
SENATE COMMITTEE ON PUBLIC SAFETY

Senator Steven Bradford, Chair
2021 - 2022 Regular

Bill No: AB 653 **Hearing Date:** June 29, 2021
Author: Waldron
Version: March 30, 2021
Urgency: No **Fiscal:** Yes
Consultant: SJ

Subject: *Medication-Assisted Treatment Grant Program*

HISTORY

Source: Author

Prior Legislation: AB 1304 (Waldron), Ch. 325, Stats. 2020
SB 843 (Comm. on Budget & Fiscal Review), Ch. 33, Stats. 2016

Support: Alkermes; California Consortium of Addiction Programs and Professionals;
California State Sheriffs' Association; County Behavioral Health Directors
Association of California; County of San Diego; Steinberg Institute

Opposition: None known

Assembly Floor Vote: 78 - 0

PURPOSE

The purpose of this bill is to establish the Medication-Assisted Treatment (MAT) Grant Program to fund MAT-related services for county jail inmates and individuals supervised by county probation departments.

Existing law establishes the MAT Re-Entry Incentive Program. (Pen. Code, § 3000.02, subd. (a).)

Existing law specifies that a person is eligible for a 30-day reduction to the period of parole for every six months of treatment that is not ordered by the court, up to a maximum 90-day reduction, if the person meets all of the following requirements:

- The person has been released from state prison and is subject to the jurisdiction of, and parole supervision by, the California Department Corrections and Rehabilitation (CDCR);
- The person has been enrolled in, or successfully participated in, an institutional substance abuse program; and,
- The person successfully participates in a substance abuse treatment program that employs a multifaceted approach to treatment, including the use of U.S. FDA approved medically assisted therapy, and, whenever possible, is provided through a program licensed or certified by the State Department of Health Care Services, including federally qualified

health centers, community clinics, and Native American Health Centers. (Pen. Code, § 3000.02, subd. (b).)

Existing law provides that the sentence reduction is contingent upon successful participation in treatment, as determined by the treatment provider. (Pen. Code, § 3000.02, subd. (c).)

Existing law excludes from the MAT program individuals sentenced for or convicted of specified sex offenses. (Pen. Code, § 3000.02, subd. (d).)

Existing law provides that operation of the MAT program is contingent upon the appropriation to the State Department of Health Care Services of funds received pursuant to a federal Substance Abuse and Mental Health Services Administration (SAMHSA) opioid use disorder or substance use disorder grant. (Pen. Code, § 3000.02, subd. (e)(1).)

Existing law requires CDCR to collect data and analyze utilization and program outcomes. Requires this information to be included in an annual report. (Pen. Code, § 3000.02, subd. (e)(2).)

Existing law requires CDCR to expand substance abuse treatment services in prisons to accommodate at least 4,000 additional inmates who have histories of substance abuse. Requires a substance abuse treatment program offered by CDCR to include a peer counseling component, except as specified. (Pen. Code, § 2694, subs. (a) & (b).)

Existing law requires CDCR, under the oversight of the Undersecretary of Health Care Services, to establish a three-year pilot program at one or more institutions that will provide a medically assisted substance use disorder treatment model for treatment of inmates with a history of substance use problems. Requires the program to offer a continuum of evidenced-based care that is designed to meet the needs of the persons being served and that is appropriate for a correctional setting. Requires CDCR to consider all of the following in establishing the program:

- Access to services during an inmate's enrollment in the pilot program;
- Access to subacute detoxification and medical detoxification, as necessary;
- Comprehensive pretreatment and posttreatment assessments;
- Ongoing evaluation of an inmate's program needs and progress at least every 90 days, and appropriate adjustment of treatment based on that evaluation;
- Services provided by professionals for whom substance use disorder treatment is within the scope of their practice;
- Referrals for medically assisted care and prescription of medication-assisted treatment;
- Provision of behavioral health services, including the capacity to treat co-occurring mental illness;
- Access to medication-assisted treatment throughout the period of incarceration up to and including immediately prior to release; and,
- Linkages to community-based treatment upon parole. (Pen. Code, § 2694.5, subd. (a).)

Existing law requires CDCR to provide an annual report to the Legislature on the pilot program through March 1, 2025. (Pen. Code, § 2694.5, subd. (b).)

This bill establishes the MAT Grant Program and provides that it administered by the BSCC.

This bill requires the BSCC to award grants on a competitive basis to counties. Requires the BSCC to establish minimum standards, funding schedules, and procedures for awarding grants.

This bill provides that MAT Grant Program funds may be used by recipient counties for one or more of the following activities:

- Salaries and related costs for the placement of substance use disorder counselors in county jails that provide MAT to inmates with a substance use disorder.
- Doses of medication related to substance use disorder for inmates to take home upon release from county jail.
- Funding for services provided pursuant to contracts between county jail health providers and narcotic treatment providers.
- Mobile crisis teams of behavioral health professionals that can respond with law enforcement to mental health or other health crisis calls. Provides that mobile response activities include referrals for substance use disorder treatment and MAT for individuals under criminal justice supervision when clinically appropriate.
- Salary and related costs for providing MAT for persons who are under criminal justice supervision.
- Funding to increase capacity for community-based, MAT and substance use disorder treatment services for justice-involved individuals, or to improve care coordination and connections to MAT services upon release from correctional facilities. Provides that activities may include, but are not limited to, capital expenditures or operating costs to establish new reentry centers or treatment programs that will serve justice-involved populations, expansion of existing community-based, MAT services to better meet the needs of justice-involved individuals, and other strategies to ensure timely and appropriate access to MAT upon release.

