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STATE OF EMERGENCY

# A fighting chance

## Officials celebrate Post House reopening

By Kelly Kultys  
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@kellykultys

PEMBERTON TOWNSHIP — About two months after the Maryville at Post House Treatment Center opened its door, officials got together to celebrate the reopening of the facility.

"Our patients come to us from all over New Jersey with or without insurance," Maryville Chief Executive Officer Kendria McWilliams said. "We assess and treat the whole person."

The 48-bed facility on Pemberton-Browns Mills Road serves male patients struggling with addiction and other co-occurring disorders. Six of the beds will be set aside for long-term residential treatment for the county's drug court program, while 12 of the beds will be used for detoxification. The 30 remaining beds will be used for short-term residential treatment.

The facility had been closed since April 2017, when its previous operator Legacy Treatment Services, based in Hainesport, shut it down due to financial concerns.

In September, the Maryville Addiction

Treatment Center, which has facilities in Gloucester and Cumberland counties, was awarded a contract to operate the center through the end of 2017. In November, both provider and the county came to a three-year agreement, in which Maryville will pay the county \$100,000 annually as a lease fee and be responsible for providing detoxification and short-term residential services. There are also two one-year options that could extend the agreement through December 2022.

Maryville received its license to operate from the state in February and opened its doors to patients on Feb. 23.

The reopening was also made possible since Post House can now accept patients with Medicaid, thanks to a waiver from the federal government.

Under previous restrictions, known as the Medicaid Institutions for Mental Diseases exclusion, facilities with more than 16 beds were prohibited from billing Medicaid. The restriction was designed to prevent Medicaid funding

See REOPENING, A2



Judy Janas, of Delanco, had searched the web for an affordable drug treatment center for her son, and one that would take his medical insurance. She found help through the state's hotline, but not without a delay. [NANCY ROKOS / STAFF PHOTOJOURNALIST]

## Experts agree time is of the essence when someone asks for help recovering from opioid addiction

By Marion Callahan, Kelly Kultys and Jenny Wagner  
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The letter came on the day Lynne Wahl buried her son.

Inside was something that could have changed Bobby Wahl's path, opening a door for help in the fight against his heroin addiction.

But access to the treatment he finally sought required insurance he didn't have. Together, he and his mother compiled the documents and filled out the paperwork for state-sponsored insurance that would cover his treatment.

Weeks passed. Bobby went missing, triggering a 10-day search that ended with the discovery of his decomposed body in some bushes by Temple University.

The tragic irony of the situation arrived in mail the day of the funeral in 2013.

"That was his Access card," his mom said, "but he never had a chance to use it."

See TREATMENT, A6



Daniel Rivera, program director at Gaudenzia Lower Bucks, left, listens as Donny Ivins describes his experience getting into treatment and on the road to recovery with the help of BCARES (Bucks County - Connect Assess Refer Engage Support). The program pairs the county's six hospitals with three treatment facilities in order to provide warm hand-offs from the emergency room to treatment for people who have overdosed. [JENNY WAGNER/STAFF PHOTOJOURNALIST]



Former addict Katie Allen, left, and her mom, Susan, struggled to get help for her as she tried to break out of her addiction to opioids. [ART GENTILE / STAFF PHOTOJOURNALIST]



Robert K., a Maryville Addiction Treatment Center alumni, tells his story of recovery at the grand opening of the Maryville at Post House Addiction Treatment Center in Pemberton Township on Friday. [NANCY ROKOS / STAFF PHOTOJOURNALIST]

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# TREATMENT

From Page A1

## More resources for those seeking help

Officials in Pennsylvania and New Jersey have been attempting to add resources and streamline services over the past few years to help those who finally are ready to say yes to treatment, before their addiction once again takes hold.

In January, Gov. Tom Wolf declared the opioid epidemic a statewide emergency in Pennsylvania, and introduced programs that seek to make it easier to access treatment. He recently renewed that effort for another 90 days, giving more time to local agencies and advocates to continue their work.

In New Jersey, Burlington County Prosecutor Scott Coffina held a closed-door meeting earlier this month to bring stakeholders combating the opioid crisis to the table to coordinate efforts.

"It was great to have all of these suggestions and the opportunity for people to talk to each other and learn about programs and learn about issues that everybody faces that we don't necessarily know about in our silos," he said.

At the same time, there's been a "significant increase" in the number of people getting involved at the community level, from forming their own nonprofits and fundraising, to organizing events, said Diane Rosati, executive director of the Bucks County Drug and Alcohol Commission.

"We're incredibly encouraged by everybody in the community," Rosati said. "We know we can't do it alone — government, medical, schools, business — we just can't do it alone. We need everybody helping us out in a coordinated effort."

