

ASSEMBLY, No. 4749

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED OCTOBER 8, 2020

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SYNOPSIS

Requires each county to establish Reentry, Mental Health, and Addiction Services Coordination Committee to facilitate coordinated provision of mental health, addiction, and reentry services to county residents.

CURRENT VERSION OF TEXT

As introduced.



(Sponsorship Updated As Of: 10/8/2020)

1 **AN ACT** concerning the coordinated provision of mental health
2 services, substance use disorder treatment services, and reentry
3 services in each county and supplementing Title 30 of the
4 Revised Statutes.

5
6 **BE IT ENACTED** *by the Senate and General Assembly of the State*
7 *of New Jersey:*

8
9 1. The Legislature finds and declares the following:

10 a. The opioid epidemic, declared to be a national public health
11 emergency in 2017, has become a defining health issue in New
12 Jersey and the nation and has resulted in more than 200,000 deaths
13 over the last two decades.

14 b. Over 2.1 million Americans currently suffer from an opioid
15 use disorder, more than 70,000 die per year from opioid addiction,
16 and an opioid overdose death now occurs less than every 11
17 minutes across the nation, a rate that exceeds the death rate
18 experienced at the height of the HIV/AIDS epidemic.

19 c. The overwhelming majority of fatalities in New Jersey are
20 now opioid-related. From January 2014 to June 2018, the State
21 suffered 9,512 fatalities from opioid overdose, five times more than
22 the number of deaths that resulted from both car accidents and
23 firearms, respectively.

24 d. The State and nation have experienced consistently rising
25 costs associated with drug use, disorders, and overdoses. New
26 Jersey spends \$635 million per year on inpatient and emergency
27 department overdose visits alone. The State additionally spends
28 approximately \$217 million per year in association with the
29 incarceration, parole, and probation of persons who engage in drug-
30 related crimes, and it loses an estimated \$1.2 billion in productivity
31 every year as a result of the inability of individuals to contribute to
32 the workforce because they are being treated for substance use
33 disorders, are incarcerated in prisons, are residing in halfway
34 houses, or have died from addiction.

35 e. The Governor's Council on Alcoholism and Drug Abuse
36 (GCADA) has indicated that the State has insufficient treatment
37 capacity and quality standards, has insufficient access to effective
38 and affordable treatment, and provides insufficient intervention and
39 support services for the populations most vulnerable to addiction.

40 f. According to the New Jersey Substance Abuse Monitoring
41 System, there are currently 384 total providers of substance use
42 disorder treatment in the State, 244 of which are fee-for-service
43 (FFS), State-contracted sites. Among these providers, 27 offer
44 long-term residential treatment, 18 offer short-term residential
45 treatment, 309 offer intensive outpatient treatment, 35 offer

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

1 outpatient opioid maintenance treatment, 18 offer detoxification
2 services, and 24 are halfway houses. Of the 244 FFS providers in
3 the State, only 54 offer any form of medication-assisted treatment
4 (MAT), which is deemed to be the gold standard of care for the
5 effective treatment of opioid use disorders. In addition, less than
6 half of these providers offer mentoring services, peer support
7 services, employment services, and housing assistance services, and
8 only 60 percent offer referrals to social service providers.

9 g. Nearly 90 percent of the substance use disorder treatment
10 costs expended by the State are for services utilized by individuals
11 who have already received some form of treatment, but for whom
12 initial treatment was ineffective.

13 h. The number of patients who need substance use disorder
14 treatment and do not receive it has increased steadily in recent
15 years, with 41.4 percent of patients self-reporting in 2016 that they
16 did not receive necessary care.

17 i. Forty percent of adults with a substance use disorder also
18 have a co-occurring mental health disorder, which often makes it
19 more difficult for them to overcome addiction. In order to ensure
20 that these individuals are capable of successfully completing
21 substance use disorder treatment, it is important to ensure that
22 patients with co-occurring disorders have sufficient access to
23 coordinated mental health care and substance use disorder treatment
24 as may be necessary to properly and contemporaneously address all
25 of their co-occurring conditions.

