SENATE BILL232

WEST VIRGINIA STRATEGIC PLAN

DIVERSION OF JUSTICE-INVOLVED INDIVIDUALS

Strategic plan for West Virginia to use the Sequential Intercept Model to divert adults and juveniles with mental illness, developmental disabilities, cognitive disabilities, and substance use disorders away from the criminal justice system into treatment and to promote continuity of care and interventions.

November 2023

SENATE BILL 232

STRATEGIC PLAN FOR A SEQUENTIAL INTERCEPT MODEL

EXECUTIVE SUMMARY

As set forth in the legislation based upon SB 232 from the 2023 Regular Legislative Session, the following report is a compilation of information gleaned from the numerous stakeholder meetings. This report uses the Sequential Intercept Model to map out available and needed services for adults and juveniles with mental health issues, individuals with substance use disorders, and individuals with intellectual and cognitive disabilities and traumatic brain injuries. The map notes the places in which these populations can be diverted out of the criminal justice system and into appropriate, least restrictive mental health treatment. Based upon feedback and data collected during this process, a first set of recommendations is presented to provide the legislature with a view of the complex issues involved in attaining the goals set forth in the bill.

Background

During the 2023 Regular Session, the West Virginia Legislature passed Senate Bill 232 (Passed March 11, 2023; in effect from passage). This added a new section, "...designated §27-6A-12, relating to creating a multi-disciplinary study group to make recommendations regarding the diversion of persons with mental illness, developmental disabilities, cognitive disabilities, traumatic brain injuries, substance abuse problems, and other disabilities from the criminal justice system.

This bill indicated that the multidisciplinary group would submit a report that included:

- setting forth findings;
- listing the membership makeup of the study group;
- promoting appropriate interventions and placements for inmates and persons with disabilities;
- developing a plan to coordinate care, treatment, and placement for persons with disabilities in the criminal justice system and the community;

Study Group Contributing Organizations

Brain Injury Group of WV
Comprehensive Behavioral Health Center - Prestera
Dangerousness Assessment Advisory Board (DAAB)
Disability Rights of West Virginia
Kanawha Valley Collective
Prosecuting Attorneys Institute
Project Hope
PSIMED
WV Behavioral Healthcare Providers Association
WVDHHR
- Statewide Forensic Services
- Deputy Secretary's Office
- Bureau for Social Services (BSS) - Youth Services
- Bureau for Behavioral Health (BBH) - Adult and Children's Mental Health
- Office of Drug Control Policy (ODCP)

WV Developmental Disabilities Council
WV Division of Corrections and Rehabilitation
- Bureau of Juvenile Services

WV Division of Rehabilitation Services
WV Hospital Association
WV Housing Development Fund
WV Public Defender Corporation
WV Sheriff's Association
WV Supreme Court of Appeals
- Juvenile Justice Commission

WVU Addiction Services
WVU Center for Excellence in Disabilities

- directing a report be made to Legislature on or before November 30, 2023; and
- authorizing per diem expenses for nongovernmental members.

The bill further articulated the development of a strategic plan based on a Sequential Intercept Model to divert adults and juveniles with mental illness, developmental disabilities, cognitive disabilities, and substance use disorders away from the criminal justice system into treatment and to promote continuity of care and interventions.

Process

In April 2023, David Clayman, Ph.D., Chair of the Dangerousness Assessment Advisory Board (DAAB), met with leadership from Statewide Forensic Services - Colleen Lillard, Ph.D., Statewide Forensic Clinical Director, and John Snyder, Statewide Forensic Coordinator, to begin the process of inviting and assembling the multidisciplinary group. Individuals were identified as delineated in SB 232. Community Access, Incorporated was hired to assist with facilitation of the project in June 2023. Between May and September 2023, 27 stakeholder meetings were held with individuals from each subgroup. The steering committee, consisting of David Clayman, Colleen Lillard, John Snyder, Jenny Fleming, Martha Minter, and Jenny Lancaster. also met frequently from May - November 2023. The stakeholder meeting dates and focus areas are as follows:

Introductory Meetings (n=2)	5/2/23, 5/5/23
Intercept 0 (n=4)	6/5/23, 6/07/23
Intercepts 1 and 2 (n=4)	6/26/23, 6/27/23
Intercept 3 (n=4)	7/17/23, 7/18/23
Intercepts 4 and 5 (n=4)	7/24/23, 7/25/23
Housing Management Information System (n=1)	8/08/23
Sheriffs (n=1)	8/09/23
WV Health Information Network (n=1)	8/11/23
Summary Meetings (n=4)	8/21/23, 8/22/23
Meeting regarding TBI (n=1)	9/1/23
WV Housing Development Fund (n=1)	9/18/23

Summary of Findings

The numerous subgroup and stakeholder meetings helped us to better understand the many systems/sectors that overlap including mental health, law enforcement, judiciary, public health, corrections, DHHR, and homelessness.

The series of focus groups and discussions with individuals from different systems resulted in a vast amount of information gathered. Common themes emerged:

- There are many individuals and agencies with strong ideas and a passion and willingness to improve the state of West Virginia and the services offered to the people of West Virginia.
- There are numerous programs for different populations and issues; however, programs are not offered consistently across the state.
    - Further, there is little oversight into the evaluation of the effectiveness of said programs.

    - Additionally, many programs are funded via grants and are not sustainable outside of the grant funding.
    - The programs and systems rarely coordinate with other programs and systems making it difficult to access the programs and coordinate care.
- Data sharing amongst agencies is almost non-existent.
- The SB Study Group observed the disconnect between policy and policy implementation (and what that implementation really looks like in practice).

The SB Study Group used the time period between April - September 2023 to gather information about the existing systems in West Virginia. This information and the resulting recommendations will allow for completion of the remaining tasks as outlined in SB 232 (#s 1 - 5) in subsequent years.

The Overall Recommendations show some common themes overall, and recommendations specific to specific subgroups follow.

Recommendations

- Creation of a separate Division of Forensic Mental Health Services remaining within the Department of Health Facilities.
    - Clinical, administrative, oversight of Forensic Mental Health Services includes both adult and juvenile forensic services.
    - Collaborate with the WV Legislature to make minor changes in Ch 27-6A to make the code consistent with the expanded practices of Forensic Services.
- Creation of a Coordinating Council of Forensic Mental Health Services (Coordinating and Quality Care Council) that helps develop interagency groups to coordinate care to create a framework for moving forward to meet the goals set forth in SB 232.
    - This is the SB 232 stakeholders group who are to continue the strategies to improve proper diversion of justice-involved individuals with mental illness.
    - Subgroups for our 4 areas
- Dashboard of Mental Health Services and how people can access them.
- Expanding the role of the DAAB to include coordination with Forensic Services to include
    - aid the juvenile court system in the proper placement diversion of high acuity youth,
    - oversight and quality control of who can be a qualified forensic evaluator,
    - quality control of the quality of forensic evaluations being submitted to the courts.
- Expansion of the continuum of care, particularly for forensic patients. This includes multiple levels of step-down facilities, enhanced community-based services, and adequate oversight and supervision.
- Data sharing agreements and databases that share information between agencies and stakeholders to ensure integrated information sharing for ongoing monitoring and ongoing monitoring and continuous quality improvement.

Respectfully submitted,

David Clayman, Ph.D., DAAB Chairperson
Colleen Lillard, Ph.D., Statewide Forensic Clinical Director
John Snyder, M.S., Statewide Forensic Coordinator

Acknowledgements

The planning group would like to sincerely thank Martha Minter, Community Access, Inc. and Jenny Lancaster, Terzetto Creative, for their organization, planning, development, design, and expertise to help bring this project to life. We would also like to thank each of the stakeholders who attended our many meetings and provided us with the information needed to pull this report together.

Report Layout Note: *This report contains a vast amount of information that can easily become overwhelming. Please utilize the Outline and reference the attachments and web links to assist with understanding program details. A Glossary is also included.*

INTRODUCTION

During the West Virginia 2023 Regular Legislative Session, SB 232 tasked us with gathering groups of numerous stakeholders and developing a plan for diverting individuals with mental illness, substance, intellectual disabilities, and cognitive disorders out of the criminal justice system. Below you will find an explanation of key concepts in this report, forensic services, diversion, the Sequential Intercept Model, and populations of focus.

Forensic Services

Forensic mental health services in West Virginia are overseen by the Department of Health and Human Resources (DHHR), Office of Health Facilities (OHF) Statewide Forensic Services. “Forensic” is defined as the intersection of mental illness and the legal system. The individuals served by Statewide Forensic Services are people who are charged with a crime and have a severe mental illness. Forensic Services is tasked with overseeing their evaluation, treatment, management, and supervision.

Statewide Forensic Services includes the Oversight and Management of Qualified Forensic Evaluators, Criminal forensic evaluations, including competency to stand trial evaluations, criminal responsibility evaluations, diminished capacity evaluations, dangerousness risk assessments, sex offender risk assessments, and juvenile competency to stand trial evaluations, and dangerousness risk assessments.

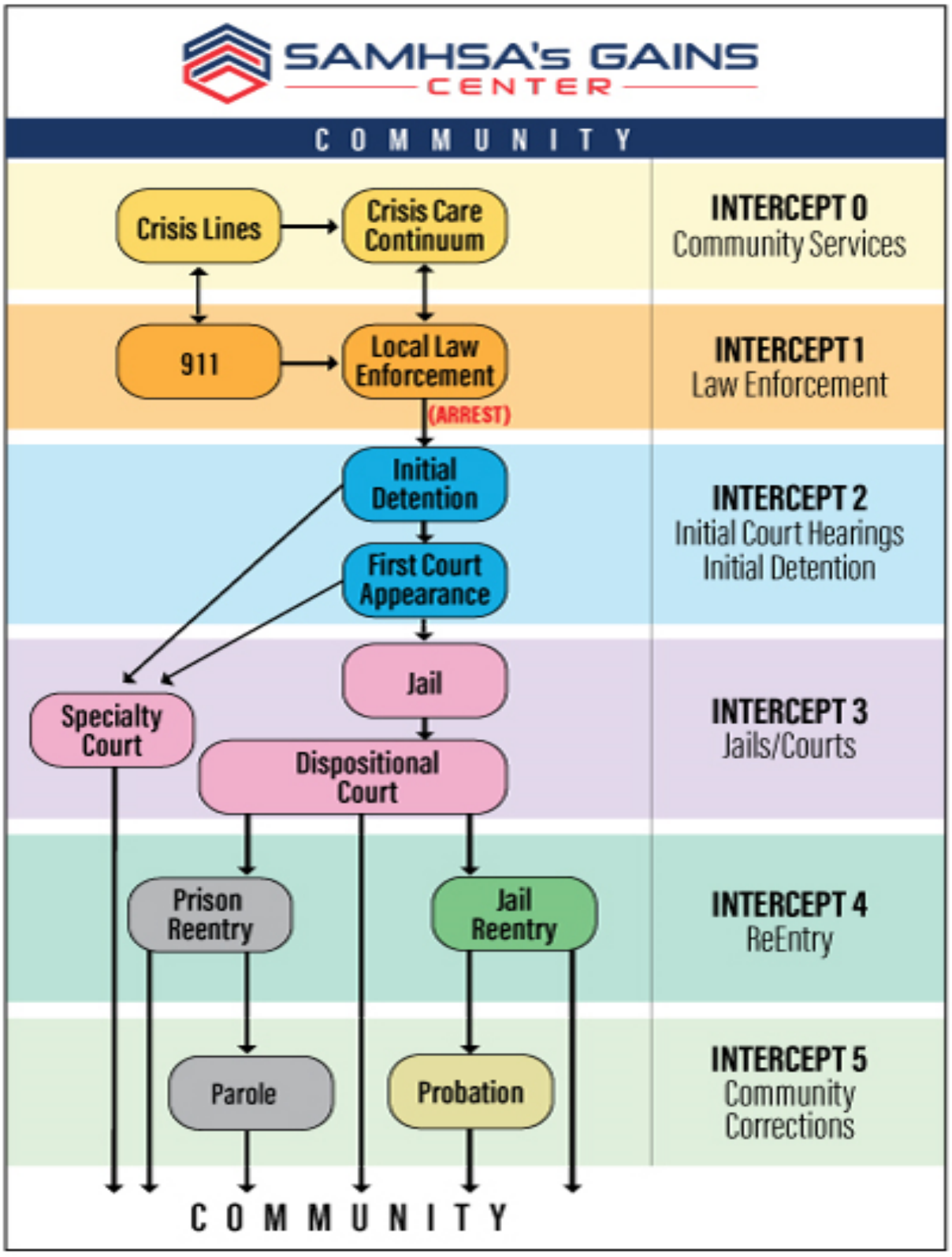
Diversion

Diversion programs have been defined as “Any of a variety of programs that implement strategies seeking to avoid the formal processing of an offender by the criminal justice system. Although those strategies, referred to collectively as diversion, take many forms, a typical diversion program results in a person who has been accused of a crime being directed into a treatment or care program as an alternative to criminal prosecution and imprisonment.” The purpose of diversion programs falls under four themes: 1) victim restoration, 2) cost efficiency, 3)process efficiency, and 4) risk reduction. See Attachment Intro F. Diversion 101.

Sequential Intercept Model (SIM)

“The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies

and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment." [i]



The Sequential Intercept Model is a framework to identify timepoints in which a justice-involved individual with a mental health and/or substance use disorder can be diverted out of the criminal justice system. This model includes six timepoints, called "intercepts," which begin in the community and progress further into and back out of the criminal justice system. Below is a summary of each intercept including its importance and key elements.

Intercept 0 - Community Services[ii]

- Connects people who have mental and substance use disorders with services before they come into contact with the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises
- Enables diversion to treatment before an arrest takes place
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs
- Key Elements
  - Warm lines and hotlines
  - Mobile crisis outreach teams
  - Law enforcement-friendly crisis services
  - Peer-operated crisis response support and/or respite Substance use-focused early diversion strategies

Intercept 1 - Law Enforcement[iii]

Begins when law enforcement responds to a person with mental or substance use disorders

- Ends when the individual is arrested or diverted into treatment
- Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together
- Key Elements
  - Dispatcher training
  - Specialized law enforcement training
  - Specialized law enforcement responses
  - Data sharing

Intercept 2 - Initial Detention/Initial Court Hearings[iv]

Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate

- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services
- Includes post-booking release programs that route people into community-based programs
- Key Elements
  - Screening for mental and substance use disorders
  - Data matching
  - Pretrial supervision and diversion services.
  - Post-booking release

Intercept 3 - Jails/Courts[v]

- Involves people with mental and substance use disorders who are held in jail before and during their trials
- Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community
- Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration
- Key Elements
    - Treatment courts for high-risk/high-need individuals
    - Alternatives to prosecution programming
    - Jail-based programming and health care services.
    - Partnerships with community-based providers of mental health and substance use treatment
    - Mental health jail liaisons or diversion clinicians.
    - Collaboration with Veterans Justice Outreach

Intercept 4 - ReEntry[vi]

- Provides transition planning and support to people with mental and substance use disorders who are returning to the community after incarceration in jail or prison
- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry
- Key Elements
    - Transition planning by the jail or in-reach providers Medication and prescription access upon release from jail or prison
    - Warm hand-offs from corrections to providers increases engagement in services
    - Benefits and health care coverage immediately following or upon release.
    - Peer support services
    - Reentry coalition participation

Intercept 5 - Community Corrections[vii]

- Involves individuals with mental or substance use disorders who are under community corrections' supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders.
- Addresses the individuals' risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.
- Key Elements
    - Mental health training for all community corrections officers
    - Specialized caseloads of people with mental and substance disorders
    - Community partnerships
    - Medication-assisted treatment (MAT)
    - Access to recovery supports

Populations of Focus

To better understand the needs of specific populations that intersect with forensic services, the study group divided the services into four subgroups including juvenile, adult mental health, I/DD, cognitive impairment, and substance use disorders. We utilized the Sequential Intercept Model intercepts for each of these subgroups as defined below:

Juvenile - A juvenile is a person who is under the age of 18. WV Code §49-4-701 states that, “If during a criminal proceeding in any court, it is ascertained or appears that the defendant is under the age of nineteen years and was under the age of eighteen years at the time of the alleged offense, the matter shall be immediately certified to the juvenile jurisdiction of the circuit court.”

Adult Mental Health (Adult MH) - Adult MH refers to a person's cognitive, emotional, and psychological state of mind. Mental illness diagnoses include, but are not limited to, conditions that interfere with a person’s daily living. Mental health conditions can range in severity from mild anxiety to severe depression and psychosis.

Intellectual and Developmental Disabilities (I/DD), Cognitive Impairment, and Traumatic Brain Injury (TBI) - I/DD, Cognitive Impairment, and TBI include conditions that include, but are not limited to, intellectual and developmental disabilities and include cognitive impairment resulting from a medical condition or from a traumatic brain injury (TBI).

Substance Use Disorder (SUD) - Substance Use Disorder (SUD) includes a group of diagnoses that include, but are not limited to, dependence and addiction to mood-altering substances to the extent that they interfere with daily living. SUD conditions range in severity from mild to severe.

Findings and Recommendations

Overall Findings

The numerous subgroup and stakeholder meetings helped us to better understand the many systems/sectors that overlap including mental health, law enforcement, judiciary, public health, corrections, DHHR, and homelessness.

The series of focus groups and discussions with individuals from different systems resulted in a vast amount of information gathered. Common themes emerged:

- There are many individuals and agencies with strong ideas and a passion and willingness to improve the state of West Virginia and the services offered to the people of West Virginia.
- There are numerous programs for different populations and issues; however, programs are not offered consistently across the state.
    - Further, there is little oversight into the evaluation of the effectiveness of said programs.
    - Additionally, many programs are funded via grants and are not sustainable outside of the grant funding.
    - The programs and systems rarely coordinate with other programs and systems making it difficult to access the programs and coordinate care.

- Data sharing amongst agencies is almost non-existent.
- The SB Study Group observed the disconnect between policy and policy implementation (and what that implementation really looks like in practice).

The SB 232 Forensic Study Group used the time period between April - September 2023 to gather information about the existing systems in West Virginia. This information and the resulting recommendations will allow for completion of the remaining tasks as outlined in SB 232 (#s 1 - 5) in subsequent years. This would include developing a fiscal note of the bricks and mortar, workforce, in-home and community services.

The Overall Recommendations show some common themes overall, and recommendations specific to specific subgroups follow.

Overall Recommendations

- We recommend that the SB 232 study group stakeholders continue to work together
- Establish Statewide Forensic Services as a stand-alone division within the structure of DHHR
    - Juvenile Forensics needs to be included as a component of Statewide Forensics Services
        - Will enable establishment of standardized protocols for evaluations Will enable program evaluation and improvement increase transitional services
        - Forensic supportive housing
        - Forensic ACT
        - Forensic group homes
        - Forensic respite services
    - Continued communication and collaboration with law enforcement, judiciary, and legislature
- Establish a Coordinating Council to oversee the SB 232 goals
- Expand the scope of the Dangerousness Assessment Advisory Board (DAAB)
- Establish a mechanism for data sharing across various systems
    - Explore adaptation of WV Health Information Network
- Address Workforce needs/pay
- Establish regional Crisis Stabilization Service hubs statewide
    - Separate hubs (or units) to serve juveniles, adults, SUD but with shared medical resources
    - Psychiatric urgent care, 23-hour units
    - Alternative to emergency departments
    - Include “side doors” for law enforcement
    - Home and community-based stabilization teams that can provide crisis stabilization and support in the home setting
- Expansion of the Continuum of Care - the level of community and home-based services need to be based on client needs
- Improve access to affordable and safe housing
- Develop education and clear messaging for accessing and coordinating available services
- Develop a Forensic Data Management System for tracking and reporting as well as communicating data to other agencies
- Support the coordination of 911 and 988

- Provide adequate, sustainable funding for service development and implementation
- Continue expansion of Crisis Intervention Teams (CITs) for law enforcement

Subgroup Summary Recommendations

In addition to the recommendations listed above, specific recommendations that apply to specific subgroups are listed as follows. Please review the Sequential Intercept Model charts and Focus Group Meeting Summaries for each subgroup for more details.