Yet hurdles remain. "I heard over and over and over again ... 'My child needs treatment, but I have no idea how to get him or her there. I don't know who to call,'" said Jennifer Smith, acting secretary of the Pennsylvania Department of Drug and Alcohol Programs, during a hearing on the opioid epidemic.

## Help just a call away?

The addition of hotlines in both states has been touted as a way to provide better, centralized access to treatment. In New Jersey, former Gov. Chris Christie launched the REACHNJ hotline in January 2017, running advertisements letting people know that "help was just a call away."

"This helpline provides an individualized assessment of callers' needs," a description of the service reads. "The helpline offers 24-hour service focused on addiction and serves as a one-stop shop to simplify the process for those seeking help."

Some who have used the hotline, like Judy Janas, said it doesn't always deliver immediate help, which is what people need. She complimented those on the phone, saying they were nice and tried to help, but they still could only get her son with his limited insurance on a waiting list.

"They took his name and a little bit of information and they said, 'Well, we can put you on the waiting list and you call us and when we have a bed then you can be admitted,'" said Janas, of Delanco. "Everything that I had read said, as soon as someone says they want to come off the drugs, you go right into treatment."

However, the line does serve as a preliminary assessment vehicle for those in the state seeking help, as it can link users and the family members calling to services and resources that match their needs.

For example, those with Medicaid or those who are uninsured are transferred from



Former addict Katie Allen, left, Warminster, and her mom, Susan, discuss how they struggled to get help for Katie as she tried to break out of her addiction to opioids. [ART GENTILE / STAFF PHOTOJOURNALIST]



During a recent interview in her home in Delanco, Judy Janas, discusses the process she went through in finding an affordable drug treatment center for her son. [NANCY ROKOS / STAFF PHOTOJOURNALIST]

the hotline to another service, the Interim Managing Entity, which is run through the Rutgers' University Behavioral Health Care. The IME was launched in July 2015 to help those with limited insurance gain more access to available services and resources. The entity conducts "a full screen, both clinical and fiscal, and uses this information to make a referral to an Substance Abuse Disorder treatment agency with the funding and capacity to meet the caller's needs."

Those with private insurance can be directed to agencies near them for inpatient treatment or to outpatient programs that fit their needs.

But many of those who call are without insurance, so the wait time for beds can often be long and require them to remember to call back and see if a bed is available for detox or inpatient rehab.

"I think for about six weeks he called every single day and finally they said, 'OK, we have a spot,'" said Janas. Her son had insurance coverage through the expansion of Medicaid in New Jersey under the Affordable Care Act, but he couldn't find a treatment provider who would accept it.

Coffina said the delay in getting those ready for rehab into beds was a major concern and barrier the prosecutor's office had to figure out before they launched their "Straight to Treatment" program at the Evesham Police Department in March.

"You have to have the treatment providers ready to go," Coffina said in August. "And that's been a bit more challenging, just to make sure that they're lined up. Because if you offer (users) this promise, you have to deliver. You can't say, as it happens sometimes with insurance, 'Call us back in three days when a bed

becomes available.' If they come in, you've got to seize that moment and try to get them into treatment."

In Pennsylvania, police departments in Bensalem, Warminster and Warrington also have been working to get people into treatment by opening their doors to those seeking help and training volunteer navigators to respond and accompany people to get an assessment.

Pennsylvania's hotline, established in January 2016, fielded 5,078 calls in the first quarter of the year, up 1,700 calls from the prior year, the state announced this week. Of the callers, nearly 850 were directly connected to treatment.

The helpline connects people to at least one treatment resource, including detox, inpatient rehab, medication-assisted treatment, outpatient therapy or other services. Operators stay on the line with callers until an appointment is scheduled with whatever resource they choose or been approved.

"We know that getting people suffering from substance use disorder into treatment quickly is a key to establishing recovery and the helpline staff are the voice of expertise to direct callers to the help they or their loved one needs," Wolf said in a statement.

## Arduous assessment process

Many advocates and addiction specialists emphasize that being able to get someone into treatment as soon as they ask for help can be crucial. However, just getting through the intake and assessment process can be arduous.

The assessment captures the whole biopsychosocial background of the person — where they've been, what they've



Margie Rivera, associate director of the Bucks County Drug and Alcohol Commission, discusses the success of and improvements being made to the BCARES (Bucks County - Connect Assess Refer Engage Support) program, which pairs the county's six hospitals with three treatment facilities in order to provide warm hand-offs from the emergency room to treatment for people who have overdosed. [JENNY WAGNER/STAFF PHOTOJOURNALIST]

been using, how much, if they work, what their family and living situation is like. It has to be in-person and in most cases they need to have proof of residency.

There's a urine screening, calls to the insurance company or funding provider to get approval for the level of care determined in the assessment, and then, if it's detox or inpatient rehab, calls to treatment providers to find a bed, or to make a warm hand-off for other services.

