

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 work with substance use disorder treatment providers to create a work
24 group to establish a pilot program to fully fund post-inpatient treatment housing and
25 transitional living in a limited setting for individuals with substance use disorder.

26 ➔Section 2. The pilot program shall be called the Second Chance Pathways to
27 Recovery program. The pilot program shall be created, implemented, and operational by

1 July 1, 2021.

2 →Section 3. In establishing the operations of the pilot program, the Cabinet for
3 Health and Family Services shall create a work group that will meet at least monthly. The
4 Cabinet for Health and Family Services may contract for services of the work group. The
5 work group shall include in its deliberations the following:

6 (1) Evaluation of arrested individuals that met the criteria to assess
7 appropriateness for participation in the pilot program;

8 (2) Outsourcing of:

9 (a) Treatment and Recovery through appropriate providers and recovery housing
10 operators that are capable of providing one or more of the following services and
11 documenting outcomes. These services include but are not limited to peer support
12 services, substance use disorder treatment services, mental health services, recovery
13 housing services, job training, education, and meaningful work placement opportunities;
14 and

15 (b) Tracking and reporting of performance and return on investment of the pilot
16 program;

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

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

21 (5) Establishing reimbursement payment models for recovery housing through
22 Medicaid;

23 (6) Establishing collaborative agreements with substance use disorder providers
24 and others;

25 (7) Establishing an appropriate reimbursement model for recovery services that
26 includes recovery housing;

27 (8) Establishing recovery and treatment care management plans that will meet the

1 payer's requirements for reimbursement; and

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

4 ➔Section 4. The Cabinet for Health and Family Services shall submit a twice
5 annual report update related to the creation, implementation, and operations of the pilot
6 program to the Legislative Research Commission for referral to the appropriate
7 committee or committees. The first report is due on December 31, 2021, and then every
8 June 30 and December 31 thereafter for the duration of the pilot program.