] Curfews, electronic monitoring, and

treatment program participation requirements are a few examples of conditions. Technology, such as electronic monitoring devices, may be used to ensure compliance.

Services Offered

1. *Education and Training Programs* – Individuals can engage in educational programs and receive vocational training to increase job skills and opportunities, including self-study options.[146]
2. *Work Programs* – There are work opportunities for offenders, including the Cadell County Fire Service.[146]
3. *Drug Rehabilitation Programs* – these programs are available to help offenders suffering from withdrawal.[146] A methadone replacement program is available, and Group therapy and information sessions are available.
4. *Alcohol Abuse Programs* – These programs are available for those with problems with alcohol.[146]
5. *Forensic Mental Health* – encompasses a specialized area of mental health services provided to individuals within the criminal justice system who have been identified as having mental health disorders.[146] This field bridges mental health care and the legal system, aiming to assess, diagnose, treat, and manage the mental health needs of individuals who are either accused of crimes, convicted offenders, or those requiring mental health evaluation within the legal context.[146] Services include acute care, rehabilitation services, etc.
6. *Program for Women with Children:*

   Mum's Voice program – mothers are allowed to pick out a children's book and read it aloud while being recorded.[146] The recording and book are then given to their child as gifts.

   Family visit playgrounds – Certain women's facilities have visitor centers that include playgrounds for children and are available during visiting hours.[146]
7. *Volunteer Groups* – volunteer groups offer help to the Corrections Department. This Includes[146]: ARS Community Transitions: Services include bus transport and counseling; Second Chances: they offer peer support; Seeds of Affinity: provides support to women; Prison Fellowship Australia: supports offenders, their families, and

crime victims; Aboriginal Prisoner and Offenders Support Services: Their purpose is crime prevention and diversion, including strong advocacy and support.

8. *Programs for Aboriginal Offenders*:[146]

    Our Way, My Choice – This wellness program for Aboriginal men increases self-awareness.

    Drumbeat Program – This is for Aboriginal men and women, and it provides a social and emotional learning program and incorporates hand drumming.

    Respect Sista Girls 2 Program – This wellness program for Aboriginal women encourages empowerment and self-esteem.

Reentry/Rehabilitation

1. *Housing Programs* – There are programs available to help offenders access housing[146]:

    Integrated Housing Exit Program – The program is designed to reduce homelessness and the chance of reoffending. Offenders are eligible if they are sentenced to less than 12 months.

    Integrated Housing Exit Alternative Accommodation Service – This program is similar to the Integrated Housing Exit Program but is available for those with no properties available or suitable upon release.

    Bail Accommodation Support Program – This program is an alternative to custody for those who are granted bail but don't have a place to live.

    Aspire Social Impact Bond – This is the first homelessness program. Six hundred people will have access to a home over five years. Participants are provided stable accommodation, job readiness training, employment pathways, and life skill development. This support can last up to three years.

2. *External Services for Aboriginal Offenders* – Many support services for Aboriginal offenders outside of the jail provide level services, sobriety services, and healing and well-being programs.[146]

Tasmania

Legal/Court Involvement. Community Correction Orders are a type of sentencing option available to courts for offenders convicted of a crime. These orders allow offenders to serve their sentence in the community under strict conditions rather than in custody. Community Correction Orders aim to rehabilitate people with criminal justice backgrounds, reduce the risk of reoffending, and protect the community by providing structured oversight and support tailored to the offender's needs. [147] This order allows an individual to remain in the community while serving their sentence for a period not exceeding three years.[147] This order may include community service, supervised visits with a probation officer, education or rehabilitation programs, substance testing, and more. [147] Additional examples of Community correction orders are as follows:

Home Detention Orders – This order has strict conditions that an offender must follow. [147] This includes living at a pre-approved address, engaging in electronic monitoring, allowing police or probation officers to enter the residence anytime, and more. [147]

Court Mandated Diversion and Drug Treatment Orders – This order diverts those with a substance use issue to treatment instead of imprisonment. [147] The goal is to break the drug-crime cycle and provide the offender with services and treatment instead.[147] Treatment options include counseling, residential rehabilitation, case management, and detoxification. [147]

Services Offered

1. *EQUIPS* – This program targets medium and high-risk offenders, and three programs are offered based on offenses, including addiction, aggression, and domestic abuse.[147] This program lasts ten weeks and consists of 2-hour sessions twice weekly.
2. *Activities for Incarcerated Individuals* -Several activities are available:[147] 1. Employment opportunities (e.g., bakery, gardening). 2. Education (a variety of courses are available). 3. Programs – There are three programs available for offenders: Kids Days (offenders have special visits with their kids), Artists with Conviction, and Woodwork for Sale.

3. The *Family Violence Offender Intervention Program* offers individual and group activities to identify triggers for offending, skill build to manage conflict, learn non-violent and non-abusive skills, and much more.[147] This program lasts ten weeks and consists of two sessions three times a week.[147]

4. *Sober Driver Program* is for repeat offenders who drink and drive and consists of group activities.[147] Some activities include a three-week drinking diary and completing the program workbook.[147] The program is offered either for six weeks with three-hour sessions once a week or three weeks; the three-week option is available for those with transportation issues or those employed. [147]

Queensland

Legal/Court Involvement. These Special Court Orders reflect the Queensland judicial system's dedication to balancing the necessity for punishment, chances for rehabilitation, and community safety. [148] They acknowledge that individuals have various requirements and that it's critical to address the underlying problems that lead to criminal activity. Noncustodial sentences are legal punishments for criminal actions that do not require incarceration. [148] Individuals are exposed to alternate punishment and rehabilitation within the community under specific circumstances instead of serving time. [148] To preserve public safety, these sentencing options seek to hold individuals accountable, address the root causes of their criminal behavior, and lower the likelihood that they will commit new crimes. The following are some common categories of noncustodial punishments:

Special Court Orders – The judicial system in Queensland, Australia, uses a variety of Special Court Orders to address certain issues among criminals and within the community.[148] These orders aim to reduce recidivism and promote rehabilitation by customizing sentences to the unique requirements of offenders, the community's safety, and overall goals. Special court orders are frequently directed towards certain kinds of offenses or individuals who have special requirements, like those who struggle with substance misuse or mental health disorders. [148]

Court Orders for Mental Health – This is a special hearing where the Supreme Court makes decisions about the mental state of a person who committed a serious offense. If the

person is deemed temporarily or permanently unfit, they are placed on a forensic or treatment order. They can also have their trial suspended or stopped. [148]

Treatment Orders for Drugs and Alcohol – Treatment Orders for Drugs and Alcohol are intended for criminals whose criminal behavior is significantly influenced by serious drug or alcohol use problems. [148]These orders combine punitive measures with rehabilitative support to address the underlying cause of the offender's offense by requiring treatment and ongoing testing for substance usage as part of the sentence.

Orders for Domestic Violence [148] – Protective orders are intended to stop additional domestic and family abuse. They impose restrictions on the person, such as not allowing them to communicate with the victim or come near their employment or residence.[148] Domestic violence orders work to change the offender's conduct while safeguarding the victims from harm.

Orders for Sexual Offenders – This court has the authority to issue special orders for people found guilty of sexual offenses, which may include requirements like enrollment in programs for treating sexual offenders, limitations on their interactions with children, and electronic monitoring. [148] These orders aim to safeguard the public and lower the likelihood of reoffending.

Orders for Intensive Correction – are stringent community-based directives that impose obligations on the individual, such as curfews, electronic monitoring, and involvement in treatment programs.*[148]* Intensive correction orders seek to offer a controlled atmosphere that promotes the offender's rehabilitation while maintaining public safety.

Orders for Conditional Release - With the help of conditional release orders, criminals can be released into the community with certain restrictions, such as curfew observance, program participation requirements, and supervision.*[148]* These orders, which concentrate on the offender's rehabilitation and preventing future criminal behavior, are usually employed for less serious offenses.

Orders for Community Service—As part of their punishment, individuals with community service orders must complete a predetermined number of hours of unpaid labor in the *community*.*[148]* This order seeks to reintegrate the individual into society while establishing in them a strong work ethic and sense of responsibility.

Services Offered

Work Programs – This is available to low-security individuals, with some excluded because they committed a sexual offense, have an outstanding court matter, and are subject to being extradited after they complete their sentence. [91] This program allows them to give back to the community and learn useful skills. The projects maintain infrastructure, outdoor maintenance of schools, churches, etc., and building new structures in the community.[148]

Reentry/Rehabilitation

1. *CentraCare* – This is a post-release service that individuals have access to from three months post-release and then for the following 12 months.[148] CentraCare extends to their families as well. The individual will receive a social worker to help navigate the post-released and receive practical assistance. [148]
2. *Mental Health Hub* – Individuals will have access to one-on-one support, pastoral care services, and group support. The program works to increase social skills, improve quality of life, foster independence, improve physical and mental health, and assist in employment, housing, and education stability.
3. *Homelessness Accommodation* – Provide short-term housing assistance for individuals in need. There is a waitlist since not many spots are available.

4. *Housing Support* – Other housing support is available to those who have issues with their current living arrangements.[148]

5. *Murri Ministry* – Assist indigenous communities and focus on reconciliation.[148]

6. Specialist Cleaning Services – For individuals with hoarding problems, the specialist cleaning team provides services to help declutter and clean the home.[148]
7. Disability care includes short-term accommodation, mental health support (in the home and the community), skill development support, child disability service, independent living support, and disability benefit support.[148]
8. *Early Education Services* – This includes educational programs for children from six weeks old to kindergarten age.[148] The kindergarten program is a five-day fortnight, but

extra hours are available.[148] There are also after-school, vacation, and before-school programs for children in primary school.

9. Family and Relationship Care – This includes access to different forms of counseling.[148]

China

Information about specific treatment programs for incarcerated individuals with mental illness in China is somewhat limited due to the country's closed-off approach to its penal and mental health care systems. However, China has recognized the need to address mental health issues within its incarcerated population and has made efforts to improve mental health services in correctional facilities. [149-150] The Chinese Classification and Diagnostic Criteria of Mental Disorders (CCMD-3), ICD–10, and DSM-5 are the three diagnostic tools often used by forensic psychiatrists for assessment.[149]

Legal/Court Involvement. One important consideration in the sentencing of people with mental health issues who are incarcerated is criminal responsibility. One type of involuntary therapy requires medical treatment.[150] This applies to those with mental health disorders who have been judged by judicial psychiatry to be a danger to society but who have been found to bear no criminal responsibility.[150] The forensic hospital frequently sets up treatment orders and court proceedings.

Length of Stay

1. Detention – 37 days max.[151]
2. Mandatory Treatment – Unknown.[150]

Rehabilitation/Reentry

Community-Based Corrections - This program has been piloted in several provinces. Those on conditional release, probation, or serving sentences under three years for less severe crimes are eligible for these programs.[152] This allows them to serve their

sentence in the community. Two programs were piloted: Halfway House and Electronic Monitoring.[152] The three major tasks are Supervision, education, and support.[152]

Brazil

In Brazil, mental health treatment for inmates is provided by the penitentiary system through a combination of medical services and legal framework provisions. Overcrowding and a lack of resources are two significant issues facing Brazil's jail system, which may have an impact on the availability and standard of mental health care.

Legal/Court Involvement. Brazil's legal system includes protections for individuals with mental health disorders, recognizing the need for appropriate treatment and care. The Brazilian Penal Execution Law stipulates the rights of incarcerated individuals to health services, including mental health care.

Services Offered

1. The correctional settings lack the resources to care for people with serious mental illness and even the general population.[153] Most services for offenders with mental illness include psychopharmaceutical therapy, oversight by family, or long-term hospitalization in forensic hospitals.[153]
2. *Brazil has developed Psychosocial Care Networks (Rede de Atenção Psicossocial - RAPS*) outside the criminal justice to provide comprehensive mental health services in the community.[154] While primarily targeted at the general population, these services also represent a resource for formerly incarcerated individuals reentering society, aiming to support their mental health and social reintegration needs.[154]

Rehabilitation/Reentry

Psychosocial Community Centers (CAPS) – CAPS aims to care for people with mental health through therapy sessions (psychotherapy, therapeutic workshops, work-related

workshops, family therapy), home visits, and community activities to integrate these individuals into their communities.[154]

In summary, a variety of programs have been initiated to address mental health disorders among incarcerated populations at the global level, reflecting a growing recognition of the critical need for mental health care within correctional facilities. These programs, among others around the world, signify a shift towards more humane and practical approaches to dealing with mental illness in incarceration, aiming to improve outcomes for individuals and communities.

Overview of Key Components, Strategies, and Implementation Considerations

The implementation of comprehensive mental health programs in county and local jails necessitates meticulous planning, close cooperation and collaboration, and a dedication to meeting the social determinants of health needs of incarcerated people with mental health disorders.[149,151] County jails can enhance the mental health and general well-being of incarcerated people with SMI, enable a smooth transition back into society, and lower recidivism rates by concentrating on these essential elements and tactics. Early and correct diagnosis of mental health disorders is crucial to this effort, and this is accomplished by methodical screening and assessment both at the time of admission and frequently afterward.[155] The development of personalized treatment plans, constructed by a multidisciplinary team of mental health specialists, including psychiatrists, psychologists, social workers, corrections, and psychiatric nurses, is the cornerstone of effective mental health care in this context. Personalized medication management, counseling, and crisis response should all be included in these programs. Providing therapeutic and supportive housing units that provide a less stressful atmosphere conducive to recovery is a crucial aspect of these programs.[156] Integrated treatment programs that address both mental health and substance use disorders are essential due to the high prevalence of co-occurring diseases.[157-158] Maintaining continuity of care is just as crucial as helping people return to their communities; this calls for close collaboration with community-based providers to make it easier for people to access social services, housing, and continuing treatment after their release.

Strategically, the effectiveness of these programs depends on providing correctional officers and jail employees with thorough training that gives them the knowledge and abilities to identify mental health concerns, use de-escalation tactics, and comprehend the significance of treatment adherence.[75] Adopting peer support programs and evidence-based methods, where people with lived experience provide support and guidance, can greatly increase the efficacy of mental health interventions.[159] Additionally, developing strong alliances with nearby non-profits, mental health agencies, and other community groups is crucial to increasing the services and support systems people can access upon their release.

County jails must prioritize providing sufficient funds and resources, including staffing and program development, for mental health services. A crucial factor is creating explicit policies and procedures that support the provision of mental health treatments, defend the rights of prisoners, and guarantee staff responsibility. To continuously assess and enhance the efficacy of services, programs must also work to deliver culturally competent care while honoring the varied histories of those who are jailed. They must also put in place mechanisms for data collecting and program assessment. Finally, fostering a culture of understanding and assistance inside the correctional setting requires addressing and decreasing the stigma attached to mental health disorders.

Addressing Complex Needs of Incarcerated Population within ECCF

In addressing the complex needs of an incarcerated population within ECCF, a comprehensive and nuanced strategy for implementing mental health interventions is essential. The foundation of this approach involves universal screening and assessment at intake, utilizing standardized tools to ensure the early identification of mental health issues, substance use disorders, and trauma. Building a multidisciplinary team of mental health professionals experienced in working with diverse populations and providing continuous training in mental health, trauma, and de-escalation techniques for all jail staff are crucial steps. Ideally, individualized treatment plans should be developed for each incarcerated person with mental health disorders, incorporating a range of evidence-based practices and therapeutic approaches that acknowledge cultural backgrounds and specific mental health needs. Furthermore, addressing the high prevalence of co-occurring disorders through integrated treatment

programs and ensuring continuity of care by establishing strong partnerships with community-based services are vital for supporting incarcerated people during and after their release.

Creating therapeutic housing units and fostering a supportive jail culture can significantly enhance the mental well-being of incarcerated people, encouraging them to seek help when needed. Implementing telehealth services expands access to mental health professionals and specialists, while a robust data management system supports the monitoring and evaluation of program effectiveness.

Involving peer support specialists and strengthening community connections with local organizations and advocacy groups can provide additional support and mentorship, reflecting the community's diversity.[160] Regular evaluation of mental health interventions, informed by data analysis and feedback from participants and staff, is essential for continuous improvement. By committing to these strategies and prioritizing mental health care, ECCF can make significant strides in improving the outcomes for incarcerated individuals with mental health needs, ultimately contributing to safer communities and better public health outcomes.

Key Stakeholders and Community Partners for Successful Community Release

Effective reentry initiatives that assist those released from county jail in reintegrating into society rely heavily on the participation of important community partners and stakeholders (see Appendix 6).161 This cooperative strategy acknowledges that reintegration is a difficult process that calls for the assistance and participation of numerous societal sectors to meet the diverse needs of those returning to the community.

Figure 4. Eight Fundamental Needs for Reentry

This collaborative endeavor acknowledges that reintegration is a multifaceted challenge, necessitating a coordinated effort across various sectors to meet the diverse needs of returning individuals. Law enforcement agencies, probation and parole officers, and the courts are integral to this process, ensuring that reentry plans are in harmony with legal obligations and facilitating access to supportive programs.[162] The involvement of local government officials and policymakers is crucial for securing the necessary funding, resources, and overarching support, integrating reentry strategies into broader community planning.

Partnerships with mental health and substance abuse service providers address the behavioral health needs vital for a successful transition, offering a spectrum of services from counseling to support groups.[163] Collaboration with vocational training centers, educational institutions, and employers opens critical pathways to employment and education, foundational elements of reintegration. Addressing the immediate need for stable housing involves liaising with housing authorities and non-profit organizations, providing a base for stability and well-being.[164] Community and faith-based organizations offer additional support layers, including mentorship and social support networks, crucial for reentry's social and emotional facets. Furthermore, healthcare providers ensure access to essential physical healthcare services, while social service agencies support basic needs like food assistance and transportation, contributing to overall stability. Advocacy groups play a pivotal role in offering legal assistance and advocating for policy changes that facilitate the reentry process.[165] Engaging with returning individuals' families and social networks also provides indispensable emotional support and aids in community integration.

Strategies to foster this engagement include maintaining regular communication among all stakeholders and partners, encouraging joint planning and collaboration to ensure coordinated and comprehensive services, and raising community awareness about the challenges faced by returning individuals.[166-167] This fosters a supportive reintegration environment and encourages broader community involvement in reentry efforts. Engaging key stakeholders and community partners thus forms the backbone of effective reentry programs, ensuring that individuals returning from incarceration receive the holistic support needed to navigate reintegration challenges and lead productive lives in the community

Exploration of Budgetary Cost and Allocation of Resources

Estimating the financial investment and cost for supporting people with mental health disorders can vary widely depending on the scope of services, geographical location, and the specific needs of the population being served. To provide a broad estimate, we reviewed current innovative approaches that include various levels of care and support typically required for individuals with mental illness, ranging from outpatient counseling to more intensive interventions like inpatient treatment and supportive housing. By making community-based mental health and drug abuse treatment options more accessible, counties might save money and prevent more individuals from going to jail.[168] According to a study by Johnson and colleagues, 59 recommended mental health practices exist. However, the average number of US counties that offer these services is rather low. .[168] Very few of the suggested services for mental health and drug use disorders were available in most counties. Below are examples of investments that some local and county jails have created nationwide.

Shawnee County Jail (KS) - To build a new jail addition that will especially house individuals with mental health concerns, Shawnee County (KS) took a significant step forward.[169] The county commissioners gave the county jail department permission to start final contract negotiations for the design and construction of the addition with KBS Constructors Inc., based in Topeka.[169] The renovation is anticipated to cost between $17 and $18 million.[169]

Jefferson County, MO. Zena Stephens, the sheriff of Jefferson County, states that far too many individuals with mental health disorders are being sent to the county jail when their actual needs are mental health treatment.[170] Stephens is leading the new center for diversion.

The money comes from their contract with Jefferson County, Beaumont, and Port Arthur police departments. The three departments contribute $8 million to develop a mental health facility.

New Hampshire Department of Corrections. The Department of Corrections has required an extra $6.5 million in recent months to cover the expenditures of inmate medical care, which has included a 176% increase in ambulance expenses since 2022.[171] Correctional facilities are not the only ones like this. Congresswoman Annie Kuster has repeatedly proposed federal legislation permitting individuals to maintain their Medicaid coverage while incarcerated.[171] In May, she proposed the same proposal, arguing that it benefits counties and states that are footing the bill and inmates who may continue receiving medical care.[171]

Travis County, Texas. Veteran Texas sheriffs, such as Sally Hernandez of Travis County, have witnessed for years how tax funds are spent inordinately to end the loop of releasing an incarcerated person with mental health problems or who uses drugs who commit small offenses after they are taken into custody for a few hours.[172] Most recently, Travis County will begin the first phase of its jail diversion plan with a $23 million three-year pilot program in collaboration with county mental health provider Integral Care.[172] At a previous walk-in crisis clinic, law enforcement, and paramedics will be able to promptly arrive and stabilize an individual in crisis once it is launched.[172]

In summary, investing in mental health programs for individuals with mental health disorders involved in the criminal justice system is critically important for several reasons. Firstly, these programs offer a more humane and effective approach to dealing with people who have mental health conditions, recognizing that treatment and support can be more beneficial than incarceration. By addressing the root causes of criminogenic behavior, such as untreated mental illness and substance use disorders, diversion programs can significantly reduce recidivism rates, enhancing public safety in the long term.

Furthermore, these initiatives alleviate the burden on overcrowded jail systems, allowing for better resource allocation and improving conditions for inmates and staff. From an economic perspective, diversion and mental health programs are cost-effective, reducing the need for expensive incarceration and emergency health services by providing targeted, preventive care.

Additionally, these programs support the reintegration of individuals into society, helping them regain stability, access employment, and rebuild relationships, contributing to stronger, healthier communities. Investing in mental health ultimately reflects a commitment to justice reform, emphasizing rehabilitation over punishment and recognizing the dignity and potential of individuals with mental health issues within the criminal justice system.

Conclusion

This report highlights various innovative strategies (e.g., evidence-based screening and classification tools, diversion programs, and reintegration strategies) being implemented at the local, national, and global levels within diverse county and local jail settings nationwide. The data presented in this report underscores a significant concern: a vast number of Americans, nearly 50 million, are grappling with mental health issues, with a substantial portion, approximately 2.45 million, facing severe mental health challenges. This report calls for urgent and targeted policy and legal interventions to address the widespread mental health crisis, emphasizing the need for enhanced resources, improved access to care, and the elimination of systemic barriers to treatment.

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Appendix 6

State of New Jersey

DEPARTMENT OF HUMAN SERVICES.

Division of Mental Health and Addiction Services

Directory of Mental Health Services

(DMHAS CONTRACTED PROVIDERS ONLY)

Updated November 2023

Introduction

The mission of the Division of Mental Health and Addiction Services in New Jersey is to promote opportunities for adults with serious mental illness to maximize their ability to live, work, socialize, and learn in communities of their choice. This is accomplished through a comprehensive culturally competent system of care, including psychiatric inpatient settings and community-based support services comprised of partnerships among the Division of Mental Health and Addiction Services, other State agencies, consumers, families, providers, and mental health advocates, with the understanding that adults with serious mental illness are entitled to dignified and meaningful lives.

This mission is realized in both new and existing Division programs by application of the following operating principles:

Services are to be delivered by means of a comprehensive system of care, which emphasizes the most appropriate, least restrictive settings to promote the highest level of functioning;

There must be continuity of care and coordination of services within the State and between the public and private sectors;

The range of services within the system of care must respond to the needs of the individual consumers and to the special populations served;

The Division must assure appropriate, high-quality care for the State's most severely disabled citizens in State psychiatric hospitals and for the less disabled citizens in community programs.

Division mailing address:

Department of Human Services
Division of Mental Health and Addiction Services
5 Commerce Way
P.O. Box 362
Trenton, New Jersey 08625

1-800-382-6717 - Toll Free

This directory is intended to provide information about mental health programs in the State of New Jersey. A wide variety of programs are offered at many locations in all twenty-one counties in the state. This directory does not attempt to provide information about all mental health services available within the State of New Jersey. The providers listed here have been limited to only those which receive some funding from the State of New Jersey through the Division of Mental Health and Addiction Services. In some cases, this source of public funding represents only a small portion of the overall budget of the provider. In other cases, the service provider is directly operated or predominately funded by the Division of Mental Health and Addiction Services. In some cases, community service providers offer additional programs beyond the field of mental health. Such programs may be targeted at the developmentally disabled, substance user or other populations. Only mental health programs are included in this directory.

Every attempt has been made to ensure that the information published in this directory is current and accurate at the time of printing. However, service providers and locations do change over time so it is possible that a reference to a program included here may no longer be available. In such an event, persons are encouraged to contact the Division of Mental Health and Addiction Services at 1-800-382-6717 for referral.

How to Use this Book

To best take advantage of this directory, you should answer two questions to find someone to contact for information about mental health programs and services in your area.

1. *What county does the person seeking services live in?*

Go to that county page in the directory. (***see table of contents for page number***)

2. *What mental health service(s) in the county list might be needed?*

Go to that service in the county list and see what local providers are available.

Contact the local service provider and request an intake evaluation.

In an emergency situation, where there is an immediate risk of injury to people, contact your county primary screening center. The screening center listings are highlighted with capital letters in the county listing. Your county screening center is also listed in the emergency section of your local phone book under "Psychiatric Crisis Intervention Unit" or similar listing.

This book is intended to help citizens of New Jersey locate information about available mental health services in the state. You may be looking for help for yourself or for someone you care about. Brief descriptions of the mental health services are provided with each program section beginning on page 61. Read about the different types of services and try to decide what might be helpful to the person in question. If you locate a program which you think would address the person's issues, you can then contact a local program provider for more information. The person seeking programming must begin contacts in their county of residence. Your county of residence page will identify agencies offering these programs.

