SUBSTANCE USE RECOVERY TASK FORCE

Minutes of the 1st Meeting
of the 2020 Interim

July 14, 2020

Call to Order and Roll Call

The 1st meeting of the Substance Use Recovery Task Force was held on Tuesday, July 14, 2020, at 3:00 PM, in Room 171 of the Capitol Annex. Senator Ralph Alvarado, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Ralph Alvarado, Co-Chair; Representative Russell Webber, Co-Chair; Senators Julie Raque Adams, Johnny Ray Turner, and Max Wise; Representatives Danny Bentley, Joni L. Jenkins, and Lisa Willner.

Guests: Sarah Johnson, Director, Division of Addiction Services, Kentucky Department of Corrections; Amy Brady, Jailer, Henderson County Detention Center; Lisa Lee, Commissioner, Department for Medicaid Services, Cabinet for Health and Family Services; and Leslie Hoffmann, Chief Behavioral Health Officer, Department for Medicaid Services, Cabinet for Health and Family Services.

LRC Staff: Ben Payne and Christina Williams.

Chairman's Remarks

Chairman Ralph Alvarado welcomed members and presenters to the first Substance Use Recovery Task Force meeting. He then stated that the responsibility of the Substance Use Recovery Task Force is to examine the University of Kentucky Healing Grant, the Kentucky Opioid Response Effort, and to review all substance use recovery grants and efforts underway in the Commonwealth. The task force shall also examine the capacity for Medicaid funds to be used for addiction treatment while users are incarcerated. Additionally, the task force is charged with making recommendations to the Legislative Research Commission, the Cabinet for Health and Family Services, the Justice and Public Safety Cabinet, and the Education and Workforce Development Cabinet, to establish pathways for re-entry of substance involved individuals that may include engagement by social workers, peer support, healthcare connections, and workforce development supports.

Department of Corrections Substance Use Treatment Programs

Sarah Johnson, Director, Division of Addiction Services, Kentucky Department of Corrections, gave a brief presentation on the different substance use treatment programs that the Department of Corrections utilizes. Director Johnson stated there are

approximately 21,000 individuals that are incarcerated within Kentucky's jails and prisons. There are an additional 50,000 individuals under some sort of supervision through Probation and Parole. Research shows 60-70 percent of those individuals have some form of a substance use disorder and are in need of treatment and an assessment. The Division of Addiction Services has been tasked to clinically assess those individuals and either provide treatment or lead them to the appropriate treatment and recovery services. Director Johnson stated this task provides a big opportunity to utilize best practices and evidence-based treatment to make a positive impact not only on the individuals, but the criminal justice system, and the families that have been devastated by substance use across the Commonwealth.

Director Johnson stated over the last couple of years, the division has made some significant changes to try to individualize care and offer additional modalities of treatment. She stated recently the division was moved from Adult Institutions to Community Programs. The reason for this change is the expansion of treatment options in the community, as well as more staff to assist with these options. The name was changed from Substance Abuse Program to Addiction Services to highlight that the Substance Abuse Program is only one of the many services offered in the division. The regions were also realigned and there are now seven branch managers. The division has over 100 staff, most of which are clinical. The prison staff programs are overseen by the Division of Addiction Services, while the other divisions are ran through contractual relationships where the division staff oversee the fidelity of the program.

Director Johnson stated in the addiction services treatment modality, the division has worked very hard to offer individualized care. The first modality that is offered is the Substance Abuse Program (SAP) which is the traditional substance abuse program. It is a six-month evidence-based substance use disorder treatment that is conducted within the jails or institutions for individuals with a severe substance use disorder. This program includes but is not limited to, evaluating prosocial behaviors and attitudes, a trial and error learning process, and it is supported and guided by the community and staff. Within this program, there are expectations of new behaviors and attitudes, accountability, and clearly defined expectations. The curriculum that is utilized is the Hazelden "New Directions" Workbook Series (Intro to Treatment, Criminal & Addictive Thinking, Drug & Alcohol Education, Socialization, Co-Occurring Disorders, Relapse Prevention, and Preparing for Release.)

