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## SENATE COMMITTEE ON PUBLIC SAFETY

Senator Aisha Wahab, Chair

2023 - 2024 Regular

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**Bill No:** AB 1360                      **Hearing Date:** June 20, 2023  
**Author:** McCarty  
**Version:** June 13, 2023  
**Urgency:** No                                      **Fiscal:** Yes  
**Consultant:** SC

**Subject:** *Hope California: Secured Residential Treatment Pilot Program*

### HISTORY

**Source:** Yolo County District Attorney

**Prior Legislation:** AB 1928 (McCarty), held Assem. Approps., 2022  
AB 1542 (McCarty), vetoed, 2021

**Support:** California District Attorneys Association; County of Yolo; Greater Sacramento Urban League; League of California Cities; Sacramento County District Attorney

**Opposition:** Access Support Network; ACLU California Action; Berkeley Need; California Association of Alcohol and Drug Program Executives, Inc.; California Attorneys for Criminal Justice; California Public Defenders Association (oppose unless amended); Californians for Safety and Justice; Coalition on Homelessness; County Behavioral Health Directors Association of California; Disability Rights California; Drug Policy Alliance; Ella Baker Center for Human Rights; Harm Reduction Library; Healthright 360; Initiate Justice; National Harm Reduction Coalition; Sister Warriors Freedom Coalition; The Sidewalk Project; Training in Early Abortion for Comprehensive HealthCare (TEACH); Transitions Clinic Network; Treatment on Demand

**Assembly Floor Vote:** 72 - 0

### PURPOSE

*The purpose of this bill is to authorize the Counties of Sacramento and Yolo to establish a secured residential treatment pilot program for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony offenses, as specified.*

*Existing law* states that pretrial diversion refers to the procedure of postponing prosecution of an offense filed as a misdemeanor either temporarily or permanently at any point in the judicial process from the point at which the accused is charged until adjudication. (Pen. Code, § 1001.1.)

*Existing law* authorizes diversion programs for specified crimes (Pen. Code, §§ 1000 et seq. for drug abuse; Pen. Code, § 1001.12 et seq. for child abuse; Pen. Code, §§ 1001.70 et seq. for contributing to the delinquency of another, Pen. Code, §§ 1001.60 et seq. for writing bad checks)

and for specific types of offenders (Pen. Code, §§ 1001.80 et seq. for veterans; Pen. Code, §§ 1001.35 et seq. for persons with mental disorders).

*Existing law* establishes the Community Assistance, Recovery, and Empowerment (CARE) Act, which would authorize specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. [Welf. & Inst. Code § 5920 et seq.]

*Existing law* provides that an individual qualifies for the CARE process only if all of the following criteria are met:

- The person is 18 years of age or older;
- The person is currently experiencing a severe mental illness, as specified, and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, as defined;
- The person is not clinically stabilized in on-going voluntary treatment;
- At least one of the following is true:
  - The person is unlikely to survive safely in the community without supervision and the person’s condition is substantially deteriorating; or,
  - The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined.
- Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person’s recovery and stability; and,
- It is likely that the person will benefit from participation in a CARE plan or CARE agreement. (Welf. & Inst. Code, § 5972, subds. (a)-(f).)

*Existing law* defines “CARE agreement” as a voluntary settlement agreement entered into by the parties, including the same elements as a CARE plan to support an individual in accessing community-based services and supports. (Welf. & Inst. Code, § 5971, subd. (a).)

*Existing law* defines “CARE plan” as an individualized, appropriate range of community-based services and supports, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services. (Welf. & Inst. Code, § 5971, subd. (b).)

*Existing law* identifies the persons who may file a petition to initiate the CARE process, including, among others, a person with whom the respondent resides, the spouse or parent or other caregiver of the respondent, a first responder who has repeated interactions with the

respondent, the director of a county behavior health agency in which the respondent resides or is found, or the respondent themselves. (Welf. & Inst. Code, § 5974.)

*Existing law* establishes the process by which a petition can be filed with the court and a hearing can be held to determine whether the respondent should be required to engage in behavioral health treatment, as specified. (Welf. & Inst. Code, § 5975 et seq.)

