People Advocating Recovery

Kentucky Addiction Policy Advocacy Council (KyAPAC)
State Legislative
Policy Priorities

A coalition of individuals in recovery and organizations who support those in recovery to further the integration of recovery supported spaces across the commonwealth.

1. **Housing Instability and Recovery Housing Shortages: Ensure every level of recovery housing is available in communities across the commonwealth and expand affordable housing access.**(**≈69% of respondents**) A majority of respondents identified the lack of stable, affordable housing as a critical barrier. This includes both general housing affordability and specialized recovery housing or sober living facilities for people transitioning out of treatment. Without a safe and supportive place to live, individuals leaving treatment often struggle to maintain recovery. Respondents described an urgent need for transitional housing programs and more affordable living opportunities. Improving access to stable housing was the most frequently cited priority, suggesting policymakers should focus on expanding funding for recovery residences, sober living homes, and housing assistance for those in early recovery. (https://www.recoveryanswers.org/research-post/deeper-dive-recovery-residence-participants-who-more-likely-use-them-how-affect-engagement-outpatient-care/)

2. **Transportation Barriers: Strengthen transportation infrastructure** (**≈58% of respondents**) This barrier is especially acute in rural areas and for individuals who do not have a personal vehicle. Without transportation, people cannot access counseling, outpatient programs, support meetings, or even residential treatment. Lack of public transit or affordable ride services leaves many people stranded, making it nearly impossible to attend regular treatment appointments or recovery activities. Strengthening transportation infrastructure or providing transit vouchers/shuttle services for treatment could greatly improve access to recovery in many communities.

3. **Treatment Cost and Insurance Constraints: Innovate new payment systems that support higher outcomes, linkages to step down supporting retention rates**
(**≈45% of respondents**) High costs of treatment programs, therapy, and medications, along with limited insurance coverage, put formal treatment out of reach for many individuals. Even when treatment is available, inadequate insurance (or no insurance at all) means people cannot afford the help they need. One participant wrote: **"..Therapy is expensive."** This sentiment was echoed by others who noted that if insurance doesn't cover treatment, most people simply won't get it. Gaps in Medicaid coverage, strict insurance criteria, or high co-pays deter people from entering

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or continuing treatment. For example, a person may lose Medicaid eligibility once they get a job, interrupting their care. Overall, there is a need for policy solutions to make treatment more affordable, such as expanding insurance coverage for substance use disorder treatment, increasing state funding for programs that support longer term , and reducing out-of-pocket costs for recovery support.
(https://thirdhorizon.com/a-financial-stress-test-of-the-nh-sud-delivery-system/)

4. **Limited Employment Opportunities and Reentry Support**
(**≈32% of respondents**) – There are many challenges related to finding employment and rebuilding life during and after treatment initiation. People in recovery, especially those with a history of substance use or a criminal record, often struggle to secure jobs due to stigma and lack of "second chance" opportunities. We intend to specifically highlight the need for more second-chance employers who will hire individuals with felonies or past SUD challenges. Additionally Peer Recovery Support Specialist (PRSS) as a profession is not given its true value in the space of retention and sustainability that it can be. There is a serious lack of infrastructure, career progression, and investment in high quality training that prevent this profession from being recognized as a professional. Without stable employment or job training, it's harder for people to sustain recovery and regain independence. This theme also ties into criminal justice barriers: people exiting jail or prison face additional hurdles in finding work and support.
(https://www.recoveryanswers.org/research-post/employment-addiction-treatment-outcome/)

5. **Family Responsibilities and Lack of Childcare Support**
(**≈25% of respondents**) – Family obligations, especially childcare, are preventing individuals from getting help or staying engaged in recovery. Parents of young children often have no safe or affordable childcare options while they attend treatment sessions or recovery meetings. This leads to difficult choices – many delay or forgo treatment because they cannot leave their kids. The fear of losing custody or not being there for family can keep someone from entering a residential program or even attending evening support groups. When no support system exists to help care for their loved ones, individuals in need of treatment feel stuck. This is a need for policies that provide family-centered recovery support. For example, funding for on-site childcare at treatment facilities, programs that allow parents to bring children to treatment with appropriate accommodations, or financial assistance for childcare during recovery programs.
(https://policylab.chop.edu/sites/default/files/2024-09/policylab-issue-brief-treatment-for-substance-use-disorder.pdf)

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1. **Strengthen Medicaid Coverage for the Full Continuum of SUD Treatment & Recovery Supports**: Ensure all state Medicaid programs cover evidence-based substance use disorder (SUD) treatment *and* recovery supports, including medication-assisted treatment (MAT), intensive outpatient care, residential services when needed, and community-based supports. Prohibit arbitrary restrictions that block access.
    - Medicaid is the "foundation for a system of comprehensive substance use care," especially for low-income and rural Americans.
    - Research shows individuals with SUD who receive evidence-based medications have 30% lower healthcare costs and better long-term stability.
    - States still have major coverage gaps, delaying treatment and increasing crisis-response spending - a less efficient and higher costing use of taxpayer dollars.

2. **Expand SAMHSA's Recovery Support Infrastructure & Peer Workforce Capacity:** Increase SAMHSA funding and authority to strengthen Recovery Community Organizations (RCOs), peer support specialists, recovery housing, and family-centered recovery programs. Establish national standards for peer workforce certification and data reporting to ensure accountability.
    - SAMHSA evidence shows that peer recovery support services increase engagement, reduce relapse risk, and support family reunification.
    - Research finds peer programs improve employment and housing outcomes — two key determinants of long-term recovery and reduced government dependence.
    - Standardization and outcome metrics improve efficiency and ensure federal dollars are used responsibly.

3. **Scale Community-Based Recovery Support Services to Improve Workforce Participation and Family Stability:** Create federal incentives (e.g., a Recovery Support Block Grant or enhanced SAMHSA flexibility) for states to expand non-clinical recovery supports that complement treatment: peer support service delivery, recovery housing, employment support programs, and family-strengthening services.

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- A cost-benefit analysis shows recovery housing delivers a $22 return for every $1 invested, driven by increased employment, reduced justice involvement, and decreased healthcare utilization.
- Non-clinical support is especially effective in rural and underserved areas where clinical capacity is limited.
- Evidence shows community-based recovery improves workforce re-entry, strengthens families, and reduces long-term reliance on government systems.

Summary: PAR's Federal Focus for 2025–2027

1. Medicaid: Guarantee access to comprehensive SUD treatment + recovery supports while reducing inefficient crisis spending.

2. SAMHSA: Build a strong recovery support and peer workforce system with clear accountability.

3. Community based Recovery Supports: Invest in cost-effective, locally driven recovery services that strengthen families and rebuild the workforce.

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