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Legislative Budget and Finance Office
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Thank you for the opportunity to testify today. This is the 3rd year I have had the honor to testify at a public budget hearing. I am once again requesting an increase in the budget for the treatment and recovery support services for substance use disorders but I would also like to thank the legislators, Dept. of Mental Health and Addiction Services and Governor Christie for working hard to address this disease that has taken so many of our children. Many believe that we are doing nothing but I know just how far we have come. That being said, I can tell you that Cape May County alone has already lost as many to overdoses so far this year than all of 2016. Of course, we do not have the highest number of overdoses in the state.

I have been an advocate for 6 years and a mother of a son who has struggled with a co-occurring disorder for 9 years. He takes credit for my education and he has given me plenty. How great it would be if I could say I really don't know anything about addiction. The silver lining is that my life has been enriched by the people I have met in my advocacy work, many in recovery themselves. I have learned that people do recovery and that gives me hope every day.

We have dealt with the lack of support in the education system, undiagnosed mental health disorders, probation, court program, jail, prison, in-patient treatment, out-patient treatment, medication assisted therapy, 9 overdoses and some time in recovery. I believe it's safe to say that I have become an expert in barriers to recovery, especially when mental health is part of the equation. My son has most certainly been one to test the system.

A treatment provider needs a great deal of time to make an accurate diagnosis and as we all know there is not much time during in-patient treatment. They are dealing with an unstable patient who may not be truthful or may just not recognize certain behaviors as important. Most treatment providers will say that they are able to treat co-occurring patients but the reality is that very few can afford to hire someone full time. Most work with a very small staff who cannot give enough one on one attention to the patients. Not addressing underlying issues leads to relapses and a return to the same treatment that didn't work the first, second or third time.

I work to place people in treatment almost every day and try to help them with a continuum of care. Most of the people I work with are not insured, under insured or have Medicaid. We are constantly waiting for beds to be available even though there are almost always empty beds in treatment facilities that accept funding. Advocates and families will say we need more beds but the reality is that we need more funding for the beds we have.

The only time we celebrate a DUI is when trying to find treatment for someone because there is funding but the funding is usually out by the 10th of the month. The South Jersey Initiative funding is out early in the month as well. We need more money budgeted to these funding streams as well as others. There should never be an empty bed in our treatment facilities because there is never a day that someone isn't begging to get into treatment! If the beds were full, the providers may be able to afford full time psychiatric care in their facilities. We are losing over 144 people a day in this country to overdoses. Empty beds are unacceptable!

Once we are able to get some into treatment the most important work begins. WHAT NEXT! There isn't enough time in treatment to do much more than medically stabilize someone so what happens after they are released? What happens to the patients who continue or are clinically appropriate for out-patient treatment and/or Medication Assisted Therapy and need a safe place to live? We currently DO NOT fund sober living for individuals with a substance use disorder. There has been a battle concerning licensing for sober living for two years but NJ doesn't even fund federally licensed Oxford Houses.

Ohio and Maryland have found a way to budget for sober living through legislation. We need to follow their lead because if people aren't in safe housing and don't have support like recovery coaches to help them with everyday living they relapse and we start the expensive process of getting them into treatment again. Funding for recovery housing and recovery support services will actually save us money in the cost of sending people back to treatment or jail time and time again. Funding to provide a coach to every patient leaving treatment gives them the support to find resources like housing, employment, medical care and life skills. New Jersey is now training certified coaches. Many are working with hospitals through grants to motivate overdose patients to accept treatment but we need to fund coaches through county programs so that once they are back in the community they have a better chance to recovery.

Thank you again for allowing me the opportunity to discuss the importance of increasing funding for in-patient treatment, co-occurring treatment and access to recovery support services. This is the only way we will stop the demand for drugs in our state and help individuals find recovery.

Sincerely:

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Cape May County