*This bill* authorizes the Counties of Sacramento and Yolo to offer a voluntary secured residential treatment pilot program, known as “Hope California” for individuals suffering from SUDs who have been convicted of drug-motivated felony crimes that qualify pursuant to the criteria and conditions described in the provisions of this bill.

*This bill* specifies that the Counties of Sacramento and Yolo may offer the pilot program to eligible individuals if the program meets all of the following conditions:

- The program facility is licensed by the State Department of Health Care Services (DHCS) as an alcoholism or drug abuse recovery or treatment facility;
- The program facility is a clinical setting managed and staffed by the county’s health and human services agency (HHS) with oversight provided by the county’s probation department,
- The program shall not be a jail, prison, or other correctional setting;
- The program shall be secured by shall not include a lockdown setting;
- The individual, upon a judge pronouncing a sentence to be served in a county jail or state prison, shall choose and consent to participate in the voluntary program in lieu of incarceration;
- The program is limited to one facility site per county;
- DHCS monitors the program facility to ensure the health, safety, and well-being of program participants;
- DHCS has authority to access the program facility to investigate complaints by program participants and to ensure the facility complies with applicable statutes and regulations;
- The program facility ensures that participants have visitation rights, including through the use of a telephone;
- The county develops and staffs the program in partnership with relevant community-based organizations and drug treatment service providers to provide support services, including, but not limited to, employment skill assessments, money management, technology education, tutoring, career planning, developing resumes and cover letters, and searching and applying for employment;
- HHS ensures that a risk, needs, and psychological assessment, utilizing the Multidimensional Assessment of the American Society of Addiction Medicine (ASAM), as

part of the ASAM Criteria, be performed for each individual identified as a candidate for the program;

- The participant’s treatment, in terms of length and intensity, within the program is based on the findings of the risk, needs, and psychological assessment and the recommendations of treatment providers;
- The program adopts the Treatment Criteria of ASAM. The program may take into consideration evolving best practices in the SUD treatment community;
- The program has a comprehensive written curriculum that informs the operations of the program and outlines the treatment and intervention modalities;
- The program provides an individualized, medically assisted treatment plan for each resident, including, but not limited to, medically assisted treatment options and counseling based on the recommendations of a substance use disorder specialist;
- A judge determines the length of the treatment program after being informed by, and based on, the risk, needs, and psychological assessment and recommendations of treatment providers. After leaving the secured residential treatment facility, the participant continues outpatient treatment for a period of time and may also be referred to a “step-down” residential treatment facility, but for a total time period not to exceed the term of imprisonment to which the defendant would otherwise be sentenced, as specified;
- A judge shall also determine that the program will be carried out in lieu of a jail or prison sentence after making a finding that the defendant’s decision to choose the alternative treatment program is knowing, intelligent, and voluntary;
- The program provides, for each participant successfully leaving the program, a comprehensive continuum of care plan that includes recommendations for outpatient care, counseling, housing recommendations, and other vital components of successful recovery;
- To the extent permitted under federal and state law, treatment provided to a participant during the program is reimbursable under the Medi-Cal program, if the participant is a Medi-Cal beneficiary and the treatment is a covered benefit under the Medi-Cal program. If treatment services provided to a participant during the program are not reimbursable under the Medi-Cal program or through the participant’s personal health care coverage, funds allocated to the state from the 2021 Multistate Opioid Settlement Agreement, subject to an appropriation by the Legislature, may be used to reimburse those treatment services to the extent consistent with the terms of the Settlement Agreement and the Final Judgment (*People v. McKinsey & Co.* (Alameda County Superior Court, No. RG21087649, Feb. 4, 2021));
- An outcome assessment of the secured residential treatment pilot program is completed by an independent evaluator and submitted to the Assembly Committee on Health, the Assembly Committee on Public Safety, the Senate Committee on Health, the Senate Committee on Public Safety, and the Legislature by October 1, 2028.
- The outcomes assessment shall include data, including overall data and data by county, and shall include but not be limited to, all of the following:

