

# Co-Response Model

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Crisis Intervention Social Worker

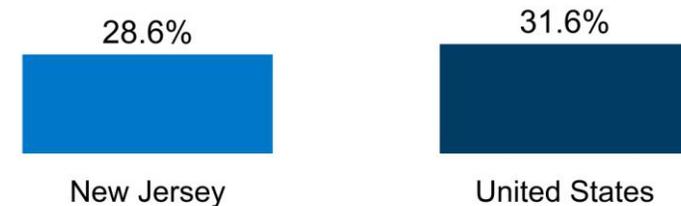
# Introduction

- Who I am
  - Licensed Social Worker in the State of NJ
  - Over 5 years experience working in the behavioral health field.  
Experience working with adolescents, adults, substance abuse, court mandated outpatient treatment, Emergency rooms and residential facilities.
- Assessment experience along with connections to resources
- Why I am here
  - Crisis Intervention Social Worker for Maplewood, NJ through the Department of Health
  - Collaborating with Maplewood Police and Fire Department
- Implementing the Co-Response Model

# Prevalence of Mental Illness in New Jersey

- Mental illnesses can be acute or chronic and are diagnosable conditions that affect an individual's emotional, psychological, and social well-being, and often their behavior. These conditions include depression, anxiety, schizophrenia, and mood or personality disorders, among others.
- More than three in ten adults in the U.S. have reported symptoms of anxiety and/or depressive disorder since May 2020. In comparison, in 2019, approximately one in ten adults reported symptoms of anxiety and/or depressive disorder.
- In New Jersey, from September 29 to October 11, 2021, 28.6% of adults in New Jersey reported symptoms of anxiety and/or depressive disorders, compared to 31.6% of adults in the U.S.

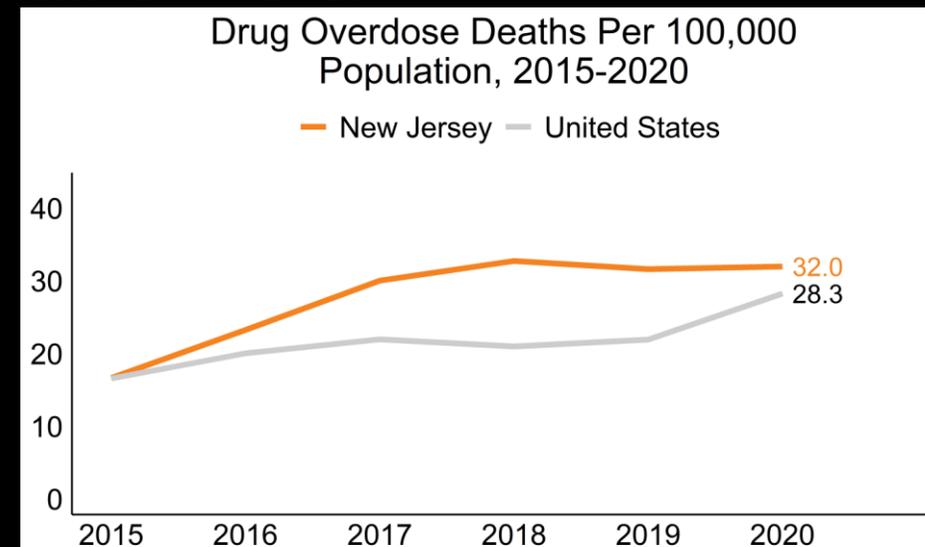
Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder, September 29-October 11, 2021



NOTE: These adults, ages 18+, reported experiencing symptoms of anxiety and/or depressive disorder during the majority of the past 7 days.  
SOURCE: KFF analysis of U.S. Census Bureau, Household Pulse Survey, 2021.