This bill prohibits MAT Grant Program funds from being used to supplant existing resources for MAT services delivered in county jails or in the community.

This bill requires counties that receive grants to collect and maintain data pertaining to the effectiveness of the program, as indicated by the BSCC in the request for proposals, including data on drug overdoses of, and the rate of recidivism for, inmates and persons under criminal justice supervision who receive county-administered, MAT services.

This bill provides that information relating to the rate of recidivism includes all of the following, as they relate to inmates or persons under criminal justice supervision who receive services funded by the MAT Grant Program:

- The number and percentage who were sentenced to jail or prison within three years after being released from a jail sentence in which they were provided services funded via the grant program, or for persons under criminal justice supervision, after having been provided with services that were funded via the grant program;
- The number and percentage who were convicted of a misdemeanor or a felony within three years after being released from a jail sentence in which they were provided services funded via the grant program, or for persons under criminal justice supervision, after having been provided with services that were funded via the grant program; and,
- The number and percentage who were arrested for a crime or who have had their parole, probation, mandatory supervision, or postrelease community supervision revoked within

three years after being released from a jail sentence in which they were provided services funded via the grant program, or for persons under criminal justice supervision, after having been provided with services that were funded via the grant program.

This bill requires a county that receives a grant to include recidivism data for persons released from jail, or under criminal justice supervision, who received services less than three years prior to any reporting period established by the BSCC.

This bill specifies that a county that receives a grant may use state summary criminal history information, or local summary criminal history information, to collect data as required by the BSCC.

This bill provides that the BSCC may establish a deadline by which counties that receive grants are required to submit data to the board to enable the board to comply with its reporting requirement.

This bill requires that on or before July 1, 2025, the BSCC compile a report describing the activities funded via the grant program, and the success of those activities in reducing drug overdoses and recidivism by jail inmates and persons under criminal justice supervision. Requires the report to be submitted to the Legislature.

This bill defines “criminal justice supervision” as “probation, postrelease community supervision, and mandatory supervision.”

This bill defines “medication-assisted treatment” as “the use of United States Food and Drug Administration approved medically assisted therapy to treat a substance use disorder, including opioid use disorder and alcohol use disorder, and that, whenever possible, is provided through a program licensed or certified by the State Department of Health Care Services.”

This bill provides that the provisions of this bill are only operative to the extent that funding is provided, by express reference, in the annual Budget Act or another statute.

This bill establishes a sunset date of January 1, 2026.

COMMENTS

1. Need for This Bill

According to the author:

In 2018, the Department of Corrections and Rehabilitation estimated that approximately 80 percent of prison inmates had Substance Abuse Disorders (SUD) and, of these, approximately 26% have SUDs related to opiate drugs. Medication Assisted Treatment is a “whole-patient” approach to treating substance use disorders that uses medication in combination with counseling and behavioral therapies. MAT is clinically effective in treating substance use disorders, including opioid and alcohol use disorders. The Surgeon General’s 2016 report, *Facing Addiction in America*, states that MAT “is a highly effective

treatment option for individuals with alcohol and opioid use disorders. Studies have repeatedly demonstrated the efficacy of MAT at reducing illicit drug use and overdose deaths, improving retention in treatment.”

Individuals who are struggling with substance use disorders are at high risk of fatal drug overdoses in the period after release from custody (a three to eightfold increased risk of drug related deaths within the first 2 weeks of release from prison). Since 2018, the Department of Corrections and Rehabilitation’s parole division has been providing MAT prescriptions to approximately 300 parolees at any given time. From January 1, 2020 to September 30, 2020 there have been 1,323 parolees who successfully completed licensed residential treatment programs throughout the state. Though MAT has proven to be effective in treatment of those struggling with substance use disorders, whether incarcerated or supervised in the community, counties require more funding in order to expand MAT prescriptions.

2. Medication Assisted Treatment

Medication-assisted treatment (MAT) is a “whole-patient” approach to treating substance use disorders that uses medication in combination with counseling and behavioral therapies. MAT is clinically effective in treating substance use disorders, including opioid and alcohol use disorders. Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient’s needs. The Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services describes the mechanics of MAT:

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. (<https://www.samhsa.gov/medication-assisted-treatment>)

MAT has been shown to improve patient survival, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders, increase patients’ ability to gain and maintain employment, and improve birth outcomes among women who have substance use disorders and are pregnant. (*Id.*) Following release from incarceration, individuals with opioid use disorders are at a significant risk of relapse and overdose.

AB 1304 (Waldron), Chapter 325, Statutes of 2020, established the California MAT Re-Entry Incentive Program which created a reduction in parole time for a person who had been enrolled in or successfully participated in a substance abuse program while incarcerated and participation in the program was not court-ordered. While AB 1304 focused on MAT for parolees, this bill would fund MAT-related services for county jail inmates and individuals supervised by county probation departments, including those on probation, post-release community supervision, or mandatory supervision, via a competitive grant program.