The second major section of the book groups agencies by the type of program offered. If you are interested in locating all providers of integrated case management services look on pages 79 and 80. Each program has their own list in this section. Agencies providing the services are arranged alphabetically. Since agencies can provide the same service at more than one location there may be multiple listings for these agencies. Mental Health Agencies can provide more than one program type and therefore, agencies are listed under as many program sections as needed.

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BY COUNTY

ATLANTIC COUNTY

Acute Care Family Support
Mental Health Association of Atlantic County
4 East Jimmie Leeds Road – Suite 3
Galloway, NJ 08205
(609) 652-3800

Certified Community Behavioral Health Clinic (CCBHC)
Atlanticare Behavioral Health
120 South White Horse Pike, Suite 150
Hammonton, NJ 08037
(609) 761-7911

Community Support Services (CSS)
Atlanticare Behavioral Health
2511 Fire Road, Suite B10
Egg Harbor Twp., NJ 08234
(609) 407-0060

Community Support Services (CSS)
Collaborative Support Programs of NJ (CSP)
11 Spring Street
Freehold, NJ 07728
(732) 780-1175

Community Support Services (CSS)
Justice Involved Services
607 N. Jerome Avenue
Margate, NJ 08402
(609) 822-1108

Early Intervention Support Services (EISS)
(Crisis Intervention Services)
Atlanticare Behavioral Health Services
13 North Hartford Avenue
Atlantic City, NJ 08401
(866) 750-6612 or (609) 572-8555

Integrated Case Management Services (ICMS)
Jewish Family Service of Atlantic Co.
607 N. Jerome Avenue
Margate, NJ 08402
(609) 822-1108

Intensive Outpatient Treatment & Support Services (IOTSS)
Atlanticare Behavioral Health
13 North Hartford Avenue
Atlantic City, NJ 08401
(609) 348-1161 ext. 323

Access Center
Center for Family Services
3073 English Creek Avenue
Egg Harbor Twp., NJ 08234
(609) 569-0239, ext. 116

Community Support Services (CSS)
Career Opportunity Development, Inc.
901 Atlantic Avenue
Egg Harbor City, NJ 08215
(609) 965-6871

Community Support Services (CSS)
Jewish Family Service of Atlantic & Cape May Counties
607 N. Jerome Avenue
Margate, NJ 08402
(609) 822-8398

County Mental Health Board
County of Atlantic
101 South Shore Road
Northfield, NJ 08225
(609) 645-7700 ext. 4519

Homeless Services (PATH)
Jewish Family Service of Atlantic Co.
607 N. Jerome Avenue
Margate, NJ 08402
(609) 822-1108

Intensive Family Support Services (IFSS)
Mental Health Association in NJ
4 East Jimmie Leeds Road
Galloway, NJ 08205
(609) 652-3800

Involuntary Outpatient Commitment (IOC)
Legacy Treatment Services
561 Tilton Road
Northfield, NJ 08232
(609) 267-5656 ext. 3256

Justice Involved Services (JIS)
Jewish Family Service of Atlantic & Cape May Counties
607 North Jerome Avenue
Margate, NJ 08402
(609) 822-1108 ext. 411

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ATLANTIC COUNTY (Continued)

Outpatient Services
Atlanticare Behavioral Health
13 North Hartford Avenue
Atlantic City, NJ 08401
(609) 348-1116

Outpatient Services
Center for Family Services
312 East White Horse Pike
Absecon Highlands, NJ 08201
(609) 652-1600

***PRIMARY* SCREENING CENTER for ATLANTIC PIP @**
Atlanticare Regional Medical Center
1925 Pacific Avenue
Atlantic City, NJ 08401
HOTLINE: (609) 344-1118

Residential Services
Career Opportunity Development, Inc.
901 Atlantic Avenue
Egg Harbor City, NJ 08215
(609) 965-6871

Residential Intensive Support Team (RIST)
Atlanticare Behavioral Health
2511 Fire Road – Suite B
Egg Harbor Township, NJ 08234
(609) 646-9743

Short Term Care Facility (STCF)
Atlanticare Regional Medical Center
Jimmie Leeds Road
Pomona, NJ 08240
(609) 652-3442

Supported Employment Services/HR Advantage
Jersey Care Diagnostic Center
152 Crest Haven Road
Cape May Court House, NJ 08210
(609) 465-4117 ext. 126

Outpatient Services
Center for Family Services
3073 English Creek Avenue
Egg Harbor Twp., NJ 08234
(609) 569-0239

Partial Care
Atlanticare Behavioral Health
Providence House
400 Chris Gaupp Road
Galloway, NJ 08205
(609) 404-0648

Program of Assertive Community Treatment (PACT) Atlanticare Behavioral Health
2511 Fire Road, Suite B-10
Egg Harbor Twp., NJ 08234
(609) 407-0060

Residential Services
Jewish Family Services
607 North Jerome Avenue
Margate, NJ 08402
(609) 822-1108

Self-Help/Community Wellness Center
I.C.E. (Individual Concerted Effort)
4 East Jimmie Leeds Road
Galloway, NJ 08205
(609) 652-3800

Systems Advocacy
Community Health Law Project
160 South Pitney Road
Galloway, NJ 08205
(856) 858-9500

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BERGEN COUNTY

Acute Care Family Support
CBH Care
25 East Salem Street 2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Community Support Services (CSS)
Care Plus, NJ
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Community Support Services (DD/MI)
Legacy Treatment Services
1289 Route 38, Suite 203
Hainesport, NJ 08036
(609) 267-5656

County Mental Health Board
County of Bergen
One Bergen County Plaza – 4th Floor
Hackensack, NJ 07601
(201) 634-2745

Early Intervention Support Services (EISS)
Comprehensive Behavioral Health Services
Wellness and Support Center
569 Broadway
Westwood, NJ 07675
(201) 957-1800

Integrated Case Management Services (ICMS) & Jail Diversion Program
Care Plus, NJ
611 Route 46 West, Suite 220
Hasbrouck Heights, NJ 07604
(201) 478-4162 (ICMS)
(201) 478-4166 (Jail Diversion)

Involuntary Outpatient Commitment
Care Plus, NJ
611 Route 46 West, Suite 100
Hasbrouck Heights, NJ 07604
(201) 478-4166

Outpatient
Care Plus Center, NJ
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Certified Community Behavioral Health Clinic
Care Plus NJ
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Community Support Services (CSS)
Advance Housing, Inc.
100 Hollister Road - Suite 203
Teterboro, NJ 07608
(201) 498-9140

Community Support Services (CSS)
CBH Care
25 East Salem Street -2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Community Support Services (CSS)
Vantage Health System, Inc.
2 Park Avenue
Dumont, NJ 07628
(201) 385-4400

Homeless Services (PATH)
CBH Care
25 East Salem Street -2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Intensive Outpatient Treatment and Support Services (IOTSS)
Crossroads to Wellness
Care Plus, NJ
610 Valley Health Plaza
Paramus, NJ 07652
(201) 986-5037

Intensive Family Support Services (IFSS)
CBH Care
25 East Salem Street -2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Justice Involved Services (JIS)
Integrated Care Management Services
Community Support Services and Transition Services
611 Route 46 West, Suite 220
Hasbrouck Heights, NJ 07604
(201) 478-4162 ext. 5548

Outpatient
Care Plus Center, NJ
17-07 Romaine Street
Fair Lawn, NJ 07410
(201) 265-8200

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BERGEN COUNTY (Continued)

Outpatient
CBH Care
25 East Salem Street -2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Outpatient
CBH Care
516 Valley Brook Avenue
Lyndhurst, NJ 07071
(201) 935-3322

Outpatient
Vantage Health System
2 Park Avenue
Dumont, NJ 07628
(201) 385-4400

Partial Care
CBH Care
25 East Salem Street -2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Partial Care
West Bergen Mental Health Center
120 Chestnut Street
Ridgewood, NJ 07450
(201) 444-3550

Partial Care
Vantage Health System
93 West Palisade
Englewood, NJ 07631
(201) 567-0059

Residential Services
Care Plus, NJ
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Residential Services
CBH Care
25 East Salem Street -2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Outpatient
Vantage Health System
93 West Palisade
Englewood, NJ 07631
(201) 567-0059

Outpatient
West Bergen Mental Health Center
120 Chestnut Street
Ridgewood, NJ 07450
(201) 444-3550

Partial Care - Geriatric
Care Plus, NJ
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Partial Care - Geriatric
CBH Care
516 Valley Brook Avenue
Lyndhurst, NJ 07071
(201) 935-3322

Partial Care - Geriatric
Vantage Health System
2 Park Avenue
Dumont, NJ 07628
(201) 385-4400

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation Services
611 Route 46 West, Suite 210
Hasbrouck Heights, NJ 07604
(201) 880-8321

Residential Services
A.R.C. of Bergen & Passaic Counties, Inc.
233 Moore Street
Hackensack, NJ 07601
(201) 343-0322

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BERGEN COUNTY (Continued)

Residential Services
Vantage Health System
93 West Palisade
Englewood, NJ 07631
(201) 567--0059

Self-Help/Wellness Center
Bergen County Wellness Center
177 Hudson St.
Hackensack, NJ 07601
(201) 489-8402

Short Term Care Facility (STCF)
St. Mary's Hospital - Passaic
211 Pennington Avenue
Passaic, NJ 07055
(973) 470-3086

Supported Education
Prime Healthcare System
LEARN of Northern NJ
50 Morris Avenue
Denville, NJ 07834
(973) 625-7045

Systems Advocacy
County of Bergen - Mental Health Law Project
One Bergen County Plaza -4th Floor
Hackensack, NJ 07601
(201) 634-2767

Residential Services
West Bergen Mental Health Center
120 Chestnut Street
Ridgewood, NJ 07450
(201) 444-3550

Short Term Care Facility
Bergen New Bridge Medical Center
230 East Ridgewood Avenue
Paramus, NJ 07652
(201) 967-4000, ext. 5982

Supported Employment Services
Care Plus, NJ
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Systems Advocacy
National Alliance for the Mentally Ill - Bergen Co. 309 Valley Boulevard, Room 30
Woodridge, NJ 07075
(201) 935-6264

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BURLINGTON COUNTY

Community Support Services (CSS)
Oaks Integrated Care
770 Woodlane Road - Suite 23
Mount Holly, NJ 08060
(609) 265-0245

County Mental Health Board
Burlington County Human Services
795 Woodlane Road
Mount Holly, NJ 08060
(609) 265-5383

Early Intervention Support Services (EISS)
Community Support Services (CSS)
Catholic Charities - Delaware House
25 Ikea Drive
Westampton, NJ 08060
(609) 386-7331 ext. 2452

Intensive Outpatient Treatment & Support Services (IOTSS)
Legacy Treatment Services
795 Woodlane Road, Suite 301
Mt. Holly, NJ 08060
(609) 267-1377

Involuntary Outpatient Commitment (IOC)
Legacy Treatment Services
1289 Route 38 West – Suite 101
Hainesport, NJ 08036
(609) 261-8564

Justice Involved Services (JIS)
Oaks Integrated Care
652 Main Street
Lumberton, NJ 08048
(609) 265-0245

Outpatient (*Medication Monitoring only*)
Oaks Integrated Care
770 Woodlane Road
Mount Holly, NJ 08060
(609) 267-5928 or (800) 963-3377

Partial Care
Delaware House
25 Ikea Drive
Westampton, NJ 08060
(609) 267-9339

Community Support Services (CSS)
Legacy Treatment Services
1289 Route 38 - Suite 200
Hainesport, NJ 08036
(609) 261-7672

Community Support Services (CSS)
RHD Tri-County
515 Grove Street, Suite 1A-1
Haddon Heights, NJ 08035
(856) 547-2330

Crisis House
Kairos House
(609) 261-3034

Homeless (PATH)
Legacy Treatment Services
1289 Route 38, Suite 200
Hainesport, NJ 08036
(609) 261-7672, ext. 3201

Integrated Case Management Services (ICMS)
Oaks Integrated Care
662 Main Street
Lumberton, NJ 08048
(609) 265-0245

Intensive Family Support Services (IFSS)
Catholic Charities - Delaware House
114 Delaware Avenue
Burlington, NJ 08016
(609) 386-8653

Outpatient
Legacy Treatment Services
795 Woodlane Road, Suite 300
Mount Holly, NJ 08060
(609) 267-1377 or (800) 433-7365

Partial Care
Oaks Integrated Care
770 Woodlane Road
Mount Holly, NJ 08060
(609) 267-5928

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BURLINGTON COUNTY (Continued)

PRIMARY SCREENING CTR. for BURLINGTON
Legacy Treatment Services SCIP
1289 Route 38 West, Suite 203
Hainesport, NJ 08036
There are no psychiatric services available at this address.
(Please contact 24 hr hotline number for assistance)
Hotline: (800) 433-7365

Residential Services
Legacy Treatment Services
1289 Route 38, Suite 103
Hainesport, NJ 08036
(609) 261-7672

Residential
Oaks Integrated Care
770 Woodlane Road
Mount Holly, NJ 08060
(609) 267-5928

Residential
Oaks Integrated Care Community Support Services
(CSS) 770 Woodlane Road
Mount Holly, NJ 08060
(609) 265-0245

Self-Help/Wellness Center
Riverbank Center
114 Delaware Avenue
Burlington, NJ 08016
(609) 239-1786

Supported Employment Services
Catholic Charities Diocese of Trenton Delaware House
25 Ikea Drive
Westampton, NJ 08060
(609) 267-9339

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Trenton
5 Terri Lane, Suite 5
Burlington, NJ 08016
(609) 386-4737

Residential Services
Delaware House
114 Delaware Avenue
Burlington, NJ 08016
(609) 386-8653

Residential
Oaks Integrated Care
770 Woodland Road
Mount Holly, NJ 08060
(609) 267-5928

Self-Help/Wellness Center
R.I.T.E. Center
Amherst Commons, Bldg. C
Lumberton, NJ 08048
(609) 518-7293

Short Term Care Facility
Lourdes Medical Center
218 Sunset Road
Willingboro, NJ 08046
(609) 835-5229

Systems Advocacy
Community Health Law Project
4 Commerce Place
Mount Holly, NJ 08060
(609) 261-3453

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CAMDEN COUNTY

Community Support Services (CSS)
Collaborative Support Programs of NJ (CSP)
11 Spring Street
Freehold, NJ 07728
(732) 780-1175

Community Support Services (CSS)
Oaks Integrated Care
19 East Ormond Avenue
Cherry Hill, NJ 08034
(856) 428-1300

Community Support Services (CSS)
South Jersey Behavioral Health Resources
2500 McClellan Avenue - Suite 300
Pennsauken, NJ 08109
(800) 220-8081

Oaks Crisis House
Camden County
(856) 427-6584

Early Intervention Support Services
(Crisis Intervention Services)
Oaks Integrated Care
2051 Springdale Road
Cherry Hill, NJ 08003
(856) 254-3800

Homeless Services (PATH)
Oaks Integrated Care
499 Cooper Landing Road
Cherry Hill, NJ 08034
(856) 428-1300

Intensive Outpatient Treatment & Support Services (IOTSS)
Oaks Integrated Care
128 Crosskeys Road
Berlin, NJ 08009
(856) 210-1500, ext. 57291

Intensive Outpatient Treatment & Support Services (IOTSS)
South Jersey Behavioral Health Resources
53 Haddonfield Road, Suite 316
Cherry Hill, NJ 08002
(856) 361-2700

Community Support Services (CSS)
Holcomb Behavioral Health Systems
1013 Haddon Avenue
Collingswood, NJ 08108
(856) 858-2616

Community Support Services (CSS)
RHD Tri-County
515 Grove Street - Suite 1A1
Haddon Heights, NJ 08035
(856) 547-2330

County Mental Health Board
512 Lakeland Rd, 1st Floor
Blackwood, NJ 08012
(856) 374-6361

Short Term Care Facility (STCF)
Jefferson Health Hospital
2201 West Chapel Avenue
Cherry Hill, NJ 08002-2048
(856) 488-6827

Homeless Services (PATH)
South Jersey Behavioral Health Resources, Inc.
400 Market Street
Camden, NJ 08102
(856) 361-2700

Integrated Case Management Services (ICMS)
Oaks Integrated Care
1409 Kings Highway
Cherry Hill, NJ 08034
(856) 482-8747

Intensive Family Support Services (IFSS)
Oaks Integrated Care
499 Cooper Landing Road
Cherry Hill, NJ 08002
(856) 482-8747

Intensive Outpatient Treatment & Support Services (IOTSS)
South Jersey Behavioral Health Resources
400 Market Street
Camden, NJ 08102
(856) 361-2700

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CAMDEN COUNTY (Continued)

Involuntary Outpatient Commitment (IOC)
Oaks Integrated Care
499 Cooper Landing Road
Cherry Hill, NJ 08002
(856) 482-8747

Justice Involved Services (JIS)
Oaks Integrated Care
1409 Kings Highway
Cherry Hill, NJ 08034
(856) 482-8747 ext. 59902

Outpatient
South Jersey Behavioral Health Resources
400 Market Street
Camden, NJ 08101
(856) 361-2700

Partial Care
Rutgers University Behavioral Health Care
1886 Greentree Road
Cherry Hill, NJ 08003
(856) 874-4460

PRIMARY SCREENING CENTER for CAMDEN
Oaks Integrated Care
2201 West Chapel Avenue
Cherry Hill, NJ 08002
HOTLINE: (856) 428-4357

Residential Services
Carelink Community Support Services, Inc.
1200 Little Gloucester Rd Apt 1312
Clementon, NJ 08021
(610) 405-5174

Residential Services
Oaks Integrated Care/Guidance Ctr. of Camden Co. 19 East Ormond Avenue
Cherry Hill, NJ 08034
(856) 428-7632

Residential Services (Deaf)
South Jersey Behavioral Health Resources
400 Market Street
Camden, NJ 08101
(800) 220-8081

Jail Diversion
Oaks Integrated Care
499 Cooper Landing Road
Cherry Hill, NJ 08034
(856) 428-1300

Outpatient
Hispanic Family Center of Southern New Jersey
35-47 29th Street
Camden, NJ 08105
(856) 541-6985

Partial Care
Oaks Integrated Care
128 Cross Keys Road
Berlin, NJ 08009
(856) 210-1500

Partial Care
South Jersey Behavioral Health Resources
212 East Madison Avenue
Magnolia, NJ 08049
(800) 220-8081 or (856) 541-1700

Program of Assertive Community Treatment (PACT)
Oaks Integrated Care
19 East Ormond Avenue
Cherry Hill, NJ 08034
(856) 428-7632

Residential Services
Catholic Charities Diocese of /Trenton
Delaware House
60 Laurel Lane
Ancora, NJ 08037
609-567-7899

Residential Services
Rutgers University Behavioral Health Care
1886 Greentree Road
Cherry Hill, NJ 08002
(856) 874-4463

Residential Services
South Jersey Behavioral Health Resources
2510 McClellan Avenue
Pennsauken, NJ 08109
(856) 361-1100

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CAMDEN COUNTY (Continued)

Self-Help/Wellness Center
The Donald Mays, Jr. CWC
204 White Horse Pike
Barrington, NJ 08007
(856) 429-9940

Self-Help/Wellness Center
Camden City
CWC 400
Market
Street
Camden, NJ 08102
(856) 308-2287

Short Term Care Facility (STCF)
Jefferson Health Hospital
2201 Chapel Avenue
Cherry Hill, NJ 08002
(856)488-6879

Supported Employment Services
Catholic Charities, Diocese of Trenton
25 Ikea Drive
Westampton, NJ
(609)267-9339

Supported Education
Catholic Charities, Diocese of Trenton
24 Ikea Drive Westampton, NJ
(609)267-9339

Systems Advocacy
Community Health Law Project
Station House Office Bldg.
216 Haddon Avenue, Suite 703
Collingswood, NJ 08108
(856) 858-9500

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CAPE MAY COUNTY

Acute Care Family Support
Acenda, Inc.
1129 Route 9 South - Suite 1
Cape May Court House, NJ 08210
(609) 778-6136

County Mental Health Board
Cape May County Department of Human Services
4 Moore Road
Cape May Courthouse, NJ 08210
(609) 465-1055

Early Intervention Support Services (EISS)
Acenda, Integrated Health
128 Crest Haven
Cape May Court House, NJ 08210
(609) 778-3020

Integrated Case Management Services (ICMS)
Acenda, Inc.
1129 Route 9 South
Cape May Courthouse, NJ 08210
(609) 435-2563

Intensive Outpatient Treatment & Support Services (IOTSS)
Transition Toward Wellness Program
Acenda, Inc.
128 Crest Haven Road
Cape May Court House, NJ 08210
(609) 465-4100

Outpatient
Acenda, Inc.
128 Crest Haven Road
Cape May Courthouse, NJ 08210
(609) 465-4100

PRIMARY SCREENING CENTER for CAPE MAY
Acenda, Inc. @Cape Regional Medical Center
2 Stone Harbor Boulevard
Cape May Courthouse, NJ 08210
HOTLINE: (609) 465-5999

Residential Services
Acenda, Inc.
1129 Route 9 South
Cape May Courthouse, NJ 08210
(609) 465-2740

Community Support Services
Jewish Family Service of Atlantic & Cape May Counties 607 North Jerome Avenue
Margate, NJ 08402
(609) 822-8398

Deaf Enhanced STCF
Atlanticare Regional Medical Center Mainland Division Jimmie Leeds Road
Pomona, NJ 08240
(609) 652-3442

Homeless Services (PATH)
Acenda, Inc.
1129 Route 9 South
Cape May Courthouse, NJ 08210
(609) 886-6200

Intensive Family Support Services (IFSS)
Acenda, Inc.
1129 Route 9 South
Cape May Courthouse, NJ 08210
(609) 778-6136

Involuntary Outpatient Commitment (IOC)
Acenda, Inc.
1129 Route 9 South
Cape May Court House, NJ 08210
(609) 778-6120

Partial Care
Acenda, Inc.
128 Crest Haven Road
Cape May Courthouse, NJ 08210
(609) 465-4100

Program of Assertive Community Treatment (PACT)
Acenda, Inc.
1129 Route 9 South
Cape May Courthouse, NJ 08210
(609) 463-8990

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CAPE MAY COUNTY (Continued)

Self-Help/Wellness Center Learning Recovery Center *Virtual Only* leachus@cspnj.org	**Supported Employment Services** Jersey Cape Diagnostic Training & Opportunity Center 1121 Route 47 - Unit 7 & 8 Rio Grande, NJ 08242 (609) 889-6803

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CUMBERLAND COUNTY

Community Support Services (CSS)
Cumberland County Guidance Center
814 Elmer Street
Vineland, NJ 08360
(856) 691-8579, ext. 100

County Mental Health Board
Cumberland County Department of Human Services
70 West Broad Street
Bridgeton, NJ 08302
(856) 459-3080

Homeless Services (PATH)
Cumberland County Guidance Center, Inc.
2038 Carmel Road
Millville, NJ 08332
(856) 825-6810

Integrated Case Management Services (ICMS)
Cumberland County Guidance Center
2083 Carmel Rd.
Millville, NJ 08332
(856) 825-6810

Involuntary Outpatient Commitment (IOC)
New Point Behavioral Health
350 Front Street
Elmer, NJ 08318
(856) 358-2010

Justice Involved Services (JIS)
Cumberland County Guidance Center
2038 Carmel Road
Millville, NJ 083302
(856) 455-6810, ext. 285

Outpatient
Cumberland County Guidance Center
2038 Carmel Road
Millville, NJ 08332
(856) 825-6810

Co-occurring Mental Health and Substance Abuse Treatment Counseling
Inspira Health Network
333 Irving Avenue
Bridgeton, NJ 08302
(856) 575-4111 (*ACCESS CENTER*)

Early Intervention Support Services (EISS)
(Urgent Care Mental Health/Crisis Intervention Services)
Oaks Integrated Care
1420 South Lincoln Avenue
Vineland, NJ 08361
(856) 537-2310

Intensive Family Support Services (IFSS)
Cumberland County Guidance Center
2038 Carmel Road
Millville, NJ 08332
(856) 825-6810

Intensive Outpatient Treatment & Support Services (IOTSS)
Inspira Health Network
333 Irving Avenue
Bridgeton, NJ 08302
(856) 575-4111 (*ACCESS CENTER)*

Outpatient
Cumberland County Guidance Center
80 South Main Road, Suite 113
Vineland, NJ 08360
(856) 696-4064

***PRIMARY* SCREENING OUTREACH for CUMBERLAND COUNTY**
Cumberland Co. Guidance Center
425 Bank Street
Bridgeton, NJ 08302**HOTLINE:** (856) 455-5555

Program of Assertive Community Treatment (PACT)
Cumberland County Guidance Center
425 Bank Street
Bridgeton, NJ 08302
(856) 455-8316, ext. 201

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CUMBERLAND COUNTY (Continued)

Residential Intensive Support Team (RIST) Cumberland County Guidance Center 814 Elmer Street Vineland, NJ 08360 (856) 691-8579, ext. 100 **Self-Help/Wellness Center** New Horizons 63 South Myrtle Street Vineland, NJ 08360 (856) 696-1016 **Short Term Care Facility (STCF)** Inspira Health Network 333 Irvington Avenue Bridgeton, NJ 08302 (856) 575-4111 (*ACCESS CENTER*)	**Residential Services** Cumberland County Guidance Center 814 Elmer Street Vineland, NJ 08360 (856) 691-8579, ext. 101 **Supported Employment Services** Cumberland County Guidance Center 2038 Carmel Road Millville, NJ 08332 (856) 825-6810

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ESSEX COUNTY

Acute Care Family Support
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Community Support Services (CSS)
East Orange General Hospital
300 Central Avenue
East Orange, NJ 07018
(973) 395-4164

Community Support Services (CSS)
Project Live, Inc.
272 Mt. Pleasant Ave., Suite 3
West Orange, NJ 07052
(973) 395-9160