Forensics

- Create a separate division for the Division of Forensic Mental Health Services
- Collaborate with the WV Legislature to make minor changes in Ch 27-6A to make the code consistent with the expanded practices of Forensic Services.
- Expand continuum of care of forensic services including:
    - forensic supportive housing
    - forensic group homes, particularly for I/DD and female patients
- Develop Forensic ACT programming
- Develop jail-based competency restoration services
- Continue to expand pre-restoration and post-restoration treatment services in the regional jails
- Increase quality control over forensic evaluations
- Create outpatient competency restoration programming
- Increase training and education of qualified forensic evaluators.
- Increase training and education of court personnel about forensic issues
- Continue developing juvenile competency attainment services

Juvenile

- Provide adequate funding, oversight, and accountability for Children's Mobile Crisis Response Teams
- Ensure that intensive in-home services are available and adequately funded to meet the needs of the youth and family (Expand programming and funding for a combination of CSED, Safe at Home, Wrap-Around Intensive In-home services, and in-home intensive therapy services such as Functional Family Therapy or Multisystemic Therapy)
- Provide sustainable funding for full utilization of Youth Report Centers as methods for diversion and aftercare
- Expand funding for Juvenile Drug Courts and teen courts

Adult Mental Health (Adult MH)

- Update/expand capacity of the Help4WV services database and provide education and training about the full array of available services/live dashboard for referrals
- Expand SSI/SSDI Outreach, Access, and Recovery statewide
- Ensure safe and affordable housing is available
- Expand the Law Enforcement Assisted Diversion (LEAD) training, programs, and eligibility for service for severe mental illness (without SUD as primary)
- Expand court system-led deflection/diversion and post-adjudication programs
- Expand funding for injectable medications for severe mental illness
    - Enable access to be available in jails/prison
    - Ensure mechanism for medication coverage at the time of release

- Increase outreach messaging and services available through the WV Division of Rehabilitation Services (DRS)
- Expand successful peer-support programs to include peers with severe mental illness and/or legal experiences

Adult Substance Use Disorders (SUD)

- Expand the Quick Response Teams (QRTs) and develop consistency for expectations and messaging
- Update/expand capacity of the Help4WV services database and provide education and training about the full array of available services/live dashboard for referrals
- Expand SSI/SSDI Outreach, Access, and Recovery statewide
- Ensure safe and affordable housing is available
- Expand the Law Enforcement Assisted Diversion (LEAD) training, programs, and eligibility
- Develop methods for evaluation of response-team models to enable expansion
- Expand court system-led deflection/diversion and post-adjudication programs
- Expand funding for injectable medications for severe mental illness
    - Enable access to be available in jails/prison
    - Ensure mechanism for medication coverage at the time of release
- Coordinate reentry and provide funding for post-release follow up
- Increase outreach messaging and services available through the WV Division of Rehabilitation Services (DRS)
- Expand successful peer-support programs.

Intellectual and Developmental Disabilities(I/DD) and Cognitive Impairment, including Traumatic Brain Injury (TBI)

- Develop mobile Crisis Stabilization and Disability Response teams that provide crisis services and support in the home setting
- Expand training to law enforcement and courts regarding the unique needs of I/DD, Cognitive Impairment, and TBI
- Establish a 4-bed ICF for forensic patients with I/DD, Cognitive Impairment, and TBI
- Establish peer support resources for I/DD, cognitive impairment, and TBI
- Normalize and develop/fund community-based respite programs
- Ensure that intensive in-home services are available and adequately funded to meet the needs of the individual (Expand programming and funding for a combination of CSED, Safe at Home, and Wrap-Around Intensive In-home services)

Introduction Attachments

Intro A. Senate Bill 232
Intro B. SB 232 Study Group Members and Participants
Intro C. SB 232 Study Group Contributing Organizations
Intro D. SB 232 Glossary
Intro E. SB 232 Resource Links Spreadsheet
Intro F. Diversion 101
Intro G. ODCP Transportation Flyer
Intro H. Comprehensive Behavioral Health Centers
Intro I. Department of Justice and Department of Health & Human Services Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities
Intro J. Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders

CHAPTER 1

Overview of West Virginia Statewide Forensic Services

Forensic mental health services in West Virginia are overseen by the Department of Health and Human Resources (DHHR), Office of Health Facilities (OHF) Statewide Forensic Services.

Statewide Forensic Services includes the Oversight and Management of Qualified Forensic Evaluators, Criminal forensic evaluations, including competency to stand trial evaluations, criminal responsibility evaluations, diminished capacity evaluations, dangerousness risk assessments, sex offender risk assessments, and juvenile competency to stand trial evaluations, and dangerousness risk assessments. Moreover, Statewide Forensic Services provides consultation to the West Virginia Division of Corrections and Rehabilitation, the Supreme Court of Appeals, and interested stakeholders in both the private and public sectors.

Stakeholders to forensic services include the judiciary, the legislature, the prosecutor's associations, the public defenders association, Disability Rights of West Virginia, community mental health treatment centers, corrections, rehabilitation, law enforcement, victim advocacy groups, and other mental health and social services providers.

“Forensic” is defined as the intersection of mental illness and the legal system. The individuals served by Statewide Forensic Services are people who are charged with a crime and have a severe mental illness. Forensic Services is tasked with overseeing their evaluation, treatment, management, and supervision.

Statewide Forensic Services for adults is bound by West Virginia Code §27-6A[viii] as well as the policies and procedures identified at William R. Sharpe, Jr., Hospital.

Statewide Forensic Services for juvenile competency is bound by West Virginia Code §49-4-727 to §49-4-734.[ix] The WVDHHR Office of Health Facilities Statewide Forensic Services website can be found at https://dhhr.wv.gov/officeofhealthfacilities/Pages/Statewide-Forensic-Services.aspx.[x]

Areas covered under Statewide Forensic Services include:

1. Forensic Administration
2. Qualified Forensic Evaluators
3. Criminal Forensic Evaluations
4. Juvenile Forensic Services
   a. Juvenile Competency Evaluations
   b. Juvenile Attainment Services
   c. Placement options
5. Adult Forensic Services

a. Competency Restoration Services
b. Community Integration Services
c. Conditional Release Planning
d. Hospital-Based Respite Services
e. Forensic Group Homes
f. Hospital-based Treatment Services
g. Forensic Transitional Living
h. Forensic Community Case Management

Forensic Administration

The Statewide Forensic Services branch of the West Virginia Department of Health and Human Resources is responsible for overseeing forensic mental health services in the state. Forensic Administration includes the following positions, the Statewide Forensic Clinical Director, Statewide Forensic Coordinator, Inpatient Forensic Coordinator, Outpatient Forensic Coordinator, and support staff including a data analyst. These staff's offices are located at William R. Sharpe, Jr., Hospital. See Attachment 1A for Forensic Organization Chart.

Statewide Forensic Clinical Director:	Colleen Lillard, Ph.D.
Statewide Forensic Coordinator:	John Snyder, M.S.
Statewide Forensic Inpatient Coordinator:	Jamie Hendricks, LSW
Statewide Forensic Outpatient Coordinator:	Jenny Fleming, B.S.

Qualified Forensic Evaluators

Qualified Forensic Evaluators in the state of West Virginia include qualified licensed psychologists and psychiatrists who have completed specialized training in forensic mental health evaluations. They are trained in both the clinical aspects of mental health and the specific legal issues that arise within forensic evaluations. The qualifications of forensic evaluators can be found under West Virginia Code §27-6A-1.[xi]

They include:
A "qualified forensic evaluator" is either a qualified forensic psychiatrist or a qualified forensic psychologist as defined in this section.

(6) A "qualified forensic psychiatrist" is:
(A) A psychiatrist licensed under the laws in this state to practice medicine who has completed post-graduate education in psychiatry in a program accredited by the Accreditation Council of Graduate Medical Education; and
(B) Board-eligible or board-certified in forensic psychiatry by the American Board of Psychiatry and Neurology or actively enrolled in good standing in a West Virginia training program accredited by the Accreditation Council of Graduate Medical Education to make the evaluator eligible for board certification by the American Board of Psychiatry and Neurology in forensic psychiatry or has two years of experience in completing court-ordered forensic criminal evaluations, including having been qualified as an expert witness by a West Virginia circuit court.

(7) A "qualified forensic psychologist" is:
(A) A licensed psychologist licensed under the laws of this state to practice psychology; and

(B) Board-eligible or board-certified in forensic psychology by the American Board of Professional Psychology or actively enrolled in good standing in a West Virginia training program approved by the American Board of Forensic Psychology to make the evaluator eligible for board certification in forensic psychology or has at least two years of experience in performing court-ordered forensic criminal evaluations, including having been qualified as an expert witness by a West Virginia circuit court.
(b) (A) A qualified forensic evaluator may not perform a forensic evaluation on an individual under §27-1-1 *et seq*. of this code if the qualified forensic evaluator has been the individual's treating psychologist or psychiatrist within one year prior to any evaluation order.

A list of qualified forensic evaluators can be found on the Statewide Forensic Services website at: https://dhhr.wv.gov/officeofhealthfacilities/Pages/Statewide-Forensic-Services.aspx.[xii]

Criminal Forensic Evaluations

DHHR pays for court-ordered criminal forensic evaluations including:

1. Adult
    a. competency to stand trial evaluations
        i. "Competency to stand trial" means the ability of a criminal defendant to consult with his or her attorney with a reasonable degree of rational understanding, including a rational and factual understanding of the procedure and charges against him or her.
    b. criminal responsibility evaluations
        i. "Criminal responsibility" evaluations are a type of forensic evaluation that examines a defendant's mental state at the time the alleged crime was committed. Legal criteria for determining criminal responsibility in the state of West Virginia follows the Model Penal Code: In the state of West Virginia: "an accused is not responsible for his act if, at the time of the commission of the act, it was the result of a mental disease or defect causing the accused to lack the capacity either to appreciate the wrongfulness of his act or to conform his act to the requirements of the law" *(State* v. *Grimm,* 195 S.E.2d 637; WV 1973).
        ii. diminished capacity evaluations
            1. Legal criteria for determining diminished capacity in the state of West Virginia include: "[t]he diminished capacity defense is available in West Virginia to permit a defendant to introduce expert testimony regarding a mental disease or defect that rendered the defendant incapable, at the time the crime was committed, of forming a mental state that is an element of the crime charged." (State v. Joseph, 214 W.Va. 525, 590 S.E.2d 718; 2003)
        iii. dangerousness risk assessments
            1. When a forensic patient's status is changed to incompetent to stand trial non-restorable or not guilty by reason of mental illness, they receive a 30-day dangerousness risk assessment to determine their mental stability and the least restrictive environment in which they can reside.

2. Prior to release to a less restrictive environment at any time during their forensic jurisdiction, a dangerousness risk assessment will also be conducted.
3. Dangerousness risk assessments can be completed at any time with a court order.
    a. sex offender risk assessments

2. Juvenile:
    a. Competency to stand trial evaluation
    b. Dangerousness risk assessment
    c. Sex offender risk assessment

Juvenile Forensic Services

With changes to the state code effective July 2021, West Virginia now has policies and processes for juvenile competency to stand trial evaluations for delinquent offenses. West Virginia also offers competency attainment services to those youth who have been found to be not competent to stand trial but are likely to attain competency in the foreseeable future.

Juvenile Competency Evaluations

Similar to adult competency to stand trial evaluations, juvenile competency evaluations occur on an outpatient basis. Juvenile competency evaluators' qualifications are found in West Virginia code §49-4-727 to §49-4-734. The list of qualified juvenile competency evaluators can be found on Forensic Services website: https://dhhr.wv.gov/officeofhealthfacilities/Pages/Statewide-Forensic-Services.aspx.[xiii]

Juvenile Attainment Services

Currently, juvenile competency attainment services are offered on an outpatient basis either in person or virtually. We use a curriculum created by the State of Utah, which provided us with train-the-trainer training and coaching services. We currently have four community mental health agencies in agreement and trained to provide these attainment services. Competency attainment services are an educational curriculum to teach youth about the criminal justice system and help them understand how to make decisions about their legal case. This curriculum is designed to prepare youth in the program for court proceedings and help them better understand their legal rights. This program is crucial for ensuring that the youth who have been found to be not competent to stand trial are provided with educational support and guidance, which could ultimately assist them in attaining competency and receiving a fair evaluation according to the standards of due process. See Appendix for FAQ flier on Juvenile Attainment Services.

Placement Options When Completing Attainment Services

When completing attainment services, placement options may include outpatient care in a community mental health agency or virtual sessions. We are considering options for acute, at-risk youth to complete attainment services in a residential setting, but do not have this option at the moment. Per WV state code, youth should not be placed in BJS custody or detention for competency attainment services.

It is important to note that providing adequate forensic mental health services, including competency evaluations and attainment services for delinquent youth, is an essential component of upholding the principles of justice and fairness within any legal system. Moreover, the provision of such services can have a positive impact on reducing recidivism rates among juveniles involved in the criminal justice system.

Adult Forensic Services

Statewide Forensic Services provides adult forensic services including competency restoration, inpatient hospitalization, and treatment, community integration, conditional release planning to less restrictive forensic settings such as group homes, step-down units, transitional living facilities, and support services in the community.

Competency Restoration Services

Sharpe Hospital is the location for inpatient competency restoration services for adults in West Virginia. Per the WV state code, competency restoration services last for 90 days, at which time they receive an independent competency to stand trial evaluation by a qualified forensic evaluator. If they are restored to competency, they will return to jail and continue with their legal process. If they are not restored to competency, but the evaluators believe that they can be restored to competency, the court will be asked to give them up to 140 more days to complete competency restoration services. Competency restoration services are a multifaceted set of treatment options specific to each individual's needs and barriers to competency. It includes legal education classes, medication management, multidisciplinary team management, and inpatient hospitalization programming.

Community Integration Services

Community integration services are an important aspect of the rehabilitation process for individuals who have been involved in the criminal justice system.
These services aim to reintegrate the individual back into their community while simultaneously providing them with necessary support and resources and supervision. This can range from providing housing assistance and job training to mental health counseling and addiction treatment. It is crucial that these services are tailored to address the specific needs of each individual in order to ensure their successful reentry into society. Without an adequate support system in place, individuals may struggle to maintain their sobriety or find employment, leading them back into the cycle of criminal behavior.

Community Integration services begin while the forensic patient is in the psychiatric hospital setting. During this time, the patient is assessed to identify their specific needs and barriers to community integration.

This assessment allows for the development of an individualized plan that includes goals, strategies, and resources needed to successfully reintegrate into their community. The plan may include recommendations for continued mental health treatment or substance use counseling. The process is standardized so that approval for community integration services is consistent across all facilities, including Sharpe Hospital, River Park Hospital, and Highland Hospital, Clarksburg. Sharpe Hospital’s community integration policy is attached.

Conditional Release Planning

The planning process for conditional release can be found in a flowchart in the Appendix.

Hospital-based Respite Services

Hospital-based Respite Services may also be provided for forensic patients on conditional release who require a short-term break from their current living situation to allow them to regain psychiatric stability.

Forensic Group Homes

Forensic Group Homes may also be provided to individuals in need of structured living arrangements during their involvement with the criminal justice system. The forensic group homes in West Virginia are delayed egress facilities with alarms on the windows and doors. They are all staffed 24/7. Forensic patients participate in community integration outings. They go grocery shopping and can help cook meals. Forensic group homes are often terminal facilities where forensic patients remain until the end of their jurisdictions.

Hospital-based Treatment Services

Currently, forensic patients reside in three hospital facilities in the state of West Virginia, William R. Sharpe, Jr. Hospital, Highland Hospital-Clarksburg, and River Park Hospital.

Forensic Transitional Living Facility

Forensic Transitional Living Facility provides longer-term, structured living arrangements for adults who are transitioning out of inpatient care or incarceration and need support to reintegrate into the community.

Forensic Community Case Management

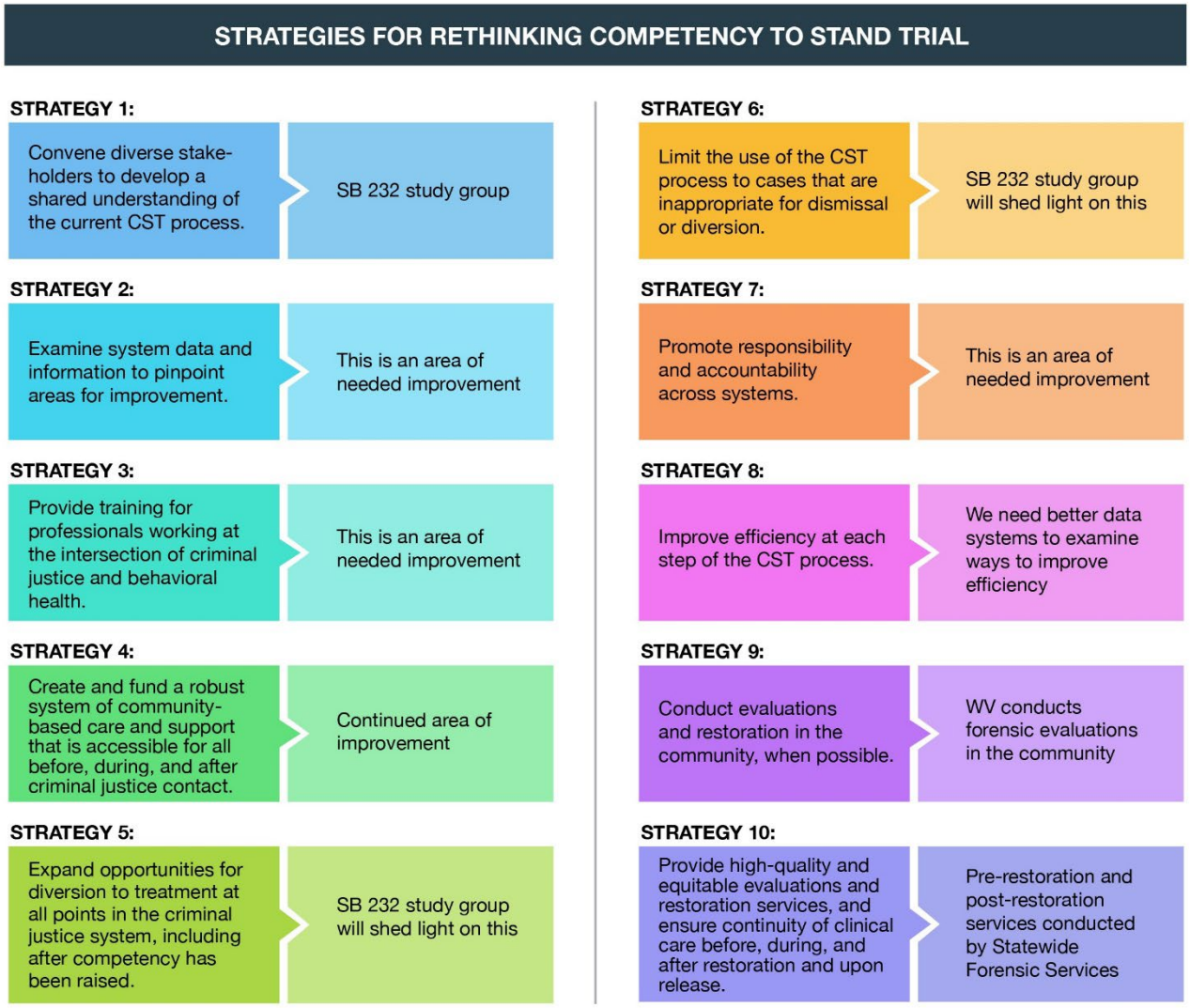
Forensic patients not living in one of our hospital-based settings are monitored by one of our forensic community coordinators. These are social workers trained to provide oversight and management of forensic patients in the community. They check in with patients and their treatment providers, they write updates to the court every six months, and they testify at court hearings. They work closely with statewide forensic services to return patients to more restrictive environments for respite or conditional release revocation purposes.

National Guidelines on Improving Competency Evaluations and Restoration Services

Just and Well: Rethinking How States Approach Competency to Stand Trial[xiv]

In 2020, the Council of State Governments (CSG) Justice Center prepared this report in partnership with the American Psychiatric Association Foundation (APAF), the National Association of State Mental Health Program Directors (NASMHPD), the National Center for State Courts (NCSC), and the National Conference of State Legislatures (NCSL) as a project of the Judges and Psychiatrists Leadership Initiative (JPLI) came together to re-envision the

competency to stand trial system across the United States. They indicated: “In this vision, the CST process would generally be reserved for cases where the criminal justice system had a strong interest in restoring competency so that a person may proceed to face their charges.” This recognizes that there is more state interest as the charges become more serious and that diversion options should be considered when the stakes are lower. This vision looks to engage the individual in the treatment of their mental illness as a means to lower recidivism.



Chapter 1 Attachments

1A. Forensic Organization Chart

CHAPTER 2

Juvenile

Juvenile - A juvenile is a person who is under the age of 18. WV Code §49-4-701 states that, "If during a criminal proceeding in any court, it is ascertained or appears that the defendant is under the age of nineteen years and was under the age of eighteen years at the time of the alleged offense, the matter shall be immediately certified to the juvenile jurisdiction of the circuit court."

