



***Kentucky Addiction Policy Advocacy Council (KyAPAC) is the legislative arm of People Advocating Recovery (PAR). Its mission is to organize stakeholders across the state to create and deliver a clear, passionate yet respectful, educational message for legislators that addresses evidence-based initiatives to support recovery and protect our communities.***

***The proceeding list of priorities were informed by the following organizations, individuals with lived experience and others who participated in community conversations to address the needs of the people they serve. This is not an exhaustive list, but a starting point to ensure that recovery is centered in policies across the commonwealth:***





## **KyAPAC Policy Priorities 2023**

### **1) Harm Reduction: (Appendix A, B, C)**

- a) Removing Fentanyl Test Strips as paraphernalia
  - i) FTS works to test the presence of fentanyl in substances, not to determine the purity. As such, we need to bring an awareness of what Fentanyl test strips are and how they work.
- b) Good Samaritan law
  - i) Removing loopholes that could use this event as ammunition to charge individuals with Manslaughter II for an overdose (poisoning).
  - ii) Closing loopholes that require law enforcement to arrest individuals that have an active warrant for arrest on individuals that utilize the GS law.
- c) Opioid Reversal Agents (ex. Narcan, Naloxone, etc):
  - i) Support legislation that enforces Opioid Reversal Agents to be in emergency kits in every public space and government building.

### **2) Recovery Residences: (Appendix D)**

- a) Work with the National Alliance for Recovery Residences (NARR) affiliate to develop policies that support Recovery Residences in communities across the commonwealth.
  - i) Recommend working with state groups and the Kentucky Recovery Housing Network advisory board to work toward the adoption of Recovery Residence statute.
- b) Work with the Cabinet to support KRRHN or its predecessor to be written into statute
  - i) Next steps: The Advisory board has been formed.
  - ii) Work on partnerships with stakeholders in order to ensure definitions and policies to be written into statute are consistent with the National Affiliate of Recovery Residences as adopted by Kentucky.

### **3) Criminal Justice: (Appendix E, F, G)**

- a) Voting Rights bill:
  - i) Automatic restoration of voter rights of records after completion of programming and agreements
  - ii) Creating more awareness to remove criminal justices responses to activities that are inherent of Substance use disorders
- b) Clean slate Bill:
  - i) Automatic and automated expungement

### **4) Prevention Programing for K-12:**

- a) Currently schools are required to do 1 hour of instruction for Mental Health/Suicide prevention, but there is little or no required curriculum or amount of instruction around substance use and recovery.

### **5) Child abuse & neglect Expungement process:**



- a) The ability to expunge offenses after completion of treatment or programming ordered by a judge through court order or other supervising entity. Having this on one's record prevents parents from being able to apply for equitable employment and other resources that support positive steps forward.
  - i) Registry needs to be evaluated by an expert that can address the impact of having this be a part of the process for treatment/programming of individuals if convicted.
  - ii) **Next steps:** separate “abuse” and “neglect” charges as they can be vastly different. Develop a framework which can define charges, process, and allow for someone to have convictions expunged after completion of programs who have been deemed by the court to be completed.

#### 6) Telehealth:

- a) The ability for LCADC to bill private insurance and medicaid for telephonic/virtual services that were given when the COVID emergency order was enacted by the Governor’s Executive Order. Since the emergency order ended, providers have not been able to bill insurance companies for services, groups, and one on one care conducted by peer providers and other certified credentialed persons. As a result, participation in services have dropped significantly from participants especially in rural Kentucky.
  - i) Identifying gaps in regulation that the state legislature can aid in order to facilitate this effort
    - (1) Specifically identifying opportunities in the Kentucky Board of Social Workers regulations

#### **Regulations: (Appendix H, I, J)**

- 1) Access to Identification Cards & Real ID’s:
  - a) There are serious challenges for those coming out of incarceration and treatment to get Identification cards. Real ID regional offices are a specific barrier for those with transportation challenges and/or employment limitations.
    - i) Adapting policies that allow for individuals to get ID’s while incarcerated, whereas identification can be confirmed.
      - (1) **Recommendation:** Some counties have deployed pilot sites in rural areas that help returning citizens gain access to ID’s before leaving institutions. These institutions need funds in order to facilitate these services.
- 2) First Responders:
  - a) **Narcan Administration for First Responders:**
    - i) Support new regulations for first responders to establish a new procedure when intervening in an overdose (poisoning) that will provide resources, family contact/intervention, or physician follow-up. (In memory of Josh Gritton)

# Fentanyl Test Strips





## Know what's in your drugs, prevent overdose


Fentanyl test strips can tell you if your drugs contain a deadly opioid called fentanyl or one of its relatives, like carfentanil. Fentanyl is added to drugs like heroin, meth, cocaine, and pills. You should use fentanyl test strips on ALL drugs, not just heroin.