The second modality that is offered is the SAP Mentor Program. This is an evidence-based ongoing substance use disorder treatment that is also six months in length. It is for individuals who have completed the first six months of programming, have shown themselves as leaders, and have stayed on to assist other individuals in SAP. This program will model prosocial behaviors and attitudes, success or failures, support and guidance,

new behaviors and attitudes, appropriate accountability, and model leadership. The SAP Mentor Program will utilize the Hazelden book work "Now that you're Sober."

The Outpatient Substance Abuse Treatment Program is an evidence-based substance use disorder treatment for individuals assessed for lower level of care. This program is a modified SAP with less programming hours. Director Johnson stated the primary curriculum for all programs is the Hazelden New Direction Series as referenced in the above two programs. Evidence-based interventions such as cognitive behavior therapy, 12-step facilitation, social skills training, brief intervention, and relapse prevention are also utilized. Clients receive individual and group counseling services, as well as drug and alcohol education throughout the duration of programming. Evidence-based activities and learning tools, such as role-plays and skits, are incorporated in the daily schedule.

Director Johnson stated the next program is the Co-Occurring Disorder (COD) SAP which allows individuals, with verifiable histories of substance use disorder and mental health disorders, to be eligible to receive an integrated treatment program to address both disorders. Treatment is provided utilizing a modified therapeutic community model.

The COD SAP Mentor program is for individuals who have completed COD SAP and may participate in the mentoring program by serving as a mentor. Mentors serve as role models for participants and also complete tasks as assigned by the administrator. Mentors are chosen at the discretion of the program administrator and are engaged in activities and assignments designed to teach leadership.

The next modality is Supporting Others in Active Recovery (SOAR) which began in 2019. The SOAR program supports clients in their goal to stay safe and sober after completing SAP. It is targeted toward relapse prevention, education, and re-entry skills/resources. The program consists of evidence-based curriculum from Hazelden called MORE (My Ongoing Recovery Experience). While enrolled in SOAR, clients are eligible to participate in up to two other re-entry programs. Family communication and engagement is also a vital part of the SOAR program.

The next modality offered is the SOAR Mentor Program. SOAR mentors demonstrate their leadership skills and assist with six-month programming. The SOAR mentors must model prosocial behaviors and attitudes, success or failures, support and guidance, new behaviors and attitudes, appropriate accountability, and leadership to create clear and understandable expectations. The Hazelden "Now That You're Sober" book work

is utilized in this program. While in this program, participants may participate in two other re-entry evidence-based programs.

Supportive Assistance with Medications for Addiction Treatment (SAMAT) is the clinical and medical protocol that is used for the administration of medications for addiction treatment. The SAMAT Program is focused on preventing overdose, relapse, and recidivism for individuals with opioid use disorder and/or Alcohol Use Disorder whom have completed or are currently engaged in a SAP through the implementation of FDA-approved medication for addiction treatment, which includes Vivitrol (naltrexone) and at some locations Sublocade. Candidates for SAMAT are identified and screened for eligibility approximately two months prior to their anticipated release from incarceration. Participants in SAMAT are provided medication services for up to two months before release from incarceration, which may include two injections.

The Pretrial Substance Abuse Program (PSAP) is in response to Senate Bill 4, passed into law in 2009, and states that individuals charged with a Class C or D felony having no felony convictions within the past 10 years, may be eligible for treatment as an alternative to conviction. At initial incarceration, the jail Pre-Trial Officer may alert the Division of Addiction Services Branch Manager or Program Administrator to conduct a clinical assessment to determine eligibility for SB 4/PSAP. Upon an agreement between the judge, the commonwealth attorney, the client in question, and his/her attorney, successful completion of a jail based six-month treatment program may serve as an alternative to a felony conviction.

There is also a County Inmate SAP, a substance abuse program offered for county inmates, overseen and funded through the Department of Corrections. This program utilizes evidence-based curriculum and is similar to SAP for state inmates.

Director Johnson stated the division has contractual relationships with several re-entry service centers for residential treatment in the community as well as all of the 14 Recovery Kentucky Centers (RKCs). Within RKC, each center offers a total of 100 treatment/recovery beds, with 60 beds contracted by the Kentucky Department of Corrections in each location. As supportive housing projects, each center uses a recovery program model that includes peer support, daily living skills classes, job responsibilities, and establishes new behaviors. Re-entry Service Centers (RSCs) are for those individuals in need of substance use disorder treatment, who meet the classification criteria for community custody. They may participate in programs available in re-entry service centers approved by the department to offer substance use disorder treatment programming.