- A summary of the pertinent data described below over the course of the pilot program.
- The clinical efficacy of the secured residential treatment pilot program based on the data collected described below;
- The effects of the secured residential treatment pilot program on participant recidivism and sustainable recovery.
- A recommendation for the continuation and expansion of the secured residential treatment pilot project model beyond the pilot program.
- The county collects and monitors all of the following data for participants in the program:
  - The participant's demographic information, including age, gender, race, ethnicity, marital status, familial status, and employment status.
  - The participant's criminal history.
  - The participant's risk level, as determined by the risk, needs, and psychological assessment.
  - The treatment provided to the participant during the program, and if the participant completed that treatment.
  - The participant's outcome at the time of program completion, six months after completion, and one year after completion, including subsequent arrests and convictions.
- The county reports all of the following information annually to the DHCS and to the Legislature, excluding any personally identifiable information of participants:
  - The risk, needs, and psychological assessment tool used for the program.
  - The curriculum used by each program.
  - The number of participants with a program length other than one year and the alternative program lengths used.
  - Individual data on the number of participants participating in the program.
  - Individual data for the items described in paragraph (19).
  - A one- and three-year evaluation of the number of subsequent arrests and convictions of the participants.

*This bill* provides that an eligible drug-motivated crime shall include any felony other than the following:

- Sex crimes, as defined;
- "Serious" felonies, as defined;

- “Violent” felonies, as defined;
- A “nonviolent drug possession offense” as defined;
- Domestic violence offenses, as specified; and,
- Driving under the influence offenses, as specified.

*This bill* requires the judge, at the time of sentencing or pronouncement of judgment in which sentencing is imposed, to offer the defendant voluntary participation in the pilot program, as an alternative to a jail or prison sentence that the judge would otherwise impose, consistent with the other provisions in this bill, and if all of the following conditions are met:

- The defendant’s crime was caused in whole or in part by the defendant’s SUD;
- The defendant’s crime meets the specified criteria;
- The judge makes their determination based on the recommendations of the treatment providers who conducted the assessment, on a finding by HHSA that the defendant’s participation in the program would be appropriate, and on the required report.

*This bill* states that amount of time in the secured residential treatment facility shall be determined by the recommendations of the treatment providers who conducted the assessment. The amount of time, combined with any outpatient treatment or “step-down” residential treatment pursuant to the program, shall not exceed the term of imprisonment to which the defendant would otherwise be sentenced, not including any additional term of imprisonment for enhancements, for the drug-motivated crime. The court shall not place the defendant on probation for the underlying offense.

*This bill* provides that the defendant shall be eligible to receive credits for participation in the program.

*This bill* requires, during the period in which an individual is participating in the pilot program, the individual to be on supervision with the probation department.

*This bill* requires a report to be prepared with input from any of the interested parties, including the district attorney, the attorney for the participant, the probation department, HHSA, and any contracted drug treatment program provider. This report is to assist the court in making the determination as to whether to offer the defendant placement in the secured residential treatment program.

*This bill* states that if, at any time during the individual’s participation in the program, it is determined by the treatment providers or program administrators that continued participation in the program would not be in the best interests of the individual, other participants, or the program itself, the treatment providers or program administrators may recommend to the court that the individual’s participation be terminated and that the individual be transferred out of the secured residential treatment program.

*This bill* provides that if the court, based on the recommendations of the treatment providers or program administrators, determines that the participant should be transferred out of the secured

residential treatment phase of the program prior to the end of the original order, the court shall make that subsequent order, and the participant shall complete the remainder of the original sentence imposed prior to their consent to enter the program.

*This bill* states that if, at any time during the individual's participation in the program, the individual determines that they no longer wish to participate in the program, the individual may make a request to the court for termination of their participation and be transferred out of the secured residential treatment program to complete the remainder of their originally imposed sentence after accounting for any credits to which the individual is entitled.

*This bill* states that If the treatment providers make a recommendation to the court that the participant should be released prior to the end of the original order based on the treatment providers' assessment that the participant no longer needs to be in the secured residential treatment program, the court shall make that subsequent order, and the program shall provide a comprehensive continuum of care plan that includes recommendations for outpatient care, counseling, housing recommendations, and other vital components of successful recovery.