Findings for Juvenile Subgroup

This is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Available Services in WV for Intercept 0 (Community Services) - Juvenile

- WV 988 - Suicide and Crisis Lifeline (can refer to 911 if needed)[xv]
- Help4WV Children's Crisis and Referral Line[xvi]
- Children's Mobile Crisis Response Teams (CMCRTs) offered by CBHCs (See Attachment 2A)
- Crisis Intervention Teams (CITs) for law enforcement[xvii]
- Help4WV - referral line for other children and youth services[xviii]
- Regional Youth Service Centers (see Attachment 2B)
- Children with Serious Emotional Disorders (CSED) Waiver[xix]
- Safe-at-Home[xx]
- Wrap-around services
- Regional Transition Navigator Services - links to resources and services to youth and young adults ages 14-25[xxi]
- Programs in schools:
    - Expanded School Mental Health[xxii]
    - Project Aware[xxiii]
    - WV Department of Education Office of Student Support and Well-being[xxiv]
- Prevention Coalitions[xxv]
- Programs/services offered by the WV Division of Rehabilitation Services[xxvi]

Needs for Intercept 0 (Community Services) - Juvenile

- 988 and 911 coordination is needed
- Confusion on who/what number to call when there is a mental health crisis and/or need for services

- Inconsistent availability of crisis services that can be provided directly and immediately to the child and family in their home community
- Slow response time in rural areas
- Coverage for Children's Mobile Crisis Response Teams is inconsistent
- Warm hand-offs between 988/Children's Crisis Lines need to be improved
- Crisis Intervention Teams for law enforcement are still not widely implemented
- Community-based respite is needed
- Intensive, In-Home Services is needed
- Full/consistent availability and implementation of programs and services is inconsistent
- Planning for the Certified Community Behavioral Health Centers (CCBHCs) is underway but full implementation will take time

Available Services in WV for Intercept 1 (Law Enforcement) - Juvenile

- Crisis Intervention Teams (CITs) for law enforcement[xxvii]
- Diversion options
    - Magistrate-led diversion
    - Prosecutor-led diversion
    - Public-defender-led diversion
- Community-based programs

Needs for Intercept 1 (Law Enforcement) - Juvenile

- Crisis Intervention Teams for law enforcement are still not widely implemented
- Community-based respite is needed
- Intensive, In-Home Services is needed
- Full/consistent availability and implementation of programs and services is inconsistent
- Planning for the Certified Community Behavioral Health Centers (CCBHCs) is underway but full implementation will take time
- Magistrate-, Prosecutor-, and Public Defender-led diversion is limited as there are few places to take a youth in crisis and therefore overwhelms the current system
- Limited data sharing - inability to access records results in over-assessment, multiple moves in and out of different systems (shelter, hospital, detention, etc.) but the information does not follow the child. Results in lapses in medication, behaviors deteriorating and/or escalating
- Status/outcomes of children and youth placed out of state -need for services and programs that can address current needs

Available Services in WV for Intercept 2 (Initial Court Hearings and Detention) - Juvenile

- Diagnostic services for juveniles
- Qualified Independent Assessment (QIA)
- Dangerousness Assessment Advisory Board (DAAB)[xxviii]
- https://code.wvlegislature.gov/27-6A-13/
- Juvenile Competency Evaluation and Attainment programs (link)
- Youth Reporting Centers (YRCs) - operated by Bureau of Juvenile Services
    - Juvenile Facilities and Reporting Centers[xxix]
    - Can serve two purposes – both pre- and post-adjudication

    - A way to divert youth from coming into the system
    - A way to transition youth back out of the system
- Juvenile Detention - please see BJS Facility Fact Sheet 2023 with Contact Info (Attachment 2E)
- Psychiatric Residential Treatment Facility (PRTF) - Barboursville School
- Some group homes in WV are able to serve youth at Intercept 2
- WV Teen Court[xxx]
    - Is county-based/county-driven - takes local initiative
    - Not authorized by the WV Supreme Court but instead must be approved by the Circuit judge in each county
- Juvenile Victim Offender Remediation (currently operated in 12 counties)

Needs for Intercept 2 (Initial Court Hearings and Detention) - Juvenile

- In-state diagnostic services are needed for juveniles
- The effectiveness of QIA has not been established
- Many of the current programs are not set up to serve the current, complex needs
- Hospitals are being used as placements because of the lack of appropriate programs
- Need more programs for juvenile sex offenders
- 350 kids are placed out of state because of a lack of in-state programs that can meet their needs
- Too many young kids in placement
- Need for more structured transitional programs
- Data is not available/integrated - There is a disconnect among systems - See Intercept 1
    - When a youth turns 18, where does the data go?
- Funding is not sustainable - many programs are grant-funded

Available Services in WV for Intercept 3 (Jails/Courts) - Juvenile

- Juvenile Detention - please see BJS Facility Fact Sheet 2023 with Contact Info (Attachment 2E)
- Youth Report Centers (YRC) operated by Bureau of Juvenile Services[xxxi]
- Treatment Court Programs[xxxii]
- Juvenile Drug Courts[xxxiii]
    - Can provide both diversion and transition
    - Please see Juvenile Drug Court Map (see Attachment 2C)
- WV Teen Court[xxxiv]

Needs for Intercept 3 (Jails/Courts) - Juvenile

- Need more programs for juvenile sex offenders
- 350 kids placed out of state because of a lack of in-state programs that can meet their needs
- Too many young kids in placement
- Data is not available/integrated - There is a disconnect among systems
    - When a youth turns 18, where does the data go?
    - Custody changes when a youth goes from family to DHHR to DRC and there is no central place or mechanism for data sharing

Available Services in WV for Intercept 4 (ReEntry) - Juvenile

- Youth Reporting Centers (YRC) - operated by Bureau of Juvenile Services
    - https://dcr.wv.gov/facilities/Pages/Juvenile-Facilities-and-Reporting-Centers.aspx
- Transitional Coordinators who follow youth for 12 months post release of BJS custody
    - BJS reentry programming

Needs for Intercept 4 (ReEntry) - Juvenile

- Not all YRCs have the full array of services
- Data is not available/integrated - There is a disconnect among systems
    - When a youth turns 18, where does the data go?
    - Custody issues - DHHR, DCR, family

Available Services in WV for Intercept 5 (Community Corrections) - Juvenile

- Youth Reporting Centers (YRC) - operated by Bureau of Juvenile Services
    - https://dcr.wv.gov/facilities/Pages/Juvenile-Facilities-and-Reporting-Centers.aspx
    - Follows youth for 12 months post-release
- Juvenile Victim Offender Remediation
    - Operated in 12 counties
- Community-based programs and services such as those listed in Intercept 1
- Juvenile Probation Services
- Specialized Probation Services, such as sex offender specific probation
- Includes Aftercare Navigators who follow youth leaving BJS custody for 12 months.

Needs for Intercept 5 (Community Corrections) - Juvenile

- Not all YRCs have the full array of services
- Reimbursement rates need to be fair and conducive for providers to offer the service
    - Recognize that services are expensive
- Need for more structured transitional programs
- Expand funding for combination of CSED/Safe-At-Home/Wrap-Around Intensive In-Home Services
- Expanding availability of intensive in-home therapy services, such as Functional Family Therapy and Multisystemic Therapy.

Summary of Juvenile Recommendations, Intercepts 0-5

Intercept 0 - Community Services

- Support coordination of 988 and 911
- Develop education and messaging for accessing the array of programs and services,
- Develop mechanisms for better coordination among programs
- Expand funding for combination of SED/Safe-At-Home/Wrap-Around Intensive In-Home Services
- Expand funding to make CMCRTs consistently available
- Ensure that the identified needs are incorporated into CCBHC programming

Intercept 1 - Law Enforcement

- Support coordination of 988/911
- Expand CIT
- Establish/build crisis residential units (CRUs) in 4 regions of the State
    - Would serve as a crisis hub for each region
    - Would require coordination with DHHR, BJS, DRS, WVDE, CBHCs
    - Would provide up to 23 hours for stabilization and assessment in lieu of going to detention
- Establish integrated data management system - explore WV Health Information Network for adaptation
- Provide funding to develop programs and services in-state that address current needs

Intercept 2 - Initial Court Hearings and Detention

- Establish/build crisis residential units (CRUs) in 4 regions of the State
    - Would serve as a crisis hub for each region
    - Would require coordination with DHHR, BJS, DRS, WVDE, CBHCs
    - Would provide up to 23 hours for stabilization and assessment in lieu of going to detention
- Develop mechanism for evaluating Qualified Independent Assessments
- Expand the scope of the DAAB
- Develop mechanisms for better coordination among programs
- Explore ways to integrate custody information among DHHR, BJS, BMS and corresponding data sharing
- Explore West Virginia Health Information Network
- Provide sustainable funding
- Expand funding for full utilization of YRCs for diversion
- Encourage local funding for Teen Courts
- Build capacity of current in-state systems and programs to be able to serve youth with more complex needs
    - Determine plan to safely and appropriately serve youth who are placed out of state
    - Stop trying to fit a youth into an existing program
    - Develop mechanisms for program accountability

Intercept 3 - Jails/Courts

- Establish integrated data management system - explore WV Health Information Network for adaptation
- Build capacity of in-state providers to serve youth with complex needs

Intercept 4 - ReEntry

- Funding to expand the full array of services to all Youth Report Centers
- Build capacity of in-state providers to serve youth with complex needs
- Establish integrated data management system - explore WV Health Information Network for adaptation

Intercept 5 - Community Corrections

- Funding to expand the full array of services to all Youth Report Centers
- Build capacity of in-state providers to serve youth with complex needs
- Establish integrated data management system - explore WV Health Information Network for adaptation
- Establish sustainable/permanent funding for services (not grant-funded)

SB 232 Study Group - Sequential Intercept Model Map for West Virginia
Juveniles
September 2023

Sequential Intercept Model - "The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment."
Source: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

This is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Intercept 0	**Community Services** https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-0			
Description	• Connects people who have mental and substance use disorders with services before they come into contact with the criminal justice system. • Supports law enforcement in responding to both public safety emergencies and mental health crises. • Enables diversion to treatment before an arrest takes place. • Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.			
Key Elements as identified by SAMHSA	**Services in WV - for Juveniles**	**Notes**	**Intercept 0 Needs for Juveniles**	**Intercept 0 Recommendations for Juveniles**
Warm lines and hotlines	WV988 - Suicide and Crisis Lifeline	Can refer to 911 if needed	988 and 911 coordination is needed	Support coordination of 988 and 911
	Help4WV - crisis services Children's Mobile Crisis	Provides referrals to Children's Mobile Crisis	Confusion on who/what number to call when there's a mental health crisis and/or need for services to be provided directly and immediately to the child and family in their home/community.	• Develop education and plans for coordination, implementation, and messaging • Develop coordination and clear messaging for accessing the array of programs and services
Mobile crisis outreach teams	Children's Mobile Crisis Response Teams offered by local CBHCs	Services are inconsistent	Slow response time in rural areas	• Provide adequate funding, and oversight, and accountability for Children's Mobile Crisis Response teams

Law enforcement friendly crisis services	Crisis Intervention Teams (CIT)	CIT training for law enforcement	CIT is not widely implemented	• Continue expansion of CIT • Develop method for evaluation of CIT
Peer-operated crisis response support and/or respite			Community-based respite needed	Develop/enhance system for respite
Substance use-focused early diversion strategies				
Community-based programming	Help4WV - referral line for other services for children • Regional Youth Service Centers (RYSCs) • Children with Serious Emotional Disorders (SED) • Safe at Home • Wraparound services	Offered by various providers	Intensive, In-Home Services needed	• Ensure in-home services are available and funded • Expand funding for combination of SED, Safe at Home and Wraparound Intensive In-Home Services
	Regional Transition Navigator program	Links to resources services to youth and young adults 14-25		
	Prevention programs in schools, e.g. Expanded School Mental Health (ESMH)			
	Project Aware			
	Prevention Coalitions			
	Programs/services offered by Division of Rehabilitation Services			

Intercept 1	**Law Enforcement** https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1			
Description	• Begins when law enforcement responds to a person with mental or substance use disorders. • Ends when the individual is arrested or diverted into treatment • Is supported by trainings, programs, and policies that help behavioral health providers and law to work together			
Key Elements as identified by SAMHSA	**Services in WV - for Juveniles**	**Notes**	**Intercept 1 Needs for Juveniles**	**Intercept 1 Recommendations for Juveniles**
Dispatcher training	988/911		988 and 911 coordination is needed	Support coordination of 988/911
Specialized law enforcement training	Crisis Intervention Teams (CIT)	Crisis intervention for law enforcement	CIT is not widely implemented	Expand CIT training
Specialized law enforcement responses	• Magistrate-led diversion • Prosecutor-led diversion • Public Defender-led diversion	limited implementation - few places to take the youth in a crisis - overwhelms the current system	Crisis stabilization units are needed for juveniles	Establish Juvenile Crisis Stabilization Residential Units in 4 regions of the state
Data sharing	Very limited data sharing - a longstanding issue	Inability to access records results in over-assessment, multiple moves in and out of different systems (shelter, foster care, detention, hospital) but the information doesn't follow the child. Results in lapses in medication, behaviors deteriorating and behaviors escalating	Need for integrated data management systems that talk to each other	Explore WV Health Information Network or developing a system similar to the WV Housing Management Information System (HMIS) platform
	Status and outcomes for children and youth placed out of state (current number = 350)		Services and programs in state that address current needs	Funding

Intercept 2	Initial Detention/Initial Court Hearings https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-2			
Description	• Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate. • Supports policies that allow bonds to be set to enable diversion to community-based treatment and services. • Includes post-booking release programs that route people into community-based programs			
Key Elements as identified by SAMHSA	**Services in WV - for Juveniles**	**Notes**	**Intercept 2 Needs for Juveniles**	**Intercept 2 Recommendations for Juveniles**
Screening for mental and substance use disorders.	Diagnostic services for Juveniles	Very limited availability for diagnostic services for juveniles in WV	In-state diagnostic services are needed for juveniles	Establish Juvenile Crisis Stabilization Residential Units in 4 regions of the state
	Qualified Independent Assessment (QI)	New DHHR policy - provided by 3rd party evaluators through Acentra (Kepro)	The effectiveness of QI has not been established	Develop mechanisms for evaluating Qualified Independent Assessments
	Dangerousness Assessment Advisory Board (DAAB)			Expand the scope of DAAB
	Juvenile Competency Evaluation and Attainment		More education and training regarding juvenile competency and attainment is needed for the court system	Implement education, training, and oversight around juvenile competency
Data matching		Systems do not "talk" to each other	Data systems that allow sharing of care data	Explore utilization of WVHIN
Pretrial supervision and diversion services	Youth Reporting Centers (YRCs)	YRCS are successful for diversion services	YRCS are successful for diversion services	Expand funding for full utilization of YRCs for diversion
	Teen Courts - are county-based/driven must be approved by the Circuit Judge	Teen Courts and are successful options for diversion	Expand Teen Courts to more counties	Encourage local funding for Teen Courts
	Juvenile Victim Offender Remediation (Juvenile Remediation)	Operated in 12 counties by National Youth Advocate Program. Similar program offered in Hancock County	Effectiveness of juvenile victim offender remediation programs needed	Data needed for juvenile victim offender remediation program outcomes
Post-booking release				

Intercept 3	Jails/Courts https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-3			
Description	• Involves people with mental and substance use disorders who are held in jail before and during their trials. • Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community. • Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.			
Key Elements as identified by SAMHSA	**Services in WV - for Juveniles**	**Notes**	**Intercept 3 Needs for Juveniles**	**Intercept 3 Recommendations for Juveniles**
Treatment courts for high-risk high-need individuals	Juvenile Drug Court	Juvenile Drug Courts are demonstrating successful outcomes	Juvenile Drug Courts are not currently available statewide	Provide funding to expand Juvenile Drug Courts statewide
	Juvenile Facilities and Reporting Centers - Youth Reporting Centers (YRCs)	YRCS are successful		
Alternatives to prosecution programming				
Jail-based programming and health care services	Juvenile Facilities and Reporting Centers offer an array of services			
Partnerships with community-based providers of mental health and substance use treatment				
Mental health jail liaisons or diversion clinicians				
Collaboration with Veterans Justice Outreach				

Intercept 4	Re-Entry https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4			
Description	• Provides transition planning and support to people with mental and substance use disorders who are returning back to the community after incarceration in jail or prison. • Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.			
Key Elements as identified by SAMHSA	**Services in WV - for Juveniles**	**Notes**	**Intercept 4 Needs for Juveniles**	**Intercept 4 Recommendations for Juveniles**
Transition planning by the jail or in-reach providers Medication and prescription access upon release from jail or prison	Juvenile Facilities and Reporting Centers	The most successful YRCs are connected to schools and transportation resources	Not all YRCs have the full array of services at all centers	Provide funding for full array of services at all YRCs
Warm hand-offs from corrections to providers increases engagement in services	YRCs provide warm handoffs from corrections to providers such as the Division of Rehabilitation Services (DRS)		Increased utilization of DRS during Reentry planning	Designate DRS staff for each BJS facility
Benefits and health care coverage immediately following or upon release				
Peer support services				
Reentry coalition participation				

Intercept 5	**Community Corrections** https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-5			
Description	• Involves individuals with mental or substance use disorders who are under community corrections' supervision. • Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders. • Addresses the individuals' risks and needs. • Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.			
Key Elements as identified by SAMHSA	**Services in WV - for Juveniles**	**Notes**	**Intercept 5 Needs for Juveniles**	**Intercept 5 Recommendations for Juveniles**
Mental health training for all community corrections officers				
Specialized caseloads of people with mental and substance disorders				
Community partnerships	Youth Reporting Center Aftercare Program - Aftercare Manager connects youth to community-based services for 12 months post-release	YRC Aftercare Program assists with transition	Limitations of available community-based programs and services for YRC Aftercare referral	Provide funding to expand and sustain YRC Aftercare Programs statewide
	Community-based services for youth • Regional Youth Service Centers (RYSCs) • Children with Serious Emotional Disorders (SED) • Safe at Home • Wraparound services		• Community-based programming is not consistently available statewide • Intensive In-Home Services are needed • Reimbursement rates for programs and services need to be fair and conducive for providers to offer the service	Expand funding for combination of SED/Safe-At-Home/Wraparound and Intensive In-Home Services
	Programs/services offered by Division of Rehabilitation Services (DRS)		Expand utilization of services available through DRS	Increase outreach messaging for programs and services available through DRS
Medication-assisted treatment (MAT)				
Access to recovery supports				

Chapter 2 Attachments

2A. Children’s Mobile Crisis Response Teams (CMCRT) Map
2B. Regional Youth Service Centers Flyer
2C. WV Juvenile Drug Courts Map
2D. Juvenile Competency FAQ Flyer
2E. WV Division of Corrections and Rehabilitation Bureau of Juvenile Services Facility Fact Sheet
2F. Children's Mental Health and Behavioral Health Services Office of Quality Assurance for Children’s Programs - Quality and Outcomes Report July 27, 2023
2G. Juvenile Focus Group Meetings Summary

CHAPTER 3

Intellectual and Developmental Disabilities, Cognitive Impairment, and Traumatic Brain Injury

Intellectual and Developmental Disabilities (I/DD), Cognitive Impairment, and Traumatic Brain Injury (TBI) - These are conditions that include, but are not limited to, intellectual and developmental disabilities and include cognitive disabilities such as those resulting from a traumatic brain injury (TBI).

Findings for I/DD, Cognitive Impairment, and TBI Subgroup

This is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Available Services in WV for Intercept 0 (Community Services) - I/DD, Cognitive Impairment, and TBI

- WV 988 - Suicide and Crisis Lifeline[xxxv]
- Help4WV Crisis Services - can refer to crisis services[xxxvi]
- Children's Mobile Crisis Response Teams (CMCRTs) offered by CBHCs (See Attachment 2A)
- Adult Mobile Crisis Response Teams offered by various providers
    - https://dhhr.wv.gov/News/Pages/DHHR-Reminds-Residents-How-to-Connect-with-Mobile-Crisis-Response-Teams.aspx
- Crisis Intervention Teams (CITs) for law enforcement[xxxvii]
- Help4WV - referral line for other children and youth services[xxxviii]
- Regional Youth Service Centers (see Attachment 2B)
- Children with Serious Emotional Disorders (CSED) Waiver[xxxix]
- Safe-at-Home[xl]
- Wrap-around services
- Regional Transition Navigator program - links to resources for ages 14-25
    - Prevention programs in schools, (e.g., Expanded School Mental Health[xli], Project Aware[xlii])
- Programs/services offered by the WV Division of Rehabilitation Services[xliii]
- Protection and Advocacy for Beneficiaries of Social Security (PABSS)[xliv]
- I/DD Waiver Services[xlv]
- Jobs and Hope[xlvi]

Needs for Intercept 0 (Community Services) - I/DD, Cognitive Impairment, and TBI

- 988 and 911 coordination is needed
- Confusion on who/what number to call when there is a mental health crisis and/or need for services to be provided directly and immediately in the home or community
- Slow response time in rural areas
- Home-based crisis services are more effective for individuals with I/DD, cognitive impairment, and TBI
- Overuse of mental hygiene process for I/DD, Cognitive Impairment, and TBI
- CIT is not widely implemented
- Lack of crisis services; community-based respite needed
    - Currently there are approximately 12 respite beds state-wide, but the process of having an individual placed in these settings is arduous.
- Improved monitoring and enforcement of contractual obligations by DHHR/BBH.
- Intensive, In-Home Services needed
- Workforce issues - low pay and not competitive
- Transportation issues

Available Services in WV for Intercept 1 (Law Enforcement) - I/DD, Cognitive Impairment, and TBI

- WV 988 - Suicide and Crisis Lifeline[xlvii]
- Crisis Intervention Teams (CITs) for law enforcement[xlviii]
- Crisis Stabilization Units for I/DD, cognitive impairment, and TBI
- Intermediate Care Facilities (ICF) - one step down from a psychiatric hospital

Needs for Intercept 1 (Law Enforcement) - I/DD, Cognitive Impairment, and TBI

- 988 and 911 education and coordination is needed
- CIT is not widely implemented
- Need for law enforcement training to understand the unique needs of I/DD, cognitive impairment, and TBI
- Crisis services in home setting are needed
- Community-based respite services are needed
- Improved monitoring and enforcement of contractual obligations by DHHR
- Forensic ICF beds are needed for people with I/DD, cognitive impairment, and TBI
- Need for integrated data management systems that speak to each other
- Need data to determine how many of the youth placed out of state are I/DD, cognitive impairment, and TBI

Available Services in WV for Intercept 2 (Initial Court Hearings and Detention) - I/DD, Cognitive Impairment, and TBI

- Competency to Stand Trial Evaluations for Juveniles and Adults
- Criminal Responsibility Evaluations for Adults
- Dangerousness Risk Assessments for Juveniles and Adults
- Competency Restoration Services for Adults
- Competency Attainment Services for Juveniles
- Dangerousness Assessment Advisory Board (DAAB)[xlix] referrals

- Pre-restoration and post-restoration services in the regional jails by a forensic community coordinator.
- Mental health services in the regional jail by PSIMED, Inc.