# Prevalence of Mental Illness in New Jersey cont'd

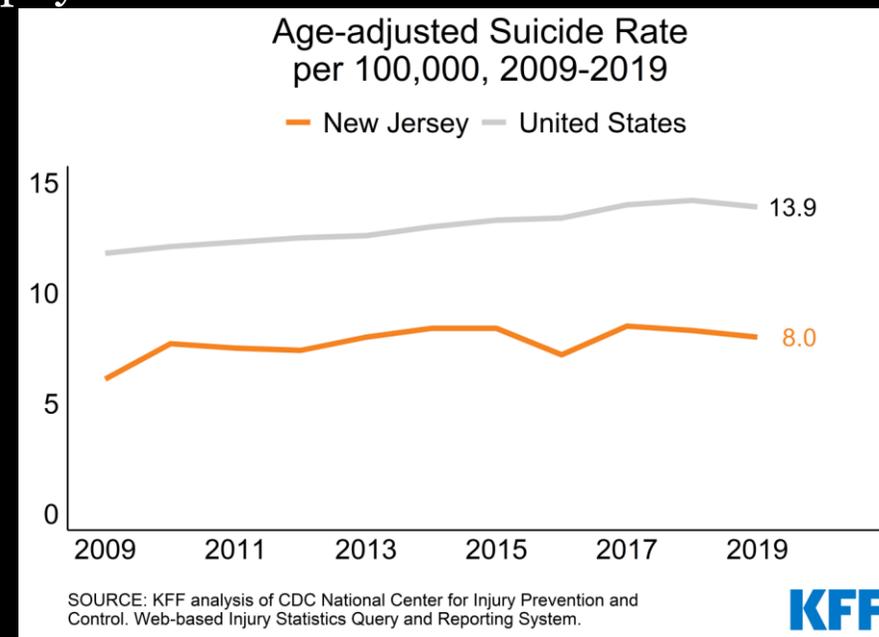
- **Substance use disorder-** The use of illicit drugs or meeting criteria for alcohol dependence or abuse, defined based on a person reporting a “pattern of substance use leading to clinically significant impairment or distress.”
- In September 2020, 15.1% of U.S. adults reported new or increased substance use due to pandemic-related stress. Deaths due to drug overdose also increased from over 72,000 deaths nationally in 2019 to over 93,000 deaths in 2020.



NOTE: Estimates are based on provisional data.  
SOURCE: Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021. Population Estimates from 2015 to 2020 Census Bureau Population Estimates.

# Prevalence of Mental Illness in New Jersey cont'd

- Suicide is the 10th leading cause of death among Americans and 13th among New Jersey residents. The average annual suicide count among New Jersey residents is about 800 and there are more than twice as many suicides as homicides in the state.
- While suicide is often linked to underlying mental health conditions, that is not always the case, as a combination of factors generally contribute to an individual having thoughts of suicide or attempting suicide. Risk factors can include isolation, relationship struggles, financial or housing insecurity, or problems with physical health.



# Purpose of Co-Response

- To improve how we engage with people experiencing behavioral health crisis
- To provide effective crisis intervention to individuals in the community with mental illness
- Deliver a more comprehensive service to those experiencing mental illness with law enforcement along with a mental health professional conducting on-site assessments
- Develop a crisis continuum of care that results in the reduction of harm, arrests and use of emergency departments and that promotes the development of and access to quality mental health treatment and services.

# Goals of Co-Response

- SAFETY FIRST-
  - Reduce injuries to officers, individuals experiencing mental illness and others involved.
- Increase in voluntary hospital transport
- To ***follow up*** with individuals, family members, and caregivers after a crisis to reduce the likelihood of further crisis situations
- Better and faster access to mental health care and other supportive services for those experiencing a crisis, mental health emergency, or substance use disorder. Which can lead to a better prognosis.
- Increase in officers capacity to respond to people in crisis and deescalate intense or emotional crisis situations.
- Reduction in repeat calls for service.
- Allows officers to resume their normal patrol duties in the community.