These strips are not perfect – for example, they may miss certain relatives of fentanyl. You could still overdose even if the strip says there is no fentanyl.


## How to use fentanyl test strips


 **Step 1. Add sterile water** (1/4 inch, about 5 ml or 10 drops) to your drug residue and mix well.


 If injecting, draw your shot into your syringe leaving some residue in your cooker (e.g., spoon can, lid). Add the water (i.e., rinse water) to the cooker and mix well.

 If snorting, leave some residue on the sides of the bag or surface you snort from if it can hold water. Add the water and mix well.

 If using pills, crush the pill in a container (e.g., bag, can, cup). Add the water and mix well.

 **Step 2. Test.** Hold the strip by the blue end. Dip it into the mixture up to the wavy lines (〰), but not deeper than the first blue line (—). Hold it there for **15 seconds**.

 **Step 3. Wait.** Remove the strip from the mixture. Lay it on a clean surface. Wait one full minute (**60 seconds**) for it to process.

 **Step 4. Results.** If no line appears, something went wrong. Re-do the test.

 One red line (positive) = Fentanyl

 Two red lines (negative) = **No** fentanyl (“two thumbs up”, “two is better than one”)



## How to reduce your overdose risk (from HarmReduction.org)

- **Always carry naloxone.** Find where to get it at [KyStopOverdoses.ky.gov](https://www.kystopoverdoses.ky.gov) or ask your local pharmacy.
- **Be extra careful if using alone.** Try to not use alone or have someone check on you so they can help if you overdose. If you are going to use by yourself, call **1-800-484-3731** (NeverUseAlone.com).
- **Take it slow and use less.** A little fentanyl goes a long way with fentanyl and overdoses can occur quickly. You can always go up, but you can't go down.
- **Try snorting instead of injecting.** Injecting carries the highest risk for overdose.
- **Space out doses.** Take time between doses because fentanyl acts fast and is different for everyone.
- **In a group? Take turns.** Make sure someone is always alert and that someone has naloxone.
- **Know the signs of an overdose.** Call 911 if you see someone overdose.
- **Listen to your body.** Health impacts overdose risk. Drink fluids, eat, and rest as much as possible.

**By using fentanyl test strips, you accept all responsibility for any injury or death that could occur, whether the drugs have been tested, or not tested, for fentanyl. Fentanyl test strips are drug paraphernalia.**

# Is it an overdose?

## Look for these signs:

- Struggling to breath or not breathing
- Pinpoint pupils
- Blue/gray lips, nails
- Skin pale, clammy
- Extreme sleepiness / inability to awaken verbally or by sternal rub

## How to give naloxone

(NARCAN® or Kloxxado™)

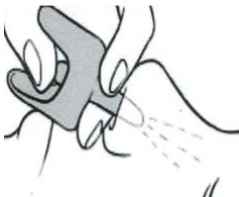


# Peel



# Place

**Caution:** do not activate (press) device until inserted into the nostril and you are ready to administer as all of the medication will be lost



# Press

## Naloxone Storage

- Store at room temperature between 59°F to 77°F (or for short periods of time between 39°F to 104°F)
- Do not freeze naloxone
- Protect from light until ready to use
- Replace naloxone before the expiration date on the box

## Naloxone Training

Access naloxone, training, and safety information at:

<http://www.GetNaloxoneNow.org>

# What do I do?

**Don't panic!** Try to wake the person by yelling their name and rubbing the middle of their chest with knuckles (sternal rub).

1. **Call 911!**
2. **Lay person on their back.** Perform rescue breathing if you have been trained or are instructed by emergency operators.
3. **Peel back the tab** with the circle to open and remove naloxone from box
4. Hold naloxone with your thumb on bottom of plunger and your first and middle fingers on either side of nozzle
5. Tilt person's head back; provide support under neck with your hand. **Gently insert tip of nozzle into one nostril** until your fingers on either side of nozzle are against the bottom of person's nose
6. **Press plunger firmly** to give dose of naloxone
7. Remove sprayer from nostril after giving dose
8. If instructed or trained, continue rescue breathing if slow / no breathing
9. **IF AFTER 2-3** minutes person is still unresponsive with slow/no breathing repeat steps 3-8 above
10. **Roll person on side\*** if breathing on own; continue to monitor breathing; begin rescue breathing again if required. **STAY with person until EMS arrives!** It is possible for a person to still experience the effects of an overdose after naloxone wears off.

\*Putting someone in the recovery position will keep their airway clear and open, and ensures that any vomit or fluid won't cause them to choke.



Knee prevents body from rolling on to stomach.



**Kentucky Public Health**  
Prevent. Promote. Protect.

## WHAT IS FENTANYL?

Fentanyl is a very strong, synthetic opioid that is added to street drugs, especially heroin and homemade oxycontin and xanax pills.