Needs for Intercept 2 (Initial Court Hearings and Detention) - I/DD, Cognitive Impairment, and TBI

- More training for judiciary and court personnel around issues of competency to stand trial for individuals with I/DD, Cognitive Impairment, and TBI
- Further education of the judiciary and court personnel around diversion options for individuals with I/DD, Cognitive Impairment, and TBI
- Improved data systems to track services provided and need for additional services. Further, data systems allow for easy reporting of outcomes to important stakeholders.
- Data systems that communicate between agencies
- Improved coordination, oversight, and monitoring of services for I/DD, cognitive impairment, and TBI
- Magistrate-led diversion
- Prosecutor-led diversion
- Public Defender-led diversion

Available Services in WV for Intercept 3 (Jails/Courts) - I/DD, Cognitive Impairment, and TBI

- WV Judiciary Treatment Court Programs[l]
- Youth Report Centers (YRCs)[li]
- Juvenile Facilities and Reporting Centers
- Services provided in the adult correctional system - PSIMED, Inc.

Needs for Intercept 3 (Jails/Courts) - I/DD, Cognitive Impairment, and TBI

- How many and what percentage of those currently being served in corrections have I/DD, cognitive impairment, or TBI?
- Expansion of psychiatric and psychological services provided by PSIMED and DCR.

Available Services in WV for Intercept 4 (ReEntry) - I/DD, Cognitive Impairment, and TBI

- REACH Initiative[lii]
- Programs/services offered by the WV Division of Rehabilitation Services[liii]
- SSI/SSDI Outreach, Access, and Recovery (SOAR)[liv]
- Comprehensive Behavioral Health Centers[lv]
- Dangerousness Risk Assessment (DRA) for juveniles and adults
- DAAB referrals for consultation on least restrictive environments.
- Community Integration Services within Forensic Services
- ACT programming

Needs for Intercept 4 (ReEntry) - I/DD, Cognitive Impairment, and TBI

- How many and what percentage of those currently being served have I/DD, cognitive impairment, and TBI?
- Adaptation of REACH programming for I/DD, cognitive impairment, and TBI
- Increased utilization of DRS during Re-Entry planning
- Medication needs are not consistently addressed
- Housing and medication needs are not consistently addressed

Available Services in WV for Intercept 5 (Community Corrections) - I/DD, Cognitive Impairment, and TBI

- Programs/services offered by the WV Division of Rehabilitation Services[lvi]
- Programs/services offered by Comprehensive Behavioral Health Centers (CBHCs)[lvii]
- Community Forensic Services including Forensic Community Coordinator oversight services
- Forensic Stepdown Units
- Transitional Living Facility associated with Sharpe Hospital
- Forensic Group Homes
- Step-down Units for substance abusing forensic patients

Needs for Intercept 5 (Community Corrections) - I/DD, Cognitive Impairment, and TBI

- Transportation limitations
- Increase the continuum of care, more ICF and other community placements.
- more community-based services

Summary of I/DD, Cognitive Impairment, and TBI Recommendations, Intercepts 0-5

Intercept 0 (Community Services)

- Support coordination of 988 and 911
- Develop education and plans for coordination, implementation, and messaging
- Develop coordination and clear messaging for accessing the array of programs and services
- Develop regional crisis hub from which teams can respond
- Develop telehealth with trainings and qualified I/DD clinicians to provide guidance during crisis situations.
- Provide education and training around I/DD, cognitive impairment, and TBI
- Continue expansion and ensure CIT training is consistent with U.S. DOJ guidance around responding to mental health crisis situations. Develop a method for evaluation of CIT.
- Develop community-based respite and develop messaging to normalize its use
- Expand funding for combination of CSED, Safe at Home and Wrap-Around Intensive In-Home Services

- Develop coordination and clear messaging for accessing the array of all programs and services
- Beef up sustainable funding in conjunction with grant funding.

Intercept 1 (Law Enforcement)

- Support education and coordination of 988/911
- Continue expansion and develop method for evaluation of CIT
- Expand training for enforcement and create standards consistent with U.S. Department of Justice (DOJ) guidance to respond to mental health crisis situations.
- Work with state advocacy groups for I/DD, cognitive impairment, and TBI to assure issues unique to I/DD, cognitive impairment, and TBI are included
- Establish Mobile Crisis Stabilization and Disability Response Teams (DRT) that provide crisis services and support in home setting
- Develop 4-bed ICF units for forensics
- Develop a live Dashboard for referrals (expand the capacity of Help4WV)
- Explore WV Health Information Network or developing a system similar to the WV Housing Management Information System (HMIS) platform
- Review data included in July 27, 2023 DHHR Semi-Annual Report for information related to I/DD, cognitive impairment, and TBI

Intercept 2 (Initial Court Hearings and Detention)

- Establish 4-bed ICF units for Forensics for I/DD, cognitive impairment, and TBI
- Expand scope of DAAB
- Explore utilization of WVHIN
- Review data recommendations included in July 27, 2023 DHHR Semi-Annual Report for information related to I/DD, cognitive impairment, and TBI
- Develop a live Dashboard for referrals (expand the capacity of Help4WV)
- Continue to increase the efficiency of the competency to stand trial process for forensic patients

Intercept 3 (Jails/Courts)

- Establish systems for identification and data sharing

Intercept 4 (ReEntry)

- Gain more information to establish needs for training and coordination
- Ensure that individuals with I/DD, cognitive impairment, and TBI receive active referrals and coordination with DRS during transition planning
- Establish system for no lapse in medication coverage
- Establish mechanism so individuals do not have a lapse in housing or benefits coverage post release

Intercept 5 (Community Corrections)

- Determine training needs for community corrections staff
- Ensure that individuals with I/DD, cognitive impairment, and TBI receive active referrals and coordination with DRS post-release
- Ensure that individuals with I/DD, cognitive impairment, and TBI receive active referrals and coordination with CBHCs post-release
- Provide training on various avenues for treatment and recovery
- Establish a better system for transportation

SB 232 Study Group - Sequential Intercept Model Map for West Virginia
Intellectual, Developmental, and Cognitive Disabilities (IDD)
September 2023

Sequential Intercept Model - "The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment."
Source: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

This is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Intercept 0	**Community Services** https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-0			
Description	• Connects people who have mental and substance use disorders with services before they come into contact with the criminal justice system. • Supports law enforcement in responding to both public safety emergencies and mental health crises. • Enables diversion to treatment before an arrest takes place. • Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.			
Key Elements as identified by SAMHSA	**Services in WV - for IDD (adult and juvenile)**	**Notes**	**Intercept 0 Needs for IDD**	**Intercept 0 Recommendations for IDD**
Warm lines and hotlines	WV988 - Suicide and Crisis Lifeline	Can refer to 911 if needed	988 and 911 coordination is needed	Support coordination of 988 and 911
	Help4WV Crisis Services - can refer to crisis services	Provides referrals to Childrens and Adult Mobile Crisis	Confusion on who/what number to call when there's a mental health crisis and/or need for services to be provided directly and immediately in the home or community	• Develop education and plans for coordination, implementation, and messaging • Develop coordination and clear messaging for accessing the array of programs and services
Mobile crisis outreach teams	• Children's Mobile Crisis response teams offered by CBHCs • Adult Mobile Crisis Response Teams offered by various providers	• Services are inconsistent • Community Engagement Specialists cannot provide crisis services	• Slow response time in rural areas • Home-based crisis services are more effective for individuals with IDD	Develop regional crisis hub from which teams can respond

			Overuse of mental hygiene process for IDD	Provide education and training around IDD
Law enforcement friendly crisis services	Crisis Intervention Teams (CIT)	CIT training for law enforcement	Community-based respite needed. Improved monitoring and enforcement of contractual obligations by DHHR/BBH are also needed.	Continue expansion and ensure CIT training is consistent with U.S. DOJ guidance around responding to mental health crisis situations. Develop a method for evaluation of CIT.
Peer-operated crisis response support and/or respite			Community-based respite needed	Develop community-based respite and develop messaging to normalize its use
Substance use-focused early diversion strategies				
Community-based programming	Help4WV - referral line for other services for children • Regional Youth Service Centers • Children with Serious Emotional Disorders (SED) • Safe at Home • Wraparound services	• Offered by various providers • Issues of providers "dumping" individuals with difficult behaviors and then not taking them back • Workforce issues - low pay	Intensive, In-Home Services needed	Expand funding for combination of SED, Safe at Home and Wraparound Intensive In-Home Services
	Regional Transition Navigator program	Links to resources services to youth and young adults 14-25		
	Prevention programs in schools, e.g. Expanded School Mental Health, Project Aware			
	Programs/services offered by Division of Rehabilitation Services			Develop coordination and clear messaging for accessing the array of all programs and services
	IDD Waiver Services	Offered by various CRPs providers across the state	Workforce issues - low pay and not competitive	Beef up sustainable funding
	Jobs and Hope	SB 253 - Employment First Initiative in progress	Transportation	

Intercept 1	Law Enforcement https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1			
Description	• Begins when law enforcement responds to a person with mental or substance use disorders. • Ends when the individual is arrested or diverted into treatment • Is supported by trainings, programs, and policies that help behavioral health providers and law to work together			
Key Elements as identified by SAMHSA	**Services in WV - for IDD (adult and juvenile)**	**Notes**	**Intercept 1 Needs for IDD**	**Intercept 1 Recommendations for IDD**
Dispatcher training	988/911	Protocols for PSAPS and 988 are different	988 and 911 education and coordination is needed	Support education and coordination of 988/911
Specialized law enforcement training	Crisis Intervention Teams (CIT)	CIT Training is available	CIT is not widely implemented	Continue expansion and develop method for evaluation of CIT
Specialized law enforcement responses	Magistrate-led diversion Prosecutor-led diversion Public Defender-led diversion		Need for training to understand the unique needs of IDD and TBI	Expand training (Work with state advocacy groups for IDD to assure issues unique to IDD are included)
	Crisis Stabilization Units for IDD	Limited - 12 beds available statewide but not being used - crisis services for IDD are more effective in natural settings	Crisis services in home setting are needed	Establish Mobile Crisis Stabilization and Disability Response Teams (DRT) that provide crisis services and support in home setting
	Intermediate Care Facilities (ICF) - one step down from a psychiatric hospital	Not fully utilized because people with IDD respond better in home/community setting	Forensic ICF is needed for people with IDD or TBI	• Develop a 4-bed ICF for forensics • Develop a live Dashboard for referrals (expand the capacity of Help4WV)
Data sharing	Very limited data sharing for people using different systems - a long-standing issue	Inability to access records results in over-assessment, multiple moves in and out of different systems but the information doesn't follow the person. Results in lapses in medication, behaviors deteriorating and behaviors escalating	Need for integrated data management systems that talk to each other	Explore WV Health Information Network or developing a system similar to the WV Housing Management Information System (HMIS) platform
	Status and outcomes for children and youth placed out of state (current number = 350)	How many of these individuals placed out of state have an IDD?	Need data to determine how many of the youth placed out of state are IDD	Review data included in July 27 2023 DHHR Semi-Annual Report for information related to IDD

Intercept 2	Initial Detention/Initial Court Hearings https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-2			
Description	• Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate. • Supports policies that allow bonds to be set to enable diversion to community-based treatment and services. • Includes post-booking release programs that route people into community-based programs			
Key Elements as identified by SAMHSA	**Services in WV - for IDD (adult and juvenile)**	**Notes**	**Intercept 2 Needs for IDD**	**Intercept 2 Recommendations for IDD**
Screening for mental and substance use disorders.	Competency Attainment for Juveniles and Adults	Implementation of Juvenile Competency Evaluation and Attainment has begun	More training for court system is needed around competency	Establish multiple 4-bed ICF for I/DD Forensic Patients
	Dangerousness Assessment Advisory Board (DAAB)			Expand scope of DAAB
Data matching		Systems do not "talk" to each other	• Data systems • Data needed for outcomes	• Explore utilization of WVHIN • Review data recommendations included in July 27 2023 DHHR Semi-Annual Report for information related to IDD
Pretrial supervision and diversion services		Explore existing programs for applicability to IDD	Improved coordination, oversight and monitoring of services for I/DD, Cognitive disabilities, and TBI.	
Post-booking release		Need coordination with community-based services		Develop a live Dashboard for referrals (expand the capacity of Help4WV)

Intercept 3	Jails/Courts https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-3			
Description	• Involves people with mental and substance use disorders who are held in jail before and during their trials. • Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community. • Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.			
Key Elements as identified by SAMHSA	**Services in WV - for IDD (adult and juvenile)**	**Notes**	**Intercept 3 Needs for IDD**	**Intercept 3 Recommendations for IDD**
Treatment courts for high-risk high-need individuals	WV Judiciary Treatment Court Programs	How many currently served by the Treatment Courts have an IDD?	Data	Establish systems for identification and data sharing
Alternatives to prosecution programming	Youth Report Centers (YRCs)	How many currently served have an IDD?	Data	Establish systems for identification and data sharing
Jail-based programming and health care services	Juvenile Facilities and Reporting Centers	How many and what percentage of those currently being served have IDD or TBI?	Data	Establish systems for identification and data sharing
	Services provided in the adult correctional system - Psimed	How many and what percentage of those currently being served have IDD or TBI?	Data	Establish systems for identification and data sharing
Partnerships with community-based providers of mental health and substance use treatment				
Mental health jail liaisons or diversion clinicians				
Collaboration with Veterans Justice Outreach				

Intercept 4	Re-Entry https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4			
Description	• Provides transition planning and support to people with mental and substance use disorders who are returning back to the community after incarceration in jail or prison. • Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.			
Key Elements as identified by SAMHSA	**Services in WV - for IDD (adult and juvenile)**	**Notes**	**Intercept 4 Needs for IDD**	**Intercept 4 Recommendations for IDD**
Transition planning by the jail or in-reach providers Medication and prescription access upon release from jail or prison	The REACH Initiative	Current Utilization of REACH?	Adaptation of REACH programming for IDD and TBI	Gain more information to establish needs for training and coordination
	Programs/services offered by Division of Rehabilitation Services		Increased utilization of DRS during Re-Entry planning	Ensure that individuals with IDD and TBI receive active referrals and coordination with DRS during transition planning
			Medication needs are not consistently addressed	Establish system for no lapse in medication coverage
Warm hand-offs from corrections to providers increases engagement in services				
Benefits and health care coverage immediately following or upon release	SSI/SSDI Outreach, Access, and Recovery (SOAR)		Housing and medication needs are not consistently addressed	Establish mechanism so individuals do not have a lapse in housing or benefits coverage post release
Peer support services				Establish peer support resources for IDD and TBI
Reentry coalition participation				

Intercept 5	Community Corrections https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-5			
Description	• Involves individuals with mental or substance use disorders who are under community corrections' supervision. • Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders. • Addresses the individuals' risks and needs. • Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.			
Key Elements as identified by SAMHSA	**Services in WV - for IDD (adult and juvenile)**	**Notes**	**Intercept 5 Needs for IDD**	**Intercept 5 Recommendations for IDD**
Mental health training for all community corrections officers				Determine training needs for community corrections
Specialized caseloads of people with mental and substance disorders				
Community partnerships	Programs/services offered by Division of Rehabilitation Services (DRS)		Ensure that individuals with IDD and TBI receive active referrals and coordination with DRS post-release	
	Programs/services offered by Comprehensive Behavioral Health Centers (CBHCs)			Ensure that individuals with IDD and TBI receive active referrals and coordination with CBHCs post-release
Medication-assisted treatment (MAT)		Education needed - how many receiving MAT have an IDD/TBI?		Provide training on various avenues for treatment and recovery
Access to recovery supports			Transportation limitations	Establish a better system for transportation

Chapter 3 Attachments

3A. IDD Residential Placement Fact Sheet
3B. SB 232 I/DD, Cognitive Impairment, and TBI Subgroup Meetings Summary

CHAPTER 4

Adult Mental Health

Adult Mental Health (Adult MH) - Adult MH refers to a person's cognitive, emotional, and psychological state of mind. Mental illness diagnoses include, but are not limited to, conditions that interfere with a person's daily living. Mental health conditions can range in severity from mild anxiety to severe depression and psychosis.

Findings for Adult Mental Health Subgroup

This is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Available Services in WV for Intercept 0 (Community Services) - Adult MH

- WV 988 - Suicide and Crisis Lifeline[lviii]
- Help4WV - can refer to crisis services[lix]
- Adult Mobile Crisis Response Teams offered by various providers[lx]
- Crisis Intervention Teams (CITs) for law enforcement[lxi]
- Peers in Emergency Departments (EDs) - applicable to both Adult MH and SUD
- Quick Response Teams (QRTs)
- Help4WV - referral line for other services[lxii]
- Services offered by the Comprehensive Behavioral Health Centers[lxiii]
- SSI/SSDI Outreach, Access, and Recovery (SOAR)[lxiv]
- Programs/services offered by the WV Division of Rehabilitation Services[lxv]

Needs for Intercept 0 (Community Services) - Adult MH

- Enhance 988 and 911 coordination
- Confusion on who/what number to call when there is a mental health crisis and/or need for services
- CIT not yet widely implemented - participation varies from region to region
    - Funding needed
- Expand Peers in EDs program
- Community-based respite needed
- Coordinate QRTs with CITs -
    - Gather data and coordinate mechanisms to share and support effective programming and expansion to MH
- Expand capacity of Help4WV call line staff and available resources on the website
- Utilize SOAR knowledge to assist with re-entry services

Available Services in WV for Intercept 1 (Law Enforcement) - Adult MH

- WV 988 - Suicide and Crisis Lifeline[lxvi]
- Crisis Intervention Teams (CITs) for law enforcement[lxvii]
- Law Enforcement Assisted Diversion (LEAD) - applicable to SUD and Adult MH
- Angel Initiative and HALO
- Police and Peers Program
- Coordinated Addiction Response Effort (CARE)
- Quick Response Teams (QRTs)
- Magistrate-led diversion
- Prosecutor-led diversion
- Public defender-led diversion
- Office of Drug Control Policy (ODCP)[lxviii]

Needs for Intercept 1 (Law Enforcement) - Adult MH

- 988 and 911 coordination is needed
- CIT is not widely implemented
- Expansion of coverage and eligibility needed for LEAD concept
- Explore utilization of these and other similar models to other areas of the state
- Develop mechanism for data gathering for QRT outcomes
- Need to explore options and develop live dashboard for coordination of care

Available Services in WV for Intercept 2 (Initial Court Hearings and Detention) - Adult MH Services

- Emergency Departments
- Office of Drug Control Policy (ODCP)[lxix]
- Competency to Stand Trial Evaluations for Juveniles and Adults
- Criminal Responsibility Evaluations for Adults
- Dangerousness Risk Assessments for Juveniles and Adults
- Competency Restoration Services for Adults
- Competency Attainment Services for Juveniles
- Dangerousness Assessment Advisory Board (DAAB) referrals[lxx]
- Pre-restoration and post-restoration services in the regional jails by a forensic community coordinator.
- Mental health services in the regional jail by PSIMED, Inc.

Needs for Intercept 2 (Initial Court Hearings and Detention) - Adult MH

- Psychiatric urgent care
- Training needed for evaluators to differentiate forensic evaluations from general psychological evaluations
- Need to explore options and develop live dashboard for coordination of care
- Eliminate restrictions on eligibility for LEAD

Available Services in WV for Intercept 3 (Jails/Courts) - Adult MH

- Treatment Court Programs[lxxi]
- Adult Drug Courts[lxxii]
- PSIMED[lxxiii]
- Forensic Services, Hospital-Based Treatment
- Forensic Transitional Living Facility
- Forensic Group Homes
- Forensic Community Case management

Needs for Intercept 3 (Jails/Courts) - Adult MH

- Treatment courts statewide
- Drug Courts statewide
- increase number of forensic group homes
- create forensic supportive housing
- create forensic ACT programs
- Increase transitional services for forensic patients.

Available Services in WV for Intercept 4 (ReEntry) - Adult MH

- Medication access
- Jail programs
- Magistrate-led reentry
- SSI/SSDI Outreach, Access, and Recovery (SOAR)[lxxiv]
- Housing providers/programs
- Peer Reentry Navigator (through REACH Initiative[lxxv])
- Wrap for Wellness
- REACH Initiative[lxxvi]
- ACT programming
- Community Engagement Services

Needs for Intercept 4 (ReEntry) - Adult MH

- Funding for injectable medications to be available in jails - more long-acting and allow for more successful transition post-release
- Naloxone vending machines at the jails to be available at the time of release
- Expand jail build concept to other regions
- Utilize knowledge to assist with re-entry services
- Expand knowledge of REACH resources
- Utilize existing SUD services for Re-Entry planning
- Increase ACT programs and include med pass
- Increase CES programming.