There are also RSC and RKC SAP Mentor programs. The program at RKCs are for those individuals who have completed all requirements up through Phase I at an RKC and can apply and sign on to stay for Phase II/Peer Mentorship. The program at RSCs is for those individuals who have completed all the requirements for an RSC and can apply to stay for peer mentorship. Both programs allow for the individual to begin to give back to the community by acting as role models, mentors, and teachers to the other phases of the program.

Director Johnson stated there is a short-term treatment program through a contract with Volunteers of America (VOA). Volunteers of America Men's Halfway Back Program has made available a new level of care to male clients on probation or parole. The contract with VOA has been modified to allow for 45, 60, or 90 days of residential treatment. The treatment model is the same as the customary six-month residential treatment program, but the schedule has been modified to allow the client to complete the program earlier based on their individualized clinical progress. A treatment team meeting is held weekly in partnership with VOA and the Division of Addiction Services staff to review clinical progress and determine who is appropriate for completion of the program.

An Intensive Outpatient Program – Community SAP is also available. Through an agreement with the regional Community Mental Health Centers (CMHC), individuals who meet the clinical and classification criteria may attend a less restrictive six-month Intensive Outpatient Program (IOP). Clients meet weekly in an outpatient setting to receive evidence-based substance use disorder curriculum. Clients must abide by all treatment program standards and submit to random drug screening. Individuals can be sent from an incarcerated setting to complete remaining treatment at these locations.

A program was created through collaboration with the Hope Center called Supportive Housing for Adaptive Re-entry (SHARE). The SHARE-CO Program provides a facility for men with co-occurring substance use disorders and serious mental illness. The program addresses the substance use component by utilizing the peer-driven therapeutic community model that the Hope Center Men's and Women's Recovery Program has utilized for many years in its partnership with the Kentucky DOC. The SHARE-CO program utilizes recovery dynamics curriculum, integrating the 12-step model with the peer-driven therapeutic community model. Due to comorbid psychiatric conditions, individuals in the program require certain accommodations to ensure success, which includes supplementing the peer-driven therapeutic community model with licensed mental health professionals to provide direct services and support. It also maintains smaller

therapeutic community groups, providing a personal format which allows both staff and clients to focus on the needs of this group. The SHARE-CO Program is partnered with New Vista, a local community mental health provider, to provide onsite mental health counseling as well as referrals for outpatient psychiatric counseling as needed.

The SHARE SMI program provides a facility for men with serious mental illness who may not meet criteria for any substance use disorders. Clients receive onsite mental health screening and diagnostic services, psychoeducational and support groups focused on mental health management, and basic life skills groups. The SHARE SMI program also provides onsite mental health counseling through a partnership with New Vista. The program also provides referrals for health care, job training, vocational support services, educational services, and permanent housing. Clients are given the opportunity to be referred for targeted case management services to provide ongoing aftercare support once they transition back into the community.

The Re-Entry Drug Supervision (RDS) program is a pilot program resulting from Senate Bill 120 from the 2017 Regular Session. The program consists of two phases, lasting a minimum of 12 months or until the sentence is completed. Phase one involves participants attending group therapy, re-entry program team meetings, submitting to random drug screens, obtaining and maintaining full-time employment, training, or education, and payment of court obligations and supervision fees must be completed. The participant must indicate an appropriate understanding of recovery principles, attend self-help programs and obtain and maintain housing approved by the re-entry team. Phase two participants will attend weekly meetings with the re-entry team and continue to submit to random drug screens.

Director Johnson stated that all the DOC jails or institutions have an Alcohol and Other Drug Entity (AODE) license through the Cabinet for Health and Family Services. They all utilize a therapeutic community, as well as cognitive behavioral therapy. The jails and institutions are audited annually from the Office of the Inspector General (OIG), as well as internally by the Division of Addiction Services. They all utilize evidence-based curriculum through Hazelden Betty Ford and have worked with the Re-entry Services Centers to set a standard for licensure with the new master agreement contract.

Director Johnson stated another initiative that the Division of Addiction Services has worked on is the women's medical release program which went into effect in 2019. Since that time, 123 women were released to treatment, 74 women refused, 77 women completed treatment, and 29 women completed women's medical release supervision.