## WHY IS FENTANYL A PROBLEM?

- Fentanyl has very strong depressant effects, which **seriously raises the risk of overdose** – especially if you have no opioid tolerance and/or are mixing depressants. Most fentanyl-related overdoses occur because people do not know they have used fentanyl, which makes it crucial to check any street drug before use.
- While its strong potency may sound appealing to people who use opioids, fentanyl is very short-acting and so **will wear off more quickly** than other opioids. In combination with its strength, this also means that **withdrawal is much more intense and unpleasant**.
- Fentanyl is also reported to have a **weaker high than expected**, and so it is generally an undesirable drug for most people.

## INFORMATION ON “CUT” OR ADULTERATED DRUGS:

We promote the use of BTNX fentanyl test strips since they are proven to be highly effective at testing for fentanyl and its analogues such as carfentanyl and acryl-fentanyl. These analogues are nearly identical to fentanyl but have different strengths. Carfentanyl is 100x stronger than fentanyl, which makes it an especially dangerous adulterant. **It is very important to keep this fact in mind since these test strips cannot tell the difference between different versions of fentanyl.**

Please also be aware that there are other possible adulterants that can increase the risk of overdose or other harms. For example, injecting benzodiazepines not only increases the risk of overdose, but can cause serious damage to the injection site. For this reason, it is crucial for people that use drugs to both have a **trustworthy source** and **always practice overdose prevention steps**.

## Appendix B

If you need more Fentanyl Test Strips you can order them at:  
**[nextdistro.org/kyfentstrips](https://nextdistro.org/kyfentstrips)**

This pamphlet was generously shared by



**STAY SAFE.  
CARRY NARCAN.  
TEST YOUR DOSE &  
NEVER USE ALONE.**

This project is supported by the Kentucky Opioid Response Effort (KORE) through a Substance Abuse and Mental Health Services Administration (SAMHSA) Grant 1H79TI081704.



**NEXT Distro**  
STAY ALIVE, STAY SAFE.

➤ [nextdistro.org/kentucky](https://nextdistro.org/kentucky)  
@ [nextdistro@protonmail.com](mailto:nextdistro@protonmail.com)  
☎ **SMS/Signal: 646-389-0752**  
📱 [@nextdistro](#)



➤ [kyhrc.org](https://kyhrc.org)  
@ [ericawa@kyhrc.org](mailto:ericawa@kyhrc.org)  
☎ 502-537-6061



## HOW TO TEST FOR FENTANYL

### A STEP-BY-STEP GUIDE

Fentanyl is commonly found in heroin and homemade pills but has also been detected in other street drugs including crack and powder cocaine, methamphetamine, MDMA (molly/ ecstasy), and blotter tabs. This makes it crucial to test any new substance before use!

The BTNX **FENTANYL** test strips are an easy and fast-acting tool to check for the presence of fentanyl and its analogues in virtually any drug. In most cases, only a very small sample is required to run the test. Also, since only water is needed to run the test,

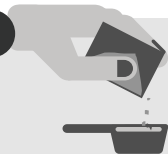
**THE SAMPLE TESTED CAN  
STILL BE USED AFTERWARD.**

This means that absolutely none of the drug is wasted!

In an effort to provide people with the resources necessary to reduce the risk of unintentional overdose, we have created this step-by-step guide so that anyone can learn how to use the BTNX test strips to check for the presence of fentanyl. These strips will confirm if your drugs contain fentanyl, but not much fentanyl there is. Please read our included information on “cut” drugs and overdose prevention tips to learn more about how to navigate positive test results. **Remember – knowledge is power, and informed use is key to preventing overdose!**

## HOW TO CHECK FOR FENTANYL IN STREET POWDERS HEROIN, COCAINE, ETC.

1



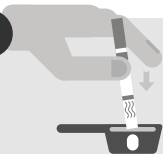
Add a few grains of the powder to a clean cooker or small cup. Only a small amount is necessary!

2



Add ~ 3 mL of water and gently mix the liquid. The amount of water doesn't need to be exact; it's always better to add more water vs. less

3



Hold the strip by the solid blue end and dip it to absorb the liquid. Be careful not to dip it past the blue line!

4



5 MIN

Allow 5 minutes for the strip to develop. You can keep the strip in the liquid, or transfer it to a clean surface once you see the liquid traveling up toward the colored end of the strip.

### RESULTS



1 LINE = FENTANYL



2 LINES = NO FENTANYL

If the result is not clear, run the test again.

### TESTING AFTER USE

#### NOTE:

It's always best to test beforehand, but you can also test the residue on a used cooker – just add water and run the test! Used bags can also be tested by placing them directly into a cooker/ cup

## TESTING OTHER DRUGS

The above process can also be used to test non-powder drugs, including pills, crystals, and blotter tabs!

