



Kentucky Voices for Health received individual responses but also responses to questions about the 1115 waiver SUD amendment and would like to submit all of those responses as comments on the proposal as well:

- **40%** of the Respondents and Commenters have Medicaid coverage themselves
- **96.3%** support allowing Kentucky Medicaid to pay for Substance Use Disorder treatment and Behavioral Health services provided to eligible individuals during incarceration
- **100%** support making sure individuals are actively enrolled with an MCO when they are released from incarceration to ensure they can continue to receive care in the community
- **96.3%** support offering family engagements sessions to individual during incarceration
- **100%** support requiring an individual's MCO to provide access to an SUD treatment program in the community as an alternative option for the judge's consideration.

1. Please tell us how you, your family or your community has benefited from Medicaid coverage for SUD treatment, behavioral health services, or other healthcare needs.

- The community benefits from individuals who can work and take care of their families because they are provided SUD and mental health treatment
- Time and again I have heard reports that incarceration had enabled persons to finally begin the road to recovery. Boyle County has made considerable strides in diversion and re-entry programs. The support of Medicaid can greatly enhance those efforts.
- When I was in College full time for radiology, I qualified for Medicaid because I was a single mother and not working. I was able to have all my mental health needs met which is important because I am a person in long term recovery from substance use disorder. It is very critical for people like me to sustain a balance with medication in order to be a successful and productive member of society.
- I personally benefited from WellCare from a residential treatment program. This program was the only thing that worked for me.
- It has helped many of my clients get into treatment.

- My son and daughter has medicaid. And both are recovering addicts. If not for their insurance. That provided them to be placed in treatment as well as after-care and maintenance therapy.
- The community benefits by our family and friends being able to integrate back in to society
- As a physician who provides care for families with behavioral and developmental difficulties, I see how coverage for SUD treatment is life altering.
- i do not receive these services but they are crucial to our community.
- I have a family member with Medicaid due to their severe mental illness diagnosis that also has a co-occurring substance use disorder. Recent in-patient treatment for SUD was helpful to get them back on track and to also better address their treatment for their mental illness diagnosis.
- Im a single mom raising 3 boys whos father is incarcerated. He never recieved treatment until he went to prison but here we are; my sons growing up without their father. If he had recieved treatment sooner and it had been more easily accessible, his fate would have been different. Treatment for SUD doesn't always have to intially be voluntary to be effective. There are man in our community who go in and out of the justice system due to untreated mental illnesses and co occurring disorders, not only wreaking havoc in their own personal lives and the lives of THEIR children and families, but increasing criminal activity in communities and increasing costs for the community. The cost is not just tax dollars. Its time. Time away from their family. Time away that they can't get back. And at the end of life, there is no do over. The cycle has to be stopped...and its too vicious a cycle to be stopped on ones own. Those with co occurring disorders have often behaved in such a way that they have pushed anyone who would want them to recover away, and so then who is left to deal with them? Society. What will society do? Contribute to healing them? or destroy them further? If we want to be a civilized society we must act like We ALL have a right to medical care. AND that includes the incarcerated. SUD and mental illness are FACTS - Not speculation. They are diseases and disorders and they need to be treated just as any other disease of the body. To do any less is neglect. I have my own mental health issues. If it were not for the services I recieved from my community, I would not be able to write this to you today. I am able to raise my boys and contribute to society and live the life that I feel I was created by God to live. Despite my weakness, I am here. With the help of my community, medication and thru faith in the Lord I am now able to help those who struggle as I have in the past to overcome barriers in their life. Those who are incarcerated deserve the same opportunity.
- grand children receive health care and daughter also has
- Usually, a person can only access Medicaid coverage once they are released from jail. (And they should be signed up BEFORE release b/c this is critical for their successful re-entry.)For those who must be in jail because they are serving a sentence, they will be able to maintain their mental health to the best level possible under stressful circumstances if they have Medicaid coverage and proper medication and/or treatment for SUD if that is their diagnosis. In my experience, most jails and nurses who work there do not have expertise in mental health or even understand why it is critical for persons on psych medications to continue taking them!
- My father struggled with SUD and often experienced incarceration and benefited from Medicaid coverage for SUD and other healthcare coverage. I work in public health

research and I know access to treatment is a big barrier for folks. We should make it easier for folks to access treatment for SUD and healthcare in general.

