

CHAPTER 193**(SJR 59)**

A JOINT RESOLUTION directing the Cabinet for Health and Family Services to create an advisory committee to investigate funding mechanisms and feasibility studies around recovery housing including a full continuum of care for the treatment of individuals with substance use disorders.

WHEREAS, strategies need to be developed to assist those involved in the criminal justice system with access to a treatment program for a substance use disorder; and

WHEREAS, incarceration for individuals with nonviolent drug-related offenses usually does not serve the individual or the society well; and

WHEREAS, treatment and recovery for those individuals who do not pose a threat to public safety have proven to be more effective than incarceration for reducing recidivism and transforming the individual to a productive and meaningful life; and

WHEREAS, the cost of treatment and recovery, including recovery housing, is less costly and has a good return on investment versus incarceration; and

WHEREAS, there is significant long-term outcomes data that shows supportive recovery housing with social recovery and a therapeutic community that addresses social determinants of health markedly reduce recidivism; and

WHEREAS, the financial support to provide diversion to treatment and recovery programs can be made available through a variety of resources, including Medicaid, SNAP, and other federal programs; and

WHEREAS, the court system is continuing to address the marked increase in family court cases and issues experienced by families, and particularly children, harmed by the devastation and consequences due to the rise in substance use disorder;

NOW, THEREFORE,

Be it resolved by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. The General Assembly hereby directs the Cabinet for Health and Family Services to create an advisory committee to establish a pilot program to investigate funding mechanisms for a diversion program for treatment and recovery housing services for individuals with substance use disorder who have been arrested for substance use disorder-related offenses. The advisory committee shall be attached to the Office of the Secretary, Cabinet for Health and Family Services, for administrative purposes. The advisory committee shall have the following members:

- (1) The secretary of the Cabinet for Health and Family Services, or his or her designee;
- (2) The secretary of the Justice and Public Safety Cabinet, or his or her designee;
- (3) The secretary of the Education and Workforce Development Cabinet, or his or her designee;
- (4) The director of the Administrative Office of the Courts, or his or her designee;
- (5) The executive director of the Office of Drug Control Policy, or his or her designee;
- (6) Two individuals who are substance use disorder treatment providers, one from a rural area and one from an urban area, appointed by the Governor;
- (7) One individual in recovery from a substance use disorder, appointed by the Governor;
- (8) Two members of the Senate, one of whom shall have knowledge about substance use disorder treatment and recovery models and methodologies, appointed by the President of the Senate, who shall be ex officio nonvoting members; and
- (9) Two members of the House of Representatives, one of whom shall have knowledge about substance use disorder treatment and recovery models and methodologies, appointed by the Speaker of the House of Representatives, who shall be ex officio nonvoting members.

➔Section 2. The pilot program shall be called the Second Chance Pathways to Recovery program. The pilot program may operate in multiple locations in the Commonwealth. The pilot program shall be implemented and operational by July 1, 2022.

➔Section 3. In establishing the operations of the pilot program, the advisory committee shall meet at least monthly. The Cabinet for Health and Family Services may contract for services of the advisory committee. The advisory committee shall include in its deliberations the following:

(1) Evaluation and recommendations of criteria to assess appropriateness of arrested individuals for participation in the pilot program;

(2) Identification of treatment and recovery resources presently available through appropriate providers and recovery housing operators that are capable of providing needed services and documented outcomes of services provided in the criminal justice system. These services include but are not limited to peer support services, substance use disorder treatment services, recovery housing services, job training, education, and meaningful work placement opportunities;

(3) Identification of information and outcomes measurements to be tracked and reported on the effectiveness of performance of models and services to ascertain the return on investment of the pilot program in addition to recidivism and reuse rates for up to five years from treatment entry;

(4) Identification of information and data that should be collected and analyzed and how such data should be collected, used, and disclosed;

(5) Evaluations and recommendations concerning policies and processes for the pilot program, including the process needed to notify the courts of any violations of diversion agreements by those participating in the pilot program; and

(6) Evaluation of and recommendations concerning reimbursement payment models, including Medicaid, for recommended services and resources, including recovery housing. The advisory committee shall include in its payment recommendations an evaluation of the return on investment for the Commonwealth.

➔Section 4. The Cabinet for Health and Family Services shall prepare a plan to establish the independent collection of data from a third party that has the capability to provide IT services, including a resident management system and outcome data portal for the collection and evaluation of an annual report on outcomes.

➔Section 5. The Cabinet for Health and Family Services shall create a report and recommendations related to the establishment of the pilot program and the report shall be submitted to the Legislative Research Commission for referral to the appropriate committee or committees by December 1, 2021.

Signed by Governor April 6, 2021.