**CRYSTALS:** Finely grind up sample then run the test as instructed

**PILLS:** Pills also need to be broken down, but the entire pill needs to be tested since these mixtures can be uneven

**BLOTTER TABS:** Cut off a small piece then run the test as instructed

**AMPHETAMINE-BASED DRUGS (SPEED, METH, MDMA, ETC.):** A large amount can cause a false positive so use only a few grains of powder and run the test in a small cup filled ~halfway with water.

**Testing bag residue is a great option** – you can either scrape it into the cup or stick the bag in directly. Just be sure not to put any drugs back inside of a wet bag!

## OD PREVENTION TIPS

If you are planning to use a fentanyl-positive drug, please read the provided tips to help prevent the risk of overdose. While these tips are included for fentanyl-positive results, prevention practice is always recommended to minimize the chance of overdose!

**PLEASE NOTE:** Fentanyl overdoses need to be responded to immediately since fentanyl speeds up overdose reaction. There are also more complications with these overdoses, which means calling 911 is especially important.

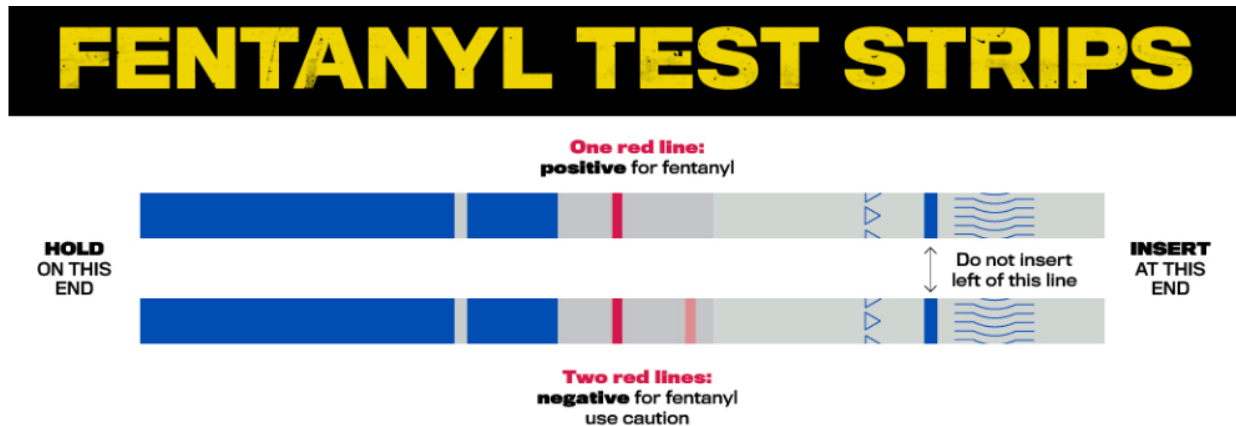
### IF IT'S POSITIVE FOR FENTANYL..

- \* **DON'T USE ALONE**  
and if you're using with a friend, don't use at the same time!
- \* **HAVE NALOXONE HANDY**  
it's possible you'll need more than one dose if there's fentanyl
- \* **TAKE A SMALL TEST DOSE**  
before using your usual amount to gauge its strength
- \* **IF YOU DON'T KNOW ITS STRENGTH**  
do half of what you normally do (e.g., if you do 1 bag, just do half)
- \* If you inject, **AVOID SLAMMING** and try to spread out shots: inject a little, leave it in the vein, wait a few minutes, then inject a little more.



## One Pager Fentanyl Test Strips

Test Strips are a low cost method of assisting with the prevention of drug overdoses and reducing harm.<sup>1</sup> Test Strips are small strips of paper that can detect the presence of fentanyl in all different substances and other drugs.



### Summary:

Test strips have been a vital part of reducing harm and preventing overdose deaths across the country.<sup>2</sup> Unfortunately due to KRS 218.500, Kentucky is unable to tap into these resources to help save lives. Substance use treatment programs and providers across the state that have access to test strips are deterred from distributing and providing education about them due to KRS 218.500. This statute prohibits the use of test strips because they are deemed unlawful. This leaves the individual and providers at risk of violating penal code and possibly being charged with a misdemeanor or higher offense if they are in possession of test strips. Ultimately, programs and providers follow the law but lives are put at risk. KRS 218A.500(1)(d) defines paraphernalia as “testing equipment used, intended for use, or designed for use in identifying, or in analyzing the strength, effectiveness or purity of controlled substances.”