*This bill* provides that if the participant successfully completes the court-ordered drug treatment pursuant to this program, the court shall expunge and seal the conviction from the participant's record. The court shall also have discretion to expunge the conviction of any previous drug possession or drug use crimes on the participant's record.

*This bill* states that a participant's successful completion of treatment shall be defined and determined by the treatment providers and not by the court, district attorney's office, or probation department and does not require the participant to complete the duration of the treatment originally ordered by the court.

*This bill* states that the court shall ensure that the rights of any victim are honored pursuant to existing laws before expunging the conviction.

*This bill* sunsets the secured residential pilot program on July 1, 2029.

*This bill* makes conforming changes to authorize a person participating in the program to be eligible for credits.

*This bill* contains various legislative findings and declarations related to treatment of SUDs and recidivism.

## COMMENTS

### 1. Need for This Bill

According to the author of this bill:

Substance use disorder is a public health issue and needs to be treated as such. It is clear that our jails and prisons are not working. We need to help people with their addictions through evidence based treatment. This voluntary pilot program in two counties will help those get the treatment they need, ultimately reducing recidivism and increasing public safety.

## 2. Mandated Treatment of SUDs

Despite widespread implementation of involuntary drug treatment worldwide, there appears to be little available, high-quality research on its effectiveness. A comprehensive study was published in 2016, claiming to be the first of its kind. (Werb, *The Effectiveness of Compulsory Drug Treatment: A Systemic Review*, International Journal of Drug Policy, Feb. 2016, 28: 1-9, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4752879/>, [as of June 9, 2023].) That study concluded that “[e]vidence does not, on the whole, suggest improved outcomes related to compulsory treatment approaches, with some studies suggesting potential harms.” (*Id.* at 2.) The study continued, “Given the potential for human rights abuses within compulsory treatment settings, non-compulsory treatment modalities should be prioritized by policymakers seeking to reduce drug-related harms.” (*Ibid.*) It is worth noting that the study did not limit its assessment of compulsory drug treatment in detention centers, but also included compulsory treatment in inpatient and outpatient settings. (*Id.* at 10.) Other research has found that “mandated treatment was ineffective, particularly when the treatment was located in custodial settings, whereas voluntary treatment produced significant treatment effect sizes regardless of setting.” (Parhar, *Offender Treatment: A Meta-Analysis of Effectiveness*, Criminal Justice and Behavior, Vol. 35, No. 9, p. 1128, Sep. 2008, available at: <https://studysites.sagepub.com/stohrstudy/articles/05/Parhar.pdf>, [as of June 9, 2023].)

A more recent report discussed more specifically the complexity of the mandated drug treatment model for those involved in the criminal justice system:

There is also a long-standing debate about whether people with substance use disorders who are involved in the legal system should be coerced to enter treatment as an alternative to incarceration or some other sanction (see, e.g., Farabee, Prendergast, and Anglin, 1998; McSweeney et al., 2007; and Seddon, 2007). This is how most drug courts work, and, as noted earlier, whether they are “successful” depends on how success is defined; research suggests that they can reduce recidivism for some participants and are cost-beneficial from a societal perspective (largely driven by a reduction in a small number of serious crimes), but they do not appear to reduce overall incarceration days because many individuals violate program rules, do not complete the program, or both. This coercion occurs in other parts of the criminal legal system as well (e.g., “If you do not enter treatment, we will run your case through the traditional adjudication process”). Judges in many states can also civilly commit individuals to treatment if their drug use imposes a high likelihood of serious harm (Christopher et al., 2015).

The considerations surrounding coercion can be even more complex if the mandated treatment is abstinence based (Rafful et al., 2018). Although the risk of overdose after a period of abstinence has always been an issue, whether the period of abstinence was caused by incarceration, treatment, or another factor, it is especially salient given how dangerous and unpredictable street drug markets are today. This raises a question about whether the cumulative risk of fatal overdose for a person who uses opioids is higher by allowing that person to remain in the community or by forcing them to abstain for a fixed period. Although forced abstinence could lead to long-term recovery for some people, many others will likely resume opioid consumption with a lower tolerance.



(Stein, et al., *America's Opioid Ecosystem*, RAND Corporation (2023) pp. 245-246.)