# When to activate Co-Response

- Unable to complete daily tasks such as going to work/school, eating, sleeping, bathing, and caring for children.
- Withdrawing from family/friends. Socially isolating.
- Suicidal thoughts/statements/attempts.
- Thoughts of harming others
- Self-injurious behaviors (ex: cutting or burning oneself).
- Impulsive or reckless behaviors
- Aggression, agitation, or irritability. Easily agitated. Verbal threats , Destruction of property.
- Dramatic shifts in mood, energy , sleep, or appetite.
- Seems out of touch with reality (confused thinking/ideas, unable to understand others. May feel out of self or feel they're someone else.
- Auditory or visual hallucinations.

# Cities that are participating

- Portland, Maine
  - A full-time behavioral health coordinator who supervises and manages a robust co-responder program, facilitates crisis intervention training for officers, and collaborates with other providers to facilitate system wide improvements.
  - A liaison from Opportunity Alliance who works full-time as a co-responder. The liaison is dispatched to calls for service, conducts crisis assessments and stabilization of psychotic, homicidal, and/or suicidal subjects. The liaison conducts follow-ups and referrals and serves as a conduit between PPD and behavioral health providers.
  - Crisis intervention training for police officers. Almost all Portland Police officers have received specialized training to improve their response to behavioral health related calls. CIT, which was implemented in partnership with the National Alliance on Mental Illness (NAMI) Maine, emphasizes de-escalation and diversion from the criminal justice system into the health care system.
  - [Co-responding to Crisis – YouTube](#)-Officers and civilian case manager discuss the impact that this program had on them and the community.

## Cities that are participating

- Resulted in the development of similar programs in Austin, Texas, Denver, Colorado, Oakland, California, San Francisco, California, Rochester New York, and locally, West Orange, NJ.
- This pilot program in Maplewood is being overseen by the **Mental Health Association of Essex & Morris County.**

# Procedure

- 911 call is made, dispatcher responds.
- Officers or FD are called to the scene of an EDP. Officers who have been dispatched or find themselves on a call that would benefit from the CISW, may request assistance.
- ***Follow up services-*** Perform follow up visits if a referral is made outside of CISW work hours- **Hours: Wednesday, Thursday, Friday 7am-4pm, Sunday 5pm-2am.**
  - A client who would benefit from a home visit or phone call
  - Tips from community members, social service agencies or schools, with the assistance of the PD and/or FD.

# Examples of Cases

- Since starting this position I have responded to numerous cases involving
  - Homelessness-linkage to shelters
  - Individuals suffering from depression/anxiety as a result of domestic violence-referral to therapy that focuses on trauma informed care
  - Individuals experiencing grief- grief counseling and other resources that can help the individual and their family.
  - Families who have children that are suffering from depression, self-injurious behaviors-coordinate with school social workers and follow up with additional resources.
  - Seniors who have chronic medical conditions- serve as liaison when communicating with hospital medical team to coordinate appropriate discharge referral/aftercare.

# Contact Information

- Email: [meustache@twp.maplewood.nj.us](mailto:meustache@twp.maplewood.nj.us)
- Hours: Monday 12-8pm, Wednesday-Friday 7am-4pm

# Reference

- Krider, A., Huerter, R., Gaherty, K., Moore, A. (2020, January). RESPONDING TO INDIVIDUALS IN BEHAVIORAL HEALTH CRISIS VIA CO-RESPONDER MODELS: The Roles of Cities, Counties, Law Enforcement, and Providers. Retrieved May 3, 2022, from <https://www.theiacp.org/sites/default/files/SJCResponding%20to%20Individuals.pdf>
- [https://www.kirklandwa.gov/files/sharedassets/public/city-managers-office/pdfs/e\\_summary-of-co-responder-models.pdf](https://www.kirklandwa.gov/files/sharedassets/public/city-managers-office/pdfs/e_summary-of-co-responder-models.pdf)
- [Behavioral Health Response Program | Portland, ME \(portlandmaine.gov\)](https://portlandmaine.gov/behavioral-health-response-program)
- [Mental Health and Substance Use State Fact Sheets: New Jersey | KFF](https://www.kff.org/mental-health/state-fact-sheets/)