



Route 130 improvement work to begin

The project is slated to start Monday at the Columbus Road intersection in Burlington City

By David Levinsky
dlevinsky@thebct.com
@davidlevinsky

BURLINGTON CITY — Work is slated to start Monday

on a Route 130 improvement project that local officials have said will be crucial for traffic flow to and from an Amazon warehouse under construction.

The New Jersey Department of Transportation announced Friday that work on the reconstruction of Route 130 at the Columbus Road and Jones Street intersection will begin

Monday at 7 a.m.

The \$1.8 million project is being federally funded and has been in various stages of planning and design since 2013. Among the improvements planned there is the creation of a designated left turn lane from Route 130 North onto Jones Street, replacement of the traffic signal at the intersection and installation of new

sidewalks and a pedestrian crosswalk.

There will also be drainage improvements and about a mile of the highway will be resurfaced, according to the DOT.

Most of the resurfacing is expected to be done this fall, but the department's announcement indicated that advance work by Earle Asphalt

Co. will commence this week and likely take several days. Much of this work will occur on the shoulders, which will be closed, but no traffic lane closures are expected until resurfacing begins in the fall.

The entire project is expected to be completed by the end of 2018 or early 2019,

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Jennifer Hunter, left, Joy DeCaro and Jennifer Sanzick discuss their experience after meditating at PRO-ACT in Bristol Township. The three find that the class surrounds them with positive energy and is important to maintaining a lasting recovery from addiction. [KIM WEIMER / STAFF PHOTOJOURNALIST]

STATE OF EMERGENCY

New standards of care

Programs becoming individualized, evidence-based

By Marion Callahan, Kelly Kultys and Jenny Wagner
mcallahan@theintell.com
kkultys@thebct.com
jwagner@couriertimes.com

Brian Batchelor thought he had tried it all — and failed.

He went to inpatient rehabilitation 15 times for his heroin addiction. Like the glossy brochures advised, he flew off to Florida, logging many months in detox and treatment before ending up homeless on a beach. He returned home to Warminster and tried outpatient treatment. Nothing worked for him.

Overwhelmed with guilt and a sense of failure, Batchelor lost hope, falling deeper into a cycle of crime and addiction that eventually landed him behind bars and

in front of a probation officer who shed light on something he hadn't yet tried: medication-assisted treatment, or MAT.

Today, Batchelor has been in recovery for two years and is an advocate for treatment models of all kinds, though he knows many who suffer from substance use disorders aren't aware of the options now available.

Treatment programs and options have shifted in recent years. They've become more individualized and inclusive of families and others in people's lives, and take into account patient histories, medical problems and other social challenges.

"In the past, centers followed the same routine, no matter who the patient was, no matter how often in treatment," said William Lorman, chief clinical officer of Livengrin, a Bensalem-based treatment facility.

Addiction medicine experts and national organizations also have pushed for more evidence-based treatment programs, including MAT, for opioid use disorders.

"It's the standard of care," said Dr. Michael Shore, an addiction psychiatrist and the director of the American Society of Addiction Medicine region that includes Pennsylvania, New Jersey and Ohio.

However, that doesn't mean it's being used everywhere, Shore added.

Some abstinence-based treatment programs do not offer MAT, including certain forms that are opioid-based, like methadone and buprenorphine, or Suboxone. But data show relapses and overdoses decrease with MAT, said Shore, who also leads the medication assistance recovery program at Malvern Institute in Cherry Hill.



Brian Batchelor, a former standout player at William Tennent High School, found recovery from opioid addiction using methadone. [ARCHIVE]

"So often people will tell you what you have to do to get clean, but that really is different for everyone," he said. "Some people still don't see it as a disease and that affects families who are seeking treatment because of

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Phil Bacino, of Riverside, who is on the road to recovery from drug addiction, gathers his thoughts at Amico Island Park in Delran. [NANCY ROKOS / STAFF PHOTOJOURNALIST]

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the stigma.”

It is slowly changing, though, Shore added, and more and more treatment programs are offering medication-assisted treatment.

More programs also are incorporating one-on-one therapy and break-out lectures to educate patients on the science of addiction and how it affects the body, family and the community. Group therapy focuses on a variety of topics, ranging from anger management to marital struggles.

