
Advocates for Children of New Jersey (ACNJ) Position on Substance Abuse Legislation

Fall 2014



A package of bills to address New Jersey's growing opiate epidemic aims to address the issue on several levels. ACNJ supports this overall effort and is working with sponsors to ensure that certain provisions being adopted for adults are also extended to juveniles who suffer from substance abuse disorder.

Following is a brief summary of the measures that ACNJ supports extension to juveniles.

S-2379/A-3721 would establish a pilot program to expand Medicaid enrollment for eligible adult defendants awaiting a court hearing. This approach could also benefit uninsured juveniles with pending delinquency charges who are being held in county detention facilities.

In addition, ACNJ is exploring with the bill sponsors ways to increase access to NJFamilyCare, which includes Medicaid, for youth confined in New Jersey's Juvenile Justice Commission (JJC). Youth who are covered through Medicaid prior to entering JJC custody have their Medicaid reinstated upon release. However, no clear process is in place for youth who are uninsured when they enter JJC custody to be sure they have health coverage when they leave custody. Some of these youth may be eligible for Medicaid.

ACNJ proposes exploring the possibility of granting these uninsured youth "presumptive eligibility," either through this legislation or another measure, as long as the youth appears to meet the state's income guidelines for NJ FamilyCare/Medicaid eligibility. This would be similar to that allowed pregnant women who come to the hospital. This would prevent a lapse in treatment, improving their chances of remaining in recovery after leaving confinement.

S-2380/A-3722 would require that adult prison-based treatment centers be licensed through the Department of Human Services. This same protection should be extended to youth in the custody of the Juvenile Justice Commission (JJC). Currently, the JJC's treatment programs, like those operated by the Department of Corrections, are not required to earn state licensure.

Anecdotal information suggests that a lack of licensed counselors is a primary reason that these programs are ineligible for licensure. Clearly, this is a concerning situation, as these youth are entitled to treatment that meets the same standards and protocols set for their peers who are not confined.

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Because of the relatively recent transfer of some – but not all – juvenile addictions services from the Division of Mental Health and Addictions Services to the Department of Children and Families, it is unclear which agency would ultimately be responsible for that oversight.

However, ACNJ supports applying the same model proposed in this bill for youth and young adults in JJC custody, namely establishing an interagency system of regulation applicable to therapeutic treatment offered through JJC. This could potentially include the Juvenile Justice Commission, the Division of Mental Health Addictions Services (DMHAS) and the Department of Children and Families (DCF). ACNJ also proposes giving JJC a reasonable amount of time to hire enough licensed counselors and make any other necessary improvements to meet state licensure requirements.

ACNJ also agrees that jointly adopted rules applicable to these treatment programs must reflect and be consistent with the division of authority specified by the bill and the respective roles of the JJC, DCF and DMHAS.

Like adults, juveniles in confinement should not be subject to disparate treatment for mental health and substance abuse treatment.

S-2381/A-3723 would require certain drug treatment programs operating in state correctional facilities or county jails to offer medication-assisted treatment. This same treatment should be available to detained juveniles, especially those in the custody of the New Jersey Juvenile Justice Commission (JJC).

Mirroring the requirements proposed for adults, legislation should be enacted to mandate this treatment be part of the licensing requirements for youth housed in a JJC secure or residential facility, a county juvenile detention center or while participating in any drug court-like program as an alternative to incarceration. Currently, JJC treatment programs do not offer medication-assisted therapy.

Medication-assisted treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance abuse disorders. It is an evidence-based practice recognized by the state's Department of Human Services, Division of Mental Health and Addiction Services and the United States' Department of Human Services, Substance Abuse and Mental Health Services Administration.

The same requirements set forth in this bill should be applied to programs treating confined juveniles with substance use disorders. This should include the provision that a 90-day license extension be granted to any currently-licensed programs, during which time the program would be required to add medication-assisted treatment. A failure to successfully add this treatment would result in the program's license being revoked.

Similarly, juveniles involved in a drug court-like program should not be penalized for using medication-assisted treatment with either a program violation or unsuccessful completion of the required treatment.

While JJC officials report a small number of youth in need of this type of treatment, it clearly should be available to those who do need it.