Community Support Services - Newark
Rutgers-University Behavioral Health Care
10 Corporate Place South – Suite
205 Piscataway, NJ 08854
(732) 235-5000

STCF
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 915-2349

Early Intervention Support Services
(Crisis Intervention Services)
Rutgers University Behavioral Health Care
183 South Orange Avenue
Newark, NJ 07103
(973) 972-6100

Homeless Services (PATH)
Mental Health Association of Essex & Morris
80 Main St. suite 150.
West Orange, NJ 07052
(973) 842-4127

Integrated Case Management Services (ICMS)
Mental Health Association of Essex and Morris
80 Main St. suite 150.
West Orange, NJ 07052
(973) 842-4127

Certified Community Behavioral Health Clinic (CCBHC)
Northwest Essex Community Healthcare Network
570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

Community Support Services (CSS)
Easter Seal Society of NJ
615 Hope Road - Building 3
Eatontown, NJ 07724
(732) 380-0390

Community Support Services (CSS)
Mental Health Association of Essex & Morris
80 Main St. Suite 370
Orange, NJ 07052
(973) 509-3777

Community Support Services (CSS)
Project Live, Inc.
465-475 Broadway
Newark, NJ 07104
(973) 395-9160

County Mental Health of Essex
Mental Health Administrator
204 Grove Avenue
Cedar Grove, NJ 07009
(973) 571-2821 /2822

***Primary* Screening Center**
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 915-2210

Homeless Services (PATH) *Newark Only*
Project Live
465-475 Broadway
Newark, NJ 07104
(973) 481-1211

Integrated Case Management Services (ICMS)
Newark Only Mt. Carmel Guild Behavioral Healthcare
47-71 Miller St.
3rd Floor, Suite 301
Newark, NJ 07114

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ESSEX COUNTY (Continued)

Intensive Family Support Services (IFSS)
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Intensive Outpatient Treatment & Support Services (IOTSS)
Family Connections Wellness House
395 S. Center St.
Orange, NJ 07050
(973) 380-0366

Outpatient
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Outpatient
Mt. Carmel Guild Behavioral Healthcare
58 Freeman Street
Newark, NJ 07102
(973) 596-4190

Outpatient
Northwest Essex Community Network
570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

Outpatient
Irvington Counseling Center
21-29 Wagner Place
Irvington, NJ 07111
(973) 399-3132

Partial Care
Rutgers University Behavioral Health Care
183 South Orange Avenue
Newark, NJ 07103-2770
(800) 969-5300

Partial Care
Mt. Carmel Guild Behavioral Healthcare
58 Freeman Street
Newark, NJ 07102
(973) 596-4190

Involuntary Outpatient Commitment (IOC)
Mental Health Association of Essex & Morris
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 842-4141

Justice Involved Services (JIS)
Mental Health Association of Essex & Morris
33 S. Fullerton Avenue
Montclair, NJ 07042
(973) 274-6179

Outpatient
CarePlus NJ
650 Bloomfield Ave Suite 106
Bloomfield, NJ 07003
(201) 986-5000

Outpatient
Family Service Bureau of Newark
379 Kearny Avenue
Kearny, NJ 07032
(201) 246-8077

Outpatient
Family Connections
395 South Center Street
Orange, NJ 07050
(973) 675-3817

Outpatient
Newark Beth Israel Medical Center CMHC
210 Lehigh Avenue
Newark, NJ 07112
(973) 926-7026

Outpatient
Rutgers University Behavioral Health Care
183 South Orange Avenue
Newark, NJ 07103-2770
(973) 912-6100 (ACCESS)

Partial Care
Northwest Essex Community Network
570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

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ESSEX COUNTY (Continued)

PEER Respite Program
CSP Newark Respite
(862)229)1401

PRIMARY SCREENING CENTER for ESSEX
Clara Maass Medical Center
1 Clara Maass Drive
Belleville, NJ 07109
HOTLINE: (973) 844-4357

PRIMARY SCREENING CENTER for ESSEX
Rutgers University Behavioral Health Care
150 Bergen Street
Newark, NJ 07101
HOTLINE: (973) 623-2323

Residential Services
Easter Seals Society of NJ
414 Eagle Rock Avenue, Suite 206
West Orange, NJ 07052
(973) 324-2712

Self-Help/Wellness Center
Better Life CWC
101 14th Avenue
Newark, NJ 07103
(862) 229-1400

Short Term Care Facility (STCF) Mountainside Hospital
1 Bay Avenue
Montclair, NJ 07042
(973) 429-6000

Short Term Care Facility (STCF)
St. Michael's Medical Center
111 Central Avenue
Newark, NJ 07109
(973) 465-2681

Supported Education
Bridgeway Rehabilitation Services
LEARN of Central NJ
1023 Commerce Avenue, 2nd Fl.
Union, NJ 07083
(908) 686-2956, ext. 104

Systems Advocacy
Community Health Law Project
650 Bloomfield Avenue
Bloomfield, NJ 07003
(973) 680-5599

Partial Care
Mental Health Association of Essex & Morris
(Prospect House)
424 Main Street
East Orange, NJ 07018 (973) 674-8067

PRIMARY SCREENING CENTER for ESSEX
Newark Beth Israel Medical Center
201 Lyons Avenue
Newark, NJ 07112
HOTLINE: (973) 926-7444

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation Inc.
622 Eagle Rock Ave. Suite 302
Newark, NJ 07052
973-755-0275

Residential Services
Project Live, Inc.
465-475 Broadway
Newark, NJ 07104
(973) 481-1211

Short Term Care Facility (STCF)
East Orange General Hospital
300 Central Avenue
East Orange, NJ 07018
(973) 266-4456 or (973) 266-8440

Short Term Care Facility (STCF)
Newark Beth Israel Medical Center/St. Barnabas
201 Lyons Avenue
Newark, NJ 07112
(973) 926-3183

Short Term Care Facility (STCF)
University Hospital/UMDNJ
150 Bergen Street
Newark, NJ 07103
(973) 972-7722

Supported Employment Services
Mental Health Association of Essex County
60 Evergreen Place, Suite 401
East Orange, NJ 07018
(973) 395-1000, ext. 401

Systems Advocacy
Mental Health Association in NJ
88 Pompton Avenue, Suite 1
Verona, NJ 07044
(973) 571-4100

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GLOUCESTER COUNTY

County Mental Health Board
Gloucester Co. Institute of Technology
115 Budd Boulevard
West Deptford, NJ 08096
(856) 384-6889

Early Intervention Support Services (EISS)
Acenda Integrated Health
200 Hollydell Drive
Sewell, NJ 08080
(844) 4-ACENDA

Integrated Case Management Services (ICMS)
Acenda, Inc.
42 South Delsea Drive
Glassboro, NJ 08028
856-881-8689

Intensive Outpatient Treatment Support Services (IOTSS)
Acenda, Inc.
200 Holly Dell Drive
Sewell, NJ 08080
(856) 845-8050, ext. 1411

Justice Involved Services (JIS)
Acenda Integrated Health
1070 Main Street, P. O. Box 448
Sewell, NJ 08080
(856) 256-3320

Outpatient
Acenda, Inc.
404 Tatum Street
Woodbury, NJ 08096
(844) 422-3632

Partial Care MICA Services
Acenda, Inc. - Beacon Division
200 Hollydell Drive
Sewell, NJ 08080
(856) 881-1306

PRIMARY SCREENING CENTER for GLOUCESTER
Acenda Integrated Health
42 South Delsea Drive
Glassboro, NJ 08028
HOTLINE: (856) 845-9100

Homeless Services (PATH)
Acenda, Inc.
1070 Main Street
Sewell, NJ 08080
(856) 256-3320

Intensive Family Support Services (IFSS)
Acenda, Inc.
1070 Main Street
Sewell, NJ 08080
(856) 256-3320

Involuntary Outpatient Commitment (IOC)
New Point Behavioral Health
350 Front Street
Elmer, NJ 08318
(856) 358-2010

Partial Care
Acenda, Inc.
404 Tatum Street
Woodbury, NJ 08096
(844) 422-3632

Partial Care
The Outpost
1070 Main Street
Sewell, NJ 08080
(844) 422-3632

Program of Assertive Community Treatment (PACT)
Acenda, Inc.
200 Hollydell Drive
Sewell , NJ 08080
(856) 251-1414

Self-Help/Wellness Center
Up Your Alley CWC
8 Liberty Street
Glassboro, NJ 08028
(856) 881-2204

Short Term Care Facility (STCF)
Inspira Health Network
509 North Broad Street
Woodbury, NJ 08095
(856) 845-0100, ext. 5329

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GLOUCESTER COUNTY (Continued)

Residential Services Acenda, Inc. - Beacon Division 200 Hollydell Drive Sewell, NJ 08080 (844) 422-3632 **Supported Education** Mental Health Association of Southwest NJ *LEARN of Southwest NJ* 217 Black Horse Pike Haddon Heights, NJ 08035 (856) 522-0639, ext. 205	**Supported Employment Services** Acenda, Inc. Beacon Division 200 Holly Dell Drive Sewell, NJ 08080 (856) 848-8050

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HUDSON COUNTY

Acute Care Family Support
Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
(201) 915-2268

Community Support Services
Jersey City Medical Center
1805 JFK Blvd
Jersey City, NJ 07305
(201) 402-4621

Community Support Services / RIST
Bridgeway RIST
615 North Broad Street
Elizabeth, NJ 07208
973-373-0777

Early Intervention Support Services (EISS)
(Crisis Intervention Services)
Bridgeway Rehabilitation Services
152 Central Avenue
Jersey City, NJ 07306
(201) 885-2539

Integrated Case Management Services (ICMS)
Jersey City Medical Center
1805 Kennedy Boulevard
Jersey City, NJ 07305
(201) 402-4617

Intensive Outpatient Treatment & Support Services (IOTSS) Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 915-2478

Justice Involved Services
Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
(201) 915-2268

Outpatient
Christ Hospital CMHC
174 Palisades Avenue
Jersey City, NJ 07306
(201) 795-8375

Community Support Services
Garden State Episcopal Community Development Corp.
118 Summit Avenue
Jersey City, NJ 07304
(201) 209-9301

Community Support Services
SERV Centers of NJ - Northern Regional Office
1373 Broad Street
Clifton, NJ 07013
(862) 291-0077

County Mental Health Board
Hudson County Department of Health & Human Services 830 Bergen Avenue, 2B
Jersey City, NJ 07306
(201) 369-5280, ext. 4250

Homeless Services (PATH)
Jersey City Medical Center
1825 Kennedy Blvd
Jersey City, NJ 07305
(201) 204-0040

Intensive Family Support Services (IFSS)
Catholic Charities
249 Virginia Avenue
Jersey City, NJ 07304
(201) 798-9906

Involuntary Outpatient Commitment (IOC)
Jersey City Medical Center
1805 Kennedy Boulevard
Jersey City, NJ 07305
(201) 402-4617

Outpatient
Bayonne CMHC @ Trinitas
601 Broadway
Bayonne, NJ 07002
(201) 339-9200

Outpatient
Family Service Bureau of Newark
391 Kearny Avenue
Kearny, NJ 07032
(201) 246-8077

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HUDSON COUNTY (Continued)

Outpatient
Hoboken Medical Center
122 Clinton Street
Hoboken, NJ 07030
(201) 792-8200

Outpatient
Mt. Carmel Guild Behavioral Healthcare
2201 Bergenline Avenue
Union City, NJ 07087
(201) 558-3700

Partial Care
Bayonne CMHC @ Trinitas
601 Broadway
Bayonne, NJ 07002
(201) 339-9200

Partial Care
Mt. Carmel Guild Behavioral Healthcare
285 Magnolia Avenue
Jersey City, NJ 07306
(201) 395-4800

Emergency Services – Affiliated w/Screening Center
Christ Hospital
176 Palisades Avenue
Jersey City, NJ 07306
HOTLINE: (201) 795-8374

Emergency Services - Affiliated w/Screening Center
Palisades Medical Center
7600 River Road
North Bergen, NJ 07047
HOTLINE: (201) 854-5760

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation Inc.
862 Newark Avenue
Jersey City, NJ 07306
(201) 653-3980

Residential Services
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302
(201) 402-4621

Outpatient
Mt. Carmel Guild Behavioral Healthcare
285 Magnolia Avenue
Jersey City, NJ 07306
(201) 395-4800

Outpatient
Palisades Medical Center
Counseling Center
7101 Kennedy Boulevard
North Bergen, NJ 07047
(201) 854-0500

Partial Care
Mt. Carmel Guild Behavioral Healthcare
2201 Bergenline Avenue
Union City, NJ 07087
(201) 558-3700

PRIMARY SCREENING CENTER (s) for HUDSON
Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
HOTLINE: (866) 367-6023 or (201) 915-2210

Emergency Services - Affiliated w/Screening Center
Hoboken Medical Center
308 Willow Avenue
Hoboken, NJ 07030
HOTLINE: (201) 418-2090

Residential Intensive Support Team/Community Support Svc
Garden State Episcopal
118 Summit Ave
Jersey City, NJ 07304
(201) 209-9301

Residential Services
Mt. Carmel Guild Behavioral Healthcare
619 Grove Street
Jersey City, NJ 07310
(201) 656-7201 Ext. 208

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HUDSON COUNTY (Continued)

Residential Services
SERV Centers of NJ – Hudson & Passaic Counties
1373 Broad Street
Clifton, NJ 07013
(862) 291-0077

Screening Center
Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07304
(201) 915-2210

Supported Employment
Catholic Charities
1009 Kennedy Blvd
North Bergen, NJ 07047
(201) 271-9532

STCF
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07304
(201) 915-2349

Systems Advocacy
Mental Health Association
35 Journal Square, Suite 827
Jersey City, NJ 07306
(201) 653-4700

Systems Advocacy
Community Health Law Project
650 Bloomfield Avenue
Bloomfield, NJ 07003
(973) 680-5599

Self-Help/Wellness Center
Hudson County Integrated Services CWC
422-426 Martin Luther King Jr. Drive
Jersey City, NJ 08304
(201) 420-8013

Short Term Care Facility
Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07304
(201) 915-2349

Supported Education
Bridgeway Rehabilitation Services
LEARN of Central NJ
1023 Commerce Avenue, 2nd Floor
Union, NJ 07083
(908) 686-9666

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HUNTERDON COUNTY

Homeless Services (PATH)
Bridgeway Rehabilitation
1465 Route 31 South
Concourse at BeaverBrook
Annandale, NJ 08801
(908) 894-5312

County Mental Health Board
Hunterdon County Department of Human Services
6 Gauntt Place
Flemington, NJ 08822-2900
(908) 788-1253

Integrated Case Management Services
Easter Seal Society of NJ
21 O'Brien Road
Hackettstown, NJ 07840
908-689-6600

Involuntary Outpatient Commitment
Hunterdon Medical Center Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 303-8167

Outpatient DDD
Catholic Charities, Diocese of Metuchen
6 Park Avenue
Flemington, NJ 08822
(908) 788-7905

PRIMARY SCREENING CENTER of HUNTERDON
Hunterdon Medical Center
2100 Wescott Drive
Flemington, NJ 08822
HOTLINE: (908) 788-6400

Residential Intensive Support Team (RIST)
Bridgeway Tri-County RIST
Concourse at Beaver Brook
1465 Route 31 South
Annandale, NJ 08801
(908) 894-5311

Residential Services
Easter Seals NJ
25 Kennedy Blvd suite
600 East Brunswick, NJ 08816
(908) 788-7580, ext. 624

Community Support Services
Bridgeway Rehabilitation Services, Inc.
84 Park Ave
Suite G210B
Flemington, NJ 08822
(908) 249-4100

Early Intervention Support Services (EISS)
Rutgers University Behavioral Healthcare
8 Main Street, Suites 7 & 8
Flemington, NJ 08822
(908) 358-6175

Intensive Family Support Services (IFSS)
Hunterdon Medical Center
Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401

Intensive Outpatient Treatment and Support Services
Catholic Charities – Diocese of Metuchen
SPIRIT Program
6 Park Avenue
Flemington, NJ 08822
(908) 722-1881

Outpatient
Hunterdon Medical Center - Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401 or (908) 788-6403

Partial Care
Hunterdon Medical Center - Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6403

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation, Inc.
Star Plaza, Suite 11
11 West Church Street
Washington, NJ 07882
(908) 835-8660 (PACT IV)

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HUNTERDON COUNTY (Continued)

Self-Help/Wellness Center
Getting Together SHC
52 East Main Street
Flemington, NJ 08822
(908) 806-8202

Short Term Care Facility
Capital Health Regional Medical Center/Fuld Campus
3 Front South
Trenton, NJ 08638
(609) 394-6106

Systems Advocacy
Northwest Legal Services
82 Park Avenue
Flemington, NJ 08822
(908) 782-7979

Short Term Care Facility
Penn Medicine-Princeton House Behavioral Health
905 Herrontown Road
Princeton, NJ 08540
(800) 242-2550 & (609) 497-2665

Supported Employment Services
Hunterdon Medical Center - Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401

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MERCER COUNTY

Certified Community Behavioral Health Clinic (CCBHC)
Catholic Charities Diocese of Trenton
10 Southard Street
Trenton, NJ 08609
(609) 396-4557

Certified Community Behavioral Health Clinic (CCBHC)
Catholic Charities Diocese of Trenton
1225 Whitehorse Mercerville Road
Hamilton, NJ 08619
(609) 256-4200

Certified Community Behavioral Health Clinic (CCBHC)
Oaks Integrated Care
1001 Spruce Street
Ewing, NJ 08638
(609) 396-6788

Community Support Services (CSS)
Catholic Charities - Delaware House
25 Ikea Drive
Westampton, NJ 08060
(609) 867-9339

Community Support Services (CSS)
PennReach, Inc.
18 South Main Street
Allentown, NJ 08501
(609) 802-1702

County Mental Health Board
Mercer County Division of Mental Health
640 South Broad Street
Trenton, NJ 08650
(609) 989-6574 / 6529

Homeless Services (PATH)
Oaks Integrated Care
31 Lexington Avenue
Ewing, NJ 08618
(609) 583-1900

Integrated Case Management Services (ICMS)
Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608
(609) 396-4258

Involuntary Outpatient Commitment (IOC)
Oaks Integrated Care
P.O. Box 1393
Trenton, NJ 08608
(609) 396-6788

Certified Community Behavioral Health Clinic (CCBHC)
Catholic Charities Diocese of Trenton
39 North Clinton Avenue
Trenton, NJ 08609
(609) 394-9398

Certified Community Behavioral Health Clinic (CCBHC)
Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608
(609) 396-5944

Certified Community Behavioral Health Clinic (CCBHC)
Oaks Integrated Care
2550 Brunswick Pike
Lawrenceville, NJ 08648
(609) 396-8877

Community Support Services (CSS)
Oaks Integrated Care
31 Lexington Avenue
Ewing, NJ 08618
(609) 583-1900

Community Support Services (CSS)
SERV Centers of NJ
407 West State Street
Trenton, NJ 08618
(609) 394-0212

Early Intervention Support Services (EISS)
(Crisis Intervention Services)
Catholic Charities - Diocese of Trenton
1225-1255 Whitehorse Mercerville Rd
Building B, Suite 504-505
Hamilton, NJ 08619
(609) 256-4200

Intensive Family Support Services (IFSS)
Oaks Integrated Care
1001 Spruce Street
Trenton, NJ 08638
(609) 954-9726

Intensive Outpatient Treatment & Support Services (IOTSS)
Oaks Integrated Care
Intensive Outpatient Services
314-316 East State Street
Trenton, NJ 08608
(609) 954-9726
Referral Line: (609) 218-0978

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MERCER COUNTY (Continued)

Justice Involved Services
Oaks Integrated
314-316 East State Street
Trenton, NJ 08608
(609) 396-5944

Outpatient
Catholic Charities - Diocese of Trenton
39 North Clinton Avenue
Trenton, NJ 08608
(609) 394-9398

Partial Care
A.A.M.H. - Mercer
819 Alexander Road
Princeton, NJ 08540
(609) 452-2088, ext. 230

Partial Care
Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608
(609) 396-5344

Program of Assertive Community Treatment (PACT)
Catholic Charities - Diocese of Trenton
1340 Parkway Avenue
Ewing, NJ 08628
(609) 882-4772 (PACT Team 1)

Residential Intensive Support Team (RIST)
Oaks Integrated Care
1001 Spruce Street - Suite 205
Trenton, NJ 08638
(609) 396-6788, Ext. 214

Residential Services / Transitional & Community Support Services (CSS)
Catholic Charities – Diocese of Trenton
41 Steinert Avenue
Hamilton Township, NJ 08619
(609) 890-2527

Short Term Care Facility
Capital Health Regional Medical Center/Fuld Campus 750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6106

Outpatient
Oaks Integrated Care
2550 Brunswick Pike
Lawrenceville, NJ 08648
(609) 396-8877

Partial Care
Catholic Charities - Diocese of Trenton
10 Southard Street
Trenton, NJ 08609
(609) 396-4557

PRIMARY SCREENING CENTER for MERCER
Capital Health Regional Medical Center
750 Brunswick Avenue
Trenton, NJ 08638
HOTLINE: (609) 396-4357 or (609) 989-7297

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Trenton
47 North Clinton Avenue
Trenton, NJ 08609
(609) 209-0074 (PACT Team 2)
(609) 396-9777 (PACT Team 3)

Residential Services
SERV / Mercer
532 West State Street
Trenton, NJ 08618
(609) 394-0212

Self-Help/Wellness Center
Reach Out/Speak Out CWC
6 North Broad Street
Trenton, NJ 08608
(609) 984-8008

Short Term Care Facility
St. Francis Medical Center
601 Hamilton Avenue
Trenton, NJ 08629
(609) 599-5183 or 599-6569

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MERCER COUNTY (Continued)

Supported Employment Services Catholic Charities - Diocese of Trenton 10 Southard Street Trenton, NJ 08609 (609) 393-8912 **Voluntary Unit** Capital Health, Fuld Campus 750 Brunswick Avenue Trenton, NJ 08638 (609) 394-6049, ext. 6996	**Systems Advocacy** Community Health Law Project 3635 Quakerbridge Rd, Suite 14 Hamilton, NJ 08619 (609) 392-5553

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MIDDLESEX COUNTY

Acute Care Family Support
Rutgers University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855
(732) 235-6184

Certified Community Behavioral Health Clinic (CCBHC)
Rutgers University Behavioral Health Care (UBHC)
100 Metroplex Drive
Edison, NJ 08817
(732) 235-8400

Community Support Services (CSS)
PennReach
18 South Main Street
Allentown, NJ 08501
(609) 802-1702

Community Support Services (CSS)
SERV Centers of NJ
491 So. Washington Avenue
Piscataway, NJ 08854
(732) 968-7111

Community Support Services (CSS)
Volunteers of America
Northern NJ Division
205 West Milton Avenue
Rahway, NJ 07065
(732) 827-2444

Early Intervention Support Services (EISS)
(Crisis Intervention Services)
Rutgers University Behavioral Health Care North
667 Hoes Lane West
Piscataway, NJ 08855
(732) 235-4422

Homeless Service (PATH)
Rutgers University Behavioral Health Care
151 Centennial Avenue
Piscataway, NJ 08855
(732) 235-6184

Intensive Family Support Services (IFSS)
Rutgers University Behavioral Health Care
151 Centennial Avenue
Piscataway , NJ 08855
(732) 235-6184

Intensive Outpatient Treatment and Support Services (IOTSS) Rutgers University Behavioral Health Care
303 George Street
New Brunswick, NJ 08901
(800) 969-5300

Certified Community Behavioral Health Clinic (CCBHC)
Rutgers University Behavioral Health Care (UBHC)
303 George Street
New Brunswick, NJ 08901
(732) 235-4410

Certified Community Behavioral Health Clinic (CCBHC)
Rutgers University Behavioral Health Care (UBHC)
4326 US 1
Monmouth Junction, NJ 08852
(732) 235-5910

Community Support Services (CSS)
Easter Seals Society of NJ
25 Kennedy Blvd
Suite 600
East Brunswick, NJ 08816
732-898-4151

Community Support Services (CSS)
Rutgers University Behavioral Health Care 100 Bayard Street
New Brunswick, NJ 08901
(732) 235-5353

Community Support Services (CSS)
Triple C Housing
1 Distribution Way
Monmouth Junction, NJ 08852
(732) 297-5840

County Mental Health Board
Middlesex Co. Office of Human Services
JFK Square – 5th Floor
New Brunswick, NJ 08901
(732) 745-4313

Homeless Services (PATH)
Catholic Charities, Diocese of Metuchen
26 Safran Avenue
Edison, NJ 08837
(732) 738-1323

Integrated Case Management Services (ICMS) Rutgers University Behavioral Health Care 30 Knightsbridge Road 2nd Floor
Piscataway, NJ 08851
(732) 235-5000

Involuntary Outpatient Commitment (IOC) Legacy Treatment Center
68 Culver Rd
Monmouth Junction, NJ 08852
(609) 667-7526

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MIDDLESEX COUNTY (Continued)

Justice Involved Services
UMDNJ University Behavioral Health Care
30 Knightsbridge Road
Piscataway, NJ 08854
(732) 235-5000

Outpatient
Catholic Charities, Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(732) 257-6100 or (800) 655-9491

Outpatient
Rutgers University Behavioral Health Care
100 Metroplex
Edison , NJ 08817
(800) 969-5300

Outpatient
Rutgers University Behavioral Health Care
303 George Street
New Brunswick, NJ 08901
(800) 969-5300

Partial Care
Rutgers University Behavioral Health Care
667 Hoes Lane
Piscataway, NJ 08855
(732) 235-5910

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Metuchen
26 Safran Avenue
Edison, NJ 08837
(732) 447-3244 (PACT I)

Catholic Charities, Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(732) 387-1307 (PACT II)

Residential Intensive Support Team (RIST)
Bridgeway Rehabilitation Services, Inc.
720 King Georges Road, Suite 111
Fords, NJ 08863
(732) 771-2300