Available Services in WV for Intercept 5 (Community Corrections) - Adult MH

- REACH Initiative[lxxvii] - Reentry Councils
- REACH Initiative[lxxviii] - Training
- REACH Initiative[lxxix] - Resources and Backpack Program

- Services offered by the Comprehensive Behavioral Health Centers providers[lxxx]
- Programs/services offered by the WV Division of Rehabilitation Services[lxxxi]
- Jobs and Hope[lxxxii]
- Housing providers

Needs for Intercept 5 (Community Corrections) - Adult MH

- Expand utilization of services available through DRS
- Transitional housing
- Supportive housing
- Permanent supportive housing

Summary of Adult MH Recommendations, Intercepts 0-5

Intercept 0 - Community Services

- Support coordination of 911 and 988
- Develop education and plans for coordination and implementation of adult mobile crisis
- Continue expansion of CIT, coordination and provide funding
- Develop method for evaluation - baseline data (utilization, usage, etc.)
- Develop method for evaluation - baseline data (utilization, usage, etc.) of the Peers in the ED program
- Gather data and coordinate mechanisms to share and support effective programming and expansion to MH
- Develop and normalize respite services

Intercept 1 - Law Enforcement

- Support coordination of 988 and 911
- Continue expansion and method of evaluation of CIT
- Expand LEAD training, programs, and eligibility to serve MH
- Sustainable funding needed for successful grant funded programs
- Develop method for evaluation, provide sustainable funding, and expand to other parts of the state
- Expand QRTs and develop consistent messaging
- Funding needed to develop systems that can communicate across systems

Intercept 2 - Initial Court Hearings and Detention

- Establish a psychiatric urgent care / Crisis Stabilization Residential Units in 4 regions of the state
- Include “Side Doors” for law enforcement
- Expand scope of DAAB
- Funding needed to develop systems that can communicate across systems
- Implement systems for data matching and sharing
- Expand LEAD programming and eligibility
- Expand court system led deflection/diversion programs (also attention on post-adjudication)

Intercept 3 - Jails and Courts

- Dedicated funding streams
- Increase number of forensic group homes
- Create forensic supportive housing
- Create forensic ACT programs
- Increase transitional services for forensic patients.

Intercept 4 - ReEntry

- More funding needed for Sublocade
- Efforts at State level to reduce the costs of medication
- Develop method for evaluation
- Expand Magistrate-led re-entry
- Coordinate reentry services for those who have received SUD treatment while in prison
- Coordinate with courts to help with medication management (could be a condition of bond) before a person is released
- Ensure housing and benefits are available at the time of release
- Expand outreach and knowledge of REACH Initiative
- Expand successful peer support programs

Intercept 5 - Community Corrections

- Expand outreach and knowledge of REACH
- Increase outreach messaging for programs and services available through DRS
- Expand permanent supportive housing

SB 232 Study Group - Sequential Intercept Model Map for West Virginia
Adult Mental Health
September 2023

Sequential Intercept Model - "The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment."
Source: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

This is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Intercept 0	**Community Services** https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-0			
Description	• Connects people who have mental and substance use disorders with services before they come into contact with the criminal justice system. • Supports law enforcement in responding to both public safety emergencies and mental health crises. • Enables diversion to treatment before an arrest takes place. • Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.			
Key Elements as identified by SAMHSA	**Services in WV - for Adult MH**	**Notes**	**Intercept 0 Needs for Adult MH**	**Intercept 0 Recommendations for Adult MH**
Warm lines and hotlines	WV988 - Suicide and Crisis Lifeline	Can refer to 911 if needed	988 and 911 coordination is needed	Support coordination of 988 and 911
	Help4WV - can refer to crisis services	Different crisis providers and numbers around the state - variances on the array of services provided	Confusion on who/what number to call when there's a mental health crisis and/or need for services	Develop education and plans for coordination, implementation, and messaging
Mobile crisis outreach teams	Adult Mobile Crisis Response Teams offered by various providers		Slow response time in rural areas	Develop regional crisis hub that can provide crisis stabilization
Law enforcement friendly crisis services	Crisis Intervention Teams (CIT)	CIT training for law enforcement	CIT is not yet widely implemented - participation varies from region to region Funding needed	Continue expansion and develop method for evaluation of CIT

Peer-operated crisis response support and/or respite	Peers in Emergency Departments (EDs) - applicable to both Adult MH and SUD	Located in 13 EDs across southern WV Applicable to Intercepts 0, 1, 2	Expand Peers in ED	Develop method for evaluation - baseline data (utilization, usage, etc.) of the Peers in the ED program
	Quick Response Teams (QRTs)	Initially designed for SUD Located around the state - variances on how implemented	Coordinate QRTs with CITs Gather data and coordinate mechanisms to share and support effective programming and expansion to MH	Expand QRTs and develop consistent messaging
Substance use-focused early diversion strategies	Help4WV - referral line for other services	Currently not fully comprehensive operationally	Expand capacity of Help4WV call line staff and available resources on the website	Provide education and training about other services to call line staff, update Help4WV database
Community-based programming	Services offered by the comprehensive behavioral health providers	Resources are inconsistent - staff shortages, transportation	Plans underway to transition to Certified Comprehensive Behavioral Health Centers (CCBHCs)	Support transition to CCBHC
	SSI/SSDI Outreach, Access, and Recovery (SOAR)		Utilize knowledge to also assist with re-entry services (Intercept 4&5)	Develop method for evaluation, provide sustainable funding, and expand to other parts of the state
	Programs/services offered by Division of Rehabilitation Services			Expand messaging for accessing the array of all programs and services

Intercept 1	Law Enforcement https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1			
Description	• Begins when law enforcement responds to a person with mental or substance use disorders. • Ends when the individual is arrested or diverted into treatment • Is supported by trainings, programs, and policies that help behavioral health providers and law to work together			
Key Elements as identified by SAMHSA	**Services in WV - for Adult MH**	**Notes**	**Intercept 1 Needs for Adult MH**	**Intercept 1 Recommendations for Adult MH**
Dispatcher training	988 - Suicide and Crisis Lifeline	Can refer to 911 if needed	988 and 911 coordination is needed	Support coordination of 988 and 911
Specialized law enforcement training	Crisis Intervention Teams (CIT)	CIT training for law enforcement	CIT is not widely implemented	Continue expansion and method of evaluation of CIT
Specialized law enforcement responses	Law Enforcement Assisted Diversion (LEAD) - applicable to SUD and Adult MH	LEAD has been successful Must have SUD as primary Effective 32 LEAD programs currently being offered around the state	Expansion of coverage and eligibility needed for LEAD concept	Expand LEAD training, programs and eligibility to serve MH
	Angel Initiative and HALO	Operated by WV State Police Similar to LEAD		
	Police and Peers Program	Funding received from SAMHSA - 4 yrs Currently a total of 10 programs planned	Explore utilization of these and other similar models to other areas of the state	Sustainable funding needed for successful grant funded programs
	Coordinated Addiction Response Effort (CARE)	Example of local crisis response initiative - grant funded		Develop method for evaluation, provide sustainable funding, and expand to other parts of the state
	Quick Response Teams (QRTs)	QRTS have been successful, although implementation has been inconsistent	Develop mechanism for data gathering for QRT outcomes	Expand QRTs and develop consistent messaging
	Magistrate-led diversion Prosecutor-led diversion Public defender-led diversion			

Data sharing	ODC	Although data for public information is available, data sharing for people using the systems and their care needs across systems is limited	Need to explore options and develop live dashboard for coordination of care	Funding needed to develop systems that can communicate across systems

Intercept 2	Initial Detention/Initial Court Hearings https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-2			
Description	• Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate. • Supports policies that allow bonds to be set to enable diversion to community-based treatment and services. • Includes post-booking release programs that route people into community-based programs			
Key Elements as identified by SAMHSA	**Services in WV - for Adult MH**	**Notes**	**Intercept 2 Needs for Adult MH**	**Intercept 2 Recommendations for Adult MH**
Screening for mental and substance use disorders.	Emergency Departments		Psychiatric urgent care	Establish a psychiatric urgent care / Crisis Stabilization Residential Units in 4 regions of the state Include "Side Doors" for law enforcement
	Dangerousness Assessment Advisory Board (DAAB)			Expand scope of DAAB
	Competency Evaluation and Attainment			
	Medication needs	Review local health department data (July 1 - Dec 31 2022) regarding patients who received injectables for MH conditions	Training needed for evaluators to differentiate forensic evaluations from general psychological evaluations	
Data matching	WV Office of Drug Control Policy (ODCP)	Although data for public information is available, data sharing for people using the systems and their care needs across systems is limited	Need to explore options and develop live dashboard for coordination of care	• Funding needed to develop systems that can communicate across systems • Implement systems for data matching and sharing
Pretrial supervision and diversion services	Law Enforcement Assisted Diversion (LEAD), Angel Initiative - applicable to SUD and Adult MH - see Intercept 1	Currently can serve co-occurring Adult MH but SUD has to be primary	Eliminate restrictions on eligibility for LEAD	Expand LEAD programming and eligibility
	Magistrate-led diversion Prosecutor-led diversion Public defender-led diversion			Expand court system led deflection/diversion programs (also attention on post-adjudication)
Post-booking release				

Intercept 3	Jails/Courts https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-3			
Description	• Involves people with mental and substance use disorders who are held in jail before and during their trials. • Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community. • Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.			
Key Elements as identified by SAMHSA	**Services in WV - for Adult MH**	**Notes**	**Intercept 3 Needs for Adult MH**	**Intercept 3 Recommendations for Adult MH**
Treatment courts for high-risk high-need individuals	Treatment Courts	Treatment and Drug courts are effective alternatives	Treatment courts statewide	Dedicated funding streams
Alternatives to prosecution programming	Adult Drug Courts		Drug Courts statewide	
Jail-based programming and health care services	PSIMED			
Partnerships with community-based providers of mental health and substance use treatment				
Mental health jail liaisons or diversion clinicians				
Collaboration with Veterans Justice Outreach				

Intercept 4	Re-Entry https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4			
Description	• Provides transition planning and support to people with mental and substance use disorders who are returning back to the community after incarceration in jail or prison. • Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.			
Key Elements as identified by SAMHSA	**Services in WV - for Adult MH**	**Notes**	**Intercept 4 Needs for Adult MH**	**Intercept 4 Recommendations for Adult MH**
Transition planning by the jail or in-reach providers Medication and prescription access upon release from jail or prison	Medication access		• Funding for injectable medications to be available in jails - more long-acting and allow for more successful transition post-release • Naloxone vending machines at the jails to be available at the time of release	• More funding needed for Sublocade • Efforts at State level to reduce the costs of medication
Warm hand-offs from corrections to providers increases engagement in services	Jail build programs	Weekly meetings with jails about who will be released and is in need of behavioral health services	Expand jail build concept to other regions	Develop method for evaluation
	Magistrate-led reentry			• Expand Magistrate-led re-entry • Coordinate reentry services for those who have received SUD treatment while in prison • Coordinate with courts to help with medication management (could be a condition of bond) before a person is released
Benefits and health care coverage immediately following or upon release	• SSI/SSDI Outreach, Access, and Recovery (SOAR) • Housing providers/programs	Releases often happen outside of regular business hours	Utilize knowledge to assist with re-entry services	Ensure Housing and benefits are available at the time of release
Peer support services	Peer Reentry Navigator (through REACH Initiative)	Offers various trainings for community partners	Expand knowledge of REACH resources	Expand outreach and knowledge of REACH Initiative

	Wrap for Wellness	Regional partnership grant with Prestera - 8 counties		Expand successful peer support programs
Reentry coalition participation	REACH Initiative		Utilize existing SUD services for Re-Entry planning	

Intercept 5	Community Corrections https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-5			
Description	• Involves individuals with mental or substance use disorders who are under community corrections' supervision. • Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders. • Addresses the individuals' risks and needs. • Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.			
Key Elements as identified by SAMHSA	**Services in WV - for Adult MH**	**Notes**	**Intercept 5 Needs for Adult MH**	**Intercept 5 Recommendations for Adult MH**
Mental health training for all community corrections officers	REACH Initiative - Reentry Councils			Expand outreach and knowledge of REACH
Specialized caseloads of people with mental and substance disorders	REACH Initiative Training			
Community partnerships	The REACH Initiative - Resources and Backpack Program			
	Services offered by the comprehensive behavioral health providers			
	Jobs and Hope			
	Programs/services offered by Division of Rehabilitation Services (DRS)		Expand utilization of services available through DRS	Increase outreach messaging for programs and services available through DRS
	Housing providers		Transitional housing Supportive housing Permanent supportive housing	Expand permanent supportive housing
Medication-assisted treatment (MAT)				
Access to recovery supports				

Chapter 4 Attachments

4A. NAMI 2021 Mental Health in WV Fact Sheet
4B. SB 232 Adult MH Subgroup Meetings Summary Notes

CHAPTER 5

Substance Use Disorder

Substance Use Disorder (SUD) - Substance Use Disorder (SUD) includes a group of diagnoses that include, but are not limited to, dependence and addiction to mood-altering substances to the extent that they interfere with daily living. SUD conditions range in severity from mild to severe.

Findings for Substance Use Disorder Subgroup

This is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Available Services in WV for Intercept 0 (Community Services) - SUD

- WV 988 - Suicide and Crisis Lifeline[lxxxiii]
- Help4WV - can refer to crisis services[lxxxiv]
- Adult Mobile Crisis Response Teams offered by various providers
- Crisis Intervention Teams (CITs) for law enforcement[lxxxv]
- Peers in Emergency Departments (EDs)
- Quick Response Teams (QRTs)
- Help4WV - referral line for other services[lxxxvi]
- Comprehensive Behavioral Health Centers (CBHC)[lxxxvii]
- Provider Response Organization for Addiction Care and Treatment (PROACTWV) - (Located in Huntington)
- Programs/services offered by the WV Division of Rehabilitation Services[lxxxviii]
- SSI/SSDI Outreach, Access, and Recovery (SOAR)[lxxxix]
- Mutual support groups - AA, NA, Smart Recovery
- Jobs and Hope[xc]

Needs for Intercept 0 (Community Services) - SUD

- 988 and 911 coordination is needed
- Confusion on who/what number to call when there is a mental health crisis and/or need for services
- Slow response time in rural areas
- CIT is not yet widely implemented - participation varies from region to region
- Funding needed
- Expand Peers in ED
- Coordinate QRTs with CITs

- Gather data and coordinate mechanisms to share and support effective programming and expansion to MH
- Respite is needed
- Expand capacity of Help4WV call line staff and available resources on the website
- Plans underway to transition to Certified Comprehensive Behavioral Health Centers (CCBHCs)
- Utilize knowledge to also assist with re-entry services
- Expand capacity of mutual support groups to be more inclusive with Medication Assisted Treatment, mental health issues

Available Services in WV for Intercept 1 (Law Enforcement) - SUD

- WV 988 - Suicide and Crisis Lifeline[xci]
- Crisis Intervention Teams (CITs) for law enforcement[xcii]
- Law Enforcement Assisted Diversion (LEAD) - applicable to SUD and Adult MH
- Angel Initiative and HALO
- Police and Peers Program
- Coordinated Addiction Response Effort (CARE)
- Quick Response Teams (QRTs)
- Magistrate-led diversion
- Prosecutor-led diversion
- Public defender-led diversion
- Office of Drug Control Policy (ODCP)[xciii]

Needs for Intercept 1 (Law Enforcement) - SUD

- 988 and 911 coordination is needed
- CIT is not yet widely implemented
- Expansion of coverage and eligibility needed for LEAD concept
- Explore utilization of this and other similar models to other areas of the state
- Develop mechanism for data gathering of QRT outcomes
- Need to explore options and develop live dashboard for coordination of care

Available Services in WV for Intercept 2 (Initial Court Hearings and Detention) - SUD

- Emergency Departments
- Medication needs
- Dangerousness Assessment Advisory Board[xciv]
- Competency Evaluation[xcv]
- Competency Restoration Services
- Dangerousness Risk Assessments
- Office of Drug Control Policy (ODCP)[xcvi]
- Law Enforcement Assisted Diversion (LEAD), Angel Initiative - applicable to SUD and Adult MH
- Magistrate-led diversion
- Prosecutor-led diversion
- Public defender-led diversion

Needs for Intercept 2 (Initial Court Hearings and Detention) - SUD

- Psychiatric urgent care
- Training needed for evaluators to differentiate forensic evaluations from general psychological evaluations
- Eliminate restrictions on eligibility for LEAD

Available Services in WV for Intercept 3 (Jails/Courts) - SUD

- Treatment Court Programs[xcvii]
- Adult Drug Courts[xcviii]
- PSIMED

Needs for Intercept 3 (Jails/Courts) - SUD

- Expand effective programs
- increase number of forensic group homes
- create forensic supportive housing
- create forensic ACT programs
- Increase transitional services for forensic patients.

Available Services in WV for Intercept 4 (ReEntry) - SUD

- Medication access
- SSI/SSDI Outreach, Access, and Recovery (SOAR)[xcix]
- Jail build program
- Magistrate-led reentry
- Peer Reentry Navigator (through REACH Initiative[c])
- Wrap for Wellness
- REACH Initiative[ci]

Needs for Intercept 4 (ReEntry) - SUD

- Funding for injectable medications to be available in jails - more long-acting and allow for more successful transition post-release
- Naloxone vending machines at the jails to be available at the time of release
- Utilize knowledge to assist with re-entry services
- Expand jail build concept to other regions
- Expand knowledge of REACH resources
- Utilize existing SUD services for Re-Entry planning

Available Services in WV for Intercept 5 (Community Corrections) - SUD

- REACH Initiative[cii] - Reentry Councils
- REACH Initiative[ciii] - Training
- REACH Initiative[civ] - Resources and Backpack Program
- Jobs and Hope[cv]
- Existing MAT providers
- Mutual support groups - AA, NA, Smart Recovery, etc.

Needs for Intercept 5 (Community Corrections) - SUD

- Judicial support for MAT
- Expand capacity of mutual support groups to be more inclusive with MAT, MH issues

Summary of SUD Recommendations, Intercepts 0-5

Intercept 0 - Community Services

- Support coordination of 988 and 911
- Develop education and plans for coordination, implementation, and messaging
- Develop regional crisis hub that can provide crisis stabilization
- Continue expansion and develop method for evaluation of CIT
- Develop method for evaluation - baseline data (utilization, usage, etc.) of the Peers in the ED program
- Expand QRTs and develop consistent messaging
- Develop and normalize respite
- Provide education and training about other services to call line staff, update Help4WV database
- Support transition to CCBHC
- Develop method for evaluation, provide sustainable funding, and expand to other parts of the state
- Expand messaging for accessing the array of all programs and services

Intercept 1 - Law Enforcement

- Support coordination of 988 and 911
- Continue expansion and method of evaluation of CIT
- Expand LEAD training, programs, and eligibility to serve MH
- Sustainable funding needed for successful grant funded programs
- Develop method for evaluation, provide sustainable funding, and expand to other parts of the state
- Expand QRTs and develop consistent messaging
- Funding needed to develop systems that can communicate across systems

Intercept 2 - Initial Court Hearings and Detention

- Establish psychiatric urgent care / Crisis Stabilization Residential Units in 4 regions of the state
- Include “Side Doors” for law enforcement
- Funding needed to develop systems that can communicate across systems
- Implement systems for data matching and sharing
- Expand LEAD programming and eligibility
- Expand court system led deflection/diversion programs (also attention on post-adjudication)

Intercept 3 - Jails and Courts

- increase number of forensic group homes
- create forensic supportive housing
- create forensic ACT programs
- Increase transitional services for forensic patients.