Several states have recognized the criminalization of test strips as hindering the reduction of fentanyl overdoses. In Tennessee between 2018 and 2019 overdose deaths involving fentanyl jumped by 46% which created an urgency to decriminalize life

<sup>1</sup> Fentanyl issues and facts sheet :<https://harmreduction.org/issues/fentanyl/>

<sup>2</sup> Pilot program: <https://harmreduction.org/issues/fentanyl/fentanyl-test-strip-pilot/>



saving tools like test strips.<sup>3</sup> As evidence of the tests' effectiveness grows, multiple states have decriminalized their use, including [Arizona](#), [North Carolina](#), [Delaware](#) and [Wisconsin](#). Some [health](#) and [police departments](#) have started to distribute the tests. The Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration also [announced last year](#) that federal grants can be used to buy fentanyl test strips.

Research from three separate studies has shown that the test strips were used in a straightforward manner where some participants altered their drug use behaviors. This included discarding their supply, keeping strips nearby, and sharing the strips with their friends. This can be a life saving tool to prevent overdose and poisoning from Fentanyl and other drugs.

In Kentucky we need to remove KRS 218A.500(1)(d) to decriminalize the use of testing strips and save lives. Along with this reform we will educate the community on testing strips, fentanyl and possible overdoses/poisonings. This issue has bipartisan support from both the house and the senate along with the Office of Drug Control Policy and the Opioid Abatement Advisory Commission.

**Impact:**

This will create an opportunity for programs and providers to legally distribute test strips, removing barriers to access test strips, and eliminate the risk of being criminally charged with a class A misdemeanor. Furthermore, removing language that only addresses fentanyl when it comes to test strips can impact the same issue with any future substances that prove to be harmful.

---

<sup>3</sup> Tennessee law:  
<https://www.newschannel5.com/news/new-tennessee-law-allows-for-distribution-of-fentanyl-testing-strips>



## **POLICY BRIEF FOR RECOVERY RESIDENCE ACT**

**By: Kentucky Recovery Housing Network Advisory Board**

**Executive Summary:** Recovery Residences are currently being certified by the Kentucky Recovery Housing Network that is within the Cabinet for Health and Family Services. The Commonwealth has identified NARR standards as a means to certify Recovery Residences. This policy brief discusses why introducing a statute will enable the success of recovery residences and provide a system by which statutory law can recognize and promulgate these standards for local municipalities to regulate recovery residences.

**Introduction:** The most prominent standard for recovery housing is the National Alliance for Recovery Residences (NARR) standard. This standard is recognized officially in 30 states (including all Kentucky border states) with 9 other emerging states. NARR defines recovery housing in the following way:

“Recovery residence” (RR) is a broad term describing a sober, safe, and healthy living environment that promotes recovery from alcohol and other drug use and associated problems.<sup>1</sup> Many thousands exist in the United States that vary in size, organization, and target population. (The exact number of recovery residences is unknown since many RRs are not regulated by the government or independent organizations.) At a

---

<sup>1</sup> A primer on recovery residences: Frequently asked questions. (2012). National Association of Recovery Residences. Accessible at [www.narronline.com](http://www.narronline.com).

minimum, RRs offer peer-to-peer recovery support with some providing professionally delivered clinical services all aimed at promoting long-term recovery.

Recovery residences are recovery centric living environments. Each credentialed recovery residence publishes policies on reoccurrence of use planning and readmission criteria and other rules governing group living. Recovery residences may require abstinence from types of medications according to an individual policy.

### **Discussion: What are the benefits of quality recovery residences?**

Recovery residences provide a safe environment where individuals can continue their path of recovery which helps keep them focused on their personal recovery needs. This generally includes:

- Attendance in mutual aid self-help meetings
- The ability to participate meaningfully in the governance/management of their residence
- Ability to access treatment and/or mental health services of their choosing;
- Pursuit and retention of gainful employment
- The ability to fulfill any obligations to a social service agency (including court systems)
- Attendance in pro-social events hosted in the community
- Encourage, promote, and enable residents to take personal responsibility for maintaining a lifestyle that will help lead to a life of independent, long-term, recovery

There are many terms that are often conflated or confused with recovery residences or recovery housing such as *sober living*, *sober living home/house*, *halfway house*, *rehab house*, *recovery home*, *group home*, and more. The NARR model works to create an easily identifiable means to understanding what environment one may encounter by standardizing the recovery residence market.

Since 2018 the Commonwealth of Kentucky has been actively engaged in developing a nationally recognized mechanism for ensuring the quality of recovery housing. In many states (ibid) recovery housing is addressed through a certification process. The primary reason for utilizing a certification scheme instead of a licensure scheme is that recovery housing is a non-clinical multifaceted model for substance use disorders support. The Commonwealth of Kentucky has established a partnership that recognizes the NARR model as its standard and has begun certifying recovery residences.<sup>2</sup> Additionally, the Commonwealth is required to define a standard for recovery residences to utilize SAMSHA block grant dollars to support housing through the Kentucky Opioid Response Effort.