Outpatient
George J. Otlowski Mental Health Center
570 Lee Street
Perth Amboy, NJ 08861
(732) 442-1666

Outpatient
Rutgers University Behavioral Health Care
4326 Route 1 No.
Monmouth Junction, NJ 08852
(732) 235-8799

Partial Care
George J. Otlowski Mental Health Center
570 Lee Street
Perth Amboy, NJ 08861
(732) 442-1666

PEER Respite Program - CSP
Middlesex Respite
(732) 354-4403

PRIMARY SCREENING CENTER for MIDDLESEX
Rutgers University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855-1392
HOTLINE: 1 (855) 515-5700 or 1 (855) 515-5001

Emergency Services - *Affiliated w/Screening Center*
Raritan Bay Medical Center
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 324-5289

Program of Assertive Community Treatment (PACT)
Catholic Charities, Diocese of Metuchen
319 Maple Street
Perth Amboy, NJ 08861
(732) 857-3894 (PACT III)

Residential Services
Easter Seal Society of NJ
Middlesex Behavioral Health Services
1 Kimberly Road
East Brunswick, NJ 08816
(908) 257-6662

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MIDDLESEX COUNTY (Continued)

Residential Services
SERV Centers of NJ
491 S. Washington Avenue
Piscataway, NJ 08854
(732) 968-7111

Residential Services
Volunteers of America - Northern NJ
205 West Milton Avenue
Rahway, NJ 07065
(732) 827-2444

Short Term Care Facility
Monmouth Medical Center/Barnabas
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6901

Short Term Care Facility
Raritan Bay Medical Center
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 324-5119

Supported Employment Services
Rutgers University Behavioral Health Care
195 New Street
New Brunswick, NJ 08901
(732) 235-6903

Systems Advocacy
Central Jersey Legal Services, Inc.
317 George Street, Suite 20
New Brunswick, NJ 08901-2006
(732) 249-7600

Voluntary Unit
Raritan Bay Medical Center
Center for Living
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 324-5101

Residential Services
Triple C Housing
1 Distribution Way
Monmouth Junction, NJ 08852
(732) 297-5840

Self-Help/Wellness Center
Moving Forward CWC
25 Elizabeth St., 2nd Fl.
New Brunswick, NJ 08901
(732) 317-2920

Short Term Care Facility
Princeton House
905 Herrontown Road
Princeton, NJ 08540
(609) 497-2651

Short Term Care Facility
Trinitas Regional Medical Center
655 E. Jersey Street – 2nd Floor, 2 North
Elizabeth, NJ 07206
(908) 994-7275

Supported Education
Bridgeway Rehabilitation Services
LEARN of Central NJ
1023 Commerce Avenue, 2nd Floor
Union, NJ 07083
(908) 686-2956, ext. 104

Voluntary Unit
UMDNJ-UBHC
671 Hoes Lane
Piscataway, NJ 08855
(732) 895-3952

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MONMOUTH COUNTY

Acute Care Family Support
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6999

Certified Community Behavioral Health Clinic (CCBHC)
CPC Integrated Health
6 Industrial Way West
Eatontown, NJ 07724
(732) 542-4502

Certified Community Behavioral Health Clinic (CCBHC)
CPC Integrated Health
22 Court Street
Freehold, NJ 07728
(732) 780-7387

Early Intervention Support Services (EISS)
(Crisis Intervention Services)
Monmouth Medical Center
West Side Plaza
3301 Highway 66 - Building B, 1st Floor
Neptune, NJ 07753
(732) 922-1042

Integrated Case Management Services (ICMS)
CPC Integrated Health
10 Industrial Way East
Eatontown, NJ 07724
(732) 780-2012

Involuntary Outpatient Commitment (IOC)
Legacy Treatment Center
68 Culver Rd
Monmouth, NJ 08852
(609)667 7526

Justice Involved Services (JIS)
CPC Integrated Health
10 Industrial Way East
Eatontown, NJ 07724
(732) 780-2012

Outpatient
Jersey Shore Medical Center
Parkway 100
3535 Rt. 66 – Building 5
Neptune, NJ 07753
(732) 643-4400

Outpatient
CPC Integrated Health
270 Highway 35
Red Bank, NJ 07701
(732) 842-2000

Certified Community Behavioral Health Clinic (CCBHC)
CPC Integrated Health
1008 Route 34
Aberdeen, NJ 07747
(732) 290-1700

Certified Community Behavioral Health Clinic (CCBHC)
CPC Integrated Health
10 Industrial Way West
Eatontown, NJ 07724
(732) 935-2220

Certified Community Behavioral Health Clinic (CCBHC)
CPC Integrated Health
270 Route 35
Red Bank, NJ 07701
(732) 842-2000

Community Support Services (CSS)
CPC Integrated Health
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

County Mental Health Board
Monmouth Co. Div. of Mental Health & Addiction Services
3000 Kozloski Road
Freehold, NJ 07728
(732) 431-6451

Intensive Family Support Services (IFSS)
Mental Health Association of Monmouth County
119 Avenue at the Common - Suite 5
Shrewsbury, NJ 07702
(732) 542-6422

Homeless Services (PATH)
Mental Health Association of Monmouth County
119 Ave @ the Commons - Suite 5
Shrewsbury, NJ 07701
(732) 542-6422

Outpatient
Monmouth Medical Center
75 North Bath Avenue
Long Branch, NJ 07740
(732) 923-6500

Outpatient
Riverview Medical Center
Booker Behavioral Health
661 Shrewsbury Avenue
Shrewsbury, NJ 07702
(732) 345-3400

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MONMOUTH COUNTY (Continued)

Outpatient
CPC Integrated Health
Aberdeen Counseling Center
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

Partial Care
Monmouth Medical Center
75 North Bath Avenue
Long Branch, NJ 07740

Partial Care
CPC Integrated Health
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

PRIMARY SCREENING CENTER for MONMOUTH
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
HOTLINE: (732) 923-6999

Emergency Services - Affiliated w/Screening Center
Centra State Medical Center
901 West Main Street
Freehold, NJ 07728
(732) 294-2595

Program of Assertive Community Treatment (PACT)
CPC Integrated Health
270 Highway 35
Red Bank, NJ 07701
(732) 842-2000

Self-Help/Wellness Center
Freehold CWC
17 Bannard St., Suite 22
Freehold, NJ 07728
(732) 625-9485

Short Term Care Facility (STCF)
Centra State Medical Center
901 West Main Street
Freehold, NJ 07728
(732) 294-2858

Supported Education
Preferred Behavioral Health
725 Airport Rd
Lakewood, NJ 08701
(732) 367-5439

Partial Care
Riverview Medical Center
Booker Behavioral Health
661 Shrewsbury Avenue
Shrewsbury, NJ 07702
(732) 345-3400

Partial Care
Jersey Shore Medical Center
1011 Bond Street
Asbury Park, NJ 07712
(732) 869-2760 732-345-3400

Emergency Services - Affiliated w/Screening Center
Jersey Shore University Medical Center
1945 Corlies Avenue, Route 33
Neptune, NJ 07753
(732) 776-4555

Emergency Services - Affiliated w/Screening Center
Riverview Medical Center
1 Riverview Plaza
Red Bank, NJ 07701
(732) 450-2870

Residential Services
Easter Seal Society of NJ
615 Hope Road
Victoria Plaza
Eatontown, NJ 07712
(732) 380-0390

Self-Help/Wellness Center
C.A.R.E. CWC
80 Steiner Ave.
Neptune City, NJ 07753
(732) 455-5358

Short Term Care Facility (STCF)
Monmouth Medical Center/St. Barnabas
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6901

Supported Employment Services
CPC Integrated Health
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

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MONMOUTH COUNTY (Continued)

Community Support Services
Mental Health Association of Monmouth
119 Ave @ the Commons - Suite 5
Shrewsbury, NJ 07702
(732) 542-6422

Community Support Services (CSS)
Collaborative Support Programs of NJ (CSP) 11
Spring Street
Freehold, NJ 07728
(732) 780-1175

Community Support Services (CSS)
Triple C Housing, Inc.
1520 US Hwy 130, Suite 201
North Brunswick, NJ 08902
(732) 658-6636

Systems Advocacy
City of Asbury Park
1 Municipal Plaza
Asbury Park, NJ 07712
(732) 502-5731

Voluntary Unit
Centra State Medical Center
901 West Main Street
Freehold, NJ 07728
(732) 294-2850

Voluntary Unit
Riverview Hospital
1 Riverview Plaza (Lower Level 1)
Red Bank, NJ 07701
(732) 530-2478

Community Support Services
Easter Seal Society of NJ
615 Hope Road - Building 3 - 1st Floor
Eatontown, NJ 07724
(732) 380-0390

Community Support Services
Declarations
223 Taylors Mills Road
Manalapan, NJ 07726
(732) 792-6990

Community Support Services
RHD Coastal Wellness
6 Industrial Way West
Suite F-17
Eatontown, NJ 07724
(732) 361-5845

Systems Advocacy
Community Health Law Project
3301 Route 66, Building C. Suite 130
Neptune, NJ 07753
(732) 380-1012

Voluntary Unit
Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6909

Voluntary Unit
Jersey Shore Medical Center
Rosa II
1945 Rt. 33
Neptune, NJ 07753
(732) 776-4369

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MORRIS COUNTY

County Mental Health Board
Morris County Department of Human Services
1 Medical Drive
Parsippany, NJ 07960-0900
(973) 285-6852

Deaf Enhanced Screening Center
Prime Healthcare Services St. Clare's LLC dba St. Clare's Hospital
25 Pocono Road
Denville, NJ 07834
HOTLINE: (973) 625-6150

Homeless Services (PATH)
Mental Health Association of Essex & Morris County
300 Littleton Rd 3rd Floor
Parsippany, NJ 07054
(973) 334-3496

Intensive Family Support Services
Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7095

Justice Involved Services
Mental Health Association in Essex & Morris County
300 Littleton Rd 3rdFloor
Parsippany, NJ 07054
(973) 334-3496

Outpatient
New Bridge Services, Inc.
1259 Route 46 East
Bldg. 2, Suite 100A & B
Parsippany, NJ 07054
(973) 316-9333

PRIMARY SCREENING CENTER for MORRIS
Prime Healthcare Services St. Clare's LLC dba St. Clare's Hospital
25 Pocono Road
Denville, NJ 07834
HOTLINE: (973) 625-6160

Emergency Services - Affiliated w/Screening Center
Morristown Memorial Hospital
100 Madison Avenue
Morristown, NJ 07962
HOTLINE: (973) 971-5402

STCF
Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health
130 Powerville Road
Boonton, NJ 07005
(973) 316-1868

Early Intervention Support Services
(Crisis Intervention Services)
St. Clare's Behavioral Health
Wellness and Recovery Center
56 Morris Avenue
Denville, NJ 07384
(973) 625-0096
Toll Free: (888) 476-2660

Integrated Case Management Services
Mental Health Association of Essex and Morris County
300 Littleton Road
Parsippany NJ 07054
(973) 334-3496

Intensive Outpatient Treatment and Support Services (IOTSS)
Enhanced Outpatient Services at Prime Healthcare Services St. Clare's LLC
50 Morris Avenue
Denville, NJ 07834
(973) 625-7095

Outpatient
Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7009 or (973) 625-7045

Partial Care
Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health
25 Pocono Rd
Denville, NJ 07834
(973) 625-6000

Emergency Services - Affiliated w/Screening Center
Chilton Medical Center
97 West Parkway
Pompton Plains, NJ 07444
HOTLINE: (973) 831-5078

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MORRIS COUNTY (Continued)

Program of Assertive Community Treatment (PACT)
Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7138

Residential Intensive Support Team (RIST)
Mental Health Association of Essex & Morris County
300 Littleton Rd 3rd Floor
Parsippany, NJ 07046
(973) 334-3496

Residential Services
Community Hope, Inc.
959 Route 46 East – Suite 402
Parsippany, NJ 07054
(973) 463-9600

Supported Employment Services
Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7097

Community Support Services
Community Hope, Inc.
959 Route 46 East - Suite 402
Parsippany, NJ 07054
(973) 463-9600

Residential Services
New Bridge Services, Inc.
7 Industrial Avenue
Pequannock, NJ 07440
(973) 839-2520

Residential Services
Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health
1 Medical Drive
Parsippany, NJ 07054
(973) 625-7045

Self-Help Center
Morris SHC
1259 Route 46 E., Bldg. 4, Door 4D
Parsippany, NJ 07054
(973) 334-2470

Short Term Care Facility
Prime Healthcare Services St. Clare's LLC dba St. Clare's Hospital System
130 Powerville Road
Boonton, NJ 07005
(973) 316-1905

Supported Education
Prime Healthcare Services St. Clare's LLC dba St. Clare's Health System
LEARN of Northern NJ
50 Morris Avenue
Denville, NJ 07834
(973) 625-7045

Community Support Services
New Bridge Behavioral Health
7 Industrial Ave
Pequannock, NJ 07440
(973) 839 - 2520

Community Support Services
Mental Health Association of Essex and Morris County
300 Littleton Rd 3rd Floor
Parsippany, NJ 07054
(973) 334-3496

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MORRIS COUNTY (Continued)

Intensive Outpatient Commitment
Mental Health Association of Essex and Morris County
300 Littleton Rd 3rd Floor
Parsippany, NJ 07054
(973) 334-3496

Systems Advocacy
Mental Health Association of Essex and Morris County
300 Littleton Rd 3rd Floor
Parsippany, NJ 07054
(973) 334-3496

Voluntary Unit
Morristown Memorial Hospital
100 Madison Avenue
Morristown, NJ 07960
(973) 971-5501

Systems Advocacy
Legal Services of Northwest Jersey
30 Schuyler Place
Morristown, NJ 07960-0900
(973) 285-6911

Voluntary Unit
Prime Healthcare Services St. Clare's LLC dba St. Clare's Hospital
130 Powerville Road
Boonton, NJ 07005
(973) 316-1905

Community Support Services
SERV -Morris
Administrative Office
Ewing Corporate Center
20 Scotch Rd
West Trenton, NJ 08628
(609) 406-0100
1-833-CanServ (Accessline)

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OCEAN COUNTY

Access Center
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 575-1111 or (877) 621-0445

County Mental Health Board
Ocean County Human Services
1027 Hooper Avenue - Bldg. 2
Toms River, NJ 08754-2191
(732) 506-5374

Early Intervention Support Services (EISS)
Bright Harbor Healthcare - Community Resource for Emergency Support and Treatment (CREST)
409 Main Street
Toms River, NJ 08753
(732) 240-3760

Homeless Services (PATH)
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-4700

Intensive Family Support Services
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 606-9574

Involuntary Outpatient Commitment
Bright Harbor Healthcare
687 Route 9
Bayville, NJ 08721
(732) 349-3535

Outpatient
Preferred Behavioral Health of NJ
700 Airport Road
Lakewood, NJ 08701
(732) 367-4700

Access Center
Preferred Behavioral Health
700 Airport Road
Lakewood, NJ 08701
(732) 367-1602

Crisis Diversion
Bright Harbor Healthcare
687 Route 9
Bayville, NJ 08721
(732) 269-4849

STCF
St. Barnabas Behavioral Health Center
1691 Route 9
Toms River, NJ 08753
(732) 914-1688

Homeless Services (PATH)
Bright Harbor Healthcare
687 Route 9
Bayville, NJ 08721
(732) 269-4849

Intensive Outpatient Treatment & Support Services (IOTSS)
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 276-1510
(732) 330-8286 (after hours)

Integrated Case Management Services
Preferred Behavioral Health of NJ
725 Airport Road, Building 7G
Lakewood, NJ 08701
(732) 323-3664

Justice Involved Services
Preferred Behavioral Health of NJ
725 Airport Road, Suite 7G
Lakewood, NJ 08701
(732) 323-3664

Outpatient
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 349-5550

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OCEAN COUNTY (Continued)

Outpatient
Bright Harbor Healthcare
81 Nautilas Drive
Manahawkin, NJ 08755
(609) 597-5327

Partial Care - Project Anchor
Bright Harbor Healthcare
687 Route 9
Bayville, NJ 08721
(732) 269-4849

PEER Respite Program
Legacy Treatment Services
(848) 221-3022

PRIMARY SCREENING CENTER for OCEAN
Monmouth Medical Center (PESS)
Southern Campus (Barnabas Health)
600 River Avenue
Lakewood, NJ 08701
HOTLINE: (732) 886-4474 or (866) 904-4474

Program of Assertive Community Treatment (PACT)
Northern Office
Bright Harbor Healthcare
122 Lien Street
Toms River, NJ 08753
(732) 606-9478 (PACT I)

Residential Intensive Support Team (RIST) Resources for Human Development
317 Brick Blvd. Suite 200
Brick, NJ 08723
(732)920-5000

Residential Services
Preferred Behavioral Health of NJ
700 Airport Road
Lakewood, NJ 08701
(732) 286-7962 / (732) 367-4700

Self-Help/Wellness Center
Brighter Days CWC
268 Bennetts Mill Road
Jackson, NJ 08527
(732) 534-9960

Short Term Care Facility
Jersey Shore University Medical Center
1945 Corlies Avenue
Neptune, NJ 07754
(732) 776-4361

Partial Care
Preferred Behavioral Health of NJ - D.A.R.E.
700 Airport Road
Lakewood, NJ 08701
(732) 367-4700

Partial Care - Interact & Prime Time
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-8859

Partial Care - Project Recovery
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 349-5550

Program of Assertive Community Treatment (PACT)
Bright Harbor Healthcare
1057 Route 9
Bayville, NJ 08721
(732) 349-0515 (PACT II)

Residential Intensive Support Team (RIST)
Resource for Human Development
317 Brick Blvd.
Suite 200Brick, NJ 08723 0
(732)920-5000

Residential Intensive Support Team (RIST)
Ocean/Monmouth Program
Resource for Human Development (Coastal Wellness)
2040 Sixth Avenue – Suite C
Neptune City, NJ 07753
(732) 361-5845

Residential Services
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 505-9508 or (732) 281-1658

Self-Help/Wellness Center
Journey to Wellness
25 Shore Drive
Toms River, NJ 08753
(732) 914-1546

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OCEAN COUNTY (Continued)

Short Term Care Facility
Monmouth Medical Center
Southern Campus (Barnabas Health)
1691 Route 9
Toms River, NJ 08753
(732) 914-3836

Supported Employment Services
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-5439

Community Support Services
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-2665

Community Support Services
Triple C Housing, Inc.
1 Distribution Way
Monmouth Junction, NJ 08852
(609) 299-3129

Systems Advocacy
Mental Health Association of Ocean County
226 Route 37 West, Unit #14
Toms River, NJ 08755
(732) 914-1546

Supportive Education
Preferred Behavioral Health Services
LEARN of the Jersey Shore
725 Airport Road, Suite 7G
Lakewood, NJ 08701
(732) 276-1510, ext. 5208

Community Support Services
RHD-Ocean
317 Brick Boulevard
Brick, NJ 08723
(732) 920-5000

Community Support Services
RHD – Ocean/Monmouth
2040 Sixth Avenue – Suite C
Neptune City, NJ 07753
(732) 361-5845

Community Support Services
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 281-1658

Systems Advocacy
Community Health Law Project
250 Washington Street, Suite 101
Toms River, NJ 08753
(732) 349-6714

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PASSAIC COUNTY

Acute Care Family Support
Mental Health Association in Passaic County 404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444

Homeless Services (PATH)
St. Joseph's Regional Medical Center
645 Main Street - 2nd Floor
Paterson, NJ 07503
(973) 754-4781

Integrated Case Management Services (ICMS)
Mental Health Association of Essex & Morris Counties
530 Main Avenue
Passaic, NJ 07055
(973) 470-3522

Intensive Family Support Services (IFSS)
Mental Health Association of Passaic County
404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444

Justice Involved Services
St. Mary's General Hospital
Behavioral Health Services
530 Main Street
Passaic, NJ 07055
(973) 470-3390

Outpatient
Mental Health Clinic of Passaic
1451 Van Houten Avenue
Clifton, NJ 07013
(973) 473-2775

Outpatient
SERV Centers of NJ
777 Bloomfield Avenue
Clifton, NJ 07012-1248
(973) 594-0125

Outpatient
ACCESS (Deaf Program)
St. Joseph's Regional Medical Center
621 Main Street
Paterson, NJ 07505
(973) 754-5590

County Mental Health Board
Passaic County Division of Mental Health
401 Grand Street – 5th Floor
Paterson, NJ 07505
(973) 881-2834 ext. 2884

Early Intervention Support Services (EISS)
Comprehensive Behavioral Health Services
Wellness and Support Center
*** Currently operating from another location while permanent location undergoes required updates***
680 Broadway Suite 2D
Paterson, NJ 07514
(973) 221-8100

Intensive Outpatient Treatment and Support Services (IOTSS)
St. Mary's Hospital
Program for Outpatient Wellness, Enrichment & Recovery (POWER)
530 Main Avenue
Passaic, NJ 07055
(973) 470-3100

Involuntary Outpatient Commitment (IOC)
Mental Health Association of Passaic County
404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444, Ext. 122

Outpatient
New Bridge Services, Inc.
1069 Ringwood Avenue Suite 202
Haskell, NJ 07420
(973) 831-0613

Outpatient
St. Joseph's Regional Medical Ctr.
541 Main Street
Paterson, NJ 07503
(973) 754-4750

Outpatient
Mental Health Assoc. of Passaic
404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444

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PASSAIC COUNTY (Continued)

Outpatient
Mental Health Clinic of Passaic
111 Lexington Avenue
Passaic, NJ 07055
(973) 471-8006

Partial Care
New Bridge Services, Inc.
1069 Ringwood Avenue
Haskell, NJ 07420
(973) 628-8530

Partial Care
ACCESS (Deaf Program)
St. Joseph's Regional Medical Center
645 Main Street
Paterson, NJ 07503
(973) 754-5590

PRIMARY SCREENING CENTER for PASSAIC
St. Joseph's Hospital Healthcare System
703 Main Street
Paterson, NJ 07503
HOTLINE: (973) 754-2230

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation, Inc.
13 Fairfield Avenue, Suite 205
Little Falls, NJ 07424
(973) 638-1120 (PACT VII)
(973) 638-1113 (PACT VIII)

Residential Services
ACCESS (Deaf Program)
St. Joseph's Regional Medical Center
60 Hamilton Street
Paterson, NJ 07505
(973) 754-4680

Partial Care
St. Joseph's Regional Medical Center
645 Main Street
Paterson, NJ 07503
(973) 754-2800

***PEER* Respite Program - CSP**
Haledon Respite
(862) 239-9896

Emergency Services - Affiliated w/Screening Center St. Joseph's Hospital Healthcare System
703 Main Street
Paterson, NJ 07503
HOTLINE: (973) 754-2831

Residential Intensive Support Team (RIST)
RHD
2 Andrew Drive - Suite 1
Woodland Park, NJ 07424
(973) 837-9500

Residential Services
New Bridge Services, Inc.
7 Industrial Road
Pequannock, NJ 07440
(973) 839-2520

Residential Services
SERV Centers of NJ
1373 Broad Street
Clifton, NJ 07013
(862) 291-0077

Residential Services
St. Joseph's Regional Medical Center
160 Market Street
Paterson, NJ 07505
(973) 754-4685

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PASSAIC COUNTY (Continued)

Self-Help/Wellness Center
Passaic County CWC
60 Hamilton Street
Paterson, NJ 07505
(973) 553-1101

Supported Education
Prime Healthcare Services St. Clare's LLC dba St. Clare's Health System
LEARN of Northern NJ
50 Morris Avenue
Denville, NJ 07834
(973) 625-7045

Community Support Services (Specialized Residence Program) St. Mary's Hospital
45 River Drive
Passaic, NJ 07055
(973) 473-6864

Community Support Services
St. Joseph's Regional Medical Center
160 Market Street
Paterson, NJ 07505
(973) 754-4680

Community Support Services
RHD-Passaic
2 Andrews Drive
West Paterson, NJ 07424
(973) 837-9500

Residential Services
St. Mary's Hospital - Seton Center
530 Main Avenue
Passaic, NJ 07055
(973) 470-3507

Short Term Care Facility
Clara Maas Medical Center
1 Clara Maas Drive
Belleville, NJ 07109
(973) 844-4355

Supported Employment Services
St. Joseph's Regional Medical Center
645 Main Street
Paterson, NJ 07503
(973) 754-8611

Community Support Services
Collaborative Support Programs of NJ (CSP)
8 Spring Street
Freehold, NJ 07728
(732) 780-1175

Community Support Services
New Bridge Services
7 Industrial Rd
Pequannock, NJ 07440
(973) 686-2250

Community Support Services
New Jersey Community Development Corporation
32 Spruce Street
Paterson, NJ 07501
(973) 413-1600

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PASSAIC COUNTY (Continued)

Community Support Services Volunteers of America 100 Scales Plaza Clifton, NJ 07013 (973) 977-0240 **Systems Advocacy** Mental Health Association of Passaic County 404 Clifton Avenue Clifton, NJ 07011 (973) 478-4444	**Community Support Services** SERV Center of Passaic/Hudson 1373 Broad Street Clifton, NJ 07013 (862) 291-0077 **Systems Advocacy** Community Health Law Project 650 Bloomfield Avenue, Suite 210 Bloomfield, NJ 07003 (973) 680-5599

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SALEM COUNTY

County Mental Health Board
Salem County Department of Health
94 Market Street
Salem, NJ 08079
(856) 935-7510, ext. 8464

Homeless Services (PATH)
Healthcare Commons, Inc.
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200

Intensive Outpatient Treatment & Support Services(IOTSS)
Inspira Health Network
333 Irving Avenue
Bridgeton, NJ 08302
(856) 575-4111 (ACCESS CENTER)

