



The Cutting Edge

MENTAL HEALTH ASSOCIATION IN NJ

GOVERNMENT AFFAIRS UPDATE

Carolyn Beauchamp, President and CEO

Filling the Gaps in New Jersey's Behavioral Health Crisis Response System

Introduction

In 2020, the National Suicide Hotline Designation Act instituted 988 as the new three-digit phone number for the National Suicide Prevention Lifeline (NSPL) (Read here: congress.gov/NSPL). The Mental Health Association in New Jersey (MHANJ) supports the establishment of the 988 line as well as mobile crisis teams to create a much-needed behavioral health crisis response within our state. It is the position of MHANJ that instituting mobile behavioral health crisis care throughout New Jersey will help to keep individuals in the community, out of hospitals and the criminal justice system, and connect and engage individuals in behavioral health services.

Background for Behavioral Health Crisis Response Services

The implementation of 988 and mobile crisis teams throughout the state will fill the gaps that presently exist within New Jersey's behavioral healthcare system. Over the past year in New Jersey:

- 57% of adults with any mental illness (AMI) did not receive treatment for their conditions (MHA).
- 59% of youths with major depressive episode (MDE) did not receive treatment for their conditions (MHA).
- 778 lives were lost to suicide, and 239,000 adults had thoughts of suicide (NAMI).

A community-based mobile crisis response system for people experiencing suicidal, mental health or substance use crises will quickly, safely, and effectively connect people to care. Reachable by phone, text, or chat, trained 988 call center staff will assure callers are safe and connect people to the level of care best suited to resolve their crisis.

Data shows that mobile crisis systems are an effective way to resolve behavioral health crises. Vibrant Emotional Health, the operator of the National Suicide Prevention Lifeline, reports:

- 80% of calls to Lifeline are fully handled and followed up with by the call center.
- An estimated 18% of calls are referred to mobile outreach teams.
- Only 2% of calls to Lifeline are referred directly to 911.

Ultimately, nonexistent or inadequate crisis care will continue to result in lengthier and costlier hospital stays for people in crisis, the overuse of law enforcement personnel and resources, and tragic outcomes for New Jersey residents in need caused by a lack of access to care (SAMHSA).

Legislation

Introduced in the Senate on January 11, 2022, bill S311/A2036 will establish two key entities in New Jersey: the 988 line and mobile crisis teams. Together, they will fill the gaps that currently exist

within our state's system of crisis care. In addition to the 988 suicide/mental health crisis line ("someone to call") and mobile crisis response teams ("someone to respond"), DMHAS is also establishing community crisis stabilization facilities ("somewhere to go"), creating a full continuum of crisis care. MHANJ will continue to work with state legislators and fellow advocates to support 988 and mobile crisis teams. Please contact your state legislators to ask that they support S311/A2036 to give New Jersey the system of behavioral health crisis care it desperately needs. (Read Bill: [njleg.S311/njleg.A2036](#)).

For additional information, please contact:

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