26 j. Substance use and co-occurring mental health disorders are
27 particularly acute among the population that is involved with the
28 justice system. Approximately 70 percent of incarcerated
29 individuals suffer from addiction, and at least a quarter are addicted
30 to opioids. Moreover, the rate of co-occurring disorders is
31 significantly higher in the incarcerated population than in the
32 general population.

33 k. Incarceration typically compounds the dangers associated
34 with an opioid use disorder, as appropriate treatment is often
35 lacking in correctional facilities. Fewer than 30 of the more than
36 5,100 prisons and jails in the United States currently offer inmates
37 the medication-assisted treatment that is most effective in treating
38 these disorders.

39 l. Despite the high rate of addiction in New Jersey's
40 incarcerated population, the State's prison system currently has
41 dedicated beds sufficient to provide substance use disorder
42 treatment to only 3.9 percent of the existing prison population.

43 m. The risk of drug relapse and overdose skyrockets for
44 recently incarcerated individuals, because these individuals have a
45 lower tolerance to their drugs of choice and often lack access to
46 appropriate medication. Fewer than 10 percent of previously
47 incarcerated individuals in New Jersey enter substance use disorder
48 treatment following their release from incarceration, and nearly 75

1 percent of previously incarcerated individuals with an opioid use
2 disorder relapse within three months of release from incarceration.
3 The risk of overdose death for the reentry population is
4 approximately 130 times greater than the risk posed to the general
5 population, and many reentry clients die of overdose within weeks
6 of rejoining the community. Such deaths are only likely to increase
7 as highly potent synthetic opioids, such as fentanyl, continue to
8 flood the market.

9 n. Because addiction often leads to incarceration, and because
10 neither incarcerated individuals nor individuals released from
11 incarceration have sufficient access to appropriate care for their
12 substance use disorders or co-occurring mental illnesses, addiction
13 can, and often does, lead to a recurring cycle where a person with a
14 substance use disorder is incarcerated, released, recidivates, and is
15 re-incarcerated, without ever receiving the care the person needs to
16 escape this cycle.

17 o. For the foregoing reasons, it is both reasonable and
18 necessary for the Legislature to facilitate the improved, coordinated
19 provision of mental health and substance use disorder treatment in
20 the State, particularly for those persons who are reentering the
21 community following incarceration, by requiring each county to
22 establish a local committee to identify and redress weaknesses in
23 each county's system of care and to take other appropriate action to
24 coordinate the provision of mental health care services, substance
25 use disorder treatment services, and reentry services at the local
26 level.

27
28 2. a. Within one year after the effective date of this act, the
29 governing body of each county in the State shall, by duly adopted
30 ordinance or resolution, establish a Reentry, Mental Health, and
31 Addiction Services Coordination Committee. Each such committee
32 shall be responsible for implementing and overseeing a local service
33 coordination program to ensure and facilitate the more effective,
34 efficient, and coordinated provision of mental health care services,
35 substance use disorder treatment services, and reentry services by
36 relevant service providers in the county, with a particular focus on
37 the coordination of care and services offered to individuals who are
38 reentering the community following a period of incarceration.

39 b. A Reentry, Mental Health, and Addiction Services
40 Coordination Committee established pursuant to this section shall
41 be composed of a minimum of five members, to be appointed by the
42 county board of freeholders or the county executive, as the case
43 may be. Each committee's membership shall include, but need not
44 be limited to: at least one mental health care professional who
45 works and resides in the county; at least one substance use disorder
46 treatment professional who works and resides in the county and has
47 particular expertise in the treatment of opioid use disorders; and at
48 least one professional who works and resides in the county and is

1 either employed by the New Jersey Reentry Corporation or
2 otherwise provides direct assistance to individuals who are
3 reentering the community after a period of incarceration.