“We can’t do it ourselves here. Treatment in a vacuum doesn’t work,” Lorman said. “We need outside sources to help patients when they leave treatment. Literature demonstrates that no matter how good treatment is, if they are released back into the same environment without the additional supports, then they relapse. Today, the literature and research shows that recovery is a skill — not a knowledge-based domain.”

People in treatment at Sanctuary Health Group, also in Cherry Hill, receive a workbook designed to help them map out their own plan and meet daily goals.

“I think that’s the new model,” said Eric Gremminger of Philadelphia, chief operating officer at Sanctuary, who designed the program. “The millennial generation, if you study it — it’s the first generation that has had access to more information than their parents. So, to tell them to, ‘Hey, just listen to me, and trust me’ — that’s an ineffective model based on that generation. What we do is give them the autonomy to essentially create a treatment plan within the parameters of clinical supervision.”

Understanding the science of addiction also has helped people realize that it’s “not about pulling yourself by the bootstraps and having the will to do so,” said Julie Williams, clinical director of Penn Foundation in West Rockhill. “It’s a biological disease, and the interventions have come a long way.”

Like Livengrin, Penn Foundation offers individualized treatment plans that include cognitive behavioral therapies, along with several different forms of MAT. Each patient is assessed based on five categories and “matched with the least restrictive but most appropriate level of care.”

Ted Millard, executive director of Good Friends in Falls, said the assessment process is akin to going to the doctor for a runny nose: The doctor assesses whether it’s an allergy, a cold, the flu



Kelli Murphy plays in a drum circle at the Penn Foundation in West Rockhill as part of her recovery therapy. [ART GENTILE / STAFF PHOTOJOURNALIST]



Joy DeCaro, a wellness program specialist at PRO-ACT in Bristol Township, holds a meditation class for people in recovery from addiction. Advocates say treatment programs are becoming more individualized, and can even include such alternative therapies as yoga. [KIM WEIMER / STAFF PHOTOJOURNALIST]

or pneumonia, then decides whether to send the person to an allergist, the pharmacy, or even the hospital for chest X-rays.

“The same thing happens with a behavioral health assessment when you point it toward substance use,” Millard said. “Where can we place you in the least restrictive environment? Just as for a runny nose, you’re probably not going to get admitted to

the hospital if it’s an allergy.”

For some, a “high level” of care, which typically means inpatient, may not be best, or they may want to leave treatment before it’s complete. They may prefer something like an intensive outpatient program, which typically follows a stay in detox or rehab, and involves group sessions with therapists multiple days or hours a week.

“It’s because of life; they

might have children at home or a job they feel they need to get back to,” Williams said.

Melinda Goodwin, director of clinical programs at Doylestown’s Aldie Counseling, said too often inpatient rehab is pushed as the only recovery pathway, when in fact facilities that provide MAT along with individual and group therapy are “proven to be more effective” for many struggling with opioids.

Often, the treatment process will start with detox. Then, if a person is approved for inpatient rehab, it’s usually for a few days at a time, and then there’s a reassessment to see how they’re progressing.

But that process can be problematic, said Carla Sofronski, benefits advocate for Mental Health Partnerships in Philadelphia, because neither the person nor the treatment staff knows how much time they will have to address the person’s needs.

“Whether they’re going to stay, whether they’re going to go — I think it’s really difficult to build a relationship and dig in deep,” she said. “They’re barely scratching the surface in such a short time.”

For some with additional needs, transitioning back into the community at that point would be “setting them up to fail,” Millard said. They may not have ID, a bank account, or a job. Many have criminal records and have been in and out of treatment several times.

That’s where a halfway house residential treatment program like Good Friends comes in. It’s not a new program, and it’s not to be confused with a recovery house — it follows the same licensing requirements and standards as a rehab — but the treatment provided is less intensive.

“During that process you

ABOUT THE SERIES

Throughout the year, this series will identify efforts being made to save lives impacted by addiction and the opioid crisis, and identify those barriers that keep help out of reach. Learn more and join the discussion on our Facebook group: bit.ly/StateofEmergencyFacebookGroup. Help inform our reporting: bit.ly/SOEForm.

Coming next week:

“My only experience was my own active addiction, my own recovery, and my family’s experiences with addiction, which includes the deaths of my brothers. But that’s a very narrow viewpoint of what was happening more broadly,” said Jason Snyder, former special assistant to the secretary of the Pennsylvania Department of Human Services. “As I got more entrenched in the epidemic and the system, access really stuck out to me.”

