

2/21/13

RE: Department of Children and Families Budget Hearing

Dear Committee,

My name is Greg Williams and I am a current resident of Danbury, CT. I am a young person in recovery from drugs and alcohol for over 11 years since age 17. I initiated my sustained recovery as a result of access to quality adolescent treatment outside of the state of CT. As my family was going through the most difficult time in their lives, they chose this treatment option after I was involved in a near fatal car accident. It was clear that the options for treatment of adolescents in CT were essentially nonexistent.

Our family was lucky, we won my battle with adolescent addiction. Unfortunately, for the majority of CT adolescents struggling with substance use disorders, their families are not as lucky and are unable to access the proper care for their chronic health problem. As a result the rest of the State system is picking up the tremendous burden of increased healthcare costs, criminal justice related expenses, and lost productivity.

- ***“Over 90% of people with abuse/dependence started using under the age of 18 and met criteria by age 20. Treatment and recovery supports in the first 10 years of use (basically adolescents & young adult hood) is associated with cutting the years of use by decades and key to reducing long term costs to society (Dennis, M. – Chestnut).”***

CT Turning To Youth and Families supports the Governor’s budget recommendation to increase Substance Abuse Services in the coming years because young people that go untreated cost our State budget anywhere from \$250,000 (from the low estimates) to \$2.3 Million dollars per person across the lifespan. That’s right, in my 11 years of sustained recovery, I haven’t been hospitalized, homeless, incarcerated, and I work and pay taxes. My life is just one example of how the fiscal impact of supporting young people to enter recovery is worth MILLIONS of dollars to The State of Connecticut. However, making the same investments we have made in the past will not curb the epidemic of young people with substance use disorders and their strain on all budgets.

- ***Currently No Recovery-Oriented System of Care Exists for CT Adolescents:*** DCF, DHMAS, JJ, and CSSD professionals, parents, and schools have been on the front lines witnessing substance use problems growing among young people. Unfortunately they have lacked the community-based recovery models that research suggests are the best way to support long-term recovery.
- ***An Increase In Access to Acute Treatment Is Not Enough To Combat What We Know Is A Chronic Health Condition:*** Improving access to detoxification, residential treatment, and outpatient treatment services would be a wonderful step, but what comes after that for young people with substance use disorders? If we want to be efficient with the resources spent on acute treatment these are some of the items that research, The Office of National Drug Control Policy, and CT stakeholders recommend will help sustain recovery for young people:
 - Safe, sober, and age appropriate housing options
 - Recovery-oriented education options currently available in many other states
 - Peer life skills coaching (peer recovery coaching)

- Family involvement, support, and education
- System navigation/coordination
- Building bridges to existing youth recovery capital in CT

The main reason we continue to overlook these evidence-based models is a continued lack of investment by The Department of Children of Families for advocacy efforts to support this population.

- ***No Funds are Spent on Adolescents With Substance Use Disorders:*** It is alarming that in 2013 CT continues to neglect allocating money towards advocacy and recovery services for adolescents that cannot be funded by existing financing mechanisms elsewhere. As indicated in DHMAS's Priority Setting Process, potential solutions to many challenges our system faces can be found through "advocacy such as educating decision makers on the efficacy of treatment, and reducing stigma through community education." The Children's Mental Health Block Grant funds a great deal of advocacy around mental health issues children face, but these funds have never specified or initiated advocacy efforts for youth facing drug and alcohol problems. This is clearly evidenced by the glaring 5 Substance Abuse Consumer/Family vacancies as voting members on the planning council (Page 46 of the most State application). If youth and families in recovery are not there to vote on behalf of substance abuse service planning for adolescents than DCF will continue to neglect this population, while DHMAS will continue to see a greater number of 18 to 25 year olds entering the substance abuse treatment system in need of high levels of services.

Thank you for the opportunity to submit this testimony,

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