

One State's Effort to Keep Some Police Encounters From Turning Deadly

A program in New Jersey that pairs police officers with certified mental health screeners is expanding into 10 of the state's 21 counties, with the aim of de-escalating conflicts before they turn violent.



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4 MIN READ

ROSELLE PARK, N.J. — The shift was subtle but meaningful.

Police officers in casual collared shirts and cargo pants were assigned to arrive with mental health counselors to emergencies involving people in emotional distress. The two-person teams began showing up in unmarked cars, without flashing lights or sirens, crisscrossing three northern New Jersey communities.

Part of a pilot program that New Jersey's Attorney General's Office created after the 2020 police killing of George Floyd, the approach — called Arrive Together — was meant to better address the mental health needs of people in crisis and reduce the risk that encounters might end in violence.

"There's mistrust," said Daniel McCaffery, the police chief in Roselle Park, N.J., where the mental health teams began operating in December. "There's a feeling among some residents that the people you call for help are the people who may kill you."

"We have to rethink our approach," he added.

On Wednesday, New Jersey officials announced plans to do just that.

What began as a pilot initiative will be expanded immediately into 10 of New Jersey's 21 counties, with teams in 30 communities. State leaders also laid out an ambitious goal of extending the program throughout New Jersey in the coming years to become the first statewide effort of its kind.

Gov. Philip D. Murphy said he would include \$10 million in the next fiscal year's budget to pay for the expansion.

Policymakers across the United States have been grappling with ways to address fatal police shootings and beatings, most recently in Memphis with the death of Tyre Nichols, as demands for an overhaul of the nation's approach to criminal justice intensify. In New Jersey, the Arrive Together program seeks to build trust between the police and the community, and to reduce the time people in crisis wait before being connected to a mental health screener.

"It is common sense," said Sarah Adelman, commissioner of New Jersey's Department of Human Services. "But it is also radical and system-changing work."

Each participating officer and mental health screener must participate in an intensive training, where they learn techniques to de-escalate conflicts without resorting to force. There is instruction in the special needs of combat veterans, for example, as well as people struggling with addiction.

"Watch almost any fatal police encounter," New Jersey's attorney general, Matthew J. Platkin, said. "You can see in so many of them how there could have been a different outcome."

Arrive Together began in November 2021 with State Police troopers in Cumberland County, a largely rural area of southern New Jersey. The results have been encouraging, according to Capt. Robert Gates, a deputy troop commander.

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From March 2022 through January, troopers in Cumberland County responded to 229 calls with mental health counselors. In the past, most would have led to a person being taken to a jail or an emergency room for evaluation — steps Captain Gates said can quickly "go sideways."

But over the past year, 72 percent of those calls instead resulted in residents remaining at home, often matched with mental health services. There were no arrests, and only two calls led to reportable uses of force, he said. The officer and social worker are also expected to remain in contact with residents whom they first meet on calls — an element doctors say is key to the program's long-term success.



Daniel McCaffery, the police chief of Roselle Park, N.J., said the relationship of law enforcement and troubled residents must be rethought. James Estrin/The New York Times

“This is designed to increase access to care by making the process less stigmatized, a little less threatening,” said Frank Ghinassi, a senior vice president of behavioral health at RWJBarnabas Health who is also the chief executive of Rutgers University Behavioral Health Care.

The two-person teams are called by either a 911 or 988 suicide hotline dispatcher or by a uniformed officer at the scene. Upon arrival, the mental health professional takes charge with backup from the officer in plain clothes, enabling the uniformed officer either to fade into the background or leave altogether, depending on the level of risk.

“One of the objectives of this is to tone the whole thing down,” said Dana Melici, director of psychiatric emergency services at Trinitas Regional Medical Center, one of nearly a dozen health care organizations that will be providing mental health screeners for the program.

Cases involving people suffering from mental health emergencies are among the most volatile types of policing calls in New Jersey, accounting for roughly half of all reported use-of-force incidents statewide, according to data maintained by the attorney general’s office.

The results can be deadly.

In July 2021, the wife of Gulia Dale, a retired Army major, called 911 to report that he was acting erratically, explaining that he struggled with post-traumatic stress disorder and that he had a gun. Within 15 seconds of arrival at his home in Newton, N.J., the police had shot him dead, saying he had reached into his vehicle for a weapon.

In May 2020, two days before the death of Mr. Floyd in Minneapolis, a white New Jersey State Police trooper shot and killed Maurice Gordon, a 28-year-old Black man spotted driving 110 miles per hour. His friend had called 911 to report that Mr. Gordon appeared agitated and was talking about a “paranormal experience.”

New Jersey is not alone in its approach. Many cities, including New York, Albuquerque and, in perhaps the longest-running example, Eugene, Ore., deploy social workers and medics to answer 911 calls for mental health emergencies.

New Jersey officials are hoping that the state's relatively small size and its density will make it easier to replicate the model statewide and to eventually expand the teams' availability beyond the current three-day-a-week schedule.

Officer Jessica Cambronero, 33, has been riding with a mental health screener to calls in Roselle Park, where she works, and to the neighboring cities of Elizabeth and Linden for about two months.

She said people in distress tend to "soften up" when they realize that the screener is in charge, with backup support from an officer who is not dressed in full tactical gear. She said she had also learned a lot by watching her partner defuse fraught situations — lessons that are also valuable during policing shifts when she is not paired with a screener.

"You learn a lot of skills watching them do it," said Ms. Cambronero, whose fluency in Spanish has also proved useful. "In today's day and age, this is where things have to go, so people are comfortable enough to come to us, to trust us."