

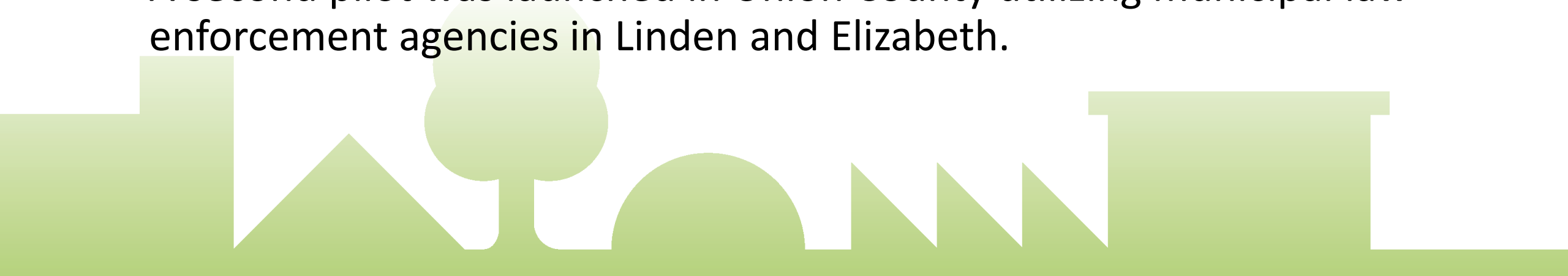
ALTERNATIVE RESPONSES TO REDUCE INSTANCES OF VIOLENCE AND ESCALATION

- In 2020, across NJ, **2 out of every 3** uses of force by law enforcement involved a civilian suffering from mental health or substance use issues.
- More than **half** of all fatal police encounters occurred in similar circumstances.



ARRIVE Together Beginnings

- In 2021, in consultation with DHS and community stakeholders, OAG and NJSP piloted an initiative that paired a State Trooper trained in crisis intervention and de-escalation techniques with a certified mental health screener and crisis specialist to respond to 9-1-1 calls involving behavioral health incidents.
- A second pilot was launched in Union County utilizing municipal law enforcement agencies in Linden and Elizabeth.



ARRIVE Together Models

- Co-Response
- Telehealth
- Follow-up
- Close-in-time Follow-up
- Critical Incident



ARRIVE Together Outcomes

- Involvement of an ARRIVE team leads to **fewer arrests, fewer uses of force, fewer injuries**, and **eliminates racial disparities** with respect to outcome.
- ARRIVE is **increasing the utilization of mental health resources**.
- Traditionally, an officer interacting with an individual in crisis had only 2 options:
 - (1) call a screener and wait; or
 - (2) consistent with the law, make the decision to transport the individual to the hospital involuntarily

ARRIVE Together Outcomes

- ARRIVE keeps residents in the community.
- According to DHS, only about **1/3 of individuals in crisis who are transported to the ER actually require hospitalization.**
- Clinicians determine when someone should be evaluated for hospitalization and when that individual is able to remain in the community—particularly when connected to services that meet their needs.