Intercept 4 - ReEntry

- More funding needed for Sublocade
- Efforts at State level to reduce the costs of medication
- Develop method for evaluation
- Expand Magistrate-led re-entry
- Coordinate reentry services for those who have received SUD treatment while in prison
- Coordinate with courts to help with medication management (could be a condition of bond) before a person is released
- Ensure Housing and benefits are available at the time of release
- Expand outreach and knowledge of REACH Initiative
- Expand successful peer support programs

Intercept 5 - Community Corrections

- Expand outreach and knowledge of REACH
- Educate courts on benefits of MAT
- Educate recovery community about the many roads to recovery

SB 232 Study Group - Sequential Intercept Model Map for West Virginia
Substance Use Disorder (SUD)
September 2023

Sequential Intercept Model - "The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment."
Source: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

This is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Intercept 0	**Community Services** https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-0			
Description	• Connects people who have mental and substance use disorders with services before they come into contact with the criminal justice system. • Supports law enforcement in responding to both public safety emergencies and mental health crises. • Enables diversion to treatment before an arrest takes place. • Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.			
Key Elements as identified by SAMHSA	**Services in WV - for SUD**	**Notes**	**Intercept 0 Needs for SUD**	**Intercept 0 Recommendations for SUD**
Warm lines and hotlines	WV988 - Suicide and Crisis Lifeline	Can refer to 911 if needed	988 and 911 coordination is needed	Support coordination of 988 and 911
	Help4WV - can refer to crisis services	Provides referrals to Adult Mobile Crisis	Confusion on who/what number to call when there's a mental health crisis and/or need for services	Develop education and plans for coordination, implementation, and messaging
Mobile crisis outreach teams	Adult Mobile Crisis Response Teams offered by various providers	Different crisis providers and numbers around the state - variances on the array of services provided	Slow response time in rural areas	Develop regional crisis hub that can provide crisis stabilization
Law enforcement friendly crisis services	Crisis Intervention Teams (CIT)	CIT training for law enforcement	CIT is not yet widely implemented - participation varies from region to region Funding needed	Continue expansion and develop method for evaluation of CIT

Peer-operated crisis response support and/or respite	Peers in Emergency Departments (EDs) - applicable to both Adult MH and SUD	Located in 13 EDs across southern WV	Expand Peers in ED	Develop method for evaluation - baseline data (utilization, usage, etc.) of the Peers in the ED program
	Quick Response Teams (QRTs)	Initially designed for SUD Located around the state - variances on how implemented	Coordinate QRTs with CITs Gather data and coordinate mechanisms to share and support effective programming and expansion to MH	Expand QRTs and develop consistent messaging
			Respite is needed	Develop and normalize respite
Substance use-focused early diversion strategies	Help4WV - referral line for other services	Currently not fully comprehensive	Expand capacity of Help4WV call line staff and available resources on the website	Provide education and training about other services to call line staff, update Help4WV database
Community-based programming	Comprehensive Behavioral Health Centers (CBHC)	Staff shortages, transportation	Plans underway to transition to Certified Comprehensive Behavioral Health Centers (CCBHCs)	Support transition to CCBHC
	Provider Response Organization for Addiction Care and Treatment (PROACTWV) (Located in Huntington)	Example of community-based care services that is not a part of the Comprehensive Behavioral Health system		Develop method for evaluation, provide sustainable funding, and expand to other parts of the state
	Programs/services offered by Division of Rehabilitation Services			Expand messaging for accessing the array of all programs and services
	SSI/SSDI Outreach, Access, and Recovery (SOAR)	Resources are inconsistent	Utilize knowledge to also assist with re-entry services	
	Mutual support groups - AA, NA, Smart Recovery	Strong recovery community in WV	Expand capacity of mutual support groups to be more inclusive with MAT, MH issues	
	Jobs and Hope			

Intercept 1	Law Enforcement https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1			
Description	• Begins when law enforcement responds to a person with mental or substance use disorders. • Ends when the individual is arrested or diverted into treatment • Is supported by trainings, programs, and policies that help behavioral health providers and law to work together			
Key Elements as identified by SAMHSA	**Services in WV - for SUD**	**Notes**	**Intercept 1 Needs for SUD**	**Intercept 1 Recommendations for SUD**
Dispatcher training	WV 988 - Suicide and Crisis Lifeline	Can refer to 911 if needed	988 and 911 coordination is needed	Support coordination of 988 and 911
Specialized law enforcement training	Crisis Intervention Teams (CIT)	CIT training for law enforcement	CIT is not yet widely implemented	Continue expansion and method of evaluation of CIT
Specialized law enforcement responses	Law Enforcement Assisted Diversion (LEAD) - applicable to SUD and Adult MH	LEAD has been successful Must have SUD as primary Effective 32 LEAD programs currently being offered around the state	Expansion of coverage and eligibility needed for LEAD concept	Expand LEAD training, programs and eligibility to serve MH
	Angel Initiative and HALO	Operated by WV State Police Similar to LEAD		
	Police and Peers Program	Funding received from SAMHSA - 4 yrs Currently a total of 10 programs planned	Explore utilization of this and other similar models to other areas of the state	Sustainable funding needed for successful grant funded programs
	Coordinated Addiction Response Effort (CARE)	Example of local crisis response initiative - grant funded		Develop method for evaluation, provide sustainable funding, and expand to other parts of the state
	Quick Response Teams (QRTs)	QRTS have been successful, although implementation has been inconsistent	Develop mechanism for data gathering of QRT outcomes	Expand QRTs and develop consistent messaging
	Magistrate-led diversion Prosecutor-led diversion Public defender-led diversion			

Data sharing	WV Office of Drug Control Policy (ODCP)	Although data for public information is available, data sharing for people using the systems and their care needs across systems is limited	Need to explore options and develop live dashboard for coordination of care	Funding needed to develop systems that can communicate across systems

Intercept 2	Initial Detention/Initial Court Hearings https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-2			
Description	• Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate. • Supports policies that allow bonds to be set to enable diversion to community-based treatment and services. • Includes post-booking release programs that route people into community-based programs			
Key Elements as identified by SAMHSA	**Services in WV - for SUD**	**Notes**	**Intercept 2 Needs for SUD**	**Intercept 2 Recommendations for SUD**
Screening for mental and substance use disorders.	Emergency Departments		Psychiatric urgent care	• Establish psychiatric urgent care / Crisis Stabilization Residential Units in 4 regions of the state • Include "Side Doors" for law enforcement
	Medication needs	Review local health department data (July 1 - Dec 31 2022) regarding patients who received injectables for MH conditions		
	Dangerousness Assessment Advisory Board			
	Competency Evaluation and Attainment		Training needed for evaluators to differentiate forensic evaluations from general psychological evaluations	
Data matching	WV Office of Drug Control Policy (ODCP)	Although data for public information is available, data sharing for people using the systems and their care needs across systems is limited		• Funding needed to develop systems that can communicate across systems • Implement systems for data matching and sharing
Pretrial supervision and diversion services	Law Enforcement Assisted Diversion (LEAD), Angel Initiative - applicable to SUD and Adult MH	Currently can serve co-occurring Adult MH but SUD has to be primary	Eliminate restrictions on eligibility for LEAD	Expand LEAD programming and eligibility
	Magistrate-led diversion Prosecutor-led diversion Public defender-led diversion			Expand court system led deflection/diversion programs (also attention on post-adjudication)

Post-booking release				

Intercept 3	Jails/Courts https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-3			
Description	• Involves people with mental and substance use disorders who are held in jail before and during their trials. • Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community. • Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.			
Key Elements as identified by SAMHSA	**Services in WV - for SUD**	**Notes**	**Intercept 3 Needs for SUD**	**Intercept 3 Recommendations for SUD**
Treatment courts for high-risk high-need individuals	Treatment Courts	Treatment and Drug courts are effective alternatives		
	Adult Drug Courts			
Alternatives to prosecution programming				
Jail-based programming and health care services	PSIMED			
Partnerships with community-based providers of mental health and substance use treatment				
Mental health jail liaisons or diversion clinicians				
Collaboration with Veterans Justice Outreach				

Intercept 4	Re-Entry https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4			
Description	• Provides transition planning and support to people with mental and substance use disorders who are returning back to the community after incarceration in jail or prison. • Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.			
Key Elements as identified by SAMHSA	**Services in WV - for SUD**	**Notes**	**Intercept 4 Needs for SUD**	**Intercept 4 Recommendations for SUD**
Transition planning by the jail or in-reach providers Medication and prescription access upon release from jail or prison	Medication access		• Funding for injectable medications to be available in jails - more long-acting and allow for more successful transition post-release • Naloxone vending machines at the jails to be available at the time of release	• More funding needed for Sublocade • Efforts at State level to reduce the costs of medication
Warm hand-offs from corrections to providers increases engagement in services	Jail build programs	Weekly meetings with jails about who will be released and is in need of behavioral health services	Expand jail build concept to other regions	Develop method for evaluation
	Magistrate-led reentry			• Expand Magistrate-led re-entry • Coordinate reentry services for those who have received SUD treatment while in prison • Coordinate with courts to help with medication management (could be a condition of bond) before a person is released
Benefits and health care coverage immediately following or upon release	SSI/SSDI Outreach, Access, and Recovery (SOAR)	Releases often happen outside of regular business hours	Utilize knowledge to assist with re-entry services	Ensure Housing and benefits are available at the time of release

Peer support services	Peer Reentry Navigator (through REACH Initiative)	Offers various trainings for community partners	Expand knowledge of REACH resources	Expand outreach and knowledge of REACH Initiative
	Wrap for Wellness	Regional partnership grant with Prestera - 8 counties		Expand successful peer support programs
Reentry coalition participation	REACH Initiative		Utilize existing SUD services for Re-Entry planning	

Intercept 5	**Community Corrections** https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-5			
Description	• Involves individuals with mental or substance use disorders who are under community corrections' supervision. • Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders. • Addresses the individuals' risks and needs. • Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.			
Key Elements as identified by SAMHSA	**Services in WV - for SUD**	**Notes**	**Intercept 5 Needs for SUD**	**Intercept 5 Recommendations for SUD**
Mental health training for all community corrections officers	REACH Initiative - Reentry Councils			Expand outreach and knowledge of REACH
Specialized caseloads of people with mental and substance disorders	REACH Initiative Training			
Community partnerships	The REACH Initiative - Resources and Backpack Program			
	Jobs and Hope			
Medication-assisted treatment (MAT)	Existing MAT providers		Judicial support for MAT	Educate courts on benefits of MAT
Access to recovery supports	Mutual support groups - AA, NA, Smart Recovery, etc.		Expand capacity of mutual support groups to be more inclusive with MAT, MH issues	Educate recovery community about the many roads to recovery

Chapter 5 Attachments

5A. Current QRTs in WV
5B. LEAD Diversion Map
5C. WV Angel Initiative Brochure
5D. HALO Brochure
5E. Bureau of Justice Assistance - Prosecutor-led Diversion: Best Strategies for Working with Persons with Substance Use Disorder
5F. SB 232 SUD Subgroup Meetings Summary Notes.pdf

This report is part one of a larger, longer project. SB 232 also included the recommendation that we develop standards and protocols for evaluation, treatment, management, and stabilization of forensic patients. Further, SB 232 requested that we develop standards and protocols to promote continuity of care and interventions. We were also asked to create a model to coordinate services and interventions among DHHR, DCR, DRS, behavioral health providers, law enforcement and the court system to coordinate and to ensure public safety and effective clinical management of patients including: Appropriate diversion, Identification, Evaluation, Assessment, Management, Placement. Lastly, further phases will consider and identify potential funding sources and scope of resources needed for implementation.

ATTACHMENTS

Introduction Attachments

Intro A. Senate Bill 232
Intro B. SB 232 Study Group Members and Participants
Intro C. SB 232 Study Group Contributing Organizations
Intro D. SB 232 Glossary
Intro E. SB 232 Resource Links Spreadsheet
Intro F. Diversion 101
Intro G. ODCP Transportation Flyer
Intro H. Comprehensive Behavioral Health Centers
Intro I. Department of Justice and Department of Health & Human Services Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities
Intro J. Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders

Chapter 1 Overview of West Virginia Statewide Forensic Services Attachments

1A. Forensic Organization Chart

Chapter 2 Juvenile Attachments

2A. Children's Mobile Crisis Response Teams (CMCRT) Map
2B. Regional Youth Service Centers Flyer
2C. WV Juvenile Drug Courts Map
2D. Juvenile Competency FAQ Flyer
2E. WV Division of Corrections and Rehabilitation Bureau of Juvenile Services Facility Fact Sheet
2F. Children's Mental Health and Behavioral Health Services Office of Quality Assurance for Children's Programs - Quality and Outcomes Report July 27, 2023
2G. Juvenile Focus Group Meetings Summary

Chapter 3 Intellectual and Developmental Disabilities, Cognitive Impairment, and Traumatic Brain Injury Attachments

3A. IDD Residential Placement Fact Sheet
3B. SB 232 I/DD, Cognitive Impairment, and TBI Subgroup Meetings Summary

Chapter 4 Adult Mental Health Attachments

4A. NAMI 2021 Mental Health in WV Fact Sheet
4B. SB 232 Adult MH Subgroup Meetings Summary Notes

Chapter 5 Substance Use Disorder Attachments

5A. Current QRTs in WV
5B. LEAD Diversion Map
5C. WV Angel Initiative Brochure
5D. HALO Brochure
5E. Bureau of Justice Assistance - Prosecutor-led Diversion: Best Strategies for Working with Persons with Substance Use Disorder
5F. SB 232 SUD Subgroup Meetings Summary Notes.pdf

WEST VIRGINIA LEGISLATURE

2023 REGULAR SESSION

ENROLLED

Committee Substitute

for

Senate Bill 232

By Senators Trump and Rucker

[Passed March 11, 2023; in effect from passage]

AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section, designated §27-6A-12, relating to creating a multi-disciplinary study group to make recommendations regarding the diversion of persons with mental illness, developmental disabilities, cognitive disabilities, substance abuse problems, and other disabilities from the criminal justice system; setting forth findings; listing the membership makeup of the study group; promoting appropriate interventions and placements for inmates and persons with disabilities; developing a plan to coordinate care, treatment, and placement for persons with disabilities in the criminal justice system and in the community; directing a report be made to Legislature on or before November 30, 2023; and authorizing per diem expenses for nongovernmental members.

Be it enacted by the Legislature of West Virginia:

ARTICLE 6A. COMPETENCY AND CRIMINAL RESPONSIBILITY OF PERSONS CHARGED OR CONVICTED OF A CRIME.

§27-6A-12. Development of a strategic plan for a Sequential Intercept Model to divert adults and juveniles with mental illness, developmental disabilities, cognitive disabilities, and substance use disorders away from the criminal justice system into treatment and to promote continuity of care and interventions; directing submission of a report to the Legislature.

(a) The Legislature finds that the state's adult and juvenile forensic patient populations continue to increase and that the placement of forensic patients at state health care facilities, diversion facilities, group homes, transitional living facilities, in the community, and other settings continues to rapidly escalate. The Legislature further finds that persons with mental illness, developmental disabilities, cognitive disabilities, and/or substance use disorder may be overrepresented in the criminal justice system, and many of these people might not present a danger to the public if they could participate in a functioning community behavioral health

continuum of care. The Legislature further finds that the increasing adult and juvenile forensic patient populations, the placement and treatment of adult and juvenile forensic patients, and the release of persons with mental illness, developmental disabilities, and other disabilities creates significant clinical, public safety, staffing, and fiscal needs and burdens for the judiciary, law enforcement, state health care facilities, correctional facilities, behavioral health professionals, hospitals, and the public. The Legislature further finds that there is a need for improved coordination among the Department of Health and Human Resources, the Division of Corrections and Rehabilitation, and the Division of Rehabilitation Services to promote the identification, safe discharge, and effective community intervention and placement of persons who suffer from mental illness, a developmental disability, a cognitive disability, and/or substance use disorder. The Legislature further finds that there is a need to develop functional standards and protocols for the identification, management, qualified assessment, and treatment of adult and juvenile forensic patients.

(b) The Chairman of the Dangerousness Assessment Advisory Board (DAAB) shall convene a multi-disciplinary study group of the following persons:

(1) The Statewide Forensic Clinical Director;

(2) The Statewide Forensic Coordinator;

(3) The two forensic psychiatrists who are members of the board;

(4) The two psychologists who are members of the board;

(5) The Director of the Office of Drug Control Policy;

(6) A designee of the Supreme Court of Appeals;

(7) A designee of the Bureau of Children and Families with experience in juvenile forensic matters;

(8) A designee of the Division of Corrections and Rehabilitation;

(9) A designee of the Division of Rehabilitation Services;

(10) A designee of the Prosecuting Attorneys Institute;

(11) A designee of the Public Defender Services;

(12) A designee of the West Virginia Behavioral Healthcare Providers Association who is a licensed clinician with forensic patient experience;

(13) A designee of the West Virginia Hospital Association;

(14) A designee of the West Virginia Housing Development Fund;

(15) A designee of Disability Rights of West Virginia;

(16) A designee of the West Virginia Sheriff's Association;

(17) A designee of the Juvenile Justice Commission; and

(18) A designee of the West Virginia University Center for Excellence in Disabilities.

(c) The purpose of the multi-disciplinary study group is to provide opinion, guidance, and informed objective expertise to the Legislature regarding each of the following areas:

(1) The development and implementation of a Sequential Intercept Model to divert adults and juveniles with mental illness, developmental disabilities, cognitive disabilities, and/or substance use disorders away from the criminal justice system and into community-based treatment or other settings where appropriate;

(2) The review and recommendation of standards and protocols for the evaluation, treatment, management, and stabilization of adult and juvenile forensic patients;

(3) A recommendation regarding standards and protocols to promote continuity of care and interventions for adult and juvenile forensic patients and inmates released from correctional facilities;

(4) The recommendation of a model to coordinate services and interventions among the Department of Health and Human Resources, the Division of Corrections and Rehabilitation, the Division of Rehabilitation Services, behavioral healthcare providers, law enforcement, and the court system to facilitate the appropriate diversion, identification, evaluation, assessment, management, and placement of adults and juveniles who suffer from mental illness, a development disability, a cognitive disability, and/or substance use disorder to ensure public safety

and the effective clinical management of such persons;

(5) The identification of potential funding sources and the scope of resources needed for the implementation of the study group's recommendations; and

(6) Any other issues related to addressing the Legislature's findings.

(d) The provisions of §6-9A-1 *et seq*. and §29B-1-1 *et seq*. of this code are inapplicable to the operation of the study group.

(e) The written recommendations of the study group shall be submitted to the President of the Senate and the Speaker of the House of Delegates on or before November 30, 2023.

(f) Each member of the multi-disciplinary study group whose regular salary is not paid by the State of West Virginia shall be paid the same compensation and expense reimbursement that is paid to members of the Legislature for their interim duties as recommended by the Citizens Legislative Compensation Commission and authorized by law for each day or portion thereof engaged in the discharge of official duties. Reimbursement for expenses shall not be made, except upon an itemized account, properly certified by the members of the study group. All reimbursement for expenses shall be paid out of the State Treasury upon a requisition upon the State Auditor.

	Study Group Required Membership	First Name	Last Name	Title	Organization	Subgroup
	Chairman of DAAB	David	Clayman	Clinical psychologist and Chair of DAAB	Dangerousness Assessment Advisory Board (DAAB)	All
1	Statewide Forensic Clinical Director	Colleen	Lillard	Clinical Director	Forensic Svcs	All
2	Statewide Forensic Coordinator	John	Snyder	Coordinator	Forensic Svcs	All
3a	two forensic psychiatrists from DAAB	Jessica	Talley	Forensic psychiatrist and DAAB member	DAAB	Juvenile
3b	two forensic psychiatrists from DAAB	Christi	Cooper-Lehki	Forensic psychiatrist and DAAB member	DAAB	Juvenile
4a	two psychologists who are members of DAAB	David	Clayman	Clinical psychologist and Chair of DAAB	DAAB	All
4b	two psychologists who are members of DAAB	Position currently			DAAB	
5	Director of the Office of Drug Control Policy	Rachel	Thaxton	Co-Interim Director of the Office of Drug Control Policy	Office of Drug Control Policy (ODCP)	SUD
6	designee of the WV Supreme Court of Appeals	Keith	Hoover	Deputy Director, Office of the Administrative Director	WV Supreme Court of Appeals	Adult MH
6a	designee of the WV Supreme Court of Appeals	Lisa	Tackett	Director, Division of Court Services	WV Supreme Court of Appeals	Adult MH
6b	designee of the WV Supreme Court of Appeals	William R. "Bill"	Wooton	Justice	WV Supreme Court of Appeals	Juvenile
7	designee from BCF with experience in juvenile forensic matters	Jeannette	Welch	Youth Services Policy Specialist	WV DHHR BSS (BCF reorganized)	Juvenile
8	designee of the Division of Corrections and Rehabilitation	Marvin	Plumley		WV Division of Corrections and Rehabilitation, Bureau of Juvenile Services	Juvenile
9	designee of the Division of Rehabilitation Services	Rich	Ward	Rehabilitation Program Specialist	WV Division of Rehabilitation Services	Juvenile
10	designee of the Prosecuting Attorneys Institute	Catie	Wilkes-Delligatti	Berkeley County Prosecuting Attorney	Prosecuting Attorneys Institute	SUD
11	designee of the Public Defender Services	Dana	Eddy	Executive Director	Public Defender Services	Adult MH
12	designee of the WV Behavioral Health Providers Association	Lisa	Zappia	Executive Director	Prestera Center	Adult MH
13	designee of the WV Hospital Association	Brandon	Hatfield	General Counsel	WV Hospital Association	Adult MH
14	designee of the WV Housing Development Fund	Erica	Boggess	Executive Director	WV Housing Development Fund	Adult MH
15	designee of Disability Rights of WV	Michael	Folio	Legal Director	Disability Rights of WV	IDD
16	designee of the WV Sheriff's Association	Rodney	Miller	Executive Director	WV Sheriff's Association	Adult MH
17a	designee of the Juvenile Justice Commission	Cindy	Largent-Hill	Director, Division of Children/Juvenile Services	WV Supreme Court of Appeals	Juvenile

17b	designee of the Juvenile Justice Commission	Lisa	Tackett	Director, Division of Court Services	WV Supreme Court of Appeals	Juvenile
18	designee of the WVU Center for Excellence in Disabilities	Lesley	Cottrell	Director	WVU-Center for Excellence in Disabilities	IDD
	Other Contributors					
		Alex	Alston	Office Director 3 - Adults	DHHR Bureau for Behavioral Health (BBH)	Adult MH
		Merideth	Smith	Clinician	PsiMed	Adult MH
		Jenny	Fleming	Outpatient Forensic Coordinator	Forensic Svcs	All
		Bob	Hansen		DHHR, Office of the Deputy Secretary	IDD
		Tina	Wiseman	Director	WV Developmental Disabilities Council	IDD
		Denny	Dodson	Director of Operations	Bureau of Juvenile Services	Juvenile
		Thomas	Ewing	Circuit Judge	WV Judicial Association	Juvenile
		Debi	Gillespie	Director of Juvenile Programs	Bureau of Juvenile Services	Juvenile
		Phillip	Stowers	Circuit Judge	WV Judicial Association	Juvenile
		Nikki	Tennis	Office Director 3 - Children, Youth and Families	DHHR Bureau for Behavioral Health	Juvenile
		Gary	Krushansky	WV LEAD Coordinator	ODCP	SUD
		Christina	Mullins	Deputy Secretary of Mental Health and Substance Use Disorders/Co-Interim Director of the Office of Drug Control Policy (ODCP)	ODCP	SUD
		Lyn	O'Connell	Associate Director of Community Services	Division of Addiction Sciences, Marshall School of Medicine	SUD
		Kathleen	Chiasson-Downs	Lead Clinician for Addiction Services	Behavioral Medicine and Psychiatry, WVU Medicine	SUD
		Traci	Strickland	Executive Director	Kanawha Valley Collective	Adult MH
		Brad	Anderson			IDD
		Multiple			WV Sheriff's Association	Adult MH
	Facilitation	Jenny	Lancaster		Terzetto	All
	Facilitation	Martha	Minter		Community Access	All

SB 232 Study Group Contributing Organizations

Brain Injury Group of WV
Comprehensive Behavioral Health Center - Prestera
Dangerousness Assessment Advisory Board (DAAB)
Disability Rights of West Virginia
Kanawha Valley Collective
Prosecuting Attorneys Institute
Project Hope
PSIMED, Inc.
WV Behavioral Healthcare Providers Association
WVDHHR
- Statewide Forensic Services
- Deputy Secretary's Office
- Bureau for Social Services (BSS) - Youth Services
- Bureau for Behavioral Health (BBH) - Adult and Children's Mental Health
- Office of Drug Control Policy (ODCP)

WV Developmental Disabilities Council
WV Division of Corrections and Rehabilitation
WV Bureau of Juvenile Services
WV Division of Rehabilitation Services
WV Hospital Association
WV Housing Development Fund
WV Public Defender Corporation
WV Sheriff's Association
WV Supreme Court of Appeals
- Juvenile Justice Commission

WVU Addiction Services
WVU Center for Excellence in Disabilities

SB 232 Study Group Glossary

November 2023

Adult Mental Illness (Adult MH): Adult MH refers to a person's cognitive, emotional, and psychological state of mind. Mental illness diagnoses include but are not limited to conditions that interfere with a person's daily living. Mental health conditions range in severity from mild anxiety to severe depression and psychosis.