Access to medication assisted treatment, in particular, said Snyder, who now is regional director for eastern Pennsylvania for Pinnacle Treatment Centers. It’s exactly what it sounds like: the use of medication to help people in treatment. “Medication is a tool; it’s not a silver bullet, but it’s a tool that allows the brain to heal and the individual to work toward recovery,” Snyder said. Next week, we’ll take a closer look at the different types of MAT, the efforts to increase access and more.

burn a lot of bridges; you don’t necessarily keep track of your Social Security card or your driver’s license. So, we come in here and help persons with that addiction philosophy, that understanding, that education, but also get them out in the community to start rebuilding their lives,” Millard explained.

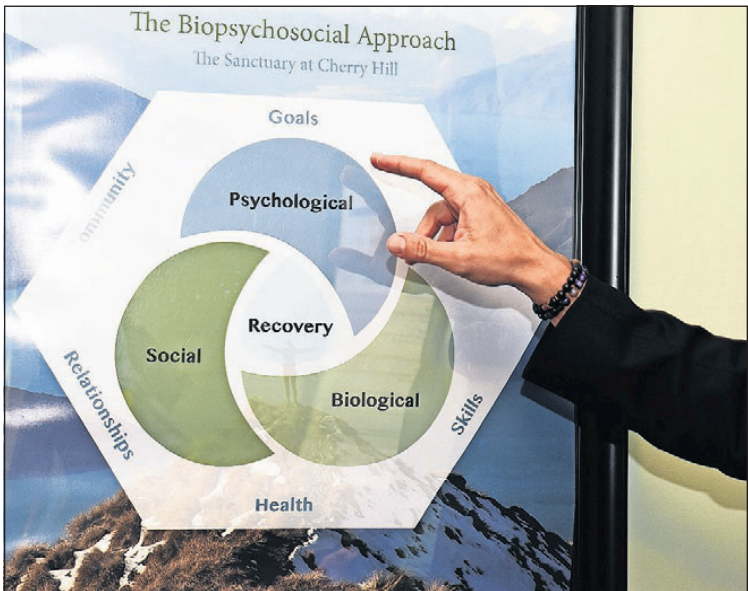
They spend an average of 89 days in the program, which is about half as long as when Millard joined Good Friends in 1996. But a lot still gets accomplished in that time, he said.

“Would I like to have that 89 days turn into 120, so not only the person can accomplish those things but also really begin to solidify those things? Yes. And research says it’s the best approach,” he said.

“What we’re dealing with here is nothing to do with drugs,” said Chris Peters, regional vice president of business development for Ambrosia Treatment Center in Medford. “Drugs are a symptom of a much larger problem.”

To give people more time to address their needs, Ambrosia has been trying to keep them in treatment longer by

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Sanctuary Health Group in Cherry Hill combines health, fitness, meditation and motivational speaking to help those recovering from opioid and other substance abuse.

One man’s journey: A sanctuary to those in need

By Kelly Kultys
kkultys@thebct.com
@kellykultys

“You can’t treat a chronic disease acutely.” That’s the idea behind Eric Gremminger’s Everlasting Recovery treatment program. It came to him on Aug. 4, 2010 — his sobriety date, after struggling for years with addictions to a variety of different substances. “I found myself on a bench outside of City Hall in Center City. Lost everything,” Gremminger, of Philadelphia, said. “The feelings of hopelessness and helplessness, you know I can still remember (them) today, and for whatever reason that day on that bench I surrendered and became obsessed with finding ways, means, strategies, methods, whatever I could find, not only to help myself, but to help anybody else.” He followed a 12-step recovery program while working to become a certified personal

trainer. He eventually got a bachelor’s of science degree in psychology from Drexel University and began to develop a treatment program based on what was working for him, combining the relationship between the mind and the body. Gremminger is now chief operating officer at Sanctuary Health Group. At Sanctuary’s Cherry Hill location, people with private insurance are admitted to partial hospitalization, intensive outpatient or more standard outpatient programs, depending on their needs. Intensive outpatient typically is a “step up” from traditional outpatient programs, with more clinical and counseling services. People may spend more hours per day and more days per week in the program, which typically has about 35 patients a month. People also set daily goals for themselves according to the “RECOVER” acronym: read, exercise, create, organize, visualize, enjoy and relax. It helps those who haven’t had much



