

# The Parole Officer-Peer Partnership: A Secondary Diversion Effort in New Jersey

Catching Up With COSSUP, October 2024

Partnerships between law enforcement agencies and peer recovery support service providers are often promoted and discussed in the context of diversion; that is, assisting an individual in need before they become fully entrenched in the criminal legal system. In New Jersey, a new partnership has emerged between the State Parole Board (SPB)—a law enforcement agency—and Rutgers University Behavioral Health Care—an organization providing peer recovery support services—to aid what can be referred to as “secondary diversion,” or the prevention of reengagement with the criminal legal system after release from incarceration.

Approximately 60 percent of people in New Jersey prisons are released onto parole [supervision](#). This means that they complete the remainder of their criminal sentences in the community, under the supervision of the SPB. The SPB is one of New Jersey’s largest law enforcement agencies, currently employing more than 450 parole officers, which collectively supervise more than 15,900 individuals.

Those under parole supervision can reengage with the criminal legal system in one of two ways: they can be returned to jail or prison as a result of a technical parole violation, or they can be rearrested for the commission of a new offense. As it relates to the former, substance use while under parole supervision is considered a technical parole violation. Perhaps unsurprisingly, those recently released from jail or prison are at greatest risk of

[relapse](#), recidivism, and death by [overdose](#); the latter risk is heightened among those who are homeless upon release.

Parole officers supervise individuals who are completing the remainder of their sentences in the community after a time of incarceration. Thus, parole officers serve two roles: supervision and social work. That said, large caseloads and a high recidivism rate nationwide often result in parole officers having less time to spend on the social work aspect of their jobs. This, coupled with the recognition that incarcerated individuals today often have histories of mental health or substance use disorders (SUDs), or both, presents challenges when it comes to assisting persons under supervision with their rehabilitation efforts.

Recent partnerships between law enforcement agencies and social workers, mental health providers, and peer recovery specialists have produced promising results in reducing relapse among persons recovering from substance use. This article provides an overview of the Parole Officer-Peer Partnership developed in New Jersey and notes successes from graduates of the Supporting the Path to Recovery (SPR) Program, the formal program that involves this partnership as established through the use of a Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant award.

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## The Partnership

In 2017, the New Jersey SPB received grant funding under BJA's Swift, Certain, and Fair Sanctions program to pilot a peer recovery support partnership in one district parole office. The partnership included one parole officer, one mental health clinician, and one peer recovery coach. Supervised individuals enrolled in the program met with their parole officers (and the recovery teams) roughly four times more often than individuals who were not in the program. These wraparound services provided to supervised individuals with SUD reduced technical parole violations and overall recidivism within the cohort.

The most valuable insight gained from the peer recovery program was the critical role of communication between the parole officer and the recovery team. This open dialogue fostered trust and collaboration, creating a supportive environment for supervised individuals. By ensuring that all parties were aligned and informed, the SPB significantly enhanced the effectiveness of the recovery process and strengthened the relationship between the officer and the individual under supervision, ultimately promoting better outcomes in the latter's journey toward rehabilitation.

As a result of the success of the 2017 program, the SPB applied for additional grant funding and identified Rutgers University Behavioral Health Care as a partner. Rutgers had at that point been successfully running its Intensive Recovery Treatment Support (IRTS) Program for 7 years, whereby peer health navigators assist individuals being released from incarceration in relapse prevention. Because the IRTS Program is funded by other New Jersey agencies, no guidelines for interactions with parole officers were established.

Originally, it was intended that the SPR Program be an extension of the current IRTS Program; that is, the SPR Program would provide funding to "stand up" a new team of peers and staff to serve individuals being released onto parole supervision. Over time, by absorbing the key elements of the program's success, the final program design adapted its requirements and practices. One addition to this program was a mental health clinician, as the SPB recognized that many people on community supervision with SUD also had a co-occurring mental illness.

Another addition was the adoption of a consent form. Under the IRTS Program, persons under parole supervision are not required to complete a consent form allowing their peer to communicate with their parole officer. As parole officer and peer communication was deemed a vital component of the SPR Program, it was determined that all SPR Program participants must sign a consent form in order to be eligible for program participation.

## Parole Officer Buy-In

The success of the SPB's 2017 peer recovery support program aided in obtaining parole officer buy-in for the SPR Program; however, only the parole officers who directly participated in this program in a small region of New Jersey may have been aware of its existence. Thus, an effort was made to educate officers on the SPB's previous efforts. At the same time, the SPB discussed the SPR Program and the implementation strategy with its command staff (i.e., the chief, captains, lieutenants, and sergeants) and with board members.

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Importantly, the SPR Program received top-level support from its inception. The SPB chairman, board members, executive director, and chief expressed their support both publicly and internally. Grant managers from the SPB met with lieutenants, sergeants, and prospective dedicated parole officers to explain how the peers in the program could not only assist with much of the social work responsibilities but transport participants to appointments and serve as an extra point of contact. Further, Rutgers University Behavioral Health Care is able to leverage relationships with other agencies and service providers that the SPB may not have, thus increasing the resources available for parole officers.

## “What Works” in New Jersey

The success of the SPR Program is largely attributed to the team members performing the day-to-day work with participants. The parole officers involved in the program are those who care deeply about rehabilitation, overdose prevention, and recovery as well as the success of individuals on their caseloads. Similarly, the peers, having previously been in the shoes of the participants, share a similar outlook. These elements work in tandem to create a successful program that benefits New Jersey and its citizens.

For more discussion of New Jersey’s efforts, listen to [this](#) episode of the *Just Science* podcasts.