To this effect, the Commonwealth has invested upwards of \$500,000 of state and federal funds toward developing the Kentucky Recovery Housing Network (KRHN). To date, KRHN has certified 43 recovery residences throughout the Commonwealth, accounting for 520 beds of recovery housing. Additionally, the Commonwealth has enjoyed an expansion of Oxford House model housing totaling 107 homes which comprise an additional 813 beds of recovery housing which account for about \$1,000,000 in investment by the Commonwealth. All of these efforts have been further

---

<sup>2</sup> Kentucky Recovery Housing Network: <https://www.chfs.ky.gov/agencies/dbhdid/Pages/krhn.aspx>

employed to improve access and successful recovery through investments by the Kentucky Injury Research Prevention Center (KIPRC) which has utilized CDC and HRSA funding to develop the now active *FindRecoveryHousingNowKY.org* website which is an official part of state infrastructure for recovery related issues.

*There are many important stakeholders for which the recognition and regulation of recovery residences will have an effect:*

***Municipal Governments*** - the ability to recognize and differentiate good actors from bad actors is important to maintaining safe communities. Further, a lack of recognition and regulation in state law leaves municipal governments no recourse but also forces them to interpret federal ADA and Fair Housing standards. Recovery residence standards, such as those recommended by NARR, require recovery residences to maintain active community service programs as well as have written good neighbor policies which ensure recovery homes fit well in the communities that welcome them.

***Clinical Treatment Providers*** - treatment providers provide a vital and important service to the Commonwealth and our communities in confronting substance use disorders and the opiate crisis. Treatment is, however, a time-limited intervention. Providers need a meaningful way to recognize quality recovery housing options to prevent patient brokering and placing their former clients at risk of human trafficking or other unsafe living conditions.

***Courts and Law Enforcement*** - judges, law enforcement, and probation and parole officers benefit from understanding and being able to recognize a quality standard for recovery residences. Many individuals in the Commonwealth find recovery through the

judicial system. After completing a treatment program, it is beneficial to reside in a recovery residence but at present, our elements of the judicial system are unable to recognize or recommend quality recovery housing due to the lack of a formal standard. Furthermore, local and state law enforcement are unable to help communities who have recognized ‘bad actors’ because there is currently no standard for defining a quality recovery residence in statute.

***Individuals and Families*** - perhaps most important are the individuals seeking long-term recovery from substance use disorders and their families. Oftentimes an individual will need financial assistance from a family member to move into a recovery residence while they look for employment after completing a treatment program. Without a publicly recognized standard of quality, there is no way to ensure that consumers are protected. Individuals who need access to recovery housing are often in extremely vulnerable circumstances as the consequences of addiction are harsh and the road to recovery is long. Women especially are vulnerable to sexual exploitation and human trafficking, and all individuals seeking recovery housing are vulnerable to patient brokering.

### **What is patient brokering?**

Patient brokering is a practice by which a clinical treatment provider enjoys a *special relationship* with a recovery residence (sometimes the treatment provider is the owner of the recovery residence). Patient brokering involves trading patients for money or other incentives.<sup>3</sup> Patient brokers, or patient marketers, actively recruit patients and

---

<sup>3</sup> As defined by NARR with other ethical considerations:  
[chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://narronline.org/wp-content/uploads/2019/03/NARR-Ethics-Policy-Statement-2018-Inducements.pdf](https://narronline.org/wp-content/uploads/2019/03/NARR-Ethics-Policy-Statement-2018-Inducements.pdf)

direct them to particular treatment facilities in exchange for a fee or some type of compensation.

**Impact of remaining silent:** Recovery residences are *generally* regulated at the state level with some general federal guidance (ibid ADA/fair housing). This leaves municipalities in the Commonwealth to either try and interpret federal guidance or otherwise risk prosecuting a potentially protected entity. Even so, not all communities want to engage in recovery housing and there are some for which a sentiment of Not in My Backyard (NIMBY) exists or worse still a sentiment of *Purplelining* (drawing its name from the pre-civil rights era by which local communities would prevent Black families from moving into neighborhoods through zoning practices, and citing the color purple instead of red to reference the color of recovery). These practices weaken a community overall and do damage to the investments made in treatment and fair-chance employment being made all over the Commonwealth. The greatest harm to municipalities comes in that *bad actors* are left possibly protected and the reputations of good actors are sullied. A certification process is only accessible and obtainable by the good actors, which will naturally root out the bad. Good legislation will allow cities to act properly against bad actors and provide a framework to root them from communities.

### **Additional References**

Legislative Analysis and Public Policy Association. (2021, February). *“Model Recovery Residence Certification Act”* [This project was supported by Grant No. G1999ONDCP03A awarded by the Office of National Drug Control Policy,



Executive Office of the President.] [Print]. 2021 Legislative Analysis and Public Policy Association.

# RESTORATION OF VOTING RIGHTS

**Kentucky is 1 of only 3 states that still denies voting rights to people with felony convictions in their past.** The only way to restore rights is through a pardon granted by the governor or expungement. This leaves Kentucky on the fringe, with one of the harshest voting restrictions in the country.

