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Governor Christie Calls for 864 New Adult Acute Care Beds Throughout the Garden State

Tuesday, January 31, 2017

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Governor Christie Calls for 864 New Adult Acute Care Beds Throu...

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Transcript:

Governor Christie: We know we need to increase treatment beds across the state as well so I want to thank the Commissioner for being here and for all the hard work that she and the folks at the Department of Health have done. I'm pleased to announce that, today, the New Jersey Department of Health has filed a certificate of need call for new adult acute care beds throughout the Garden State, the first such new call for these type of beds in 20 years and we're asking for another 864 beds to be used to treat those, not only with substance abuse treatment, but with those co-diagnosed with behavioral health, mental health problems, and substance abuse treatment, which we know and we spoke about upstairs, are so often paired together but often are not treated together the way they should. These beds will help to do that. That will be a 40 percent increase in the total adult acute care beds currently available in New Jersey. A 40 percent increase and the first time in 20 years. And to ensure that the beds are fully utilized, the Department has included certain incentives to providers when submitting their applications. Primary consideration will be given to one or more of the following courses of action: a regional approach to care across county lines so we can cover more people, the provision of both inpatient and outpatient services so that when people get out of inpatient they have outpatient services available at the same facilities to be able to help them continue on their care. Those are going to be really important things. We're looking at particularly for investment in places like Warren, Salem, Ocean and Cape May Counties where there is currently limited beds or no beds at all in some of those counties and innovative treatment options for those co-diagnosed with behavioral health and substance abuse disorders. Come up with new ways to deal with these folks and to help make the results more successful. Additionally, these beds must be operational within two years, so if you're going to apply you must commit to have them operational within two years and up to 5 percent of the beds must be used for Medicaid and uninsured patients, so we make sure we care for those

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folks as well through our expansion of Medicaid three years ago we now have five times the number of patients getting treatment in 2016 then got it in 2013 prior to the expansion. These are all things that are the building blocks to dealing with this program and the building blocks to helping people who have this disease. It's important for people to know, and I'm going to continue to say it over and over again, that this is not a moral failing, it's a disease. People make mistakes to try drugs, they do. It's a mistake. But I doubt there is anybody in this room who hasn't made a mistake themselves over the course of time, maybe it didn't involve drugs, maybe it did, that they would like to take back. This is about providing additional chances for folks. I don't say second chances because sometimes we need more than two. Sometimes we have relapse and we need more than two. It's about additional chances for folks who want to help save their lives, who want to provide a better example for their families and their friends, who believe that their life is a gift from God and that's not something that is disposable. And I always have believed that there is no soul that is beyond redemption and that everybody can have more chances. We just have to give people the tools to be able to do it.

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