4 c. A Reentry, Mental Health, and Addiction Services
5 Coordination Committee established pursuant to this section shall
6 have the duty to:

7 (1) identify, and designate as authorized service providers in the
8 county's service coordination program: (a) all county-based non-
9 profit organizations, private physicians, hospitals, psychiatric
10 facilities, federally qualified health centers (FQHCs), certified
11 community behavioral health clinics (CCBHCs), detoxification
12 centers, peer support and self-help groups, and other entities,
13 whether public or private and whether operating on a for-profit or
14 not-for-profit basis, which are engaged in the provision of mental
15 health care services, substance use disorder treatment services, or
16 associated support services in the county; and (b) all entities,
17 whether public or private and whether operating on a for-profit or
18 not-for-profit basis, which are engaged in the provision of reentry
19 services to county residents who are reentering to the community
20 following a period of incarceration;

21 (2) annually perform a community needs assessment to evaluate
22 the level of need that exists for mental health and substance use
23 disorder treatment services in the county, with a particular, but non-
24 exclusive, focus on evaluating the level of need that is evident
25 among county residents who are reentering the community
26 following a period of incarceration;

27 (3) annually identify gaps and weaknesses that are preventing or
28 limiting the effective, efficient, and coordinated provision of mental
29 health care services, substance use disorder treatment services, and
30 reentry services in the county to persons who are in need of such
31 services, and develop and implement plans, strategies, and
32 guidelines to address and eliminate those gaps and weaknesses;

33 (4) develop and annually update a comprehensive service
34 blueprint that identifies and describes all existing mental health,
35 substance use disorder treatment, and reentry services and resources
36 that are available in the county, as well as the location where each
37 type of service or resource can be obtained and the coordinated care
38 linkages that exist to facilitate a person's transfer or warm hand-off
39 between and among available service types and providers. The
40 service blueprint shall specifically highlight the services, resources,
41 and service linkages that are available in the county for persons
42 who are reentering the community following a period of
43 incarceration;

44 (5) encourage and take appropriate action to facilitate: (a) the
45 centralization, coordination, and improved linkage of the county-
46 based services and resources identified in the blueprint developed
47 pursuant to paragraph (4) of this subsection; and (b) the more
48 efficient, effective, and coordinated provision of mental health care

1 services, substance use disorder treatment services, reentry services,
2 and associated support services by the facilities and providers
3 identified pursuant to paragraph (1) of this subsection;

4 (6) publish, on the county's Internet website, and advertise
5 through other appropriate means, the list of service providers
6 developed pursuant to paragraph (1) of this subsection, the plans,
7 strategies, and guidelines annually adopted pursuant to paragraph
8 (3) of this subsection, the service blueprint annually adopted
9 pursuant to paragraph (4) of this subsection, and any other
10 information the committee deems to be relevant for the purposes of
11 this act; and

12 (7) annually prepare and submit a written report of the
13 committee's activities to: (a) the board of county freeholders or the
14 county executive, as the case may be; (b) the Department of Human
15 Services; and (c) each State legislator who represents the district.
16

17 3. The Department of Human Services shall annually prepare
18 and publish, on the department's Internet website, a written report
19 that compiles and summarizes the data annually reported to the
20 department by each of the State's 21 counties pursuant to section 2
21 of this act. A copy of each annual report prepared under this
22 section shall also be submitted to the chairs of the Senate Health,
23 Human Services and Senior Citizens Committee and the Assembly
24 Human Services Committee, or their successor committees, at the
25 time of the report's online publication. Data published on the
26 department's website, pursuant to this section, shall be searchable
27 both by county and by type of service.
28

29 4. This act shall take effect immediately.
30
31

32 STATEMENT

33
34 This bill would require each county in the State to establish a
35 Reentry, Mental Health, and Addiction Services Coordination
36 Committee that will be responsible for implementing and
37 overseeing a local service coordination program in the county to
38 ensure and facilitate the more effective, efficient, and coordinated
39 provision of mental health care services, substance use disorder
40 treatment services, and reentry services by relevant service
41 providers, with a particular focus on the coordination of care and
42 services that are offered to individuals who are reentering the
43 community following a period of incarceration.