Eric Gremminger, chief operating officer of Sanctuary Health Group, talks about his new way of treatment for those struggling with addiction. [PHOTOS BY CARL KOSOLA / STAFF PHOTOJOURNALIST]

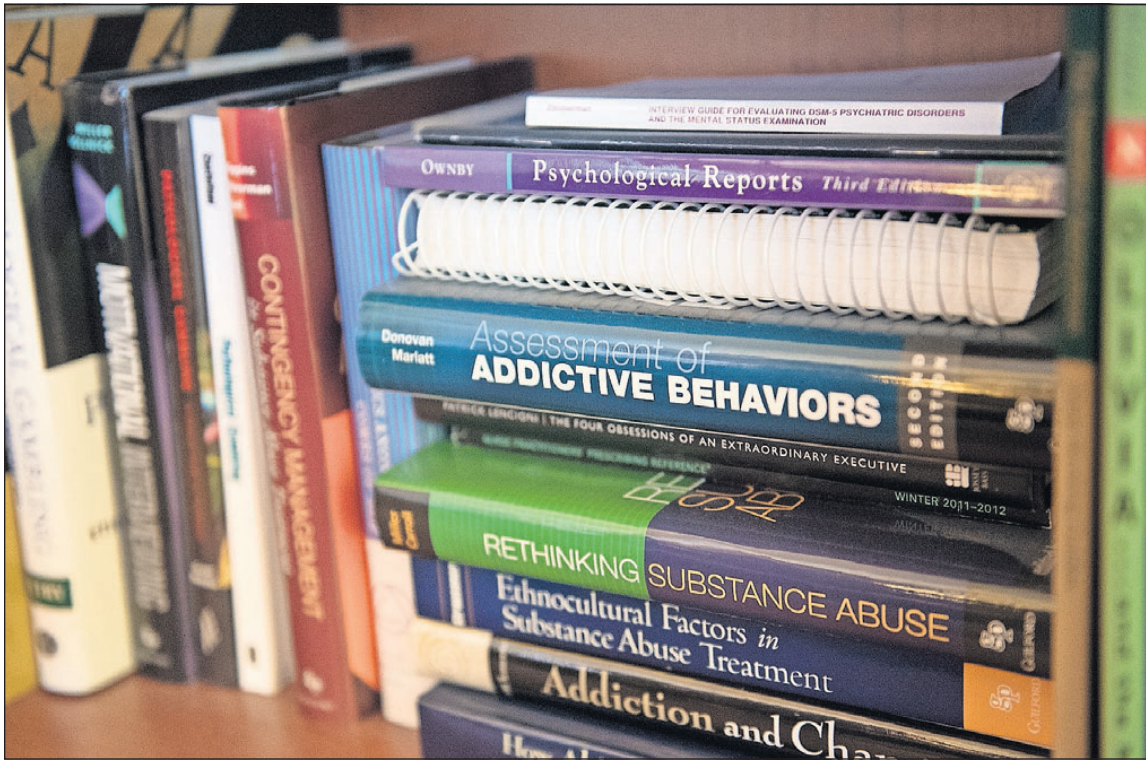
structure in their lives because of addiction to stay on top of their goals, Gremminger said. “When you actually check the boxes, dopamine’s released in the brain,” he said. “We’re teaching them to associate positive actions, and what (addiction) is is dopamine being released, the reward center essentially being hijacked, and we teach them to use that system to their advantage.” He’s trying to expand access to his program beyond Sanctuary, as well. Gremminger and recovery coaches he has trained recently partnered with the Philadelphia-based non-profit Project Home to work with those struggling from addiction and homelessness.

Gremminger said he feels an urgency in getting a message of hope out there with stronger, more deadly substances hitting the street. When there wasn’t fentanyl-laced heroin or stronger drugs in general, there was more room for recovery and treatment, he said. “It’s not a level playing field anymore,” he said.