**1 in 4** African-Americans in Kentucky are denied the right to vote.  
**The highest rate in the country.**

**Denying someone the right to vote harms families and communities:**

**ISOLATION:** Disenfranchisement isolates people from their communities.

**POWER:** Denying one person the right to vote ripples out and dramatically decreases the political power of urban and minority communities.

**RECIDIVISM:** 27% of non-voters were rearrested, compared with 12% of voters.

**300,000**

Kentuckians have past felony convictions and are not allowed to participate in our democracy.

**243,000**

Kentuckians have completed their entire sentence, probation, and parole.

**1 in 11**

Kentuckians are denied the right to vote due to a past felony conviction.

## THE SOLUTION – VOTING RIGHTS RESTORATION CONSTITUTIONAL AMENDMENT:

**A proposed amendment to the Kentucky Constitution would give voters the chance to automatically and permanently restore voting rights to people who have completed their entire sentence, probation, and parole.** Restoration would not apply to people convicted of election fraud, bribery related to an election, or treason.



**BROAD SUPPORT:**

According to a 2021 poll, 67% of Kentuckians support automatic restoration for people who have completed their sentence. Support cuts across age, gender, and political affiliation.



**CORNERSTONE OF DEMOCRACY:**

Voting is the most fundamental right in a democracy. We all make mistakes, and no person should be defined entirely by the worst moments of our past.

# ELIMINATING OBSTACLES TO TREATMENT

**Kentucky is facing a crisis of substance use disorder and incarceration is not the answer.**

While Kentucky saw a decrease in overdose deaths in 2018, rates climbed in 2019 and increased a staggering 57% in 2020. These increases have affected families in every single community, but overdose rates among Black Kentuckians have risen even more.

## THE EFFECTS OF INCARCERATION OVER TREATMENT:



### INCARCERATION:

Addressing this public health crisis with incarceration fuels incarceration rates, especially for Kentuckians of color.



### TREATMENT:

There is little to no evidence that incarceration treats substance use disorder. Treatment is effective and less expensive.



### FAMILIES:

Kentucky has the highest rate of children living in foster care or with a caregiver other than their biological parent. Treating substance use disorder will keep families healthy and together, and will reduce strain on foster care.



### ECONOMIES:

Ignoring the root causes of substance use disorder harms our state and local economies. Senseless incarceration wastes tax dollars and keeps people from accessing the treatment they need to be productive community members.

## ADDRESSING THE ROOT CAUSES OF SUBSTANCE USE DISORDER:

### IN GOOD COMPANY:

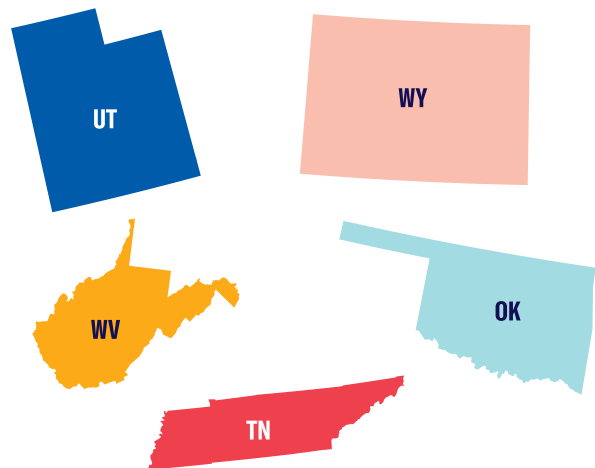
Kentucky should join other states – from across the political spectrum – and treat possession as a misdemeanor.

### COMMUNITY-BASED TREATMENT:

People with substance use disorder need access to community-based treatment. They should have the opportunity to seek treatment without the threat or burden of incarceration.

### REDUCED INCARCERATION:

Prioritizing treatment will reduce incarceration rates on the front end and in the long term. People who access treatment are less likely to wind up back in the criminal legal system.



Tennessee, Wyoming, Oklahoma, Utah and West Virginia all treat possession as a misdemeanor.

# EDUCATION AND SECOND CHANCES

**Everyone deserves the opportunity to seek higher education.** Currently, anyone with a felony conviction – whether they are incarcerated or have served their sentence – is banned from utilizing Kentucky Educational Excellence Scholarship (KEES) money.

## WHAT IS KEES?

**KEES is a scholarship available to Kentucky high school students, home school students, and GED graduates.**

KEES is funded by proceeds from the Kentucky Lottery and administered by the Kentucky Higher Education Assistance Authority.

Scholarships are awarded to people who have earned a GPA of 2.5 or higher, score reasonably well on standardized tests, attend a certified Kentucky high school or other qualifying school, and/or earn a GED within five years of turning 18. People can apply to use funds for apprenticeships and qualified workforce training.