44 As indicated in the bill's Legislative findings and declarations
45 section, data shows that: 1) New Jersey's health and social service
46 system is failing to provide sufficient and adequately coordinated
47 care for persons with substance use disorders, particularly those
48 who have co-occurring mental health conditions; 2) incarcerated

1 individuals and recently incarcerated individuals face unique
2 difficulties in obtaining adequate care for their substance use and
3 mental health disorders; and 3) the State has failed to adequately
4 address the cycle of, and links that exist between, addiction,
5 incarceration, recidivism, and re-incarceration. By requiring each
6 county to establish a local committee to identify and redress
7 weaknesses in each county's system of care and take other
8 appropriate actions to coordinate the provision of mental health care
9 services, substance use disorder treatment services, and reentry
10 services at the local level, this bill will better ensure the effective
11 and efficient coordination of mental health and substance use
12 disorder treatment throughout the State and, more specifically, will
13 better ensure that counties Statewide are able to meet the unique
14 treatment needs of the reentry population, as necessary to help these
15 persons escape the recurring cycle that leads from addiction to
16 incarceration to recidivism and back to re-incarceration.

17 Each Reentry, Mental Health, and Addiction Services
18 Coordination Committee established under the bill is to be
19 composed of a minimum of five members, to be appointed by the
20 county board of freeholders or the county executive, as the case
21 may be. The committee's membership is to include, but need not be
22 limited to: at least one mental health care professional who works
23 and resides in the county; at least one substance use disorder
24 treatment professional who works and resides in the county and has
25 particular expertise in the treatment of opioid use disorders; and at
26 least one professional who works and resides in the county and is
27 either employed by the New Jersey Reentry Corporation or
28 otherwise provides direct assistance to individuals who are
29 reentering the community after a period of incarceration.

30 Each committee will have the duty to:

31 1) identify, and designate as authorized service providers in the
32 county's service coordination program, all entities that are engaged
33 in the provision of reentry services, mental health care services,
34 substance use disorder treatment services, or associated support
35 services in the county;

36 2) annually perform a community needs assessment to
37 determine the level of need for mental health and addiction
38 treatment services in the county, with a particular, but non-
39 exclusive, focus on the needs of persons who are reentering the
40 community following a period of incarceration;

41 3) identify gaps and weaknesses that are preventing or limiting
42 the effective, efficient, and coordinated provision of mental health,
43 addiction, and reentry services in the county to persons who are in
44 need of such services, and develop and implement plans, strategies,
45 and guidelines to address and eliminate those gaps and weaknesses;

46 4) develop and annually update a comprehensive service
47 blueprint that identifies and describes all existing mental health,
48 substance use disorder treatment, and reentry services and resources

1 that are available in the county, as well as the location where each
2 type of service or resource can be obtained and the coordinated care
3 linkages that exist to facilitate a person's transfer or warm hand-off
4 between and among available service types and providers. The
5 service blueprint is to specifically highlight the services and
6 resources that are available in the county for persons who are
7 reentering the community following a release from incarceration;
8 and

9 5) encourage and take appropriate action to facilitate: a) the
10 centralization, coordination, and linkage of the existing county-
11 based services and resources identified in the committee's
12 comprehensive service blueprint; and b) the more efficient,
13 effective, and coordinated provision of mental health care services,
14 substance use disorder treatment services, reentry services, and
15 associated supports by service providers throughout the county.

16 Each committee will be required to publish, on the respective
17 county's Internet website, and advertise through other appropriate
18 means, the list of service providers developed by the committee
19 under the bill, the plans, strategies, and guidelines adopted by the
20 committee to address gaps and weaknesses in the county's existing
21 service system, and the comprehensive service blueprint that is
22 annually adopted by the committee, as well as any other
23 information the committee deems to be relevant for the bill's
24 purposes.

25 Each committee will also be required to prepare an annual
26 written report of the committee's activities and submit the report to:
27 1) the board of county freeholders or the county executive, as the
28 case may be; 2) the Department of Human Services (DHS); and 3)
29 each State legislator who represents the district.

30 The bill requires the DHS to annually prepare and publish, on its
31 Internet website, a written report compiling and summarizing all of
32 the data that has been annually reported to the department by each
33 of the State's 21 counties pursuant to the bill, which report is to be
34 searchable both by county and by type of service. A copy of the
35 DHS annual report will also need to be submitted to the chairs of
36 the Senate Health, Human Services and Senior Citizens Committee
37 and the Assembly Human Services Committee, or their successor
38 committees, at the time of its online publication.