There are 10 woman that are currently active in treatment, and 42 women have had violations with the women's medical release program.

Director Johnson stated that the Division of Addiction Services has enhanced their existing programs by adding a new co-occurring workbook, as well has having their staff trained by Hazelden. These evidence-based program changes are specifically designed for criminally justice involved individuals, as it addresses not only the addictive behavior, but criminal thinking as well. Research shows that this approach reduces recidivism measures on three fronts: rearrests, reconvictions, and re-incarceration. Director Johnson also added that there is supportive assistance with medications for addiction treatment in institutions, jails, and programs. She stated within the past year and a half, there have been substance abuse programs added to the Fayette County Detention Center, the Hope Center in Fayette County, VOA-Re-entry Service Center, The Men's Healing Place, Blackburn Correctional Complex, Southeast State Correctional Complex, Grant County Detention Center, SHARE CO, SHARE SMI, and Fulton County SOAR. Director Johnson stated that other services provided include Circuit Judges administering evaluation and treatment as a condition of supervision, District Judges in some areas have misdemeanor supervision, the implementation of the Woman's Medical Release Program, and help from the Probation and Parole offices and the Parole Board on evaluation, violation, and aftercare needs.

Director Johnson stated in 2019, a five-year $8.8 million grant was awarded in conjunction with the University of Kentucky to expand programming within jails. The goal is to improve capacity of justice system response to Opioid Use Disorder. Kentucky is one of ten sites chosen for the grant and will focus on women in jails. University of Kentucky-Center on Drug and Alcohol Research, the Department of Corrections, and Behavioral Health and Intellectual Disabilities will work together to offer pretreatment and improve access to medications for addiction treatment. Support for this expansion will be provided by Voices of Hope.

In conclusion, Director Johnson stated that the Criminal Justice Kentucky Treatment Outcome Study (CJKTOS) found that among SAP graduates from Kentucky jails, prisons, and community corrections facilities that were interviewed 12-months post release: 61.6 percent had not been re-incarcerated, 87.8 percent were living in stable housing, 76.6 percent were employed and 77.1 percent of those with children reported providing financial support to their children. Of those graduates, 58.8 percent did not have a positive drug test in the year since release, 67.5 percent attended 12-step meetings, and 67.2 percent of those referred, attended aftercare. She added that the Division of Addiction Services of Kentucky's new initiatives include changing the message to "treatment is not punishment,"

promoting recovery as well as treatment, reducing the stigma of substance use, and expanding programming available.

In response to a question by Chairman Alvarado, Director Johnson stated an increase in treatment capacity both within, and outside of jails and facilities would be helpful. She also added an increase in funding levels, as well as the ability to not only obtain, but retain clinical staff after they receive their license would go a long way in continuing to better assist individuals.

In response to a question asked by Representative Willner, Director Johnson stated she believes a vast majority of the 21,000 incarcerated inmates have substance use issues and are incarcerated due to those disorders and/or mental illnesses.

In response to a question asked by Senator Raque Adams, Director Johnson stated there can be a different recovery approach based on gender. She elaborated that trauma is more represented in the female population, therefore they focus on trauma-based treatment more so than they do with the male population.

In response to a question asked by Senator Raque Adams, Director Johnson stated medical staff is utilized to educate the substance users on infectious diseases that can be a result of intravenous drug use.

In response to a question asked by Chairman Alvarado, the cost of medication that is used for treatment for the incarcerated population is covered by various grants and funding that the division obtains. Once individuals have served their time, the social service clinicians that are in every Probation and Parole office are utilized. Anyone that has started on a medication during incarceration is flagged so that when the clinician meets with them for the first time after release, they are informed of after care and recovery services. If the individual is on a medication the clinician will link them to providers within their community to ensure a continuity of care. She added Medicaid will pay for the medication once they are out on supervision.

In response to a request made my Chairman Alvarado, Ms. Johnson stated she would email him how many people were included in the CJKTOS study.

In response to a follow-up question by Chairman Alvarado, Ms. Johnson stated the Division of Addiction Services does not handle employment issues with regards to

previously incarcerated individuals, but that the Re-entry Division is who handles those tasks.

