

1 A JOINT RESOLUTION directing the Cabinet for Health and Family Services to  
2 work with substance use disorder treatment providers to create a work group to establish  
3 a pilot program to fully fund post-inpatient treatment housing and transitional living in a  
4 limited setting for individuals with substance use disorder.

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

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

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

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

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

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

20 NOW, THEREFORE,

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

22 ➔Section 1. The General Assembly hereby directs the Cabinet for Health and  
23 Family Services to create an advisory committee to establish a pilot program to fully fund  
24 post-inpatient treatment housing and transitional living in a limited setting for individuals  
25 with substance use disorder. The advisory committee shall be attached to the Office of the  
26 Secretary, Cabinet for Health and Family Services, for administrative purposes. The  
27 advisory committee shall have the following members:

- 1 (1) The secretary of the Cabinet for Health and Family Services, or his or her  
2 designee;
- 3 (2) The secretary of the Justice and Public Safety Cabinet, or his or her designee;
- 4 (3) The secretary of the Education and Workforce Development Cabinet, or his or  
5 her designee;
- 6 (4) The director of the Administrative Office of the Courts, or his or her designee;
- 7 (5) Two individuals who are substance use disorder treatment providers, one from  
8 a rural area and one from an urban area, appointed by the Governor; and
- 9 (6) One individual in recovery from a substance use disorder, appointed by the  
10 Governor.

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

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

- 19 (1) Evaluation of arrested individuals that met the criteria to assess  
20 appropriateness for participation in the pilot program;
- 21 (2) Outsourcing of:
  - 22 (a) Treatment and Recovery through appropriate providers and recovery housing  
23 operators that are capable of providing one or more of the following services and  
24 documenting outcomes. These services include but are not limited to peer support  
25 services, substance use disorder treatment services, mental health services, recovery  
26 housing services, job training, education, and meaningful work placement opportunities;  
27 and

1 (b) Tracking and reporting of performance and return on investment of the pilot  
2 program;

3 (3) Collection and analysis of data provided by the providers and vendors;

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

7 (5) Establishing reimbursement payment models for recovery housing through  
8 Medicaid;

9 (6) Establishing collaborative agreements with substance use disorder providers  
10 and others;

11 (7) Establishing an appropriate reimbursement model for recovery services that  
12 includes recovery housing;

13 (8) Establishing recovery and treatment care management plans that will meet the  
14 payer's requirements for reimbursement; and

15 (9) Evaluation of the program on at least an annual basis, including performance  
16 reports.

17 ➔Section 4. The Cabinet for Health and Family Services shall submit a twice  
18 annual report update related to the creation, implementation, and operations of the pilot  
19 program to the Legislative Research Commission for referral to the appropriate  
20 committee or committees. The first report is due on December 31, 2022, and then every  
21 June 30 and December 31 thereafter for the duration of the pilot program.