

# [NJAMHAA Advocates for Investment](#)

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## **NJAMHAA Advocates for Investment in Mental Health and Addiction Services**



The following op-ed piece by Debra Wentz, Ph.D., CEO of NJAMHAA, was published in the June 21, 2010 issue of the Trenton Times:

In 1984, J.D. was homeless, indigent and addicted to alcohol and other drugs. A few months ago, he celebrated 25 years of sobriety and today, he continues to serve on the Board of the treatment agency that guided him throughout his journey to recovery. He shares his experiences at monthly meetings that the agency hosts, and he enjoys his family, fishing and a successful career.

In 2006, another organization welcomed K.M., who has a history of depression, homelessness, illegal drug use, hospitalizations and several suicide attempts. Today, K.M. is happy, has a home and serves as president of two groups in the agency's programs. He has also taken on the role of Social Director. K.M. has become a role model for treatment compliance and supports others in the city's co-occurring disorders program. He has been clean and sober for more than four years and has not been hospitalized since 2006.

These inspiring stories were shared by proud, dedicated providers at nonprofit, community-based organizations. Throughout New Jersey, hundreds of such non-profit organizations serve hundreds of thousands of people like J.D. and K.M.

According to the Substance Abuse and Mental Health Services Administration, 4.6 million adults nationwide have co-occurring disorders. However, only 6 percent receive treatment for both illnesses. Nearly half, 47.5 percent, do not receive any treatment, while 41.4 percent are treated only for the mental illnesses and 5 percent receive treatment only for substance use disorders.

The good news is that nonprofit organizations abound throughout the country, offering a broad range of clinical treatment and support services – including supportive housing and supported employment – that make success stories like J.D.'s and K.M.'s possible.

The bad news is that in the midst of budget crises, many states, including New Jersey, are reducing funding for these vital services. These financial decisions hurt not only the individuals and their families, but also the state overall. While state leaders see the immediate savings on the books, they have lost sight of the long-term costs.

In New Jersey, the "savings" in Fiscal Year 2011 would be \$4.1 million from contract reductions in the Division of Mental Health Services and \$3.3 million in the Division of Addiction Services. The long-term costs – which, in many cases, are not so long term – are incurred throughout the state from avoidable hospitalizations, incarceration, homelessness, disability and unemployment. These preventable consequences cost New Jersey taxpayers several billion dollars in local and state taxes every year, clearly much more than the savings that state leaders believe they are achieving.

For example, the state spends an average of only \$600 in contract dollars for one year of community outpatient services for an adult, whereas one year of care in a state psychiatric hospital can cost \$178,000. Another striking example is the cost of incarceration compared to community based addiction treatment. Incarceration costs \$49,000 per year, while one year of residential treatment represents an investment of \$25,000.

Furthermore, treatment is much more effective than incarceration. According to National Drug Court data, 70 percent of addicted offenders who receive treatment remain clean and sober for years, while 70 percent of those who are not treated are likely to return to jail or prison.

As individuals suffer and are unable to work, so do the state's tax rolls. Once treated, these individuals can become working, productive and tax-paying citizens, contributing to rebuilding the state's economy. In fact, lost earnings due to lack of treatment add up to several billion dollars every year in New Jersey.

These numbers say it clearly. New Jersey cannot afford to "save money" by cutting back on mental health and addiction treatment and services.

There is no denying that New Jersey is in a fiscal crisis. There is also no denying that the solution does not lie in restricting access to cost-effective community-based services that strengthen individuals and, in turn, strengthen our state.

Community mental health and addiction providers have proposed a variety of money-saving, efficiency measures to the state that would not harm individuals like J.D. and K.M. and would avoid the unintended drain on the state's resources. State legislators and policymakers need to partner with the non-profit community to explore solutions that give New Jersey and all of its residents the opportunity to thrive.