Amy Brady, Jailer, Henderson County Jailer, spoke to the task force about the substance abuse programs offered at the Henderson County Detention Center. Jailer Brady discussed a 30-bed outpatient pilot program for male inmates with a history of limited or no prior treatment that is being offered at the Henderson Co. Detention Center. The program is a six-month, 24-week program. The inmates in the program are approved for work release and are required to work. The program hours begin after work has ended. In the program, there is a 24-week stepdown recovery method that is used and the Hazelden New Directions series as well as other approved evidence-based curriculum is utilized.

Jailer Brady stated that phase one, the early treatment phase, begins with education and group therapy. Phase one consists of two sessions of education in group therapy of three hours per week, with a totally of six hours in two sessions. The groups are limited to ten individuals. Jailer Brady stated they have found that education opens communication between the staff, the mentors, and the program participants. She added in phase one, the focus is on the participants finding themselves and perhaps some hidden talents and skills they may possess, and what their goals are for obtaining a future they may want for themselves. Phase one steps consist of intake and orientation, medical assessment and job assignment, drugs and alcohol discussions, socialization, and criminal and addictive thinking exploration.

Jailer Brady stated that phase two, the middle treatment phase, focuses on anger management, release and integration into society, co-occurring disorders, and 12-step work. In phase two, there is a decrease of educational hours and an increase of group therapy hours. In phase two, the focus is shifted to more of a self-help initiative, utilizing programs such as Narcotics Anonymous and Alcoholics Anonymous. The groups also increases to approximately 15 inmates in phase two.

Phase three is re-entry treatment that consists of four sessions: individual assignments assigned by the clinician based on each individual's need: intense relapse prevention; life skills; resume and interview skills; and healthy relationships, codependency, and boundaries. Phase three sessions are for six hours, four days a week.

Jailer Brady stated the program has been a success and has helped inmates to learn self-worth, life skills, possible gainful employment, and become productive members of society.

In response to a question asked by Chairman Alvarado, Jailer Brady stated inmate labor has helped daily operations, however the reduction of female beds to increase male beds needed for the program is an issue, as well as medical costs for inmates. She stated that inmates with addiction issues tend to have more medical expenses than inmates who do not. She added that it is difficult to provide adequate treatment for people at approximately $9.00 per inmate. Jailer Brady requested that funding for the program be examined. She added it would be helpful for Medicaid to pick up any cost of the inmate's medical issues.

In response to a question asked by Chairman Alvarado, Jailer Brady stated they cut participant beds in the program and have not been able to increase the numbers in quite a while. She also reiterated what Director Johnson stated that it is difficult to keep clinicians after they receive the hours needed and licenses, as they move on to places that offer a higher salary.

Capacity for Medicaid Funds to be used for Addiction Treatment While Incarcerated

Lisa Lee, Commissioner, Department for Medicaid Services, Cabinet for Health and Family Services gave a brief overview of the capacity for Medicaid funds to be used for addiction treatment while incarcerated. Commissioner Lee stated currently federal policy does not allow Medicaid payments for healthcare services for individuals who are incarcerated unless that individual has been admitted to an off-site hospital or other qualifying facility for at least 24 hours. However, Medicaid will allow federal matching funds for individuals who are on parole, probation, released to the community pending trial, living in a halfway house, individuals who voluntarily live in a public institution, or individuals who are on home confinement. Federal financial participation is not available for individuals living in state or federal prisons, local jails, detention facilities, federal residential re-entry centers, residential mental health and substance use disorder treatment facilities for incarcerated individuals, or hospitals or nursing facilities that exclusively serve incarcerated individuals.

Commissioner Lee reiterated Director Johnson's statement that approximately 65 percent of the individuals incarcerated have a substance use disorder. Commissioner Lee stated they also have chronic conditions such as asthma, diabetes, hypertension, or behavioral health disorders. Commissioner Lee stated those same rules for federal participation apply to the juvenile justice population as well. She added that the juvenile justice population is vulnerable and needs to be kept in mind when addressing substance use issues.