## EFFECTS OF THE FELONY PROHIBITION:

**This prohibition affects hundreds of thousands of Kentuckians and is holding our commonwealth back.**

Excluding people with felony convictions makes it harder for them to gain employment, fully invest in their communities, and become productive members of our economy.

More than  
**300,000**  
Kentuckians have a past felony conviction.

More than  
**40,000**  
Kentuckians are currently on probation or parole.

More than  
**20,000**  
Kentuckians are currently incarcerated, including 1,839 under the age of 25.

### RACIAL DISPARITIES:

9% of Kentucky's population is Black, yet 22% of those incarcerated are Black. **This prohibition disproportionately sets Black Kentuckians back.**

### GENDER DISPARITIES:

Women's incarceration continues to rise. This prohibition is compounding with other factors (i.e. childcare) and making it harder for women to seek education.

**Ending this prohibition will open doors for thousands of Kentuckians.** Education leads to meaningful employment, self-worth, and will allow formerly incarcerated people to fully reintegrate into their communities, support our economy, and provide for their families.

## Reentry ID Program Investment Brief

### **Background**

When leaving incarceration in Kentucky, too many people are stepping into the hallway of community without the key card to access any of its resources—a photo ID. To meet needs critical to survival and success upon reentry—including housing, employment, nutrition assistance, healthcare, mental health services, and substance use treatment—providers and employers require state-issued photo identification. The lack of one creates a barrier blocking the very first steps on a new path forward.

Unfortunately, the process of securing a photo ID is burdensome, requiring life documents such as birth certificates, social security cards, and/or other state-verified papers—to which many reentering people do not have access. Obtaining this paperwork often takes months as well as monetary resources. Even after procuring documents, people leaving incarceration face transportation challenges and required payments when receiving an ID through local government.

### **Budget Investment**

A proactive solution to this challenge exists. The Kentucky Transportation Cabinet, Kentucky Department of Corrections, Kentucky Cabinet for Health and Family Services, and Kentucky Chamber Foundation partnered in 2021 to pilot a program providing IDs to people prior to reentry from incarceration. As of February 2022, the program had expanded to all 14 state prisons and one county jail and processed 470 ID applications.

**A biennial investment of \$500,000 is needed to formalize, continue, and scale this successful program. The funds should be placed in a new restricted fund at KYTC that earmarks those dollars for reentry ID services.**

## **State Impact**

Kentucky's incarceration rate persists as the sixth highest in the nation while our recidivism rate exceeds 35%. Each barrier residents face upon reentry increases the likelihood that they will return to the criminal legal system, continuing to drive these trends and costs in the wrong direction. The wake of this impact hinders the prosperity of our state across the board, particularly affecting our employers. Kentucky has one of the lowest workforce participation rates in the country despite a growing number of fair chance employers willing, able, and motivated to hire people who have paid their debt to society. To change this trajectory, we must ensure reentering workers are equipped with the most basic tool needed for job applications and employment—a photo ID.

## **Resources**

Reentry ID webpage: <https://metrounitedway.org/liberationidentification/>

## **Contact**

Mandy Simpson  
United Way of Kentucky  
502-931-3132  
[Mandy.simpson@metrounitedway.org](mailto:Mandy.simpson@metrounitedway.org)



*These numbers are from a needs assessment completed by justice involved participants in FDF across the 4 counties we are currently serving, beginning in Sept 2020 to present:*

**Carter:**

# Screened: **10**  
# Needing ID's: **10**  
# Needing SS cards: **8**  
# Needing Birth Certificates: **8**

**Clark:**

# Screened: **81**  
# Needing ID's: **61**  
# Needing SS cards: **69**  
# Needing Birth Certificates: **69**

**Mason:**

# Screened: **30**  
# Needing ID's: **12**  
# Needing SS cards: **9**  
# Needing Birth Certificates: **11**

**Montgomery:**

# Screened: **36**  
# Needing ID's: **27**  
# Needing SS cards: **23**  
# Needing Birth Certificates: **28**

**Total:**

# Screened: **157**  
# Needing ID's: **110**  
# Needing SS cards: **109**  
# Needing Birth Certificates: **116**

**That breaks down to 70% of those screened identified needing and ID or DL, 69% needing a SS Card, and 73% needing a Birth Certificate.**





*These numbers are from a needs assessment completed by justice involved participants in FDF across the 4 counties we are currently serving, beginning in Sept 2020 to present:*

	Carter	Clark	Mason	Montgomery	Total
# Screened	10	81	30	36	157
# Needing ID's	10	61	12	27	110
# Needing SS Cards	8	69	9	23	109
# Needing Birth Certificates	8	69	11	28	116

**That breaks down to 70% of those screened identified needing and ID or DL, 69% needing a SS Card, and 73% needing a Birth Certificate.**