Involuntary Outpatient Commitment
New Point Behavioral Health
350 Front Street
Elmer, NJ 08318
(856) 358-2010

Outpatient
Healthcare Commons Family Health Services
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200

PRIMARY SCREENING CENTER for SALEM
Healthcare Commons @Memorial Hospital of Salem County
310 Woodstown Road
Salem, NJ 08079
HOTLINE: (856) 299-3001

Residential Services
Healthcare Commons Family Health Services
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200

Short Term Care Facility
Inspira Health Network
333 Irving Avenue
Bridgeton, NJ 08302
(856) 575-4111 (ACCESS CENTER)

Early Intervention Support Services (EISS)
Healthcare Commons, Inc.
Healthcare Commons Mental Health Urgent
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200 ext. 131

Integrated Case Management Services (ICMS)
Healthcare Commons Family Health Services
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200, ext. 431

Intensive Family Support Services (ICMS)
Healthcare Commons Family Health Services
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200

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SALEM COUNTY (Continued)

Partial Care Healthcare Commons Family Health Services 351 East Pittsfield Road Pennsville, NJ 08070 (856) 678-5100 (856) 299-3200 (Main Office) **Self-Help/Wellness Center** New Dimensions CWC 77 West Broadway Salem, NJ 08079 (856) 279-2753	**Program of Assertive Community Treatment (PACT)** Cumberland County Guidance Center 425 Bank Street Bridgeton, NJ 08360 (856) 455-8316, ext. 212 **Supported Employment Services** Mid-Atlantic States Career Center 111 S. Broadway Pennsville, NJ 08070 (856) 514-2138

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SOMERSET COUNTY

County Mental Health Board
Somerset County Department of Human Services
27 Warren Street – 3rd Floor
Somerville, NJ 08876
(908) 704-6320 / 6300

Integrated Case Management Services (ICMS)
Easter Seal Society of NJ
25 Kennedy Blvd. Suite 600
East Brunswick, NJ 08816
(908) 722-4300

Intensive Outpatient Treatment and Support Services (IOTSS)
Catholic Charities - Diocese of Metuchen
SPIRIT Program (*Supportive Partners in Recovery & in Treatment*)
540 Route 22 East
Bridgewater, NJ 08807
(908) 722-1881
(908) 235-7511 (after hours)

PRIMARY SCREENING CENTER for SOMERSET
Bridgeway Rehabilitation
282 East Main Street
Somerville, NJ 08876
HOTLINE: (908) 526-4100

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation, Inc.
Millennium Office Plex
515 Church St
Bound Brook, NJ 08805
(908) 704-8252 (PACT VI)

Self-Help/Wellness Center
Freedom Trail CWC
166 West Main Street
Somerville, NJ 08876-2204
(908) 722-5778

Short Term Care Facility (STCF)
St. Francis Medical Center
601 Hamilton Avenue
Trenton, NJ 08629
(609) 599-5183 or 599-6569

Early Intervention Support Service (EISS)
Rutgers University Behavioral Health Care
Currently operating from Middlesex County
(848) 334-0501

Homeless Services (PATH)
Richard Hall
500 North Bridge Street
Bridgewater, NJ 08807
(908) 253-3128

Involuntary Outpatient Commitment (IOC)
Richard Hall Community Mental Health Center
500 North Bridge Street
Bridgewater, NJ 08807
(908) 253-3160

Outpatient
Richard Hall CMHC
500 North Bridge Street
Bridgewater, NJ 08807
(908) 725-2800

Partial Care
Richard Hall CMHC
500 North Bridge Street
Bridgewater, NJ 08807
(908) 725-2800

Residential Services
Easter Seal Society of NJ
21 Davenport Street
Somerville, NJ 08876
(908) 722-4300

Short Term Care Facility (STCF)
Capital Health, Fuld Campus
750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6000

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SOMERSET COUNTY (Continued)

Short Term Care Facility
Princeton House Behavioral Health
905 Herrontown Road
Princeton, NJ 08540
(800) 242-2550

Community Support Services
Bridgeway Rehabilitation Services, Inc.
265 West Grand Street
Elizabeth, NJ 07202
(908) 249-4100

Community Support Services
Easter Seal Society of NJ
25 Kennedy Blvd, Suite 600
East Brunswick, NJ 08816
(908) 722-4300

Supported Employment Services
Richard Hall CMHC
500 North Bridge Street
Bridgewater, NJ 08807
(908) 725-2800

Community Support Services
Alternatives, Inc.
600 First Avenue
Raritan, NJ 08869
(908) 685-1444

Community Support Services
Community Hope
959 Route 46 Suite 402
Parsippany, NJ 07094
(973) 463-9600

Community Support Services
Alternatives
600 First St
Raritan, NJ 08864
(908) 685-1444

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SUSSEX COUNTY

Community Support Services
Advance Housing, Inc.
100 Hollister Road - Suite 203
Teterboro, NJ 07608
(201) 498-9140, ext. 208

Community Support Services
Easter Seal Society of NJ
615 Hope Road - Building 3, 1st Floor
Eatontown, NJ 07724
(732) 380-0390

Early Intervention Support Services (EISS)
Wellness HUB, Sussex Mental Health Association
83 Spring Street, Suite 303
Newton, NJ 07860
(973) 840-1850

Homeless (PATH)
Bridgeway Rehabilitation Services
93 Stickles Pond Road
Newton, NJ 07860
(973) 383-8670

Integrated Case Management Services (ICMS)
Bridgeway
93 Stickles Pond Road
Newton, NJ 07860
(973) 383-8670

Outpatient
Newton Memorial Hospital
175 High Street
Newton, NJ 07860
(973) 383-1533

Primary Screening Center
Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health
25 Pocono Road
Denville, NJ 07834
HOTLINE: (973) 625-6160 or (973) 625-6150

PRIMARY SCREENING CENTER for SUSSEX
Newton Medical Center
175 High Street
Newton, NJ 07860
HOTLINE: (973) 383-0973

Community Support Services
Bridgeway
93 Stickles Pond Road
Newton, NJ 07860
(973) 383-5033

County Mental Health Board
Sussex County Administrative Center
One Spring Street
Newton, NJ 07860
(973) 940-5200, ext. 1381

Intensive Outpatient Commitment
Mental Health Association of Essex & Morris
300 Littleton Road – 3rd Floor
Parsippany, NJ 07054
(973) 334-3496

Intensive Family Support Services (IFSS)
Mental Health Association of Essex & Morris
300 Littleton Road – 3rd Floor
Parsippany, NJ 07054
(973) 334-3496

Outpatient
Newbridge Services. Inc.
70 Sparta Ave
Suite 104
Sparta, NJ 07871
(973) 726-0697

Program of Assertive Community Treatment (PACT)
Prime Healthcare Services
St. Clare's LLC dba St. Clare's Behavioral Health
50 Morris Avenue
Denville, NJ 07834
(973) 625-7138

Residential Services
Newton Memorial Hospital
175 High Street
Newton, NJ 07860
(973) 383-1533

Self-Help/Wellness Center
A Way to Freedom CWC
29 Trinity Street
Newton, NJ 07860
(973) 300-0830

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SUSSEX COUNTY (Continued)

Short Term Care Facility (STCF) Newton Memorial Hospital 175 High Street Newton, NJ 07860 (973) 579-8429 **Supported Employment Services** Center for Family Services County 492 Route 57W Washington, NJ 07882 (908) 689-1000	**Short Term Care Facility (STCF)** Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health 130 Powerville Road Boonton, NJ 07005 (973) 316-1905 **Supportive Employment** Bridgeway Sussex 93 Stickles Pond Road Newton, NJ 07860 (973) 383- 8670 **Systems Advocacy** Warren County Legal Services 91 Front Street Belvidere, NJ 07823 (908) 475-2010

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UNION COUNTY

Acute Care Family Support
Mental Health Association in NJ
88 Pompton Avenue
Verona, NJ 07044
(973) 571-4100

Early Intervention Support Service (EISS)
Bridgeway Crisis Intervention Services - Union
Bridgeway Behavioral Health
615 North Broad Street
Elizabeth, NJ 07202
(908) 469-6517

Integrated Case Management Services
Mt. Carmel Guild Behavioral Healthcare
505 South Avenue East
Cranford, NJ 07016
(908) 497-3918

Involuntary Outpatient Commitment
Trinitas Regional Medical Center
654 East Jersey Street
Elizabeth, NJ 07206
(908) 994-7543

Outpatient
Trinitas Regional Medical Center - Dept. of Psychiatry
655 East Jersey Street
Elizabeth, NJ 07201
(908) 994-7278

Outpatient
UCPC Behavioral Healthcare
117-119 Roosevelt Avenue
Plainfield, NJ 07060
(908) 756-6870 (press #4)

Partial Care
UCPC Behavioral Healthcare
117-119 Roosevelt Avenue
Plainfield, NJ 07060
(908) 756-6870 (press #3), (908) 686-0560 or (973) 571-4100

County Mental Health Board
Union County Administration Building
Elizabethtown Plaza
Elizabeth, NJ 07207
(908) 527-4844

Homeless Services (PATH)
Bridgeway Rehabilitation Services
265 West Grand Street
Elizabeth, NJ 07202
(908) 249-4100

Intensive Family Support Services
Mental Health Association in NJ
361-363 Monroe Avenue
Kenilworth, NJ 07033
(908) 272-5309

Intensive Outpatient Treatment and Support Services (IOTSS) TLC Program at Trinitas Regional Medical Center
654 East Jersey Street
Elizabeth, NJ 07206
(908) 994-7278
(908) 994-7131 (after hours)

Justice Involved Services (JIS)
Trinitas Regional Medical Center
654 East Jersey Street
Elizabeth, NJ 07206
(908) 994-7278 or (908) 994- 7131

Outpatient
Mt. Carmel Guild Behavioral Healthcare
108 Alden Street
Cranford, NJ 07016
(908) 497-3968

Partial Care
Mt. Carmel Guild Behavioral Healthcare
1160 Raymond Boulevard
Newark, NJ 07102
(973) 596-3971 or (908) 497-3968

Partial Care
Trinitas Regional Medical Center - Dept. of Psychiatry
655 East Jersey Street
Elizabeth, NJ 07201
(908) 497-3968 or call center (908) 994-7131

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UNION COUNTY (Continued)

Partial Care
Bridgeway House
567 Morris Avenue
Elizabeth, NJ 07208
(908) 355-7200

PRIMARY SCREENING CENTER for UNION
Trinitas Regional Medical Center
655 East Jersey Street
Elizabeth, NJ 07201
HOTLINE: (908) 994-7131

Emergency Services - Affiliated w/Screening Center
Overlook Hospital
99 Beavior @ Silvan Road
Summit, NJ 07901
HOTLINE: (201) 841-8078

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation, Inc.
313 E. Front Street
Plainfield, NJ 07060
(908) 791-0505 (PACT II)

Residential Services
Volunteers of America
205 West Milton Avenue
Rahway, NJ 07065
(732) 827-2444

Residential Services
SERV Centers of NJ
130 Dermody Street
Cranford, NJ 07016
(908) 276-0490

Partial Care
Bridgeway House
567 Morris Avenue
Elizabeth, NJ 07208
(908) 355-7200

Emergency Services - Affiliated w/Screening Center
RWJ University Hospital Rahway
865 Stone Street
Rahway, NJ 07065
HOTLINE: (732) 499-6165 or (732) 381-4949

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation, Inc.
96 W. Grand Street
Elizabeth, NJ 07202
(908) 352-0242 (PACT I)

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation, Inc.
1023 Commerce Avenue
Union, NJ 07083
(908) 688-5400 (PACT III)

Self-Help/Wellness Center
Park Avenue CWC
333 Park Avenue Plainfield, NJ 07060 (908)
757-1350

Esperanza
lsantana@mhanj.org
(973) 571-4100
(Spanish-speaking staff)

Short Term Care Facility (STCF)
Trinitas Regional Medical Center
655 East Jersey Street
Elizabeth, NJ 07201
(908) 994-7205 / 7202
HOTLINE: (908) 351-6684

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UNION COUNTY (Continued)

Short Term Care Facility
Trinitas Regional Medical Center
655 East Jersey Street
Elizabeth, NJ 07026
(908) 994-7275

Supported Employment Services
Bridgeway House
1023 Commerce Street
Elizabeth, NJ 07208
(908) 687-9666

Community Support Services & Medically Enhanced Community Support Services
Bridgeway House
265 West Grand Street
Elizabeth, NJ 07208
(908) 249-4100

Voluntary Unit
Trinitas Regional Medical Center
655 East Jersey Street
Elizabeth, NJ 07206
(908) 994-7205

Supported Education
Bridgeway Rehabilitation Services
LEARN of Central NJ
1023 Commerce Street, 2nd Floor
Union, NJ 07083
(908) 687-9666

Community Support Services
Advance Housing, Inc.
100 Hollister Road - Suite 203
Teterboro, NJ 07608
(201) 498-9140

Systems Advocacy
Community Health Law Project
65 Jefferson Street, Suite 402
Elizabeth, NJ 07201
(908) 355-8282

Systems Advocacy
United Family & Children's Society
305 West 7th Street
Plainfield, NJ 07060
(908) 755-4848

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WARREN COUNTY

County Mental Health Board
Warren County Department of Human Services
1 Shotwell Drive
Belvidere, NJ 07283
908-475-6331

Early Intervention Support Service (EISS)
St. Clare's Behavioral Health
Wellness and Recovery Center of Warren Co.
140 Boulevard - 2nd Floor - Suite 3
Washington, NJ 07882
(908) 477-2100

Integrated Case Management Services
Easter Seals of NJ
Hunterdon County
21 O'Brien Road
Hackettstown, NJ 07840
(908) 689-6600

Warren County
2083 Route 57
Washington, NJ 07882
908-689-6600

Involuntary Outpatient Commitment
Center for Family Services
370 Memorial Parkway
Phillipsburg, NJ 08865
(908) 454-4470

Outpatient
Center of Family Services
492 Route 57W
Washington, NJ 07882
(908) 689-1000

Partial Care
Center for Family Services
492 Route 57W
Washington, NJ 07882
(908) 689-1000

Residential Services
Easter Seal Society of NJ
2083 Route 57
Washington, NJ 07882
(908) 689-6600

Short Term Care Facility (STCF)
Newton Memorial Hospital
175 High Street
Newton, NJ 07860
(973) 579-8429

Deaf Enhanced Screening Center
Prime Healthcare Services St. Clare's LLC dba St. Clare's Hospital
25 Pocono Road
Denville, NJ 07834
973) 625-6150

Homeless Services (PATH)
Bridgeway Rehabilitation Services
1465 Route 31 South Concourse at Beaver Brook
Annandale, NJ 08801
#908-894-5311 ext. 101

Intensive Family Support Services
Center for Family Services
492 Route 57W
Washington, NJ 07882
(908) 689-1000

Intensive Outpatient Treatment and Support Services
IOP Program at Center for Family Services
370 Memorial Parkway
Phillipsburg, NJ 08865
(908) 454-4470

PRIMARY SCREENING CENTER for WARREN
Center for Family Services
370 Memorial Parkway
Phillipsburg, NJ 08865
HOTLINE: (908) 454-5141

Program of Assertive Community Treatment (PACT)
Bridgeway Rehabilitation, Inc.
Star Plaza, Suite 11
West Church Street
Washington, NJ 07882
(908) 835-8660 (PACT IV)

Self-Help/Wellness Center
Better Future
21 West Washington Avenue
Washington, NJ 07882
(908) 835-1180

Short Term Care Facility (STCF)
Prime Healthcare Services St. Clare's LLC dba St. Clare's Hospital
130 Powerville Road
Boonton, NJ 07005
(973) 316-1868/1869 or (888) 626-2111

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WARREN COUNTY (Continued)

Supported Employment Services Center for Family Services 492 Route 57W Washington, NJ 07882 (908) 689-1000 **Systems Advocacy** Warren County Legal Services 91 Front Street Belvidere, NJ 07823 (908) 475-2010	**Community Support Services** Easter Seal Society of NJ 2083 Route 57 Washington NJ 07882 (732) 380-0390 **Community Support Services** Bridgeway 265 West Grand Street Elizabeth, NJ 07202 (908) 249-4100

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BY PROGRAM TYPE

ACUTE CARE FAMILY SUPPORT

The Acute Care Family Support Project is targeted to families with an adult member who is experiencing a psychiatric crisis and is being assessed in a Screening Center or Affiliated Emergency Service. They provide onsite or offsite support to the family while their loved one is being assessed, educate them regarding services/treatment in an acute care setting, including the commitment process, and link them to existing family support in the community. Family may also include significant others and primary caretakers.

Atlantic County

Mental Health Association of Atlantic County
4 East Jimmie Leeds Road - Suite 3
Galloway, NJ 08205
(609) 652-3800

Camden County

Mental Health Association in Southwestern New Jersey
217 Black Horse Pike
Haddon Heights, NJ 08035
(856) 522-0639 ext 201

Essex County

Mental Health Association of Essex County
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Hunterdon County

Hunterdon Medical Center
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401

Monmouth County

Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
(732) 923-6999

Union County

Mental Health Association in New Jersey
Union County Office
88 Pompton Avenue
Verona, NJ 07044
(973) 571-4100

Bergen County

Comprehensive Behavioral Healthcare
395 Main Street
Hackensack, NJ 07601
(291) 646-0333

Cape May County

Cape Counseling Service
1129 Route 9 South, Suite 1
Cape May Court House, NJ 08210
(609) 778-6136

Hudson County

Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
(201) 915-2268

Middlesex County

Rutger's University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855
(732) 235-6184

Passaic County

Mental Health Association in Passaic County
404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444

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CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC)

Certified Community Behavioral Health Clinic (CCBHC) is a program designed to provide a comprehensive array of services needed to create access, and provide the necessary treatment for those with mental illnesses and substance use disorders. These services include, but are not limited to: Screening and risk assessment for mental health, addictions, and basic primary care needs, ambulatory Behavioral Health Services for mental illness and substance use disorder, services for the enrolled individuals to help people avoid the need for crisis services, expanded care coordination, peer services, family support services, and psychiatric Rehabilitation Services, targeting expedited access to services

Atlanticare Behavioral Health (CCBHC)
120 South White Horse Pike, Suite 150
Hammonton, NJ 08037
(609) 761-7911

Care Plus NJ (CCBHC)
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Catholic Charities Diocese of Trenton (CCBHC)
10 Southard Street
Trenton, NJ 08609
(609) 396-4557

39 N. Clinton Ave
Trenton NJ 08609
(609) 394-9398

1225 Whitehorse Mercerville Road
Hamilton, NJ 08619
(609) 256-4200

CPC Integrated Health (CCBHC)
10 Industrial Way
Eatontown, NJ 07724
(732) 935-2220

270 Route 35
Red Bank, NJ 07701
(732)-842-2000

1008 Route 34
Aberdeen, NJ 07747
(732) 290-1700

22 Court Street
Freehold, NJ 07728
(732) 780-7387

CPC Integrated Health (CCBHC) Cont.
6 Industrial Way West
Eatontown, NJ 07724
(732)542-4502

Northwest Essex Community Healthcare Network (CCBHC)
570 Belleville Ave
Belleville, NJ 07109
(973) 450-3100

Oaks Integrated Care (CCBHC)
314-316 East State Street
Trenton, NJ 08608
(609) 396-5944

1001 Spruce Street
Ewing, NJ 08638
(609) 396-6788

2550 Brunswick Pike
Lawrenceville, NJ 08648
(609) 396-8877

Rutgers University Behavioral Health Care (UBHC)(CCBHC)
303 George Street
New Brunswick, NJ 08901
(732) 235-4410

100 Metroplex Drove
Edison, NJ 08817
(732) 235-8400

4326 US 1
Monmouth Junction, NJ 08852
(732) 235-5910

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COMMUNITY SUPPORT SERVICES

Community Support Services is designed to ensure consumers of mental health services, a choice of permanent, safe, affordable housing. Community Support Services offers individuals opportunities for involvement in community life. Emphasis is placed on the development and strengthening of natural supports in the community.

Advance Housing, Inc.
100 Hollister Road, Suite 203
Teterboro, NJ 07608
(201) 498-9140

Atlanticare Behavioral Health
2511 Fire Road, Suite B-10
Egg Harbor Twp., NJ 08234
(609) 272-0909

Bridgeway Rehabilitation (Hunterdon)
84 Park Avenue, Suite G201B
Flemington, NJ 08822
(908) 249-4700

Career Opportunity Development (CODI)
Project for Independent Living (PIL)
901 Atlantic Avenue
Egg Harbor, NJ 08215
(609) 965-6871

Care Well
300 Central Avenue
East Orange, NJ 07018
(973) 672-8400

CBH Care
25 East Salem Street
Hackensack, NJ 07601
(201) 646-0333

Community Hope, Inc.
959 Route 46 East – Suite 402
Parsippany, NJ 07054
(973) 463-9600

Cumberland County Guidance Center
814 Elmer Street
Vineland , NJ 08360
(856) 696-4064

Easter Seal Society of NJ (Middlesex)
25 Kennedy Boulvard, Suite 600
East Brunswick, NJ 08816
(732) 898-4151

Alternatives, Inc.
600 First Avenue
Raritan, NJ 08869
(908) 685-1444

Bridgeway House (Community Support Services & Medically Enhanced Community Support Services)
93 Stickles Pond Road
Newton, NJ 07860
(973) 383-8670

Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 269-4849

Care Plus NJ, Inc.
610 Valley Health Plaza
Paramus, NJ 07652
(201) 383-6236

Catholic Charities - Delaware House
25 Ikea Drive
Westampton, NJ 08060
(609) 267-9339

Collaborative Support Programs of NJ (CSPNJ)
11 Spring Street
Freehold, NJ 07728
(732) 780-1175

CPC Integrated Health
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

Easter Seal Society of NJ
615 Hope Road
Building 3 - 1st Floor
Eatontown, NJ 07724
(732) 918-1188

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Community Support Services (Continued)

Garden State Episcopal Community Development Corp. (Hudson)
118 Summit Avenue
Jersey City, NJ 07304
(201) 209-9301

Holcomb Behavioral Health Systems (Camden)
1013 Haddon Avenue
Collingswood, NJ 08108
(856) 858-2616

Jewish Family Service of Atlantic & Cape May Counties (Cape May)
607 North Jerome Avenue
Margate, NJ 08402
(609) 822-1108
Access

Mental Health Association of Essex & Morris (Essex)
80 Main St. suite 150.
West Orange, NJ 07052
(973) 509-9777

New Bridge Behavioral Health (Morris)
7 Industrial Road
Pequannock, NJ 07444
(973) 839-2520
Access

Oaks Integrated Care (Mercer)
31 Lexington Avenue
Ewing, NJ 08618
(609) 583-1900

Oaks Integrated Care (Camden)
19 E. Ormond Avenue
Cherry Hill, NJ 08034
(856) 428-1300

PennReach, Inc. (Monmouth)
18 South Main Street
Allentown, NJ 08501
(732) 963-4523
Access

Prime Healthcare Services St. Clares LLC dba St. Clare's (Morris)
Behavioral Health Center
1 Medical Drive
Morris Plains, NJ 07950
ACCESS (973) 625-6000

Healthcare Commons, Inc. (Salem)
500 Pennsville Auburn Road
Carneys Point, NJ 08069
(856) 299-3200

Jersey City Medical Center (Hudson)
395 Grand Avenue - 3rd Floor
Jersey City, NJ 07304
(201) 915-2000

Legacy Treatment Services (Burlington)
1289 Route 38, Suite 200
Hainesport, NJ 08036
(609) 261-7672

Mental Health Association in Essex & Morris (Morris)
300 Littleton Road 3rd Floor
Parsippany, NJ 07054
(973) 334-3496

Mental Health Association of Monmouth County (Monmouth)
119 Avenue @ the Commons - Suite 5
Shrewsbury, NJ 07702
(732) 542-6422

New Jersey Community Development Corporation (NJCDC) (Passaic)
32 Spruce Street
Paterson, NJ 07501
(973) 413-1600

Oaks Integrated Care (Burlington)
770 Woodlane Road - Suite 23
Mount Holly, NJ 08060
1-(800) 963-3377
Access

Preferred Behavioral Health of NJ (Ocean)
725 Airport Road
Lakewood, NJ 08701
(732) 367-4700
Access

Project Live, Inc. (Essex)
271 Mt. Pleasant Ave, Suite 3
West Orange, NJ 07052
(973) 395-9160

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Community Support Services (Continued)

Project Live, Inc. (Essex)
465-475 Broadway Avenue
Newark, NJ 07104
(973) 481-1211
Access

RHD (Ocean)
317 Brick Boulevard
Brick, NJ 08723
(732) 920-5000

RHD (Tri-County) (Camden)
515 Grove Street, Suite 1A-1
Haddon Heights, NJ 08035
(856) 547-2330

SERV Centers of NJ (Middlesex)
491 South Washington Avenue
Piscataway, NJ 08854
(732) 968-7111

SERV Centers of NJ (Passaic)
777 Bloomfield Avenue
Clifton, NJ 07012
(973) 594-0125

St. Joseph's Harbor House (Passaic)
645 Main Street
Paterson, NJ 07503
(973) 754-2800

Triple C Housing (Middlesex)
1520 US 130, Suite 201
North Brunswick, NJ 08902
(732) 658-6636

Volunteers of America (Union)
Northern NJ Division
205 West Milton Avenue
Rahway, NJ 07065
(732) 822-2444

RHD – (Monmouth)
2040 Sixth Avenue – Suite C
Neptune City, NJ 07753
(732) 920-5000

RHD (Passaic)
2 Andrews Drive - Suite 1
Woodland Park, NJ 07424
(973) 837-9500

Rutgers University Behavioral Health Care
(Middlesex)
10 Corporate Place South – Suite 205
Piscataway, NJ 08854
(800) 969-5300

SERV Centers of NJ (Mercer)
407 West State Street
Trenton, NJ 08618
(609) 394-0212

South Jersey Behavioral Health Resources (Camden)
2500 McClellan Avenue, Suite 300
Pennsauken, NJ 08109
(800) 220-8081

St. Mary's Hospital (Passaic)
Specialized Residence Program
530 Main Avenue
Passaic, NJ 07055
(973) 365-4300
Access

Vantage Health System (Bergen)
93 West Palisade Avenue
Englewood, NJ 07631
(201) 567-0500

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COUNTY MENTAL HEALTH BOARDS

A body of 7-12 County residents appointed by the County's board of chosen freeholders that reviews progress in the development of comprehensive community mental health services in the County and makes recommendations to the local agencies, the community mental health board, and the Department of Human Services.