Behavioral health: The promotion of mental health, resilience, and well-being; the treatment of mental health conditions and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Behavioral health provider: A professional who helps individuals address mental health conditions and/or substance use disorders. Professionals include psychologists, psychiatrists, nurses, peers, patient navigators, therapists, addiction and mental health counselors, recovery coaches, case workers, social workers, psychiatric aides and technicians, psychiatrists, and paraprofessionals working in psychiatric rehabilitation and addiction recovery fields, as well as other medical and non-medical professionals who manage and support behavioral health issues.

Civil commitment: the legal process by which a person is confined in a psychiatric hospital because of a treatable mental disorder, against his or her wishes.

Continuity of care: Ability to access uninterrupted medical and mental healthcare and substance use services during a setting transition. Ideally, transitions are as seamless as possible and involve timely access to effective, evidence-based treatment to avoid a service lapse.

Continuous quality improvement (CQI): A systematic process of assessing program or practice implementation and short-term outcomes and then involving program staff to identify and implement improvements in service delivery and organizational systems to achieve better outcomes. CQI helps assess practice fidelity.

Co-occurring mental health conditions and substance use disorders: The coexistence of both a mental health condition and a substance use disorder.

Criminal justice personnel: Individuals who work in law enforcement, the court system, or corrections.

Crisis Stabilization/Residential Unit (CSU/CRU): A place to help adults with severe psychiatric symptoms and/or addictions avoid inpatient hospitalization. While receiving crisis services an interdisciplinary team of mental health professionals, including psychiatrists, psychologists, counselors, nurses, and mental health technicians provide daily psychiatric review and psychological examination, as well as intensive group and individual therapy.

Data: Any information that has been collected, observed, generated, or created by an individual, grantee, program, organization, state, or federal agency. Some data can be used to identify a specific individual, and in such cases, it is protected. Data is used to describe activities in an objective manner, and it can be used to validate research findings. Patient-level data created by specialty addiction treatment programs is protected under 42 C.F.R. Part 2.

Developmental Disabilities: a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.

Source: https://www.cdc.gov/ncbddd/developmentaldisabilities/facts.html#ref

Evidence-based practice (EBP): Interventions that are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the persons receiving the services, which promote individual-level or population-level outcomes.

Forensic psychology/psychiatry: the application of clinical specialties to the legal arena. This definition emphasizes the application of clinical psychology/psychiatry to the forensic setting.

Forensic competency designations

- Incompetent to stand trial-in need of restoration (IST-R)
- Incompetent to stand trial-unable to be restored (IST-NR)
- Competent to Stand Trial (CST)
- Not guilty by reason of mental illness (NGRMI)

Juvenile: a person who is under the age of 18. WV Code §49-4-701 states that, "a. If during a criminal proceeding in any court it is ascertained or appears that the defendant is under the age of nineteen years and was under the age of eighteen years at the time of the alleged offense, the matter shall be immediately certified to the juvenile jurisdiction of the circuit court."

Intellectual Disability: a term used when there are limits to a person's ability to learn at an expected level and function in daily life. Intellectual disability can be caused by a problem that starts any time before a child turns 18 years old – even before birth. It can be caused by injury, disease, or a problem in the brain. Still other causes of intellectual disability do not occur until a child is older; these might include serious head injury, stroke, or certain infections.

Source: https://www.cdc.gov/ncbddd/developmentaldisabilities/facts-about-intellectual-disability.html

Intellectual/Developmental Disabilities Waiver (IDDW): The Intellectual/Developmental Disabilities Waiver (IDDW) program is for children and adults with disabilities. The program provides services that help to teach, train, support, guide and assist members reach the highest level of independence possible in their lives. The IDDW program, formerly MR/DD Waiver program, provides these services in homes and areas where the member lives, works, and shops instead of in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).

Source: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/default.aspx

Intermediate Care Facility (ICF/IDD): Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are part of the long-term care continuum that provides care for individuals with intellectual disabilities and/or related conditions.

https://dhhr.wv.gov/bms/Programs/Pages/Intermediate-Care-Facilities-for-Individuals-with-Intellectual-Disabilities-ICFIID.aspx

Justice-involved: This descriptor indicates past or current involvement in the criminal justice system, typically indicating the person has experienced one or more of the following: an arrest, prosecution, incarceration in a jail or prison, and/or community supervision.

Lived experience: Personal knowledge gained through direct, first-hand involvement. In the context of this report, lived experience refers to individuals who have experienced mental illness, substance use or substance use disorder, or criminal justice involvement.

Medications for alcohol use disorder (MAUD): An approach for treating alcohol use disorders, reducing alcohol use, and sustaining recovery. The most common FDA-approved medications used to treat alcohol use disorders are acamprosate, disulfiram, and naltrexone.

Medications for opioid use disorder (MOUD): An approach for treating opioid use disorders, preventing overdose, and sustaining recovery. The FDA has approved three medications for opioid use disorders: buprenorphine, methadone, and naltrexone.

Mental health disorder: A health condition characterized by changes in thinking, mood, and/or behavior. Mental health disorders include anxiety, depression, seasonal affective disorder, or more serious illnesses such as bipolar disorder, major depression, schizophrenia, post-traumatic stress disorder (PTSD), and more.

Naloxone: An opioid antagonist medication that rapidly reverses an opioid overdose**.**

Opioid use disorder: A type of substance use disorder involving opioid drugs, such as heroin, fentanyl, or prescription opioids (e.g., OxyContin).

Opioids: A class of drugs that includes legal and illegal substances, such as heroin, fentanyl, and prescription pain relievers like oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and others. Some opioids, like morphine, are naturally derived, while others are synthetic (e.g., methadone) or semi-synthetic (e.g., oxycodone).

Outcomes: Variables that are monitored during a study to document the impact a given intervention or exposure has on the health of a given population.

Peer support: A range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both.

Peers: People with lived experience who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peers help people enter and stay engaged in the recovery process and reduce the likelihood of relapse. Peers may be referred to as peer support workers, peer specialists, peer recovery coaches, peer advocates, or peer recovery support specialists. Peers are trained as recovery coaches or peer specialists and may include family peer supporters.

Permanent Supportive Housing: Permanent Supported Housing involves moving from traditional residential models in mental health or co-occurring community services (e.g., permanent group homes, transitional group homes, recovery residences) to community support approaches which allow greater choice and flexibility in roommates, housing, and neighborhoods. Supported consumer housing forms the basis for better quality housing and recognition of consumer choice. Permanent Supported Housing provides support services for up to 16 hours per day to eligible individuals in their own housing and community as determined by individual need. Individuals who do not currently have their own residence will be assisted in obtaining housing. Support services are meaningful daily activities that can create social networks, independence, income, and resources to support participation in a safe and stable environment. The goal is for individuals to live fully in the community of their choice while having access to staff who will assist and support them throughout the day and evening.

Target Population: Adults who have a diagnosis of serious mental illness or co-occurring with a substance use diagnosis, who have been identified as high risk for hospitalization or are currently residing in a state hospital/diversion facility, and who have a treatment team that has determined the individual requires up to 16 hours per day of Permanent Supported Housing to maintain independent living.

Recovery: Recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four major dimensions that support recovery:

1. Health: overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
2. Home: having a stable and safe place to live.

3. Purpose: conducting meaningful daily activities and having the independence, income, and resources to participate in society.
4. Community: having relationships and social networks that provide support, friendship, love, and hope.

Recovery support services: A range of non-clinical support services designed to help people with mental health conditions and/or substance use disorders manage their conditions successfully.

Reentry: The point at which people who have been incarcerated are released into the community.

Sequential Intercept Model: "The Sequential Intercept Model (SIM) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system. The SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment."

Source: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

Intercept 0 - Community Services
https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-0

- Connects people who have mental and substance use disorders with services before they come into contact with the criminal justice system.
- Supports law enforcement in responding to both public safety emergencies and mental health crises.
- Enables diversion to treatment before an arrest takes place.
- Reduces pressure on resources at local emergency departments and inpatient psychiatric beds/units for urgent but less acute mental health needs.
- Key Elements
    - Warm lines and hotlines
    - Mobile crisis outreach teams
    - Law enforcement-friendly crisis services
    - Peer-operated crisis response support and/or respite Substance use-focused early diversion strategies

Intercept 1 - Law Enforcement
https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1

- Begins when law enforcement responds to a person with mental or substance use disorders.
- Ends when the individual is arrested or diverted into treatment.
- Is supported by trainings, programs, and policies that help behavioral health providers and law enforcement to work together.
- Key Elements
    - Dispatcher training
    - Specialized law enforcement training
    - Specialized law enforcement responses
    - Data sharing

Intercept 2 - Initial Detention/Initial Court Hearings
https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-2

- Involves people with mental and substance use disorders who have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate.

- Supports policies that allow bonds to be set to enable diversion to community-based treatment and services.
- Includes post-booking release programs that route people into community-based programs
- Key Elements
    - Screening for mental and substance use disorders.
    - Data matching
    - Pretrial supervision and diversion services.
    - Post-booking release.

Intercept 3 - Jails/Courts
https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-3

- Involves people with mental and substance use disorders who are held in jail before and during their trials.
- Includes court-based diversion programs that allow the criminal charge to be resolved while taking care of the defendant's behavioral health needs in the community.
- Includes services that prevent the worsening of a person's mental or substance use symptoms during their incarceration.
- Key Elements
    - Treatment courts for high-risk/high-need individuals
    - Alternatives to prosecution programming.
    - Jail-based programming and health care services.
    - Partnerships with community-based providers of mental health and substance use treatment.
    - Mental health jail liaisons or diversion clinicians.
    - Collaboration with Veterans Justice Outreach.

Intercept 4 - Re-Entry https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-4

- Provides transition planning and support to people with mental and substance use disorders who are returning back to the community after incarceration in jail or prison.
- Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry.
- Key Elements
    - Transition planning by the jail or in-reach providers Medication and prescription access upon release from jail or prison
    - Warm hand-offs from corrections to providers increases engagement in services
    - Benefits and health care coverage immediately following or upon release.
    - Peer support services
    - Reentry coalition participation

Intercept 5 - Community Corrections
https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-5

- Involves individuals with mental or substance use disorders who are under community corrections' supervision.
- Strengthens knowledge and ability of community corrections officers to serve people with mental or substance use disorders.
- Addresses the individuals' risks and needs.
- Supports partnerships between criminal justice agencies and community-based behavioral health, mental health, or social service programs.
- Key Elements

- Mental health training for all community corrections officers
- Specialized caseloads of people with mental and substance
- disorders
- Community partnerships
- Medication-assisted treatment (MAT)
- Access to recovery supports

Serious mental illness (SMI): A diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. SMI includes disorders such as bipolar disorder, major depressive disorder, schizophrenia, and schizoaffective disorder.

Statewide Forensic Services: West Virginia Code §27-6A-1 et seq. provides specific guidelines for supervision and treatment of persons with mental disorders/defects involved in the criminal justice system. https://dhhr.wv.gov/officeofhealthfacilities/Pages/Statewide-Forensic-Services.aspx

Stigma: Stigma arises from the negative feelings many individuals harbor against people struggling with mental health conditions and/or substance use disorders, and their beliefs that poor personal choices, "moral failing," and defects of character are to blame for the disease. Stigma can reduce willingness of policymakers to allocate resources, reduce willingness of providers in non-specialty settings to screen for and address mental health conditions and substance use disorders, impact a person's standing in their community, limit access to employment or housing, and may limit willingness of individuals with these conditions to seek treatment. Some people object to this term as it may perpetuate a negative connotation. Others favor "prejudice and discrimination" as the societal attitudes and actions that reinforce negative stereotypes and policies.

Stimulants: A class of drugs that includes legal and illegal drugs, such as cocaine, methamphetamine, and prescription stimulants like dextroamphetamine/amphetamine (Adderall®), methylphenidate (Ritalin®, Concerta®), and dextroamphetamine (Dexedrine).

Substance Use Disorder (SUD): SUD includes a group of diagnoses that include but are not limited to dependence and addiction to mood altering substances. It is a health condition characterized by a cluster of cognitive, behavioral, and physiological symptoms that describe an individual's compulsive use of a substance despite significant adverse problems associated with the use. SUD conditions range in severity from mild to severe.

Sustainability: The process of building an adaptive and effective prevention system that achieves and maintains desired long-term results.

Telehealth: Telehealth is usually used as a broader term than "telemedicine." Telehealth typically includes not only telemedicine but also other forms of telecommunication, including asynchronous or "store and forward" systems, which transfer a patient's data or images for a physician or practitioner at another site to access at a later time. With these systems, the patient and provider do not have to be present at the same time.

Trauma-informed care or approach: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization. Referred to variably as "trauma-informed care" or "trauma-informed approach" this framework is regarded as essential for care.

Transitional Living Facility (TLF) - 12 bed transitional living facility on the campus of William R. Sharpe, Jr. Hospital. The TLF functions as a continuum of care for patients under Forensic Services,

referrals can come from Sharpe and diversion facilities of DHHR. The focus of programming is to coordinate viable discharge plans for each individual who has been determined to be psychiatrically stable and can successfully complete the programming of the TLF. The facility is divided into two wings of 6 beds. The group side is designed more like a group home setting and works through the program to the apartment wing, with fully equipped apartments for continued structure and support to assist in transitioning to the community.

Traumatic brain injury (TBI): TBI is an injury that affects how the brain works. It may be caused by a: bump, blow, or jolt to the head, or penetrating injury (such as from a gunshot) to the head. TBI can cause cognitive and behavioral challenges and disabilities.

Source : https://www.cdc.gov/traumaticbraininjury/get_the_facts.html

Warm hand-off: A warm transfer of care between parties (be it correctional health or other reentry staff, a case manager or patient/peer navigator, or community-based social and health services staff), including directly introducing the client

to the receiving provider, providing the client with all necessary materials and information to continue services, and if appropriate, providing transportation to the receiving service provider to ensure continuation of care upon release.

Differences in Terminology between Juvenile and Adult Forensics

Adult System	Juvenile System
Jail	Detention
Convicted	Adjudicated
Sentenced	Committed
Trial	Hearing
Sentence	Disposition

Contributing source not otherwise listed - Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders

SB 232 Resource Links Intercepts 0-5

Intercept	Name	Weblink	Subgroup	Location	Notes
0	Prevention Programs	https://helpandhopewv.org/prevention-in-your-region.html	Adult MH, SUD	Statewide	
0	Regional Transition Navigator	https://rtn.cedwvu.org/	Adult MH, SUD		Juveniles and young adults
0	WV988	https://wv988.org/	All	Statewide	
0	IDD Waiver	https://dhhr.wv.gov/bms/Programs/WaiverPrograms/IDDW/Pages/default.aspx	IDD	Statewide	
0	Expanded School Mental Health (ESMH)	https://wvesmh.org/	Juveniles	Statewide	
0	Riverpark Hospital	https://riverparkhospital.net/programs-services/inpatient/acute-children/	Juveniles		Other inpatient psychiatric care hospitals available
0, 1	Help4WV - phone, text and online links to services and resources	https://www.help4wv.com/	Adult MH, SUD	Statewide	https://www.help4wv.com/resources
0, 1	SSI/SSDI Outreach, Access, and Recovery (SOAR)	https://wvceh.org/soar/	Adult MH, SUD		https://soarworks.samhsa.gov/states/west-virginia
0, 1	Quick Response Teams (QRTs)		Adult MH, SUD		
0, 1	Help4WV - Children's Crisis Line access/referrals to Children's Mobile Crisis Regional Youth Service Centers Safe At Home Children with Serious Emotional Disorders (CSED) Wraparound services	https://www.help4wv.com/ccl	Juveniles	Statewide	Help4WV offers links to other service areas
0, 1	Regional Youth Service Centers (RYSCs)	https://dhhr.wv.gov/BBH/DocumentSearch/Children,%20Youth%20and%20Family%20Services/Regional%20Youth%20Service%20Centers%20Flyer.pdf	Juveniles	Statewide	
0, 1	Juvenile Shelters in WV - operated by various providers		Juveniles	Statewide	
0, 1	Safe at Home	https://dhhr.wv.gov/bss/services/Pages/Safe-At-Home-West-Virginia.aspx	Juveniles		various providers
0, 1	Jail Build		SUD	FMRS, So Highlands	A "grey" version of LEAD
0, 1	Provider Response Organization for Addiction Care and Treatment	https://proactwv.org/	SUD	Huntington, WV	Example of community-based care services that are not a part of the Comprehensive Behavioral Health
0, 1	HALO	https://dhhr.wv.gov/office-of-drug-control-policy/programs/Documents/HALO%20brochure%20draft%28Final%29.pdf	SUD	Statewide	
0, 1	Harmony House	https://www.harmonyhousewv.com/about-us/history/	Adult MH, SUD	Huntington, WV	Example of program - Cabell-Huntington Coalition for the Homeless
0, 1, 2	Peers in Emergency Departments (EDs)		Adult MH, SUD	located in 13 EDs across southern WV	
0, 1, 2, 4, 5	Certified Comprehensive Behavioral Health Center Initiative	https://dhhr.wv.gov/BBH/providersandpartners/Pages/West-Virginia-Certified-Comprehensive-Behavioral-Health-Centers-Initiative-(CCBHC).aspx	All	Statewide	Implementation planning underway
0, 1, 2, 4, 5	WV Comprehensive Behavioral Health Centers	https://dhhr.wv.gov/BBH/about/Adult%20Services/Pages/Comprehensive-Behavioral-Health-Centers.aspx	All	Statewide	Programs vary from region to region
0, 1, 4, 5	Jobs & Hope	https://jobsandhope.wv.gov/	Adult MH, SUD, IDD	Statewide	
0, 1, 4, 5	WV Child Care Association	https://www.wvcca.org/member-agencies	Juveniles	Statewide	Providers of children and youth services
0, 1, 4, 5	WV Coalition to End Homelessness	https://wvceh.org/	Adult MH, IDD, SUD	Statewide	Rental Asisstance and Housing
0, 1, 5	WV Division of Rehabilitation Services	https://wvdrs.org/	All	Statewide	
0, 1, 5	CSED Waiver	https://dhhr.wv.gov/bms/Programs/WaiverPrograms/CSEDW/Pages/default.aspx	Juveniles	Statewide	various providers
0, 1, 5	WV Association of Recovery Residences	https://wvarr.org/	SUD	Statewide	Recovery housing
0, 1, 5	Wrap for Wellness		SUD	8 counties	regional partnership grant with Prestera
0, 1, 5	WV Housing Development Fund	https://www.wvhdf.com/	Adult MH	Statewide	
1	Police and Peers Program	https://dhhr.wv.gov/News/2023/Pages/DHHR-Partners-with-Fayetteville-Police-Department-on-Peer-Recovery-Support-Services.aspx	Adult MH, SUD		
1, 2	Adult Mobile Crisis Teams	https://dhhr.wv.gov/News/Pages/DHHR-Reminds-Residents-How-to-Connect-with-Mobile-Crisis-Response-Teams.aspx	Adult MH, SUD	various	https://shsinc.org/crisis-services/
1, 2	Law Enforcement Assisted Diversion (LEAD)	https://dhhr.wv.gov/office-of-drug-control-policy/programs/Documents/Lead%20Flyer%20V3.pdf	Adult MH, SUD		SUD primary for eligibility - expand to other areas?
1, 2	Coordinated Addiction Response Effort (CARE)	https://www.charlestonwv.gov/node/1504	Adult MH, SUD	Charleston, WV	Example of local crisis response initiative - grant funded
1, 2	Crisis Intervention Team (CIT) - for Law Enforcement/1st Responders	https://www.citinternational.org/	All		Interest growing and efforts to expand statewide - statewide 988/CIT Summit held June 2023
1, 2	Angel Initiative	https://dhhr.wv.gov/office-of-drug-control-policy/programs/Documents/WV%20Angel%20Initiative%20Brochure.pdf	SUD	Statewide	
2	Dangerousness Assessment Advisory Board	http://www.wvlegislature.gov/wvcode/ChapterEntire.cfm?chap=27&art=6A&section=13	All	Statewide	
2, 3	Teen Court	https://wvteencourt.org/ https://wvteencourt.org/teen-court-directory	Juveniles	17 counties statewide	Overseen by local courts
2, 3, 4	Forensic Services	https://dhhr.wv.gov/officeofhealthfacilities/Pages/Statewide-Forensic-Services.aspx	All	Statewide	
2, 3, 4, 5	Youth Report Centers (YRCs)-Operated by Division of Juvenile Services	https://dcr.wv.gov/facilities/Pages/Juvenile-Facilities-and-Reporting-Centers.aspx	Juveniles	19 centers statewide	Kanawha, Marion and Mercer counties doing well. Best when connected to schools
2, 5	Juvenile Victim Offender Remediation	https://www.nyap.org/our-approach/preventionintervention/juvenile-victim-offender-mediation.html	Juveniles	12 counties	Operated by National Youth Advocate Program (NYAP)