Commissioner Lee stated she believes the Kentucky General Assembly had very forward thinking with the enactment of House Bill 352 (2020 Regular Session). The bill requested that Medicaid create an 1115 waiver in order to see if the Center for Medicare and Medicaid Services (CMS) will allow the coverage of certain services to incarcerated individuals. Leslie Hoffmann, Chief Behavioral Health Officer, Department for Medicaid Services, Cabinet for Health and Family Services, has been taking the charge on that project and has been in communication with CMS.

Ms. Hoffman said the bill states within ninety days after the effective date of this Act, the Department for Medicaid Services shall develop and submit an application for an 1115 demonstration waiver under 42 U.S.C. sec. 1315 to provide Medicaid coverage for substance use disorder treatment, including peer support services, to individuals incarcerated for a conviction under KRS Chapter 218A. Upon approval of the waiver, the cost of treatment for a substance use disorder or patient navigation provided by a licensed clinical social worker shall be a covered Medicaid benefit for an incarcerated individual. She also said the bill states, The Department of Corrections is directed to participate and assist in the development.

Ms. Hoffman stated an 1115 waiver is often described as a pilot or demonstration project that is likely to assist in promoting the objectives of the Medicaid program. The purpose of the demonstration is to give states additional flexibility to design and improve their programs. An 1115 demonstration project presents an opportunity for states to institute reforms that go beyond just routine medical care and focus on evidence-based interventions that drive better health outcomes and quality of life improvements. A demonstration must also be "budget neutral" to the Federal government, which means that, during the course of the project, Federal Medicaid expenditures will not be more than Federal spending without the demonstration.

Ms. Hoffman stated Kentucky is requesting approval from the CMS for an amendment to its Medicaid substance use disorder (SUD) 1115 waiver to authorize federal Medicaid matching funds for the provision of SUD treatment to eligible incarcerated individuals. Coverage for these services is requested for persons incarcerated in state and county facilities. The objective of the amendment will be twofold. The first objective will be to provide SUD treatment to eligible incarcerated individuals in order to ensure this high risk population receives needed treatment before release, and to strengthen follow up care with a Medicaid provider after release by paying for SUD treatment while incarcerated. The second objective will be to allow the recipient’s chosen managed care organization

(MCO) to coordinate aftercare with a Medicaid provider 30 days before release. Kentucky plans to retain and enhance the existing SUD programs in state and county facilities. Kentucky will be the first state in the nation to request this type of SUD incarceration amendment. The entire initiative will be pending CMS approval.

Ms. Hoffman stated The Department for Medicaid Services (DMS), Department for Behavioral Health (DBHDID), Office of Inspector General (OIG), and the Department of Corrections (DOC) developed a united team to work on Kentucky's initiative. The team has been meeting on a regular basis and communicating with CMS since May 2020.

Ms. Hoffman stated the next steps and estimated timeframe include the submission of an amendment draft, conference call, and a revision with CMS in July 2020, a post for public comment in August 2020, the review, response, and consideration for revisions in the amendment in September 2020, and final submission to CMS for review and approval in September 2020. The timeline for CMS approval has not been determined by CMS due to internal guidance being developed.

In response to a question asked by Chairman Alvarado, Ms. Hoffmann stated the treatment would be covered as far as the services go. She added medication and management would also be included in the 1115 Waiver, if approved by CMS. Commissioner Lee added if a participant needed to be transferred to the hospital due to withdraw or other related issues, the cost of that would go from the hospital to Medicaid rather than through the institution.

In response to a question asked by Chairman Alvarado, Commissioner Lee stated if the 1115 Waiver is approved, and a facility does not have the clinician coverage to treat the individual, they would not be eligible to go to an outpatient center for treatment. The treatment would have to take place within the walls of the facility to apply.

In response to a question asked by Chairman Alvarado, Commissioner Lee stated after Covid-19, all prior authorizations for any Medicaid related services were suspended. Reimplementation of some of the prior authorization processes will be beginning August 1, 2020, however, there are to be no prior authorization processes on any substance use disorder or behavioral health treatment services at this time.

In response to Chairman Alvarado, Commissioner Lee stated that continued support in the Medicaid expansion program is needed. She stated without Medicaid, some individuals would not be eligible for services.

Chairman Alvarado announced the next Substance Use Recovery Task Force will be meeting Tuesday, August 11, 2020 at 3:00 P.M. With no further business to come before the Committee, Chairman Alvarado adjourned the meeting at 4:26 P.M.