County of Atlantic
101 South Shore Road
Northfield, NJ 08225
(609) 645-7700, ext. 4519

Burlington County Human Services
795 Woodlane Road
Mount Holly, NJ 08060
(609) 265-5545

Cape May County Department of Human Services
4 Moore Road
Cape May Court House, NJ 08210
(609) 465-1055

County of Essex
Office of Mental Health
204 Grove Avenue
Cedar Grove, NJ 07009
(973) 571-2821

Hudson County Dept. of Health & Human Services
830 Bergen Avenue - Suite. 2B
Jersey City, NJ 07306
(201) 369-5280, ext. 4254

Mercer County Division of Mental Health
Department of Human Services
640 South Broad Street
Trenton, NJ 08650
(609) 989-6529

Monmouth County Div. of Mental Health & Addiction Services
3000 Kozloski Road
Freehold, NJ 07728
(732) 431-6451

Ocean County Human Services
1027 Hooper Avenue, Bldg. 2
Toms River, NJ 08754-2191
(732) 506-5374

Bergen County
One Bergen County Plaza 4th Floor
Hackensack, NJ 07601
(201) 634-2750

Camden County Mental Health Administrator| Alcohol & Drug Director
Office of Mental Health & Addiction
Department of Health & Human Services
512 Lakeland Rd, 1st Floor
Blackwood, NJ 08012
(856) 374-6320

Cumberland County Department of Human Services
70 W. Broad Street
Bridgeton, NJ 08302
(856) 459-3080

Gloucester County Mental Health Board
115 Budd Boulevard
West Deptford, NJ 08096
(856) 384-6889

Hunterdon County Department of Human Services
8 Gauntt Place
Flemington, NJ 08822-2900
(908) 788-1372

Middlesex County Division of Addictions & Mental Health Planning
Middlesex Co. Administration Bldg.
75 Bayard Street
New Brunswick, NJ 08901
(732) 745-4313

Morris County Department of Human Services
30 Schuyler Place
Morristown, NJ 07960-0900
(732) 285-6852

Passaic County Dept. of Mental Health & Addiction Services
401 Grand Street, Room 506
Paterson, NJ 07505
(973) 881-2834 ext. 2884

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County Mental Health Boards (Continued)

Salem Co. Department of Health 94 Market Street Salem, NJ 08079 (856) 935-7510, ext. 8464 Union County Mental Health Board DHS Division of Planning 10 Elizabethtown Plaza Elizabeth, NJ 07201 (908) 527-4846	Somerset Co. Department of Human Services 27 Warren Street Somerset, NJ 08876 (908) 704-6302 Sussex County Div. of Community & Youth Services One Spring Street Newton, NJ 07860 (973) 940-5200, ext. 1381 Warren Co. Department of Human Services 1 Shotwell Drive Belvidere, NJ 07823 (908) 475-6237

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CRISIS DIVERSION

An intensive case management program designed to reduce unnecessary psychiatric hospitalizations. Crisis Diversion programs focus on assisting individuals in identifying and obtaining treatment goals, and providing support and linkages to the services than an individual needs to stay in their own environment and in the community.

Bright Harbor Healthcare 687 Route 9 Bayville, NJ 08721 (732) 269-4849 / (732) 240-3760	Collaborative Support Program of NJ 11 Spring St Freehold, NJ 07728 (732) 354-4403

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CRISIS HOME PROGRAM

Crisis House is a short-term residential program offering an alternative to inpatient psychiatric hospitalization for individuals experiencing psychiatric crisis. Crisis homes are staffed 24/7 and work to stabilize individuals within the community.

Legacy Crisis House
Burlington County
(609) 261-3034

Oaks Crisis House
Camden County
(856) 427-6584

St. Mary's Crisis House
Passaic County
(973) 471-6907

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DESIGNATED SCREENING CENTERS

Screening Center - A public or private ambulatory care service designated by the Commissioner, which provides mental health services including assessment, emergency and referral services to mentally ill persons in a specified geographical area. Screening is the process by which it is ascertained that the individual being considered for commitment meets the standards for both mental illness and dangerousness as defined in P.L. 1987,c.116 (N.J.S.A. 30.4-27.1 et seq.) and that all stabilization options have been explored or exhausted.

ATLANTIC	**BERGEN**
Primary Screening Center: Psychiatric Intervention Program @ Atlanticare Regional Medical Center 1925 Pacific Avenue Atlantic City, NJ 08401 **HOTLINE:** (609) 344-1118	*Primary Screening Center:* Care Plus NJ, Inc. @ New Bridge Medical Center 230 East Ridgewood Avenue Paramus, NJ 07652 **HOTLINE:** (201) 262-4357

CAMDEN	**BURLINGTON**
Primary Screening Center: Oaks Integrated Care 2201 W. Chapel Avenue Cherry Hill, NJ 08002 **HOTLINE:** (856) 428-4357	*Primary Screening Center:* Legacy Treatment Services 1289 Route 38 West Hainesport, NJ 08046 **HOTLINE:** (609) 835-6180

CAPE MAY	**CUMBERLAND**
Primary Screening Center: Acenda, Inc. @ Cape Regional Medical Center 2 Stone Harbor Boulevard Cape May Court House, NJ 08210 **HOTLINE:** (609) 465-5999	*Primary Screening Outreach:* Cumberland Co. Guidance Center 425 Bank Street Bridgeton, NJ 08302 **HOTLINE:** (856) 455-5555

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Designated Screening Centers (Continued)

ESSEX	**GLOUCESTER**
Primary Screening Centers: 1. Clara Maass Medical Center 1 Clara Maass Drive Bellville, NJ 07109 **HOTLINE:** (973) 844-4357 2. Newark Beth Israel Medical Center 201 Lyons Avenue Newark, NJ 07112 **HOTLINE:** (973) 926-7444 3. Rutgers University Behavioral Health Care – Rutgers 150 Bergen Street Newark, NJ 07101 **HOTLINE:** (973) 623-2323	*Primary Screening Center:* Acenda Integrated Health 42 South Delsea Drive Glassboro, NJ 08028 **HOTLINE:** (856) 845-9100

HUDSON	**HUNTERDON**
Primary Screening Center: Jersey City Medical Center 355 Grand Street Jersey City, NJ 07302 **HOTLINE:** (866) 367-6023 / (201) 915-2210 *Emergency Services:* Hackensack UMC -Palisades Medical Center (AES) 7600 River Road North Bergen, NJ 07047 **HOTLINE:** (201) 854-5760 Christ Hospital (AES) 176 Palisade Avenue Jersey City, NJ 07306 **HOTLINE:** (201) 795-8374 Hoboken Medical Center 308 Willow Avenue Hoboken, NJ 07030 **HOTLINE:** (201) 418-2090	*Primary Screening Center:* Hunterdon Medical Center Hunterdon Behavioral Health Emergency Services 2100 Wescott Drive Flemington, NJ 08822 **HOTLINE:** (908) 788-6400

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Designated Screening Centers (Continued)

MERCER

Primary Screening Center:

Capital Health Regional Medical Center
750 Brunswick Avenue
Trenton, NJ 08638
HOTLINE: (609) 396-4357 or (609) 989-7297

MIDDLESEX

Primary Screening Center:

Rutgers University Behavioral Health Care
671 Hoes Lane
Piscataway, NJ 08855
HOTLINE: 1 (855) 515-5700 or 1 (732) 235-5700

Emergency Services Affiliated w/Screening Center:

Raritan Bay Medical Center PES
530 New Brunswick Avenue
Perth Amboy, NJ 08861
HOTLINE: (732) 324-5289

MONMOUTH

Primary Screening Center:

Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
HOTLINE: (732) 923-6999

Emergency Services Affiliated w/Screening Center:

Central State Medical Center (AES)
901 West Main Street
Freehold, NJ 07728
HOTLINE: (732) 294-2595

Jersey Shore University Medical Center (AES)
1945 Corlies Avenue – Route 33
Neptune, NJ 07753
HOTLINE: (732) 776-4555

Riverview Medical Center(AES)
1 Riverview Plaza
Red Bank, NJ 07701
HOTLINE: (732) 219-5325

MORRIS

Primary Screening Center:

Prime Healthcare Services St. Clares LLC dba St. Clare's Hospital, Inc.
25 Pocono Road
Denville, NJ 07834
HOTLINE: (973) 625-6160

Emergency Services Affiliated w/Screening Center:

Morristown Memorial Hospital (AES)
100 Madison Avenue
Morristown, NJ 07962
HOTLINE: (973) 540-0100

Chilton Medical Center
97 West Parkway
Pompton Plains, NJ 07444
HOTLINE: (973) 831-5078

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Designated Screening Centers (Continued)

OCEAN	**PASSAIC**
Primary Screening Center: Monmouth Medical Center Southern Campus (Barnabas Health) 600 River Avenue Lakewood, NJ 08701 **HOTLINE:** (732) 886-4474 or (866) 904-4474 **Crisis Diversion:** (732) 269-4849	*Primary Screening Center:* St. Joseph's Hospital Healthcare System Psychiatric Emergency Screening Unit 703 Main Street Paterson, NJ 07514 **HOTLINE:** (973) 754-2230
Community Resource for Emergency Support and Treatment: Bright Harbor Healthcare 1376 Route 9 Toms River, NJ 08753 **HOTLINE:** (732) 240-3760	*Emergency Services Affiliated w/Screening Center:* St. Joseph's Hospital Healthcare System 703 Main Street Paterson, NJ 07514 **HOTLINE:** (973) 754-2230

SALEM	**SOMERSET**
Primary Screening Center: Healthcare Commons, Inc. @ Memorial Hospital of Salem County 310 Woodstown Road Salem, NJ 08079 **HOTLIINE:** (856) 299-3001	*Primary Screening Center:* Bridgeway Rehabilitation Inc. 282 East Main Street Somerville, NJ 08876 **HOTLINE:** (908) 526-4100

SUSSEX	**UNION**
Primary Screening Center: Newton Medical Center 175 High Street Newton, NJ 07860 **HOTLINE:** (973) 383-0973	*Primary Screening Center:* Trinitas Regional Medical Center 655 East Jersey Street Elizabeth, NJ 07206 **HOTLINE:** (908) 994-7131
WARREN *Primary Screening Center:* Center for Family Services 370 Memorial Parkway Phillipsburg, NJ 08865 **HOTLINE:** (908) 454-5141	*Emergency Services Affiliated w/Screening Center:* Overlook Hospital (AES) 99 Beauvior Rd at Silvan Road Summit, NJ 07901 **HOTLINE:** (973) 831-5078 RWJ University Hospital Rahway 865 Stone Street Rahway, NJ 07065 **HOTLINE:** (732) 381-4949 or (732) 499-6165

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EARLY INTERVENTION SUPPORT SERVICES (CRISIS INTERVENTION SERVICES)

*Short term, mental health services for **adults** who are experiencing significant emotional or psychiatric distress and are in need of immediate intervention. Early Intervention Support Services offers crisis intervention and crisis stabilization services in a setting that is an alternative to hospital based emergency room treatment. Outreach (non-office based) services are available.*

Atlanticare Behavioral Health Services
13 N Hartford Avenue
Atlantic City, NJ 08401
(866) 750-6612

Catholic Charities
25 Ikea Drive
Westampton, NJ 08060
(609) 386-7331 ext. 2452

Acenda Integrated Health
128 Crest Haven
Cape May Court House, NJ 08210
(609) 778-3020

Rutgers University Behavioral Health Care (EISS)
183 South Orange Avenue
Newark, NJ 07103
(973) 972-6100

Bridgeway Rehabilitation Services
Crisis Intervention Services
152 Central Avenue
Jersey City, NJ 07306
(201) 885-2539

Catholic Charities - Diocese of Trenton
1225-1255 Whitehorse Mercerville Road, Building D,
Suite 504-505
Trenton, NJ 08619
(609) 256-4200

Monmouth Medical Center (EISS)
West Side Plaza, 3301 Highway 66
Building B, 1st Floor
Neptune, NJ 07753
(732) 922-1042

Bright Harbor Healthcare - *Community Resourse for Emergency Support and Treatment (CREST)*
409 Main Street
Toms River, NJ 08753

Comprehensive Behavioral Health Services
Wellness and Support Center
569 Broadway
Westwood, NJ 07675
(201) 957-1800

Oaks Integrated Care (EISS)
2051 Springdale Road
Cherry Hill, NJ 08003
(856) 254-3800

Oaks Integrated Care (EISS)
1420 S. Lincoln Avenue
Vineland, NJ 08361
(856) 537-2310

Acenda Integrated Health
200 Hollydell Drive
Sewell, NJ 08080
(844) 4-ACENDA

Rutgers University Behavioral Healthcare
8 Main Street, Suites 7 & 8
Flemington, NJ 08822
(908) 358-6175

Rutgers University Behavioral Healthcare
667 Hoes Lane West
Piscataway, NJ 08855
(732) 235-4422

St. Clare's Behavioral Health - Wellness and Recovery Center
56 Morris Avenue
Denville, NJ 07384
(973) 625-0096

Comprehensive Behavioral Health Services
Wellness and Support Center
Currently operating from another location while permanent location undergoes required updates
680 Broadway Suite 2D
Paterson, NJ 07514
(973) 221-8100

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EARLY INTERVENTION SUPPORT SERVICES (CRISIS INTERVENTION SERVICES) Continued

*Short term, mental health services for **adults** who are experiencing significant emotional or psychiatric distress and are in need of immediate intervention. Early Intervention Support Services offers crisis intervention and crisis stabilization services in a setting that is an alternative to hospital based emergency room treatment. Outreach (non-office based) services are available.*

Healthcare Commons, Inc. Healthcare Commons Mental Health Urgent Care 500 S. Pennsville-Auburn Road Carneys Point, NJ 08069 (856) 299-3200 ext. 131 Sussex Mental Health Association - Wellness HUB EISS 83 Spring Street, Suite 303 Newton, NJ 07860 (973) 840-1850 St. Clare's Behaviora Health Wellness and Recovery Center of Warren County 140 Boulevard - 2nd Floor - Suite 3 Washington, NJ 07882 (908) 477-2100	Rutgers University Behavioral Health Care ***Currently operating from Middlesex County*** (848) 334-0501 Bridgeway Behavioral Health Bridgeway Crisis Intervention Services - Union 615 North Broad Street Elizabeth, NJ 07202 (908) 469-6517

HOMELESS SERVICES

Services provided to individuals suffering from serious mental illness; or suffering from serious mental illness and from substance abuse; and are homeless or at imminent risk of becoming homeless.

Bridgeway Rehabilitation Services
265 West Grand Street
Elizabeth, NJ 07202
(908) 289-7330

Bridgeway Rehabilitation Services
1465 Route 31 South
Concourse at Beaver Brook
Annandale, NJ 08801
(908) 894-5312

Warren County
Catholic Charities - Diocese of Metuchen
26 Safran Avenue
Edison, NJ 08817
(732) 738-1323

CBH Care
25 East Salem Street, 2nd Floor
Hackensack, NJ 07601
(201) 935-3322
Healthcare Commons

Family Health Services
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200

Jewish Family Services of Atlantic County
607 North Jerome Avenue
Margate, NJ 08402
(609) 822-1108

Mental Health Association of Essex and Morris
300 Littleton Rd 3rd Floor
Parsippany, NJ 07054
(973) 334-3496

Bridgeway Rehabilitation Services
93 Stickles Pond Road
Newton, NJ 07860
(973) 383-8670

Acenda, Inc.
1129 Route 9 South
Cape May Courthouse, NJ 08210
(609) 886-6200

Cumberland County Guidance Center
2038 Carmel Road
Millville, NJ 08332
(856) 825-6810

Jersey City Medical Center
1875 JFK Blvd
Jersey City, NJ 07305
(201) 204-0040

Legacy Treatment Services
1289 Route 38, Suite 200
Hainesport, NJ 08036
(609) 261-7672, ext. 3201

Mental Health Association of Monmouth County
119 Ave @ the Commons - Suite 5
Shrewsbury, NJ 07701
(732) 542-6422

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Homeless Services (Continued)

Acenda, Inc. 1070 Main Street Sewell, NJ 08080 (856) 256-3320 Oaks Integrated Care 499 Cooper Landing Road Cherry Hill, NJ 08034 (856) 428-1300 Project Live, Inc. 465-475 Broadway Newark, NJ 07104 (973) 481-1211 Richard Hall CMHC Project 500 North Bridge Street Bridgewater, NJ 08807 (908) 253-3128 St. Joseph's Regional Medical Center 645 Main Street – 2nd Floor Paterson, NJ 07503 (973) 754-4781	Oaks Integrated Care 31 Lexington Avenue Ewing, NJ 08618 (609) 583-1900 Bright Harbor Healthcare 687 Route 9 Bayville, NJ 08721 (732) 269-4849 Preferred Behavioral Health of NJ 725 Airport Road - CN 2036 Lakewood, NJ 08701 (732) 367-2665/(732) 367-4700 South Jersey Behavioral Health Resources, Inc. 400 Market Street Camden, NJ 08102 (856) 361-2700 Rutgers University Behavioral Health Care 151 Centennial Avenue Piscataway, NJ 08855 (732) 235-6184

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INTEGRATED CASE MANAGEMENT SERVICES (ICMS)

Consumer-centered services provided predominantly off-site in the consumer's natural environment. Personalized, collaborative and flexible outreach services are designed to engage, support and integrate consumers, 18 years of age or older who are severely and persistently mentally ill, into the community of their choice and facilitate access to needed mental health, medical, social, educational, vocational, housing and other services and resources.

Bridgeway
93 Stickles Pond Road
Newton, NJ 07860
(973) 383-8670

Care Plus Center for Primary and Behavioral Health
ICMS & Jail Diversion Program
611 Route 46 West, Suite 220
Hasbrouck Heights, NJ 07604
(201) 478-4162

CPC Integrated Health
10 Industrial Way East
Eatontown, NJ 07724
(732) 780-2012

Easter Seal Society of NJ Somerset County
25 Kennedy Blvd Suite 600
East Brunswick, NJ 08816
(908) 722-4300

Jewish Family Services of Atlantic Co.
607 North Jerome Ave.
Margate, NJ 08402
(609) 822-1108

Mental Health Association of Essex and Morris Co.
80 Main Street, Suite 500
West Orange, NJ 07052
(973) 676-9111

Acenda, Inc.
1129 Route 9 South
Cape May Court House, NJ 08210
(609) 435-2563

Cumberland County Guidance Center
2038 Carmel Road
Millville, NJ 08332
(856) 825-6810

Easter Seal Society of N.J. Hunterdon & Warren County
21 O'Brien Road
Hackettstown, NJ 07840
(908) 689-6600

Jersey City Medical Center
1805 Kennedy Boulevard
Jersey City, NJ 07305
(201) 402-4617

Healthcare Commons
Family Health Services
500 Pennsville-Auburn Road
Carney's Point, NJ 08609
(856) 299-3200, ext. 431

Mental Health Association of Essex & Morris Co.
300 Littleton Road
Parsippany, NJ 07054
(973) 334-3496

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Integrated Case Management Services (ICMS) (Continued)

Mt. Carmel Guild Behavioral Healthcare 505 South Avenue East Cranford, NJ 07016 (908) 497-3918 Acenda, Inc. 42 South Delsea Drive Glassboro, NJ 08028 (856) 881-8689 Oaks Integrated Care 662 Main Street Lumberton, NJ 08048 (609) 265-0245 Preferred Behavioral Health of NJ 725 Airport Road, Building 7G Lakewood, NJ 08701 (732) 323-3664 St. Joseph's Regional Medical Center ACCESS (Deaf Program) 60 Hamilton Street Paterson, NJ 07505 (973) 754-5590	Mt. Carmel Guild Behavioral Healthcare (Newark only) 47-71 Miller Street 3rd Floor Suite 301 Newark, NJ 07105 (973) 522-2100 Oaks Integrated Care 314-316 East State Street Trenton, NJ 08608 (609) 396-4258 Oaks Integrated Care 1409 Kings Highway Cherry Hill, NJ 08034 (856) 482-8747 Mental Health Association of Essex and Morris , Inc. 530 Main Avenue Passaic, NJ 07055 (973) 470-3522 Rutgers University Behavioral Health Care 30 Knightsbridge Rd. 2nd. Floor Piscataway, NJ 08851 (732) 235-5000

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INTENSIVE FAMILY SUPPORT SERVICES (IFSS)

Intensive Family Support Services (IFSS) comprise a range of supportive activities designed to improve the overall functioning and quality of life of families with a mental ill relative. These support activities may include psychoeducation groups, single family consultation, respite services, family support groups, systems advocacy and referral/service linkage. Services may be delivered in the family's home, at an agency, or at a community location convenient to the family.

Acenda, Inc.
1129 Route 9 South
Cape May Court House, NJ 08210
(609) 778-6136

Catholic Charities
249 Virginia Avenue
Jersey City, NJ 07304
(201) 798-9906

CBH Care
25 East Salem Street, 2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Center for Family Services
492 Route 57W
Washington, NJ 07882
(908) 689-1000

Healthcare Commons Family Health Services
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200

Mental Health Association of Monmouth Co.
119 Avenue at the Common - Suite 5
Shrewsbury, NJ 07702
(732) 542-6422

Mental Health Association in NJ
361-363 Monroe Avenue
Kenilworth, NJ 07033
(908) 272-5309

Acenda, Inc.
1070 Main Street
Sewell, NJ 08080
(856) 256-3320

Catholic Charities - Delaware House
114 Delaware Avenue
Burlington, NJ 08016
(609) 386-8653

Cumberland County Guidance Center
2038 Carmel Road
Millville, NJ 08332
(856) 825-6810

Catholic Charities Diocese of Metuchen
Somerset County
540 US-22
Bridgewater, NJ 08807.
(908) 722-1881

Hunterdon Medical Center
Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401

Mental Health Association of Essex and Morris
33 South Fullerton Avenue - Suite 402
Montclair, NJ 07042
(973) 509-9777

Mental Health Association in NJ
4 East Jimmie Leeds Road
Galloway, NJ 08205
(609) 652-3800

Mental Health Association in Passaic Co.
404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444

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Intensive Family Support Services (IFSS) (Continued)

Oaks Integrated Care 499 Cooper Landing Road Cherry Hill, NJ 08002 (856) 482-8747 Prime Healthcare Services St. Clares LLC dba St. Clare's Behavioral Health Center 191 Woodport Road – Suite 202 Sparta, NJ 07871 (201) 317-6139 Prime Healthcare Services St. Clares LLC dba St. Clare's Behavioral Health Center 50 Morris Avenue Denville, NJ 07834 (973) 625-7095	Oaks Integrated Care 1001 Spruce Street - Suite 205 Trenton, NJ 08638 (609) 954-9726/396-6788, ext. 236 Bright Harbor Healthcare 160 Route 9 Bayville, NJ 08721 (732) 349-1977/(732) 606-9574 Rutgers University Behavioral Health Care 151 Centennial Ave. Piscataway, NJ 08855 (732) 235-5000

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INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES (IOTSS)

Community based ambulatory treatment alternatives for adults who have serious and persistent mental illness. Access to the service is intended to provide an option for Designated Screening Programs and other acute care and hospital referral sources to assure that appropriate, intensive, community based, recovery-oriented outpatient services are readily accessible. These programs provide a comprehensive outpatient service package that addresses the needs of individuals with an exacerbation of the symptoms of mental illness and/or a co-occurring substance abuse disorder through services that include comprehensive assessments, Wellness and Recovery Action Plans (WRAPS), Medication Administration and Education, Individual Therapy, Structured Group Therapy, Illness Management and Relapse Prevention Groups, Family psycho-education, the provision of, or arrangements for, physical health care and direct linkage to ongoing clinical and support services as identified in the WRAP. Such outpatient services are designed and implemented in a manner which reflects recovery as an overarching value as well as an operational principle.