- I have seen mothers to be able to care for their children
- If it weren't for Medicaid I wouldn't be sober for 5.5 years. The counseling I received after I stopped drinking was critical. Stop treating addiction like a crime and start treating it like a disease!!
- We all benefit when healthcare is available for our communities.
- I could talk for days about the positive impact on our vulnerable citizens who have received SUD treatments and behavioral health care services across our state. As a social worker, it is imperative that the critical focus on our client's SUD and mental health treatments be inclusive of family and community supports for the optimal health outcomes. Kentucky's increase in opioid use and overdose/death speaks to the necessity of comprehensive programs to address these challenges, especially as we move through this unprecedented pandemic. There are many social workers and social work students who live in recovery and provide extraordinary support as both peer support specialists and/or licensed professionals. Some of these dedicated professionals have lived through incarceration and it is their voices and those of our citizens that must continue to be heard as we engage, educate and empower our citizens experiencing substance misuse and resulting incarceration.
- My community continues to battle the SUD crisis and it's a hard fight. Limited resources before Medicaid expansion made it almost impossible to afford detoxification, outpatient or inpatient treatment for those suffering with SUD; regardless of what kind of addiction they are facing--every person deserves a chance to recover. Medicaid coverage changed the landscape for substance use treatment for Kentuckians. It allowed social workers, like me, to be able to find affordable treatment, to be able to find a treatment placement that a Judge wanted for the person standing in their courtroom, and to be able to give hope to all of the clients I serve as well as the many Kentuckians who face addiction on a daily basis, who watch their family members suffer with addiction and who have almost died as a symptom of their disease. It's the biggest tool we have in the toolbox to give our communities a chance.
- Adding SUD treatment to Medicaid has radically changed our whole state. Everyone should have access to no barrier appropriate quality healthcare.

2. Please tell us how these proposed changes would affect you, your family, or your community.

- Every dollar spent on SUD and mental health saves twice as much on prison and family heartbreak. Please allow this funding.
- Plus, re-entry requires sustained support for stability and success. Such support will facilitate our efforts to attain or retain jobs and housing so vital to recovery.
- My husband was sent to prison 4 different times before he sustained long term recovery from opiate use disorder. Maybe if he had been able to access the resources available through Medicaid for life skills and relapse prevention; he would not have been incarcerated so long. The community at large has a huge population afflicted with

substance use disorder, if they had easier access to real quality treatment while they're incarcerated; the recidivism rate would drop exponentially.

- This would be a waste of tax dollars. The only clear way to combat the opiate crisis is to love these people back to life, outside of incarceration.
- It would allow for my agency to help more people get into treatment.
- The community would benefit. Because those that aren't working or have insurance. Will be covered to get the treatment they need.
- It would make our community safer, more resilient, empathetic to the struggles people go through
- Giving individuals treatment for SUD offers new life options and can potentially protect children from devastation and disability.
- As substance abuse is growing, including in the population of persons diagnosed with a mental illness I believe this is greatly needed to help individuals make healthy choices going forward and hopefully become a positive influence for others in our community.
- If we can deal with an individuals substance abuse while incarcerated, their likelihood of using when released could be diminished. Their need for money to support their habit is eliminated, and crime can be reduced. This seems like a no-brainer to me.
- My son has had legal problems because of SUD and has spent time in jail. During that time, he had difficulty accessing proper meds or even convincing nurses that he needed to be on them. (He has bipolar II) Prescribed medications are NOT street drugs! Because jail personnel are not well-trained, I think it is best if offenders who primarily have SUD are diverted to treatment programs via drug court or mental health courts. Then, under the "power of the judge's robe" they will be motivated to adhere to a treatment program within the community instead of while being locked up. (Jail can still be used as a negative sanction for a short period of time if necessary.) This will allow individuals to better maintain their family ties, work at a job or go back to school, and attend group sessions like AA or NA. This option is also much less expensive than incarceration: one-third of the cost. Please view the PBS documentary, "The Definition of Insanity" (2020) about the mental health court in Miami-Dade County and how it has improved outcomes for drug offenders.
- I know a lot of people who struggle with SUD. Access to SUD treatment and healthcare is especially important for folks coming out of incarceration. Access to treatment saves lives.
- Families would be able to provide support for each other, lessening the need for outside assistance.
- It would be great for the ones to get help without just jail time
- Treating people with SUD like people is shown to help them recover. It's a disease, not a crime.
- My community and patients deserve needed treatment for SUD

- We have a huge substance abuse issue in my community and many are too poor to afford treatment. As an educator, we see the impact of substance abuse every day when our students are not taken care of at home and come to us for nourishment, attention, and love.
- NASW-KY is absolutely supportive of these proposed changes! They are critical to the public health of our vulnerable citizens experiencing incarceration as it relates both to treatment within prison and preventative resources for re-entry into society.
- The proposed changes have the opportunity to continue to solidify what we already know --access to healthcare reduces incarceration, increases recovery, and saves lives. The ability for a person to walk out of incarceration into the first or tenth stages of recovery with the ability to walk into a doctor's office is the one major way that we can help that person re-enter their community with dignity and respect.

3. Is there anything that you think would make this proposed project better for Kentuckians?

- More affordable housing and more long term treatment resources.
- Expedite this implementation.
- I personally feel that if sud is recimended while incarcerated. It should be done while incarcerated. I've seen drug court so to speak fail to many times. I also feel as a part of their release; they should be required to continue iop, meetings, sponsor, etc....
- I'm glad this initiative is being considered. Too many Kentuckians are being incarcerated, and jails are NOT designed to help people improve their lives. It's time to make some changes.
- The only issue I see is that there are not enough treatment centers. In my community for example, people must travel an hour to get treatment
- Incarceration can never be the first stop to Recovery. The project must consistently screen and divert individuals to treatment whenever possible throughout the criminal justice systems in Kentucky.

Please send any responses to these comments, responses, and recommendations to cara@kyvoicesforhealth.org