This bill authorizes individuals with SUDs who are convicted of a qualifying “drug-motived” felony to be treated in a secured residential treatment program. This bill states that at the time of sentencing, the judge shall offer the defendant voluntary participation in the pilot program as an alternative to a jail or prison sentence the judge would otherwise impose if (1) the defendant’s crime is statutorily eligible for the program; (2) the crime was caused in whole or in part by the defendant’s SUD; and (3) and the judge finds, based on the recommendations of the treatment providers who conducted the assessment, that the defendant’s participation in the program would be appropriate.

The amount of time in the treatment facility shall be determined by the recommendations of the treatment providers who conducted the assessment and cannot be longer than the term of imprisonment to which the defendant would otherwise be sentenced. Supervision of the defendant would be provided by the probation department. If the defendant successfully completes the treatment program, as determined by treatment providers, the court is required to expunge and seal the conviction and has the discretion to expunge previous drug crimes on the defendant’s record. If the defendant is not successful, the defendant shall complete the remainder of the original sentence imposed prior to their consent to enter the program.

### **3. CARE Court**

On March 3, 2022, Governor Gavin Newsom announced a plan to give family-members, county and community-based social services, behavior health provides, or first responders the ability to petition a court to have a person placed into involuntary treatment for up to 24 months. According to the Governor’s announcement:

CARE Court is designed on the evidence that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. It's a long-term strategy to positively impact the individual in care and the community around them. The plan focuses on people with schizophrenia spectrum and other psychotic disorders, who may also have substance use challenges, and who lack medical decision-making capacity and advances an upstream diversion from more restrictive conservatorships or incarceration.

On September 14, 2022, SB 1338 (Umberg), Chapter 319, Statutes of 2022, was signed and the CARE Act was created. Individuals experiencing severe mental illness with a diagnosis of schizophrenia spectrum and other psychotic disorders qualify for the CARE process. Many people who have a SUD also struggle with mental disorders. The National Institute on Drug Abuse, Common Comorbidities with SUD Research Report (Apr. 2020) reported that indeed, patients with schizophrenia have higher rates of...drug use disorders than the general population.

According to the background information provided by the author, Hope California is meant to compliment the CARE Court model.

### **4. 2021 Multistate Opioid Settlement Agreement**

In 2021, four of the largest U.S. corporations agreed to pay roughly \$26 billion to settle multiple national lawsuits linked to claims that their business practices helped fuel the deadly opioid crisis. This bill provides that funds allocated to the state from the 2021 Multistate Opioid

Settlement Agreement may be used to reimburse treatment services given to program participants if those services are not reimbursable under Medi-Cal or through personal health care coverage to the extent consistent with the terms of the settlement agreement.

A large coalition of the country's leading medical and mental health groups, public policy organization, and research centers worked together to develop recommendations for how best to spend funds received from the settlement. The resulting "Principles for the Use of Funds From the Opioid Litigation" recommended, among other things, spending money to bolster underfunded substance use and behavior health programs; funding initiatives that have been shown to work, such as harm reduction programs and communication campaigns to reduce stigma; investing in youth prevention; focusing on racial equity by elevating and expanding diversion programs and linking participants with community-based services; and developing a fair and transparent process for deciding where to spend settlement funds. (Johns Hopkins Bloomberg School of Public Health, *Principles for the Use of Funds From the Opioid Litigation* <<https://opioidprinciples.jhsph.edu/>> [last visited June 9, 2023].)

## 5. Expungement Provision

This bill provides that if a person successfully completes the treatment program, the court shall expunge the conviction from the participant's record and specifies that the court has discretion to expunge any previous drug possession or drug use crimes on the participant's record.

Expungement relief allows a person to withdraw their guilty plea and have their conviction set aside and the charging document is dismissed. However, this neither erases nor seals the record of conviction. Despite the dismissal order, the conviction record remains. (*People v. Field* (1995) 31 Cal.App.4th 1778, 1787.) A background check would reveal the expunged conviction with an extra entry noting the dismissal on the record. Expungement also does not prevent the conviction from being pleaded and proved just like any other prior conviction in any subsequent prosecution. (See *People v. Diaz* (1996) 41 Cal.App.4th 1424.)