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combining inpatient rehab with a partial hospitalization program, both on-site. Traditionally, partial hospitalization provides structured therapy sessions and other clinical services several hours a day, several days a week — like rehab, but without the bed. At Ambrosia, people in the program visit the clinical building for treatment and live in supportive housing next door, Peters explained. Depending on their insurance coverage, people spend seven to 14 days in the rehab program first, which has about 30 beds, and then move across the campus to supportive housing, which has 44 beds, for partial hospitalization. If people stay the full 60 days in the program they have “structured support” the whole time, setting them up for better outcomes, Peters said. But it’s important to remember it’s still only one part of the continuum of care, said Adam Lush, an outreach coordinator for Ambrosia. Most people go on to intensive outpatient or traditional outpatient programs and live in sober housing, Lush said. And like many other facilities, Ambrosia helps people map out their treatment plan and navigate the system and options. Phil Bacino tried many options before Lt. Lou Fisher of the New Jersey Treatment Incentive Program convinced him to go to intensive outpatient. “I knew I needed to work on myself and I needed to do some things, so I agreed to do it,” the 35-year-old Riverside, New Jersey, resident said. “And I wound up graduating IOP and then (outpatient).” Recovery worked for Bacino this time, he said, because he realized he actually had to do the work instead of expecting treatment or something else, like methadone, to fix him.



Books on addiction sit in the office of Livengrin Chief Clinical Officer William Lorman. [BILL FRASER / STAFF PHOTOJOURNALIST]



William Lorman, chief clinical officer at Livengrin, talks about new trends in treatment. [BILL FRASER / STAFF PHOTOJOURNALIST]

It wasn’t uncommon for Jason Snyder to encounter people with similar experiences when he was visiting rehab facilities as the special assistant to the secretary of the Pennsylvania Department of Human Services. “I came to find out that they had been in residential treatment eight, 10, 12, maybe 20 times. I couldn’t believe that,” he said. Snyder had a limited knowledge of treatment from his own experience and that of his two brothers, who both died of overdoses. But he gained

a new perspective during his time with the state, and since becoming regional director for eastern Pennsylvania for Pinnacle Treatment Centers earlier this year. “This revolving door leads you to ask the question, what is happening differently? And many times, unfortunately, the answer is nothing,” he said. “You’re getting the same treatment you got on the first time. ... However, many of these guys they’re pretty honest with themselves — they know the likelihood of getting different outcomes ... is pretty low, but

they continue to do it anyway.” In response, Snyder helped shape policies and programs in Pennsylvania to improve the quality of treatment, coordination of care, and access to treatment options including MAT — one of the biggest barriers that stuck out to him. “Can the patient get to the provider? Can the patient get the coverage that he or she needs to get into the facility?” Snyder said. “Do we have enough providers of all types of treatment to serve the population that needs the services? Do we have enough of the right providers?” Snyder said there have been strides in the last few years, but there’s always room for improvement. “That’s as much about increasing access to evidence-based care as it is transforming the system — really treating the whole person, better coordinating care, integrating physical and behavioral health care ... That’s the model that really the state is moving toward and the field is as well,” he said. Still, treatment doesn’t

always work the first time — whether it’s inpatient, outpatient, MAT or something else. And relapse is often part of the recovery process. “Addiction is in the top four of relapsing diseases, along with congestive heart failure and asthma,” said Williams, of Penn Foundation. “Part of treatment is understanding that, and it’s what you learn from each relapse that helps you become more educated about the disease. Someone who relapsed is not someone who failed. We can do our best, but it’s a false expectation to expect people will never relapse again.” In 2014, Egg Harbor Township-based Behavioral Crossroads became the second facility in New Jersey to open an ambulatory detox program. It’s not for everyone, but in the event of a relapse, it allows people in partial hospitalization to withdrawal safely and continue their treatment. Relapses were part of Batchelor’s journey. In early treatment, Batchelor didn’t recognize he had a disease and feigned recovery after his first three weeks in an inpatient facility. “I convinced my parents that I was cured,” he said. “While I was there, I pretty much just went through the motions and didn’t feel like I had anything in common with these people. It seemed that they all had it way worse than I did; in my mind, I wasn’t nearly as bad as they were.” Batchelor spent nearly 10 years of his life drifting from rehab to homelessness, and back. He continues to receive counseling and medication, and says he’s in recovery “every day and will continue to forever, probably.” “You can always make yourself a better person,” he said. “It doesn’t matter how many times you’ve failed, it only takes one time to get it right.”