"It's a long, tedious process because ... there's just so many working components to it," said Linda Pharo, who runs a counseling practice in Philadelphia and Jenkintown, and who has worked with several area treatment providers. "If you were one of those very lucky ones who just happened to walk in and get an assessment and there was a bed available, it was a godsend."

People who have recently overdosed, intravenous drug users, veterans and pregnant women are among those considered priority populations, meaning they get beds before others. There are about 66 detox beds and 520 inpatient rehab beds in the county, according to the state Department of Health. Still, despite more beds being added in recent years, sometimes there are simply none available.

In such cases, assessment providers are supposed to connect people in the priority populations with interim services or to make sure they're connected with groups like AA or NA, said Bucks County's Rosati.

"It's hard to know if we're ever going to have sort of a 'treatment on demand' without any wait at all, but I think it's really important for folks to understand that not everyone needs a residential

treatment bed," she said, adding that for many people treatment also can take place in an outpatient setting or in a partial hospitalization program.

But that's often when a break occurs and people get discouraged, Pharo said.

"That's the most critical point. Once they start feeling that withdrawal they're gone if they know there are no beds," she said.

## A warm hand-off

There were several critical points where Donny Ivins could have walked away from treatment:

When he awoke in the emergency room at Lower Bucks Hospital after overdosing on heroin and being revived with naloxone.

After he was discharged from the crisis unit where he was held overnight because doctors were concerned he had used too much on purpose.

While meeting with a certified recovery specialist at Gaudenzia, located on the Bristol Township hospital's campus.

Or during the four hours he waited, going through the assessment and intake processes and securing approvals because he didn't have insurance, before he got a bed at the treatment facility.

"I was getting messages on my phone sitting there all day like, 'Yo, I'm ready.' 'Do you want to go do this or that?' If I sat there in silence for four hours, it would have been totally different," the 31-year-old Yardley resident said.

Ivins credits the certified recovery specialist at Gaudenzia with keeping him from leaving. She checked in on him while he waited and kept talking with him.

See TREATMENT, A7

# TREATMENT

From Page A6

“She just made sure that I was going to get in. ... I feel like she would have chased me down the block and lassoed me if she had to,” he said.

Certified recovery specialists, or CRSes, often have personal experience with addiction, and play an important role helping people like Ivins get into treatment through a “warm hand-off” program that pairs Bucks County’s six hospitals with three treatment providers.

The goal of BCARES (Bucks County - Connect Assess Refer Engage Support) is for CRSes from the treatment providers to respond and talk with patients who end up in the emergency rooms after overdosing, or who are admitted to other departments and need help with addiction.

In Burlington County, a similar program called the “Opioid Overdose Recovery Program,” launched at the Virtua Memorial Hospital in Mount Holly in December.

“We ask the patient, ‘Would you like to talk to someone about this issue? We have specialists that can be here immediately,’” said Catherine Hughes, vice president of nursing integration in patient care services for Virtua, at the time of the program’s launch.

Having the person there made all the difference for Ivins, and it does for others, too, said Margie Rivera, associate director of the county Drug and Alcohol Commission, which provides funding and contracts for BCARES.

“Somebody has to be there, somebody has to connect, somebody has to talk, somebody has to support, somebody has to try to tell you that, ‘Hey, I’ve



**Katie Allen, Warminster, struggled to get help for her addiction to opioids.** [ART GENTILE / STAFF PHOTOJOURNALIST]

been through this, I’ve been able to do it, you can too,’” Rivera said.

As of the end of February, BCARES has received 273 referrals, leading 72 people into treatment, according to officials. Rivera said the program is successful but officials are still working to improve it and remove other barriers as well, like stigma in the hospitals.

### Looking ahead

“It is getting better,” said Brian Kaye, 43, a CRS who works with The Council of Southeast Pennsylvania and has linked more than a dozen people with inpatient or outpatient treatment. “Someone coming now seeking help can sit down with someone who has been there. But there is still work to be done.”

Even with resources at his fingertips, his hands are tied by shortage of places to go.

“It’s difficult to find a bed if someone is seeking treatment immediately and there is a very small window of time to find help when someone is willing,” he said.

The assessment process needed to get most forms of help could take several hours of waiting.

“Some people say ‘forget

this’ and go out and start using,” said Kaye, who himself is in recovery. “Most people waiting for help are going through that withdrawal sickness that can be a major hurdle to overcome.”

To eliminate some of the wait, Bucks County has agreed to pay for the first three days of treatment for every person who is connected with the warm hand-off program and a CRS, regardless of their insurance or funding stream for coverage, Rivera explained.

“Those three days will allow that receiving agency or treatment facility to work out the insurance and then call our office if there’s further assistance that’s needed,” she said. “We really don’t want to have any wait list, we don’t want to have any barriers to treatment.”