Originally, expungement relief was available to defendants placed on probation. (Pen. Code, § 1203.4.) However, expungement relief has been extended to other categories of cases, including people convicted of misdemeanors and infractions who were not granted probation. (Pen. Code, § 1203.4a.) After the enactment of Realignment, expungement was extended to persons sentenced for a realigned felony who served their sentence in county jail. (Pen. Code, § 1203.41.) In 2017, expungement relief was extended to those who were convicted of the same crimes eligible for expungement under Penal Code section 1203.41, but who served their sentence in state prison instead of county jail because they were sentenced before the enactment of Realignment. (Pen. Code, § 1203.42.)

Additionally, some convictions are eligible for automatic expungement, including county jail-eligible felony convictions where a person successfully completed their sentence. (See AB 1076 (Ting), Chapter 578, Statutes of 2019; SB 731 (Durazo), Chapter 814, Statutes of 2022.)

While this bill specifically states that the person's conviction will be "expunged" upon successful completion of the program, it appears that the expungement provisions that already exist would provide an avenue for relief if the person received a traditional sentence of imprisonment in county jail for a county-jail eligible felony.

## 6. Veto of Prior Similar Legislation

AB 1592 (McCarty), of the 2021-2022 Legislative session was substantially similar to this bill. The Governor vetoed AB 1542 on October 8, 2021.

In his veto message, the Governor said:

I am returning Assembly Bill 1542 without my signature.

AB 1542 would authorize the County of Yolo to offer a pilot program that would allow individuals struggling with substance use disorders, who have been convicted of qualifying drug-motivated crimes, to be placed in a Secured Residential Treatment Program.

I understand the importance of developing programs that can divert individuals away from the criminal justice system, but coerced treatment for substance use disorder is not the answer. While this pilot would give a person, the choice between incarceration and treatment, I am concerned that this is a false choice that effectively leads to forced treatment. I am especially concerned about the effects of such treatment, given that evidence has shown coerced treatment hinders participants' long-term recovery from their substance use disorder. For these reasons, I am returning this bill.” (Governor’s veto message on AB 1542 (Oct. 8, 2021) (2021-2022 Reg. Session) < <https://www.gov.ca.gov/wp-content/uploads/2021/10/AB-1542-1082021.pdf>>.)

## 7. Argument in Support

According to the Sacramento County District Attorney:

It is undeniable that the intersection of criminal justice and substance use disorders is impacting public safety and it is time to take meaningful action. Low level offenders often find themselves in the revolving door of criminal justice system because their underlying issue is not addressed. This bill would address the root issue of criminal conduct. By providing secure residential treatment, not only is the public protected from further crime, but the offender is receiving desperately needed assistance. This bill takes a well-rounded view of the offender to ensure vital components of recovery are addressed. Successful treatment would lead to lower incarceration rates, lower recidivism rates, and increase public safety. For far too long the criminal justice system has been engaged in status quo prosecution, now is the time to try new and innovative programs.

## 8. Argument in Opposition

According to ACLU California Action:

Unfortunately, we continue to believe that AB 1360 is premised on the flawed notion that involuntary treatment is effective and desirable. Research shows that involuntary treatment not only does not work, it can damage the relationship between treatment provider and recipient and further traumatize individuals who have often experienced severe hardship, diminishing both the likelihood of

successful outcomes as well as engagement in future health services. Requiring people receive involuntary treatment in a secured residential setting, would only exacerbate these harms. Offering readily available, evidence-based treatment in the community produces far better outcomes.

Further, we agree with Governor Newsom, AB 1360 offers, “a false choice that effectively leads to forced treatment.” Unfortunately, AB 1360’s language requiring a judge to make a determination that the person is making a “knowing, intelligent, and voluntary” decision does not adequately address this concern.

Ultimately, AB 1360 monopolizes limited resources that could be better invested in voluntary services in the community. The salaries of prosecutors, defense attorneys, judges, and probation would likely take the lion’s share of any funding allocated to this program: funding that could be going to treatment providers. We believe a better use of resources and a better policy approach expands access to evidence-based, voluntary substance use disorder treatment and harm reduction services, permanent supportive housing, and access to other health and social services.

**-- END --**