Atlantic County
Atlanticare Behavioral Health
13 North Hartford Avenue
Atlantic City, NJ 08401
(609) 348-1161

Burlington County
Legacy Treatment Services
795 Woodlane Road, Suite 301
Mt. Holly, NJ 08060
(609) 267-1377 or (800) 433-7345

Cape May County
Transitions Toward Wellness Program
Acenda, Inc.
128 Crest Haven Road
Cape May Court House, NJ 08210 (609)
465-4100

Cumberland County
Inspira Behavioral Health
333 Irving Avenue
Bridgeton, NJ 08302
(856) 575-4111 (ACCESS CENTER)

Gloucester County
Acenda, Inc.
200 Holly Dell Drive
Sewell, NJ 08080
(856) 845-8050, ext. 1141

Hunterdon County
Catholic Charities – Diocese of
Metuchen SPIRIT Program
6 Park Avenue
Flemington, NJ 08822
(908) 728-7905

Bergen County
Crossroads to Wellness Program Care
Plus, NJ Inc.
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Camden County
Oaks Integrated Care
128 Cross-Keys Road
Berlin, NJ 08009
(856) 210-1500, ext. 57291

South Jersey Behavioral Health Resources
400 Market Street Camden, NJ 08102
(856) 361-2700

Essex County
Family Connections Wellness House 280
South Harrison Street
East Orange, NJ 07018
(973) 666-1910

Hudson County
Jersey City Medical Center
395 Grand Street
Jersey City, NJ 07302

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Intensive Outpatient Treatment and Support Services (IOTSS) (Continued)

Mercer County
Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608
(609) 396-5944
Referral Line: (609) 218-00978

Morris County
Enhanced Outpatient Services at Prime Healthcare Services
St. Clares LLC dba St. Clare's Hospital
50 Morris Avenue
Denville, NJ 07834

Passaic County
St. Mary's Hospital
Program for Outpatient Wellness, Enrichment & Recovery
(POWER)
530 Main Avenue
Passaic, NJ 07055
(973) 470-3100

Somerset County
Catholic Charities - Diocese of Metuchen
SPIRIT Program
(Supportive Partners in Recovery & in Treatment)
540 Route 22 East
Bridgewater, NJ 08807
(908) 722-1881
(908) 235-7511 (after hours)

Middlesex County
Rutgers University Behavioral Health Care
303 George Street
New Brunswick, NJ 08901
(732) 235-6800

Ocean County
Preferred Behavioral Health Services
725 Airport Road
Lakewood, NJ 08701

Salem County
Inspira Health Network
Intensive Outpatient
333 Irving Avenue
Bridgeton, NJ 08302

Union County
TLC Program at Trinitas Regional Medical Center
654 East Jersey Street
Elizabeth, NJ 07206
(908) 994-7278
(908) 994-7131 (after hours)

Warren County
IOP Program at the Center for Family Services
370 Memorial Parkway
Phillipsburg, NJ 08865
(908) 454-4470

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INVOLUNTARY OUTPATIENT COMMITMENT (IOC)

Involuntary Outpatient Commitment (IOC) programs coordinate community based mental health services for individuals, who are court ordered into mental health treatment. IOC programs enroll individuals who have been assessed by mental health professionals and adjudicated by a court as meeting the legal standard for involuntary outpatient treatment. IOC programs offer:

- Court ordered out-patient based mental health treatment;
- Assistance with linking with community based mental health services;
- Monitoring of adherence to the court ordered plan;
- Ongoing assessment of clinical progress;
- Interface with the judiciary including transportation to court hearings and contact with the presiding judge, asneeded.

Atlantic County
Legacy Treatment Services
561 Tilton Rd Northfield, NJ 08232 (609) 267-5656 x 3318

Burlington County
Legacy Treatment Services
205 High Street
Mount Holly, NJ 08060
(609) 267-5656 x3318

Cape May County
Acenda, Inc.
1129 Route 9 South
Cape May Court House, NJ 08210
(609) 778-6184

Essex County
Mental Health Association of Essex County
80 Main Street, Suite 500
West Orange, NJ 07052
(973) 842-4141

33 South Fullerton Avenue
Montclair, NJ 07042
(973) 509-9777

Hudson County
Jersey City Medical Center
1805 JFK Blvd
Jersey City, NJ 07305
(201) 402-4622

Mercer County
Oaks Integrated Care
1001 Spruce Street, Suite 205
Trenton, NJ 08638
(609) 954-5642 / (609) 399-1280
(609) 396-6788

Bergen County
Care Plus NJ
611 Route 46 West - Suite 100
Hasbrouck Heights, NJ 07604
(201) 478-4183

Camden County
Oaks Integrated Care
501 Cooper Landing Road
Cherry Hill, NJ 08002
(856) 428-4357 ext. 53901

Cumberland County
Acenda Inc. *(Same Program Director as Gloucester)*
350 Front Street
Elmer, NJ 08318
(856) 358-2010

Gloucester County
Acenda Inc. *(Sames Program Director as Cumberland)*
350 Front Street
Elmer, NJ 08318
(856) 358-2010

Hunterdon County
Hunterdon Medical Center Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 303-8167

Middlesex County
Legacy Treatment Services
68 Culver Rd, Suite 150B
Monmouth Junction, NJ 08852
(609) 667-7526

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Involuntary Outpatient Commitment (IOC) (Continued)

Monmouth County
Legacy Treatment Services *(Same PD as Middlesex)*
68 Culver Rd
Monmouth Junction, NJ 08852
(609) 667-7526

Passaic County
Mental Health Association of Passaic County
404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444, ext. 123

Somerset County
Richard Hall Community Mental Health Center
500 North Bridge Street
Bridgewater, NJ 08807
(908) 253-3137

Warren County
Center for Family Services
370 Memorial Parkway
Phillipsburg, NJ 08865
(908) 454-4470

Morris County
Mental Health Association of Essex & Morris, Inc.
300 Littleton Road
Parsippany, NJ 07054
(973) 334-3496

Ocean County
Ocean Mental Health Service
122 Lein Street
Toms River, NJ 08753
(732) 269-4849

Salem County
Acenda, Inc.
350 Front Street
Elmer, NJ 08318
(856) 358-2010

Union County
Trinitas Regional Medical Center
654 East Jersey Street
Elizabeth, NJ 07206
(908) 994-7543

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JUSTICE INVOLVED SERVICES

*Justice Involved Services are designed to assist persons with serious and persistent mental illness who become entangled with the criminal justice system, to avoid or radically reduce the number of days incarcerated in jail and or assist with their reentry to their communities in order to receive the appropriate treatment. Services vary by county, but may include the following: Pre-booking, a police based diversion to avoid arrest for non-criminal, non-violent offenses. Police are trained to identify and de-escalate situations and diverting to mental health crisis or pre-crisis services; Post booking intervention for consumers who have been arrested but for whom the court may be released on their own recognizance or released from jail with mental health intervention. Those consumers serving jail sentences or long detention are targeted for re-entry services. Based upon the APIC model, **A**ssess, **P**lan, **I**dentify and **C**oordinate, services include identification/case finding, pre-release planning and successful linkage to critical mental health, social service, employment and housing upon release to the community.*

CPC Integrated Health
10 Industrial Way East
Eatontown, NJ 07724
(732) 780-2012

Integrated Care Management
Community Support Services & Transition Services
611 Route 46 West Suite 220
Hasbrouck Heights, NJ 07604
(201) 478-4162 ext. 5548

Jewish Family Services
607 N. Jerome Avenue
Margate, NJ 08402
(609) 822-1108 ext. 411

Mental Health Association of Essex & Morris Counties
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 274-6179

Oaks Integrated Care
1409 Kings Highway
Cherry Hill, NJ 08034
(856) 482-8747 ext. 59902

Preferred Behavioral Health of NJ
725 Airport Road, Suite 7G
Lakewood, NJ 08701
(732) 323-3664

Trinitas Regional Medical Center
654 East Jersey Street
Elizabeth, NJ 07206
(908) 994-7278 or (908) 994-7131

Cumberland County Guidance Center
Jail Re-Entry Services
425 Bank Street
Bridgeton, NJ 08302
(856) 455-6810, ext. 285

Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
(201) 915-2268

Mental Health Association of Essex and Morris Counties
300 Littleton Road, 3rd Floor
Parsippany, NJ 07054

Acenda Integrated Health
1070 Main Street, P. O. Box 448
Sewell, NJ 08080
(856) 256-3320

Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608
(609) 396-5944

Oaks Integrated Care
652 Main Street
Lumberton, NJ 08048
(609) 265-0245

St. Mary's General Hospital
Behavioral Health Services
530 Main Street
Passaic, NJ 07055
(973) 470-3390

UMDNJ - University Behavioral Healthcare
30 Knightsbridge Road
Piscataway, NJ 08854
(732) 235-5000

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MENTAL HEALTH CULTURAL COMPETENCE TRAINING CENTERS

The Mental Health Cultural Competence Training Centers provide knowledge, training, technical assistance and serve as a resource regarding multicultural issues in mental health. The target population is clinicians, consumers, community providers, self-help centers, families and other entities as designated by the Division of Mental Health and Addiction Services.

Northern Region	**Central & Southern Regions**
Serves the following Counties: Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex and Warren Family Connections, Inc. 395 South Center Street Orange, NJ 07050 (973) 323-3447	***Serves the following Counties:*** Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Middlesex, Monmouth, Ocean, Salem and Union Center for Family Services 3073 English Creek Avenue - Suite 3 Egg Harbor Township, NJ 08324 (609) 569-0239, Ext. 1165

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OUTPATIENT SERVICES

Services provided to clients who possess a psychiatric diagnosis, including clients who are seriously and persistently mentally ill, but excluding substance abuse and developmental disability unless accompanied by treatable symptoms of mental illness. Periodic therapy, counseling and supportive services are generally provided at the provider agency for relatively brief sessions (between 30 minutes and 2 hours).

All Access Mental Health (A.A.M.H.) - Mercer
819 Alexander Road
Princeton, NJ 08540
(609) 452-2088

Atlanticare Behavioral Health
13 North Hartford Avenue
Atlantic City, NJ 08401
(888) 569-1000 Access

Bayonne CMHC @Trinitas
601 Broadway
Bayonne, NJ 07002
(201) 339-9200

Care Plus, NJ Inc.
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Care Plus, NJ Inc.
17-07 Romaine St
Fair Lawn, NJ 07652
(201) 986-5000

Catholic Charities - Hunterdon
6 Park Avenue
Flemington, NJ 08822
(908) 782-7905

Christ Hospital CMHC
176 Palisades Avenue
Jersey City, NJ 07306
(201) 795-8375

CBH Care
25 East Salem St
Hackensack, NJ 07602
(201) 935-3322

Community Healthcare Network
570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

Mental Health Association of Passaic
404 Clifton Avenue
Clifton, NJ 07011
(973) 478-4444

Acenda, Inc.
128 Crest Haven Road
Cape May Court House, NJ 08210
(609) 465-4100

Catholic Charities - Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(800) 655-9411 Access

Catholic Charities - Diocese of Trenton
39 North Clinton Avenue
Trenton, NJ 08608
(609) 394-9398

Care Plus, NJ Inc.
650 Bloomfield Avenue, Suite 106
Bloomfield, NJ 07003
(201) 986-5000

CBH Care
516 Valley Brook Avenue
Lyndhurst, NJ 07071
(201) 935-3322

CPC Integrated Health
Aberdeen Counseling Center
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

Cumberland County Guidance Center
2038 Carmel Road
Millville, NJ 08332
(856) 825-6810

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Outpatient Services (Continued)

Cumberland County Guidance Center 80 South Main Road, Suite 113 Vineland, NJ 08360 (856) 696-4064 Family Guidance Center 253 Nassau Street Princeton, NJ 08540 (609) 924-1320 Family Service Association 312 East White Horse Pike Absecon Highlands, NJ 08201 (609) 652-1600 Family Service Bureau of Newark 379 Kearny Avenue Kearny, NJ 07032 (201) 246-8077 Healthcare Commons, Inc. 500 Pennsville-Auburn Road Carney's Point, NJ 08069 (856) 299-3200 Hoboken Medical Center 122 Clinton Street Hoboken, NJ 07030 (201) 792-8200 Hunterdon Medical Center Behavioral Health 2100 Wescott Drive Flemington, NJ 08822 (908) 788-6401	Cumberland County Guidance Center 2038 Carmel Road Millville, NJ 08332 (856) 825-6810 Family Connections 395 South Center Street Orange, NJ 07050 (973) 675-3817 Center for Family Services 492 Route 57W Washington, NJ 07882 (908) 689-1000 Family Guidance Center 128 Maple Avenue Hackettstown, NJ 07840 (908) 852-0333 Center For Family Service 661 Jackson Road Newtonville, NJ -8346 (908) 689-1000 Center For Family Service 3073 English Creek Avenue Egg Harbor Twp., NJ 08234 (609) 569-0239 Oaks Integrated Care 2550 Brunswick Pike Lawrenceville, NJ 08648 (609) 396-8877 Hispanic Family Center of Southern NJ 35-47 29th Street Camden, NJ 08105 (856) 541-6985

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Outpatient Services (Continued)

Irvington Counseling Center
21-29 Wagner Place
Irvington, NJ 07111

Legacy Treatment Services
795 Woodlane Road, Suite 300
Mount Holly, NJ 08060
(800) 433-7365 or (609) 267-1377

Mental Health Clinic of Passaic
1451 Van Houten Avenue
Clifton, NJ 07013
(973) 473-2775

Monmouth County Div. of Social Services
Kozloski Road
Freehold, NJ 07728
(732) 502-5870

Mt. Carmel Guild Behavioral Healthcare
108 Alden Street
Cranford, NJ 07016
(908) 497-3968

Mt. Carmel Guild Behavioral Healthcare 58
Freeman Street
Newark, NJ 07102
(973) 596-4190

New Bridge Services, Inc.
1069 Ringwood Avenue
Haskell, NJ 07420
(973) 831-0613

Newton Memorial Hospital
175 High Street
Newton, NJ 07860
(973) 383-1533

Hackensack Meridian Behavioral Health
Parkway 100
3535 Rt. 66 – Building 5
Neptune, NJ 07753
(732) 643-4400

Mental Health Assoc. of Essex Co.
33 South Fullerton Avenue
Montclair, NJ 07042
(973) 842-4141

Mental Health Clinic of Passaic
111 Lexington Avenue
Passaic, NJ 07055
(973) 471-8006

Monmouth Medical Center
75 North Bath Avenue
Long Branch, NJ 07740
(732) 923-6500

Mt. Carmel Guild Behavioral
Healthcare 2201 Bergenline Avenue
Union City, NJ 07087
(201) 558-3700

Mt. Carmel Guild Behavioral
Healthcare 285 Magnolia Avenue
Jersey City, NJ 07306
(201) 395-4800

New Bridge Services, Inc.
390 Main Road
Montville Twp., NJ 07045
(973) 316-9333

New Bridge Services, Inc.
7 Industrial Avenue
Pequannock, NJ 07440
(973) 839-2520

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Outpatient Services (Continued)

Newark Beth Israel Medical Center
210 Lehigh Avenue
Newark, NJ 07112
(973) 926-7026

Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 349-5550

Palisades Medical Center
Counseling Center
7101 Kennedy Boulevard
North Bergen, NJ 07047
(201) 854-0500

Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-4700

George J. Otlowski Mental Health Center
570 Lee Street
Perth Amboy, NJ 08861
(732) 442-1666

Meridian Behavioral Health
Booker Behavioral Health
1 Riverview Plaza
Red Bank, NJ 07701
(732) 345-3400

SERV Centers of NJ - Passaic Co.
777 Bloomfield Avenue
Clifton, NJ 07012-1248
(973) 594-0125

Prime Healthcare Services St. Clares LLC dba St. Clare's
Behavioral Health Center @ Denville
50 Morris Avenue
Denville, NJ 07834
(973) 625-7009 or (973) 625-7045

Acenda, Inc.
404 Tatum Street
Woodbury, NJ 08096
(844) 422-3632

Northwest Essex Community Network
570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

Bright Harbor Healthcare
81 Nautilus Drive
Manahawkin, NJ 08755
(609) 597-5327

Richard Hall CMHC
500 North Bridge St. & Vogt Dr.
Bridgewater, NJ 08807
(908) 725-2800 or (908) 253-3136

St. Joseph's Regional Medical Center
ACCESS (Deaf Program)
621 Main Street
Paterson, NJ 07505
(973) 754-5590

St. Joseph's Regional Medical Center
541 Main Street
Paterson, NJ 07505
(973) 754-4750

South Jersey Behavioral Health Resources
400 Market Street
Camden, NJ 08101
(856) 361-2700

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Outpatient Services (Continued)

Trinitas Regional Medical Center Dept. of Psychiatry 655 East Jersey Street Elizabeth, NJ 07201 (908) 994-7278	Oaks Integrated Care (Medication Monitoring only) 770 Woodlane Road Mount Holly, NJ 08060 (800) 963-3377 or (609) 267-5928
Rutgers University Behavioral Health Care 4326 Route 1 North Monmouth Junction, NJ 08852 (732) 235-8799	Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103 (973) 972-6100 (ACCESS)
Rutgers University Behavioral Health Care 100 Metroplex Edison, NJ 08817 (800) 969-5300	Rutgers University Behavioral Health Care 303 George Street New Brunswick, NJ 08901 (800) 969-5300
UCPC Behavioral Healthcare 117-119 Roosevelt Avenue Plainfield, NJ 07060 (908) 756-6870 (press # 4)	Vantage Health System 2 Park Avenue Dumont, NJ 07628 (201) 385-4400
Vantage Health System 93 West Palisade Avenue Englewood, NJ 07631 (201) 567-0500	West Bergen Mental Health Center 120 Chestnut Street Ridgewood, NJ 07450 (201) 444-3550

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PARTIAL CARE & PARTIAL HOSPITALIZATION

Comprehensive, structured, non-residential health services provided to seriously mentally ill adult clients in a day program setting to maximize client's independence and community living skills. Partial Care programs provide or arrange services necessary to meet the comprehensive needs of the individual clients.

A.A.M.H. - Mercer
819 Alexander Road
Princeton, NJ 08540
(609) 452-2088, ext. 230

Bayonne CMHC
601 Broadway
Bayonne, NJ 07002
(201) 339-9200

Acenda, Inc.
128 Crest Haven Road
Cape May Court House, NJ 08210
(609) 465-4100

Care Plus Center for Primary and Behavioral Health (Geriatric)
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

CBH Care
25 East Salem Street
Hackensack, NJ 07601
(201) 935-3322

Cumberland County Guidance Center
2038 Carmel Road
Millville, NJ 08332
(856) 825-6810

Center for Family Services
492 Route 57W
Washington, NJ 07882
(908) 689-1000

Family Guidance Center
1925 Pennington Road
Ewing, NJ 08618
(609) 882-1898

Atlanticare Behavioral Health - Providence House
400 Chris Gaupp Road
Galloway,, NJ 08205
(609) 404-0648

Bridgeway House
615 North Broad Street
Elizabeth, NJ 07208
(908) 355-7200

Catholic Charities
Diocese of Trenton
10 Southard Street
Trenton, NJ 08609
(609) 396-4557

CBH Care (Geriatric)
516 Valley Brook Avenue
Lyndhurst, NJ 07071
(201) 935-3322

CPC Integrated Health
Aberdeen Counseling Ctr.
1088 Highway 34
Aberdeen, NJ 07741
(732) 290-1700

Delaware House
25 Ikea Drive
Westampton, NJ 08060
(609) 267-9339

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PARTIAL Care & PARTIAL HOSPITALIZATION (Continued)

Healthcare Commons - Family Adult Health Services
351 East Pittsfield Road
Pennsville, NJ 08070
(856) 678-5100
(856) 299-3200 (Main Office)

Mental Health Association of Essex Co.
Prospect House
424 Main Street
East Orange, NJ 07018
(973) 674-8067

Monmouth Medical Center
Community Connection
75 North Bath Avenue
Long Branch, NJ 07740
(732) 923-6500

Mt. Carmel Guild Behavioral Healthcare
58 Freeman Street
Newark, NJ 07105
(973) 596-4910

Mt. Carmel Guild Behavioral Healthcare
285 Magnolia Avenue
Jersey City, NJ 07306
(201) 395-4800

New Bridge Services, Inc.
1069 Ringwood Avenue
Haskell, NJ 07420
(973) 831-0613

Acenda, Inc. (Beacon Division)
PC/MICA Services
200 Hollydell Drive
Sewell, NJ 08080
(856) 881-1306

Northwest Essex Community Network
570 Belleville Avenue
Belleville, NJ 07109
(973) 450-3100

Hunterdon Medical Center
Behavioral Health
2100 Wescott Drive
Flemington, NJ 08833
(908) 788-6401 or (908) 788-6403

Jersey Shore Medical Center - Park Place
1011 Bond Street
Asbury Park, NJ 07712
(732) 869-2760

Mt. Carmel Guild Behavioral Healthcare
108 Alden Street
Cranford, NJ 07016
(908) 497-3919 / 3925 / 3968

Mt. Carmel Guild Behavioral Healthcare
2201 Bergenline Avenue
Union City, NJ 07087
(201) 558-3700

New Bridge Services, Inc.
1801 Greenwood Lake Turnpike
West Milford, NJ 07480
(973) 728-3938

New Bridge Services, Inc.
7 Industrial Road
Pequannock, NJ 07440
(973) 839-2520

Acenda, Inc.
404 Tatum Street
Woodbury, NJ 08096
(844) 422-3632

Newark Beth Israel Medical Center CMHC
210 Lehigh Avenue
Newark, NJ 07112
(973) 926-7026

Oaks Integrated Care
314-316 East State Street
Trenton, NJ 08608
(609) 396-5344

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PARTIAL CARE & PARTIAL HOSPITALIZATION (Continued)

Oaks Integrated Care
770 Woodlane Road
Mount Holly, NJ 08060
(609) 267-5928

Preferred Behavioral Health of NJ Interact & Prime Time
700 Airport Road
Lakewood, NJ 08701
(732) 367-4700

Riverview Medical Center
Booker Behavioral Health
661 Shrewsbury Avenue
Shrewsbury, NJ 07702
(732) 345-3400

Rutgers - Rutgers University Behavioral Health Care
1886 Greentree Road
Cherry Hill, NJ 08003
(856) 874-4460

Prime Healthcare Services St. Clares LLC dba St. Clare's
Behavioral Health Center @ Denville
50 Morris Avenue
Denville, NJ 07834
(888) 626-2111 or (973) 625-7045

South Jersey Behavioral Health Resources (Deaf Services)
212 East Madison Avenue
Magnolia, NJ 08049
(800) 220-8081 or (856) 541-1700

Oaks Integrated Care
128 Cross Keys Road
Berlin, NJ 08009
(856) 210-1500

Rutgers University Behavioral Health Care
677 Hoes Lane
Piscataway, NJ 08855
(732) 235-6905

Bright Harbor Healthcare - Project Anchor
160 Route 9
Bayville, NJ 08721
(732) 349-5550

The Outpost
1070 Main Street
Sewell, NJ 08080
(856) 256-3320

Preferred Behavioral Health of NJ - D.A.R.E.
725 Airport Road
Lakewood, NJ 08701
(732) 367-8859

George J. Otlowski Mental Health Center
570 Lee Street
Perth Amboy, NJ 08861
(732) 442-1666

Richard Hall CMHC
500 North Bridge Street
Bridgewater, NJ 08807
(908) 725-2800

St. Joseph's Regional Medical Center
ACCESS (Deaf Program)
645 Main Street
Paterson, NJ 07503
(973) 754-2800

St. Joseph's Regional Medical Center Harbor House
645 Main Street
Paterson, NJ 07503
(973) 754-2800

South Jersey Behavioral Health Resources
212 East Madison Avenue
Magnolia, NJ 08049
(800) 220-8081 or (856) 541-1700

Trinitas Regional Medical Center
Dept. of Psychiatry
655 East Jersey Street
Elizabeth, NJ 07(201)
(908) 497-3968 or call center (908) 994-7131

UCPC Behavioral Healthcare
117-119 Roosevelt Avenue
Plainfield, NJ 07060
(908) 756-6870 (press # 3) or (908) 686-0560

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PARTIAL CARE & PARTIAL HOSPITALIZATION (Continued)

Rutgers University Behavioral Health Care Horizons 4326 Route 1 North Monmouth Junction, NJ 08852 (732) 235-5910 Vantage Health System (Geriatric) 2 Park Avenue Dumont, NJ 07628 (201) 385-4400	Rutgers University Behavioral Health Care 183 South Orange Avenue Newark, NJ 07103-2770 (800) 969-5300 West Bergen Mental Health Center 120 Chestnut Street Ridgewood, NJ 07450 (201) 444-3550

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PEER RESPITE PROGRAM

Peer Respite is a short term residential program offering an alternative to an inpatient psychiatric hospitalization. Peer Respites are staffed 24/7 with individuals whom have lived experience. The Respite House provides a setting in which individuals can work on their recovery.

PEER Respite Programs **Collaborative Support Programs (CSP)** Middlesex County (732) 354-4403 Essex County (862) 229-1401 Passaic County (862) 239-9896 **Legacy Respite** Ocean County (848) 221-3022	

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PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT)

Offers comprehensive, integrated rehabilitation, treatment and support services to individuals with serious and persistent mental illness, who have experienced repeated involuntary hospitalizations. PACT, provided in vivo by a multi-disciplinary service delivery team, offers highly individualized services, employ a low staff to consumer ratio, conduct the majority of their contacts in natural community settings and are available for psychiatric crises 24 hours a day/7 days a week. Service intensity is flexible and regularly adjusted to consumer needs and services are offered for an unlimited time period.