Susan Allen, of Warminster, is thankful her daughter, Katie, got help for her addiction, through a medication-assisted treatment program at Aldie Counseling Center in Doylestown Township.

Yet finding that help, she said, wasn’t easy.

“Thank God I got my baby back,” Allen said. “But help has to be easier to get, and it has to be the right kind of help.”

# Pompeo kicks off Mideast trip

By Matthew Lee  
The Associated Press

RIYADH, Saudi Arabia — U.S. Secretary of State Mike Pompeo arrived in Saudi Arabia on Saturday, the start of a Middle East visit that officials said he would use to call on European and other nations to impose further sanctions against Iran.

Pompeo reached the Saudi capital shortly after Iran-backed Houthi rebels in Yemen said they had fired eight ballistic missiles at Saudi Arabia’s southern city of Jizan.

The Saudi civil defense directorate said one person had been killed by shrapnel from the attack, which damaged two houses. It said four missiles had been intercepted by the kingdom’s air defense forces.

Senior U.S. officials traveling with Pompeo blamed Iran for smuggling the missiles into Yemen. They said the incident underscored the importance of the Trump administration’s push to counter Iranian supported-aggression in the region. Iran has backed the Houthi rebellion in Yemen and is helping Syrian President Bashar Assad’s government fight rebels.

Pompeo planned talks with the Saudi king, crown prince and foreign minister just weeks ahead of several key dates that could further roil the volatile region. After leaving Saudi Arabia on Sunday, Pompeo will fly to Israel and Jordan before ending his first trip abroad as America’s top diplomat.

The officials said Iran’s long- and medium-range missile programs had to be countered as part of efforts to strengthen the Iran nuclear deal, from which President Donald Trump has threatened to withdraw.

The officials said Pompeo would call on other nations to impose tougher sanctions

against Iranian people, businesses and government agencies involved in missile development. They said he’d also stress the U.S. commitment to the defense of Saudi Arabia, Israel and other friends and partners in the region.

The officials traveling with Pompeo said the secretary would also raise Trump’s concern about the festering dispute between Qatar on one side and its Gulf Cooperation Council partners Saudi Arabia, Bahrain and the United Arab Emirates on the other.

The dispute, the officials said, is hampering unified efforts to confront Iran’s increasing assertiveness and giving Iran room to expand its influence.

Pompeo will also press the Saudis on contributing more to stabilization efforts in territory in Syria recently liberated from the Islamic State group.

The officials were not authorized to publicly preview Pompeo’s meetings with Saudi leaders and spoke on condition of anonymity.

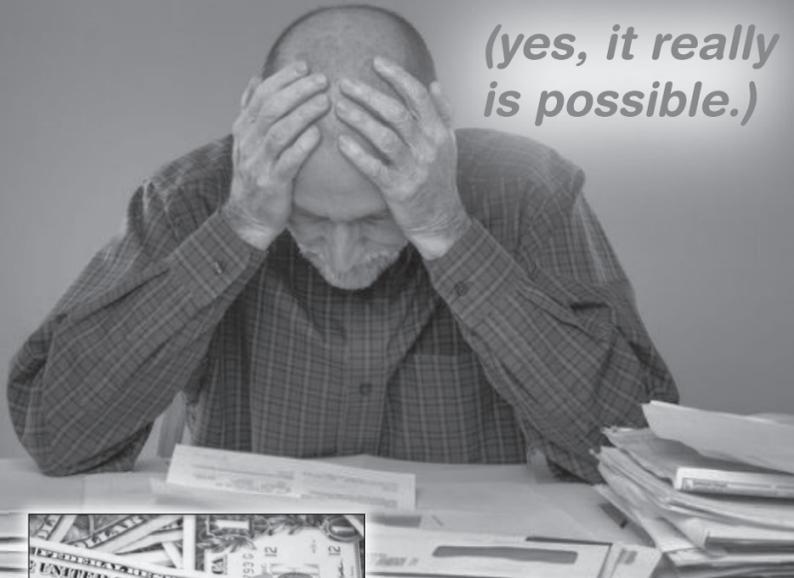
Trump has set a May 12 deadline to decide whether to pull out of the Iran nuclear deal, something he appears likely to do despite heavy pressure to stay in from European and other parties.

Two days later, the U.S. plans to open its new embassy in Jerusalem. That will mark a significant shift in decades of American policy toward Israel and the Palestinians, who also claim the holy city as their capital.

The embassy move is deeply opposed by the Palestinians, who on May 15 will mark the anniversary of what they term the “nabka,” or catastrophe, when they fled or were driven from their homes during the 1948 Palestine war. Dozens of Palestinians have been killed by Israeli fire during recent violent protests along border between Israel and Gaza.

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