Atlanticare Behavioral Health
2511 Fire Road, Suite B-10
Egg Harbor Twp., NJ 08234
(609) 407-0060

Bridgeway Rehabilitation, Inc.
13 Fairfield Avenue, Suite 205
Little Falls, NJ 07424
(973) 638-1120 (PACT VII)
(973) 638-1113 (PACT VIII)

Bridgeway Rehabilitation, Inc.
96 West Grand Street
Elizabeth, NJ 07202
(908) 352-0242 (PACT 1)

Bridgeway Rehabilitation, Inc.
1023 Commerce Avenue
Union, NJ 07083
(908) 688-5400 (PACT III)

Bridgeway Rehabilitation, Inc.
611 Route 46 West, Suite 210
Hasbrouck Heights, NJ 07604
(201) 880-8321

Catholic Charities - Diocese of Metuchen
26 Safran Avenue
Edison, NJ 08837
(732) 646-4039

Catholic Charities - Diocese of Metuchen
319 Maple Street
Perth Amboy, NJ 08861
(732) 857-3894

Catholic Charities - Diocese of Trenton
1340 Parkway
Ewing, NJ 08628
Team I (609) 882-4772 Team II (609) 209-0074

Bridgeway Rehabilitation, Inc.
(Hunterdon/Warren)
Star Plaza, Suite 11
11 West Church Street
Washington, NJ 07882
(908) 835-8660 (PACT IV)

Bridgeway Rehabilitation, Inc.
313 E. Front Street
Plainfield, NJ 07060
(908) 791-0505 (PACT II)

Bridgeway Rehabilitation, Inc.
Millennium Office Plex
South Main Street, Suite 19-1
Manville, NJ 08835
(908) 704-8252

Bridgeway Rehabilitation, Inc.
862 Newark Avenue
Jersey City, NJ 07306
(201) 653-3980

Acenda, Inc.
1129 Route 9 South
Cape May Court House, NJ 08210
(609) 463-8990

Catholic Charities - Diocese of Metuchen
288 Rues Lane
East Brunswick, NJ 08816
(732) 387-1307

Catholic Charities - Diocese of Trenton
1340 Parkway Avenue
Ewing, NJ 08628
Team III (609) 396-9777

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PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT) (Continued)

Catholic Charities - Diocese of Trenton 47 North Clinton Avenue Trenton, NJ 08609 (609) 396-8787 (609) 396-9777	Catholic Charities – Diocese of Trenton (Burlington County PACT) 5 Terri Lane – Suite 5 Burlington, NJ 08016 (609) 386-4737
Cumberland County Guidance Center 425 Bank Street Bridgeton, NJ 08302 (856) 455-8316, ext. 201	CPC Integrated Health 270 Highway 35 Red Bank, NJ 07701 (732) 842-2000
Bridgeway Rehabilitation Inc. 622 Eagle Rock Ave. Suite 302 West Orange, NJ 07052 973-755-0275	Acenda, Inc. 200 Hollydell Drive Sewell , NJ 08080 (856) 251-1414
Oaks Integrated Care 19 East Ormond Avenue Cherry Hill, NJ 08034 (856) 428-7632	Bright Harbor Healthcare 1057 Route 9 Bayville, NJ 08721 (732) 606-9478 (PACT II)
Bright Harbor Healthcare 122 Lien Street Toms River, NJ 08753 (732) 349-0515 (PACT I)	Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health 50 Morris Avenue Denville, NJ 07834 (973) 625-7138

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RESIDENTIAL INTENSIVE SUPPORT TEAM (RIST)

RIST programs support consumers with severe and persistent mental illness and co-occurring consumers to live independently in the community. The treatment team, consisting of case managers, clinical consultants, a co-occurring specialist, and others, provides on-site support in the consumer's apartment and in the general community.

Advance Housing, Inc.
100 Hollister Road Suite 7
Teterboro, NJ 07608
(201) 498-9140 or
(973) 940-8882

Bridgeway Tri-County RIST
Concourse at Beaver Brook
1465 Route 31 South
Annandale, NJ 08801
(908) 894-5311

Catholic Charities Diocese of Trenton (RIST) Burlington County
114 Riverbank Street
Burlington, NJ 08016
(609) 386-8653

Garden State Episcopal
Community Development Corp.
118 Summit Avenue
Jersey City, NJ 07304
(201) 209-9301

Oaks Integrated Care
1001 Spruce Street - Suite 205
Trenton, NJ 08638
(609) 396-6788, Ext. 214

Resource for Human Development
2 Andrew Drive - Suite 1
West Paterson, NJ 07424
(973) 837-9500

Resource for Human Development
850 West Main Street
Barnegat, NJ 08005
(609) 698-8300

Atlanticare Behavioral Health
2511 Fire Road – Suite B
Egg Harbor Township, NJ 08234
(609) 407-0060

Bridgeway Rehabilitation Services
720 King Georges Road, Suite 111
Fords, NJ 08863
(732) 771-2300

Cumberland Guidance Center
814 Elmer Street
Vineland, NJ 08360
(856) 691-8579, ext. 100

Mental Health Association of Morris County
100 Route 46 East, Building C
Mountain Lakes, NJ 07046
(973) 334-3496

Resource for Human Development (Coastal Wellness)
Ocean/Monmouth Program
2040 Sixth Avenue – Suite C
Neptune City, NJ 07753
(732) 361-5845

Resource for Human Development
317 Brick Blvd., Suite 200
Brick, NJ 08723
(732) 920-5000

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RESIDENTIAL SERVICES

A program for mentally ill adults in community residences owned or leased by the provider or through service agreements providing support and encouragement in the development of life skills required to sustain successful living within the community. Clients live in the most normalized, least restrictive environment possible to promote individual growth and safety. Programming focuses on empowering the client's use of generic community supports to meet physical, psychological and social needs to promote an improved quality of life and emotional well being.

A.R.C. of Bergen & Passaic Counties, Inc.
223 Moore Street
Hackensack, NJ 07601
(201) 343-0322

Atlanticare Behavioral Health
Community Support Services (RIST, CEPP & CSS)
2511 Fire Rd Suite B
Egg Harbor Township, NJ 08234
(609) 407-0060

Acenda, Inc.
1129 Route 9 South
Cape May Court House, NJ 08210
(609) 465-2740

Career Opportunity Development, Inc.
901 Atlantic Avenue
Egg Harbor City, NJ 08215
(609) 965-6871

Community Hope, Inc.
959 Route 46 East – Suite 402
Parsippany, NJ 07054
(973) 463-9600

Delaware House
60 Laurel Lane
Ancora, NJ 08037
(609) 567-7899

Advance Housing, Inc.
100 Hollister Road Suite 7
Teterboro, NJ 07608
(201) 498-9140

Care Plus, NJ Inc.
610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Catholic Charities - Diocese of Trenton
41 Steinert Avenue
Hamilton Twp., NJ 08619
(609) 890-2527

CBH Care
25 East Salem Street, 2nd Floor
Hackensack, NJ 07601
(201) 935-3322

Community Access Unlimited
80 West Grand Street
Elizabeth, NJ 07202
(908) 354-3040

Cumberland County Guidance Center
814 Elmer Street
Vineland , NJ 08360
(856) 691-8579, ext. 101

Delaware House
114 Delaware Avenue
Burlington, NJ 08016
(609) 386-8653

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RESIDENTIAL SERVICES (Continued)

Easter Seal Society of NJ - Hunterdon County
25 Kennedy Blvd, Suite 600
East Brunswick, NJ 08816
(732) 257-6662

Easter Seal Society of NJ - Warren County
2083 Route 57
Washington, NJ 07882
(908) 689-6600

Easter Seal Society of NJ - Somerset County
21 Davenport Street
Bayville, NJ 08721
(908) 722-4300

Healthcare Commons Family Health Services
500 Pennsville-Auburn Road
Carney's Point, NJ 08069
(856) 299-3200

Jewish Family Services
607 North Jerome Avenue
Margate, NJ 08402
(609) 822-1108

Mt. Carmel Guild Behavioral Healthcare
619 Grove Street
Jersey City, NJK 07310
(201) 451-2217

Acenda, Inc.
Beacon Division
200 Hollydell Drive
Sewell , NJ 08080
(844) 422-3632

Oaks Integrated Care
770 Woodlane Road
Mount Holly, NJ 08060
(609) 267-5928

Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 349-5550 or (732) 281-1658

Project Live, Inc.
465-475 Broadway
Newark, NJ 07107
(973) 481-1211

Easter Seals of NJ - Essex County
414 Eagle Rock Avenue - Suite 206
West Orange, NJ 07052
(973) 324-2712

Easter Seal Society of NJ
615 Hope Road – Victoria Plaza
Eatontown, NJ 07712
(732) 380-0390

Easter Seal Society of NJ
1 Kimberly Road
East Brunswick, NJ 08816
(732) 257-6662

Jersey City Medical Center
1805 JFK Blvd
Jersey City, NJ 07305
(201) 402-4621

Legacy Treatment Services
1289 Route 38, Suite 103
Hainesport, NJ 08036
(609) 261-7672

New Bridge Services, Inc.
7 Industrial Avenue
Pequannock, NJ 07440
(973) 839-2520

Newton Memorial Hospital
175 High Street
Newton, NJ 07860
(973) 383-1533

Oaks Integrated Care/
Guidance Center of Camden Co.
19 East Ormond Avenue
Cherry Hill, NJ 08034
(856) 428-1300

Prime Care
Newton Memorial Hospital
175 High Street
Newton, NJ 07860
(973) 383-153

Preferred Behavioral Health of NJ
700 Airport Road
Lakewood, NJ 08701
(732) 367-2665/(732) 367-4700

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RESIDENTIAL SERVICES (Continued)

SERV Centers of NJ - Union County
130 Dermody Street
Cranford, NJ 07016
(908) 276-0490

SERV Centers of NJ - Middlesex County
491 So. Washington Avenue
Piscataway, NJ 08855
(732) 968-7111

St. Joseph's Regional Medical Center
ACCESS (Deaf Program)
60 Hamilton Street
Paterson, NJ 07505
(973) 754-5590

Prime Healthcare Services St. Clare's LLC dba St. Clare's Behavioral Health Center
50 Morris Avenue
Denville, NJ 07834
(973) 625-7045

St. Mary's Hospital - Seton Center
530 Main Avenue
Passaic, NJ 07055
(973) 470-3507

South Jersey Behavioral Health Resources (Deaf Program)
400 Market Street
Camden, NJ 08101
(800) 220-8081

Vantage Health System
93 West Palisade Avenue
Englewood, NJ 07631
(201) 567-0500

West Bergen Mental Health Center
120 Chestnut Street
Ridgewood, NJ 07450
(201) 444-3550

SERV Centers of NJ - Mercer County
532 West State Street
Trenton, NJ 08618
(609) 394-0212

SERV Centers of NJ – Hudson/Passaic Counties
1373 Broad Street
Clifton, NJ 07013
862-291-0077

St. Joseph's Regional Medical Center
Adult Residential Services
160 Market Street
Paterson, NJ 07505
(973) 754-4685

South Jersey Behavioral Health Resources
2510 McClellan Avenue
Pennsauken, NJ 08109
(856) 361-1100

Triple C Housing, Inc.
1520 US Hwy 130, Suite 201
North Brunswick, NJ 08902
(732) 658-6636

Rutgers University Behavioral Health Care
1886 Greentree Road
Cherry Hill, NJ 08002
(856) 874-4463

Volunteers of America Northern NJ
205 West Milton Avenue
Rahway, NJ 08065
(732) 827-2444

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SELF-HELP CENTERS (SHC) /COMMUNITY WELLNESS CENTERS (CWC)

There are 30 DMHAS funded community-based self-help and wellness centers. These centers provide communities of hope and support for recovery and wellness for persons with mental health and/or co-occurring substance use and physical health challenges.

A Way to Freedom CWC
29 Trinity Street
Newton, NJ 07860
(973) 300-0830

Better Future SHC
21 West Washington Avenue
Washington, NJ 07882
(908) 835-1180

Brighter Days CWC
268 Bennetts Mill Road
Jackson, NJ 08527
(732) 534-9960

C.A.R.E. Center CWC
80 Steiner Avenue
Neptune City, NJ 07753
(732) 455-5358

Esperenza
lsantana@mhanj.org
(973) 571-4100
(Spanish-speaking staff)

Freehold CWC
17 Bannard St., Suite 22
Freehold, NJ 07728
(732) 625-9485

Hudson County Integrated Services
924 Bergen Avenue *(mailing address)*
422-426 Martin Luther King Jr. Drive *(physical add.)*
Jersey City, NJ 08304
(201) 420-8013

Journey to Wellness SHC
25 South Shore Drive
Toms River, NJ 08753
(732) 914-1546

Morris County CWC
1259 Route 46 East - Bldg. 4, Door 4D
Parsippany, NJ 07054
(973) 334-2470

Bergen County CWC
177 Hudson Street
Hackensack, NJ 07601
(201) 489-8402

Better Life CWC
101 14th Avenue
Newark, NJ 07103
(829) 229-1400

Camden City CWC
400 Market Street
Camden, NJ 08102
(856) 308-2287

Donald Mays, Jr. CWC
204 White Horse Pike
Barrington, NJ 08007
(856) 429-9940

Freedom Trail CWC
166 West Main Street
Somerville, NJ 08876
(908) 722-5778

Getting Together SHC
52 E. Main Street
Flemington, NJ 08822
(908) 806-8202

I.C.E. (Individual Concerted Effort)
4 East Jimmie Leeds Road
Galloway, NJ 08205
(609) 652-3800

Learning Recovery CWC
Wildwood, NJ
Virtual Service Only
leachus@cspnj.org

Moving Forward CWC
25 Elizabeth Street
New Brunswick, NJ 08901
(732) 317-2920

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SELF-HELP CENTERS (SHC) /COMMUNITY WELLNESS CENTERS (CWC) (Continued)

New Dimensions CWC
77 West Broadway
Salem, NJ 08079 (856)
279-2753

Park Avenue CWC 333
Park Avenue
Plainfield, NJ 07060
(908) 757-1350

Reach Out/Speak Out CWC
6 North Broad Street
Trenton, NJ
(609) 984-8008

Riverbank SHC
114 Delaware Avenue
Burlington, NJ 08016
(609) 239-1786

There are 3 Hospital-based Community Wellness Centers, one at each of the State Psychiatric Hospitals:

Ancora Psychiatric
(609) 561-1700 ext. 7542

Greystone Park Psychiatric
(973) 644-5121

Trenton Psychiatric
(609) 503-5762

New Horizons CWC
635 South Myrtle Street
Vineland, NJ 08360
(856) 696-1016

Passaic County CWC
60 Hamilton Street
Paterson, NJ 07505
(973) 553-1101

R.I.T.E. Center SHC
693 Main St., Bldg. C
Lumberton, NJ 08048
(609) 518-7293

Up Your Alley CWC
8 Liberty Street
Glassboro, NJ 08028
(856) 881-2204

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SHORT TERM CARE FACILITIES (STCF)

Acute care adult psychiatric units in a general hospital for the short term admission of individuals who meet the legal standards for commitment and require intensive treatment. All admissions to STCF's must be referred through an emergency or designated screening center. STCF's are designated by DMHAS to serve a specific geographic area, usually a county.

Atlanticare Regional Medical Center Jimmie Leeds Road Pomona, NJ 08240 (609) 652-3442	Bergen New Bridge Medical Center 230 East Ridgewood Avenue Paramus, NJ 07652 (201) 967-4000, ext. 5982
Capital Health Regional Medical Center 3 Front South - Fuld Campus Trenton, NJ 08638 (609) 394-6106	Centra State Medical Center 901 West Main Street Freehold, NJ 07728 (732) 294-2858
Clara Maas Medical Center 1 Clara Maas Drive Belleville, NJ 07109 (973) 844-4355	East Orange General Hospital 300 Central Avenue East Orange, NJ 07018 (973) 266-8440 or (973) 266-4456
Inspira Health Network 509 North Broad Street Woodbury, NJ 08096 (856) 845-0100, ext. 5329	Inspira Health Network 333 Irvington Avenue Bridgeton, NJ 08302 (856) 575-4111 (ACCESS CENTER)
Jersey City Medical Center 355 Grand Street Jersey City, NJ 07304 (201) 915-2349	Jersey Shore University Medical Center 1945 Corlies Avenue Neptune, NJ 07754 (732) 776-4361
Monmouth Medical Center Southern Campus (Barnabas Health) 1691 Route 9 Toms River, NJ 08753 (732) 914-3836	Jefferson Health Hospital 2201 West Chapel Avenue Cherry Hill, NJ 08002 (856) 488-6879
Monmouth Medical Center (Barnabas Health) 300 Second Avenue Long Branch, NJ 07740 (732) 923-6901	Lourdes Medical Center 218 Sunset Road Willingboro, NJ 08046 (609) 835-5229
Mountainside Hospital 1 Bay Avenue Montclair, NJ 07042 (973) 429-6000	Newton Memorial Hospital 175 High Street Newton, NJ 07860 (973) 579-8429

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Short Term Care Facilities (STCF) (Continued)

Newark Beth Israel Medical Center/St. Barnabas Behavioral Health 201 Lyons Avenue Newark, NJ 07112 (973) 926-3183 St. Francis Medical Center 601 Hamilton Avenue Trenton, NJ 08629 (609) 599-5183 or 599-6569 St. Michael's Medical Center 111 Central Avenue Newark, NJ 07109 (973) 465-2681 Trinitas Regional Medical Center 655 East Jersey Street Elizabeth, NJ 07026 (908) 994-7275 University Hospital/UMDNJ 150 Bergen Street Newark, NJ 07103 (973) 972-7722	Penn Medicine Princeton House Behavioral Health 905 Herrontown Road Princeton, NJ 08540 (800) 242-2550 Raritan Bay Medical Center 530 New Brunswick Avenue Perth Amboy, NJ 08861 (732) 324-5119 Prime Healthcare Services St. Clares LLC dba St. Clares Hospital 130 Powerville Road Boonton, NJ 07005 (973) 316-1905 Underwood Memorial Hospital 509 North Broad Street Woodbury, NJ 08095 (856) 845-0100, ext. 5329

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STATE AND COUNTY HOSPITALS

The psychiatric residential mental health facilities operated by the state and counties are authorized to accept persons in need of involuntary commitment under NJS 30:4-27.2 et seq. Admissions are only accepted from emergency screening centers and short term care facilities.

STATE	COUNTY
Ancora Psychiatric Hospital 301 Spring Garden Road Ancora, NJ 08037 (609) 561-1700	Bergen New Bridge Medical Center 230 East Ridgewood Avenue Paramus, NJ 07652 (201) 967-4000
Ann Klein Forensic Center Sullivan Way West Trenton, NJ 08628 (609) 633-0900	Essex County Hospital Center 204 Grove Avenue Cedar Grove, NJ 07009 (973) 571-2800
Greystone Park Psychiatric Hospital 59 Koch Avenue - Main Bldg. Morris Plains, NJ 07950 (973) 538-1800	Meadowview Psychiatric Hospital 595 County Avenue Secaucus, NJ 07094 (201) 369-5252
Trenton Psychiatric Hospital Sullivan Way West Trenton, NJ 08628 (609) 633-1500	Cornerstone Behavioral Health Hospital of Union County 40 Watchung Way Berkeley Heights, NJ 07922 (908) 790-5300

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SUPPORTED EMPLOYMENT SERVICES

Supported Employment is a service that helps consumers find and maintain meaningful jobs in the community. The jobs are competitive (pairing at least minimum wage) and are based on a person's preference and abilities.

Bridgeway Rehabilitation Services-(Union)
1023 Commerce Street
Elizabeth, NJ 07208
(908) 686-2956

Care Plus NJ, Inc.

610 Valley Health Plaza
Paramus, NJ 07652
(201) 265-8200

Catholic Charities - Diocese of Trenton
10 Southard Street
Trenton, NJ 08609
(609) 393-8912

Center for Family Services
492 Route 57W
Washington, NJ 07882
(908) 689-1000

Jersey Cape Diagnostic, Training & Opportunity Center
152 Crest Haven Rd
Cape May Court House, NJ 08210
(609) 465-4117 x126

Mental Health Association of Essex County
60 Evergreen Place, Suite 401
East Orange, NJ 07017
(973) 395-1000, ext. 401

Acenda, Inc.
Beacon Division
200 Hollydell Drive
Sewell , NJ 08080
(856) 848-8054

Bridgeway Rehabilitation Services (Sussex)
93 Stickles Pond Road
Newton, NJ 07860
(973) 383-5033

Catholic Charities - Archdiocese of Newark/Mt. Carmel Guild
2201 Bergenline Avenue, 3rd Floor
Union City, NJ 07087
(201) 558-3789

CPC Integrated Health-
Aberdeen Counseling Center
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

Delaware House
25 Ikea Drive
Westampton, NJ 08060
(609) 267-9339

Hunterdon Medical Center Behavioral Health
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6401

Catholic Charities
1009 Kennedy Blvd
North Bergen, NJ 07047
(201) 271-9532

Mid-Atlantic States Career Center
111 S. Broadway
Pennsville, NJ 08070
(856) 514-2138

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SUPPORTED EMPLOYMENT SERVICES (Continued)

Preferred Behavioral Health of NJ 725 Airport Road Lakewood, NJ 08701 (732) 367-5439 St. Joseph's Regional Medical Center 645 Main Street Paterson, NJ 07503 (973) 754-8611 Rutgers University Behavioral Health Care 195 New Street New Brunswick, NJ 08901 (732) 235-6902	Richard Hall CMHC 500 North Bridge Street Bridgewater, NJ 08807 (908) 725-2800 Prime Healthcare Services St. Clares LLC dba St. Clares Behavioral Health Center 50 Morris Avenue Denville, NJ 07834 (973) 6025-7045

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SUPPORTED EDUCATION (SED)

Provides direct services and support in educational coaching so that consumers may enter and succeed in educational opportunities. SED also serves as an information clearinghouse for consumers, families, colleges, and providers within a geographical area. Direct service may include the provisions of supported educational coaching services provided directly to the consumer in the educational setting. The services also include enrollment and registration assistance, teaching study skills, illness management and recovery skills particularly related to school, assistance and advocacy in obtaining "reasonable accommodations" from the school.

Essex, Hudson, Middlesex & Union Counties Bridgeway Rehabilitation Services 1023 Commerce Avenue, 2nd Floor Union, NJ 07083 (908) 687-9666	**Camden & Gloucester Counties** Catholic Charities, Diocese of Trenton 25 Ikea Drive Westampton, NJ 08060 (606)267-9339
Bergen, Morris & Passaic Counties Prime Healthcare Services St. Clares LLC dba St. Clares Health System 50 Morris Avenue Denville, NJ 07834 (973) 625-7070	**Atlantic, Monmouth & Ocean Counties** Preferred Behavioral Health of NJ 725 Airport Road Lakewood, NJ 08701 (732) 367-5439

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SYSTEMS ADVOCACY

Legal assistance provided to mental health clients, either through agency referrals or self-referral, by a network of DMHAS-funded legal service agencies. Assistance may include advice and guidance, case coordination, and court representation for issues such as government entitlements, housing, evictions, employment, etc.

COMCO NJ Statewide Consumer Membership Organization (973) 788-8810 Community Health Law Project 250 Washington Street, Suite 5 Toms River, NJ 08753 (732) 349-6714 Community Health Law Project 650 Bloomfield Avenue, Suite 210 Bloomfield, NJ 07003 (973) 680-5599 Community Health Law Project 216 Haddon Avenue, Suite 703 Collingswood, NJ 08108 (856) 858-9500 Community Health Law Project 4 Commerce Place Mount Holly, NJ 08060 (609) 261-3453 Community Health Law Project 160 South Pitney Rd Galloway, NJ 08205 (856) 858-9500 Community Health Law Project 3635 Quakerbridge Rd, Suite 14 Hamilton, NJ 08619 (609) 392-5553 Laurel House 316 Livingston Avenue New Brunswick, NJ 08903 (732) 246-0028	City of Asbury Park Municipal Building 1 Municipal Plaza Asbury Park, NJ 07712 (732) 502-5731 County of Bergen Law Project One Bergen County Plaza, 4th Floor Hackensack, NJ 07601 (201) 634-2767 Central Jersey Legal Services, Inc. 317 George Street, Suite 201 New Brunswick, NJ 08901-2006 (732) 249-7600 Community Health Law Project 65 Jefferson Street, Suite 402 Elizabeth, NJ 07201 (908) 355-8282 Community Health Law Project 3301 Route 66, Building C Suite 130 Neptune, NJ 07753 (732) 380-1012 Legal Services of Southwest Jersey 30 Schuyler Place Morristown, NJ 07960-0900 (973) 285-6911 Mental Health Association of Morris County 100 Route 46E - Building C Mountain Lakes, 07046 (973) 334-3496 Mental Health Association 4 Jimmie Leeds Road Galloway, NJ 08205 (609) 652-3800

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SYSTEM ADVOCACY (Continued)

Mental Health Association of Ocean County 25 South Shore Drive Toms River, NJ 08755 (732) 914-1546/(732)244-0940 Mental Health Association of Passaic County 404 Clifton Avenue Clifton, NJ 07011 (973) 478-4444 Mental Health Association of NJ - Hudson County 35 Journal Square, Suite 827 Jersey City, NJ 07306 (201) 653-4700 Warren County Legal Services 91 Front Street Belvedere, NJ 07823 (908) 475-2010	Mental Health Association of NJ 88 Pompton Avenue, Suite 1 Verona, N 07044 (973) 571-4100 National Alliance for the Mentally Ill - Bergen County 309 Valley Boulevard, Room 30 Woodridge, NJ 07075 (201) 635-9595 Northwest Legal Services 82 Park Avenue Flemington, NJ 08822 (908) 782-7979 United Family & Children's Society 305 West 7th Street Plainfield, NJ 07060 (908) 755-4848

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VOLUNTARY UNIT

A unit within a hospital which provides transitional intensive short term treatment for the care of adult patients affected with acute or chronic mental illness on a voluntary basis. These units may be intermingled on STCF (short term care facility) units. Individuals under this status voluntarily admit themselves for a STCF for stabilization and treatment. However, a STCF shall agree to make every effort to discharge the person to appropriate voluntary outpatient services before making a referral to a State or county hospital.

Capital Health, Fuld Campus 750 Brunswick Avenue Trenton, NJ 08638 (609) 394-6049, ext. 6996 Jersey Shore Medical Center Rosa II 1945 Route 33 Neptune, NJ 07753 (732) 776-4369 Monmouth Medical Center 300 Second Avenue Long Branch, NJ 07740 (732) 923-6909 Prime Healthcare Services St. Clares LLC dba St. Clare's 130 Powerville Road Boonton, NJ 07005 (973) 316-1905 Trinitas Regional Medical Center 655 East Jersey Street Elizabeth, NJ 07206 (908) 994-7205	Centra State Medical Center 901 West Main Street Freehold, NJ 07728 (732) 294-2850 Morristown Memorial Hospital 100 Madison Avenue Morristown, NJ 07960 (973) 971-5501 Riverview Hospital 1 Riverview Plaza Lower Level 1 Red Bank, NJ 07701 (732) 530-2478 UMDNJ-UBHC 671 Hoes Lane Piscataway, NJ 08855 (732) 895-3952

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