Intercept	Name	Weblink	Subgroup	Location	Notes
3	Treatment Court Programs Juvenile Drug Court	http://www.courtswv.gov/lower-courts/treatment-courts.html http://www.courtswv.gov/lower-courts/juvenile-drug/juvenile-drug-court.html	Juveniles	Statewide	Please see Juvenile Drug Court Map - http://www.courtswv.gov/lower-courts/juvenile-drug/JDCMap7-7-2023.pdf
3, 4, 5	PSIMED	https://www.psimedinc.com/projects-1	Adult MH, SUD	Statewide	
4, 5	The REACH Initiative	https://wvreentry.org/	All	Statewide	Peer Reentry Navigator Program (R2N), links to other resources
Data	WV Housing Management Information System (HMIS)	https://www.wvboshmis.org/	Adult MH, IDD, SUD	Statewide	System that could be possibly used - ServicePoint platform https://wellsky.com/hmis-software/
Data	WV Health Information Network (WVHIN)	https://wvhin.org/	All	Statewide	Possible adaptation to data needs for SB 232 Initiative
Data	Child Welfare Database Dashboard	https://dhhr.wv.gov/Pages/childwelfaredatadashboard.aspx	Juveniles	Statewide	Information
Information	ODCP Data Dashboard	https://dhhr.wv.gov/office-of-drug-control-policy/datadashboard/Pages/default.aspx	SUD	Statewide	
Information	WV Kids Thrive Collaborative	https://kidsthrive.wv.gov/Pages/default.aspx	Juveniles	Statewide	please see July 27 2023 DHHR Semi-Annual Report_FINAL_pdf
Information	WV Developmental Disabilities Council	https://ddc.wv.gov/Pages/default.aspx	IDD	Statewide	
Information	WV Judiciary - Mental Hygiene and Guardians	http://www.courtswv.gov/public-resources/guardians-mental-hygiene-index.html	Adult MH, IDD, SUD	Statewide	
Information	WV Community Advancement and Development	https://wvcad.org/resources/sustainability-program-service-providers	Adult MH, IDD, SUD	Statewide	
Information	BBH Clearinghouse	https://clearinghouse.helpandhopewv.org/	All	Statewide	Evidence based clearinghouse for continuum of care practices and programs
Information	Help and Hope WV	https://helpandhopewv.org/	All	Statewide	
information	Kids Count Data	https://data.wvkidscount.org/#/	Juveniles	Statewide	
Information and Education	WVCTSI Project ECHO	https://www.youtube.com/@wvctsiprojectecho3102/about	All	Statewide	

The Center
for Effective Public Policy
Helping Justice Systems Discover Solutions

#1 of 12
papers on
pre-conviction
diversion options

DIVERSION 101: WHAT IS DIVERSION?

Diversion: Any of a variety of programs that implement strategies seeking to avoid the formal processing of an offender by the criminal justice system. Although those strategies, referred to collectively as diversion, take many forms, a typical diversion program results in a person who has been accused of a crime being directed into a treatment or care program as an alternative to criminal prosecution and imprisonment. Diversion is possibly as old as the justice system itself. https://www.britannica.com/topic/diversion

Given that diversion "is possibly as old as the justice system itself," it is perhaps surprising how little clarity there is around what diversion is and what it is intended to do. While diversion programs have become commonplace, they vary widely in their focus, scope, and outcomes. For example, some may argue that the following justice system interventions fall under the umbrella of "diversion":

- referrals to mental health services made by law enforcement officers (as an alternative to arrest and formal criminal justice processing)
- referrals to drug/shoplifting/drunk driving/etc. education programs (in lieu of traditional case processing)
- agreements made between prosecutors and defendants around the completion of community service work, restitution, and/or participation in victim mediation sessions (also in lieu of traditional case processing)
- drug, veterans, mental health, OWI/DWI, and other specialty courts
- participation in cognitive-based risk reduction programming.

Most diversion options offer the promise of preserving system resources, avoiding the collateral consequences of traditional case processing, while still holding individuals accountable for their behavior, expanding the role of victims in the criminal justice process, and/or linking individuals to needed services quickly. However, that is where their similarities end.

Clarifying the Term "Diversion"

A close examination of diversion options reveals differences across a host of factors:

- when and by whom they are initiated (they can be triggered at multiple points in the system by multiple stakeholders: law enforcement officers, prosecutors, defenders, court officials, pretrial staff, or others[1])
- the extent to which they are legally binding (whether they are informal agreements between parties or codified legal arrangements)
- their purposes
- the populations served
- the terms and conditions of participation
- their potential outcomes for the participant (e.g., participation in diversion programs can result in charges being filed or not, in convictions of record, or in case dismissal or expungement).[2]

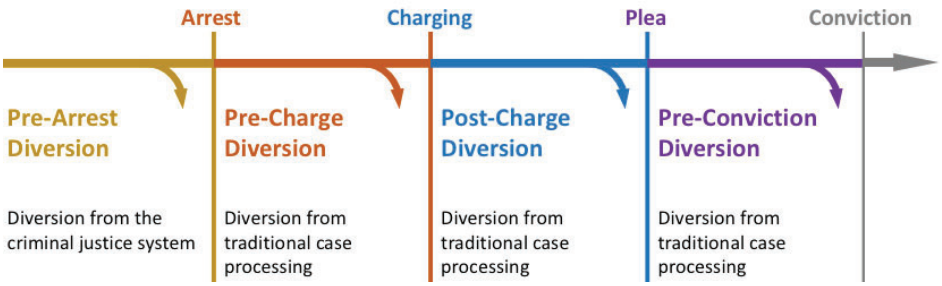
Because of these differences, it can be challenging to talk about diversion and its potential benefits. Perhaps most importantly, the tendency of some to refer to different forms of diversion similarly—particularly when interventions appear similar on the surface while operating quite differently—stands as a significant barrier to evaluating diversion's impact and replicating effective programs. To this point, a national survey of diversion programs concluded that "with many diversion programs in existence across the country, there are no overarching standards for collecting or publishing data for the purposes of evaluating different types of programs against common sets of performance measures such as cost savings or reduced recidivism" (Center for Health & Justice at TASC, 2013, p. 2).

There are many benefits to the availability of diversion options at multiple criminal justice decision points. However, the hodgepodge nature of today's "diversion" programs creates confusion about what diversion is and is not; which purposes and options are appropriate at various decision points; what the measures of effectiveness should be (and, to that end, what data are needed); and what existing models are available and appropriate for replication.

Given the difficulties associated with the term "diversion," a first step in our efforts is to establish a new lexicon:

- **Pre-arrest diversion:** In cases where probable cause to arrest exists, law enforcement officers take an alternative course of action to arrest—such as "lecture and release" or referral to a program or service—to address the presumed underlying cause of the alleged criminal behavior (e.g., mental health concern, substance abuse, lack of safe, stable housing, etc.). Pre-arrest diversion results in no arrest or referral for charges.
- **Pre-charge diversion:** Following a referral for prosecution by law enforcement, prosecutors withhold filing charges and provide an alternative course of action (e.g., stipulate that an individual remain crime-free for a specified period of time, participate in education classes, conduct community service or other types of victim restoration). Satisfactory completion of pre-charge diversion typically results in charges not being issued.
- **Post-charge/pre-conviction diversion:**[3] Following the filing of charges by prosecution, or as part of the plea negotiation process, an agreement may result in one or more specified conditions (e.g., participation in one or more programs or services including, in some jurisdictions, specialty court). Satisfactory completion of diversion at this stage typically results in the dismissal or reduction in level (felony to misdemeanor or forfeiture) of formal charges.

Key Justice System Decision Points: Diversion Opportunities[4]



What Is *Not* "Diversion"?

Although many options fall in the general category of "diversion," we suggest that several forms of criminal justice processing historically considered to be diversion options do not, in fact, fall under the umbrella of diversion as defined herein.

Pre-trial release and supervision are not "diversion" options.

The term "pretrial release and supervision" is widely used; however, we suggest that, rather than being a form of diversion, this term reflects the status of a defendant in the criminal justice process. Individuals who are in a pretrial status may be managed in a variety of ways, but their release considerations (i.e., whether a defendant is detained during the pretrial phase of their case and, if not, the appropriate terms and conditions of their release) are determined on the basis of legal and evidence-based practices rather than on methods to divert an individual from the criminal justice system or from traditional case processing.

Post-conviction specialty courts are not "diversion" options.

Specialty courts (e.g., drug, veterans, mental health, etc.) represent a particularly complex element of the discussion of diversion insofar as they are made available to defendants either pre-conviction (in lieu of traditional case processing) or post-conviction (as part of the sentencing process), depending upon a jurisdiction's practices. We suggest that specialty court options made available pre-conviction—where placement is expedited and typically incentivized through a reduction in charges or criminal penalty—are in fact a form of diversion. However, post-conviction specialty court placements that are made based upon sentencing through traditional case processing and that do not dismiss or reduce charges are not diversion options as described herein.

Probation and other sentencing options in lieu of jail or prison are not "diversion" options.

Some criminal justice professionals argue that probation and other forms of sentencing that are imposed in lieu of jail or prison are forms of diversion (i.e., diversion from incarceration). Because these sanctions are imposed post-conviction through traditional case processing methods, we suggest that they fall outside of the definition and purpose of "diversion."

References

The following resources were cited in this paper. For resources pertinent to the entire series, see the last article in the series, *Additional Diversion Resources.*

Center for Health & Justice at TASC. (2013, December). *No entry: A national survey of criminal justice diversion programs and initiatives*. Retrieved from http://www2.centerforhealthandjustice.org/sites/www2.centerforhealthandjustice.org/files/publications/CHJ%20Diversion%20Report_web.pdf

Labriola, M., Reich, W. A., Davis, R. C., Hunt, P., Cherney, S., & Rempel, M. (2018, April). Prosecutor-led pretrial diversion: Case studies in eleven jurisdictions. Retrieved from Center for Court Innovation website: https://www.courtinnovation.org/sites/default/files/media/documents/2017-11/pretrial_diversion_case_study_report_final_provrel.pdf

Notes

[1] While multiple stakeholders can *trigger* diversion options, only law enforcement, prosecution, and the courts can place an individual on diversion.

[2] For more information on diversion options, see Labriola et al., 2018.

[3] The term "booking" (as in "pre-booking" and "post-booking") are commonly used when referring to diversion. For purposes of clarity, we avoid these terms, since, in some jurisdictions, "booking" refers to a process that takes place at police precincts, whereas in others it refers to a jail intake process. Likewise, in some jurisdictions, prosecutorial charging occurs within a short period of time following arrest whereas in others charging may occur after a significant period of time has lapsed.

[4] While post-conviction diversion options serve a critical role in the criminal justice system, discussion of these options is beyond the scope of this series. Instead, this series will focus specifically on diversion options that span the pre-arrest, pre-charge, and post-charge/pre-conviction decision points.

About This Article Series

This is the first in a series of papers that examine pre-conviction diversion options, provide clarity around their purposes, propose guiding principles, and explore their public safety and other benefits. The articles, which build upon one another, honor the foundational work that has been done by others and continue to advance our thinking and work in this area.

Author: Madeline M. Carter, Principal, Center for Effective Public Policy

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#2 of 12
papers on
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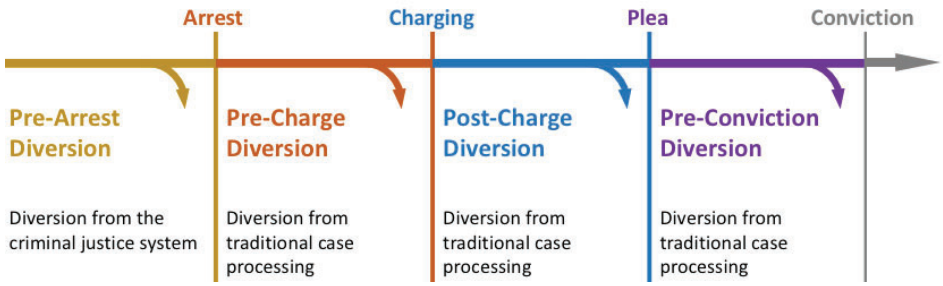
DIVERSION 101: THE PURPOSES OF DIVERSION

In the first article of this series, we examined what diversion is and what it is not. In this article, we turn our focus to the purposes of diversion.

At its most fundamental level, the purpose of diversion is to redirect justice-involved individuals from traditional case processing while still holding them accountable for their behavior. The graphic below depicts the most common exit points, or justice system decision points, where diversion might occur.

Key Justice System Decision Points: Diversion Opportunities



What the above does not satisfy, however, is a clear understanding of *why* diversion from traditional case processing is pursued. We offer four common, primary purposes:

1. **Victim restoration:** In some cases, the goal of diversion may be to address the harm caused to an individual victim(s) or to the broader community. Examples of diversion strategies might include community service performed as a result of vandalism of a public park, or financial restitution paid—or restorative services given (e.g., labor services provided)—to an identified victim. These strategies may also include other victim restoration measures such as a letter of apology or participation in a victim mediation session.

We offer four common, primary purposes for pursuing diversion instead of traditional case processing:

1. **Victim restoration**
2. **Cost efficiency**
3. **Process efficiency**
4. **Risk reduction.**

These four purposes are not mutually exclusive; in fact, a diversion strategy may aim to achieve multiple goals simultaneously.

2. **Cost efficiency:** The financial investment involved in processing criminal cases can be, and most often is, significant (Hunt, Anderson, & Saunders, 2016). A diversion option may be utilized to avoid the expense of traditional case processing, providing the opportunity to allocate scarce resources to more serious/higher risk cases. For example, an isolated behavior of driving on a suspended license may result in an agreement that the defendant demonstrate that they have taken the necessary steps to reestablish their driving privileges rather than proceeding through a lengthy and expensive court process to arrive at the same case conclusion.
3. **Process efficiency:** In circumstances where an appropriate case outcome is clear, a diversion option may be utilized to expedite that outcome. For instance, a criminal defendant in clear need of residential drug treatment may receive expedited placement in a treatment facility rather than being released to the community pending the outcome of their case, detained in jail, or required to wait for sentencing to establish a condition for treatment.
4. **Risk reduction:** Risk reduction—defined as reducing the likelihood of future criminal behavior—can occur in one of two ways:
   - For most "low risk" individuals (those determined, on the basis of a validated actuarial tool, to be at low risk for future criminal behavior), research demonstrates that a low intervention approach produces the best outcomes, as defined by the absence of future criminal behavior (Ahlman, Kurtz, & Malvestuto, 2010; Barnes, Hyatt, Ahlman, & Kent, 2012; Cohen, Cook, & Lowenkamp, 2016). In fact, according to research, the risk to public safety may actually *increase* as a result of low risk individuals' over-involvement with the criminal justice system (Bonta, 2007; Bonta & Andrews, 2017).
   - For "moderate risk" and "high risk" individuals, risk reduction is achieved when interventions are specifically designed to address the individual's "criminogenic needs"—the specific risk factors that contribute to the individual's engagement in antisocial, illegal behavior (Bonta & Andrews, 2007, 2017). Research demonstrates that when properly designed and administered, programs and services that are matched to an individual's risk level and criminogenic needs can result in a reduction of recidivism rates between 10 and 30% (Andrews, 2007). Although still relatively rare, some diversion options are designed specifically to identify and address these factors in order to reduce the future risk of criminal behavior.[1]

The term "risk," as used in the context of this paper, refers to the likelihood of any type of future criminal behavior; it does not refer to the relative seriousness of the instant offense or to the likelihood of specific serious or violent behavior, nor does it refer to the risk of program or treatment failure.

These four purposes are not mutually exclusive; in fact, a diversion strategy may aim to achieve multiple goals simultaneously. The key point is that, prior to the establishment of a diversion option, it is critical to determine the option's purpose. From its purpose will flow its target population, its structure and content, and, importantly, the performance measures that will enable rigorous outcome evaluation.[2]

References

The following resources were cited in this paper. For resources pertinent to the entire series, see the last article in the series, *Additional Diversion Resources*.

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Labriola, M., Reich, W. A., Davis, R. C., Hunt, P., Cherney, S., & Rempel, M. (2018, April). *Prosecutor-led pretrial diversion: Case studies in eleven jurisdictions*. Retrieved from Center for Court Innovation website: https://www.courtinnovation.org/sites/default/files/media/documents/2017-11/pretrial_diversion_case_study_report_final_provrel.pdf

Rempel, M., Labriola, M., Hunt, P., Davis, R. C., Reich, W. A., & Cheney, S. (2017). *NIJ's multisite evaluation of prosecutor-led diversion programs: Strategies, impacts, and cost-effectiveness*. Retrieved from https://www.courtinnovation.org/sites/default/files/media/document/2017/Pretrial_Diversion_Overview_ProvRel.pdf

Notes

[1] See, for example, the diversion and deferred prosecution programs in Milwaukee County, Wisconsin (Rempel et al., 2017).

[2] For more information on the purposes of diversion, see Labriola et al., 2018.

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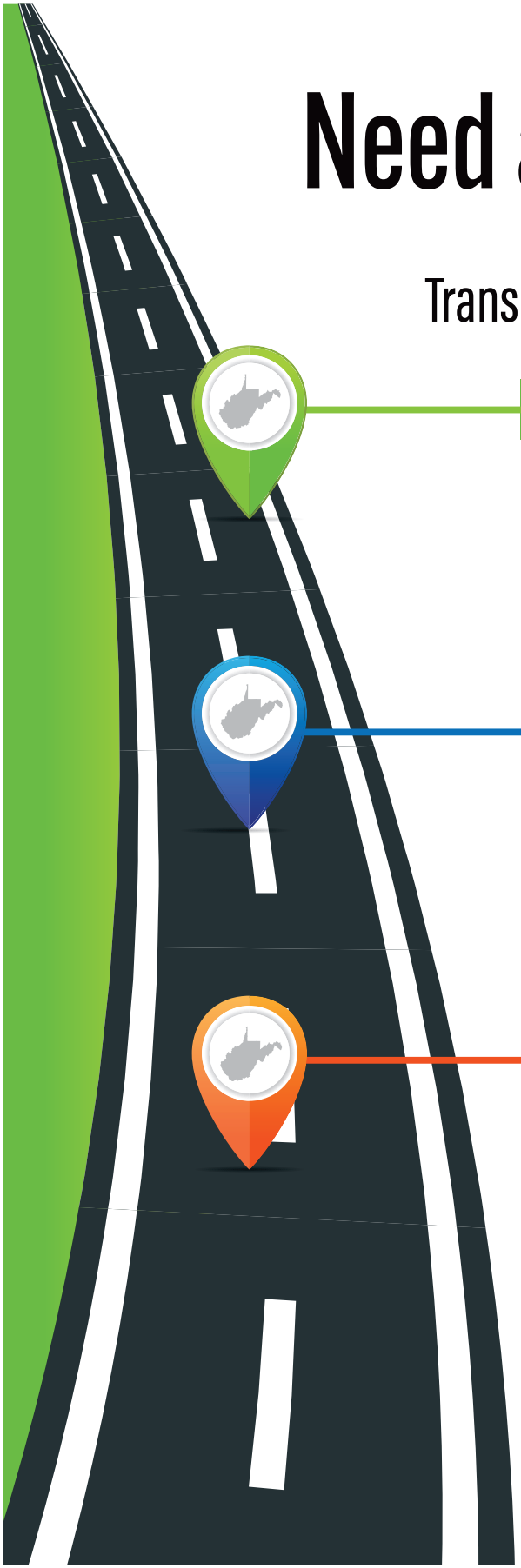


Need a RIDE?

Transportation Options in West Virginia

Non-Emergency Medical Transportation (NEMT)

NEMT is available to WV Medicaid members for transportation to WV Medicaid covered services. For urgent trips, reach out to HELP4WV at 1-844-435-7498.

SERVICE PROVIDER: ModivCare
POPULATION: WV Medicaid Members
CONTACT: 1-844-549-8353 or modivcare.com

Jobs & Hope WV

Offers on-demand rides around the clock for participants of Jobs & Hope WV until they have secured personal transportation.

SERVICE PROVIDER: ModivCare
POPULATION: Jobs & Hope WV Participants
CONTACT: 1-833-784-1385 or jobsandhope.wv.gov

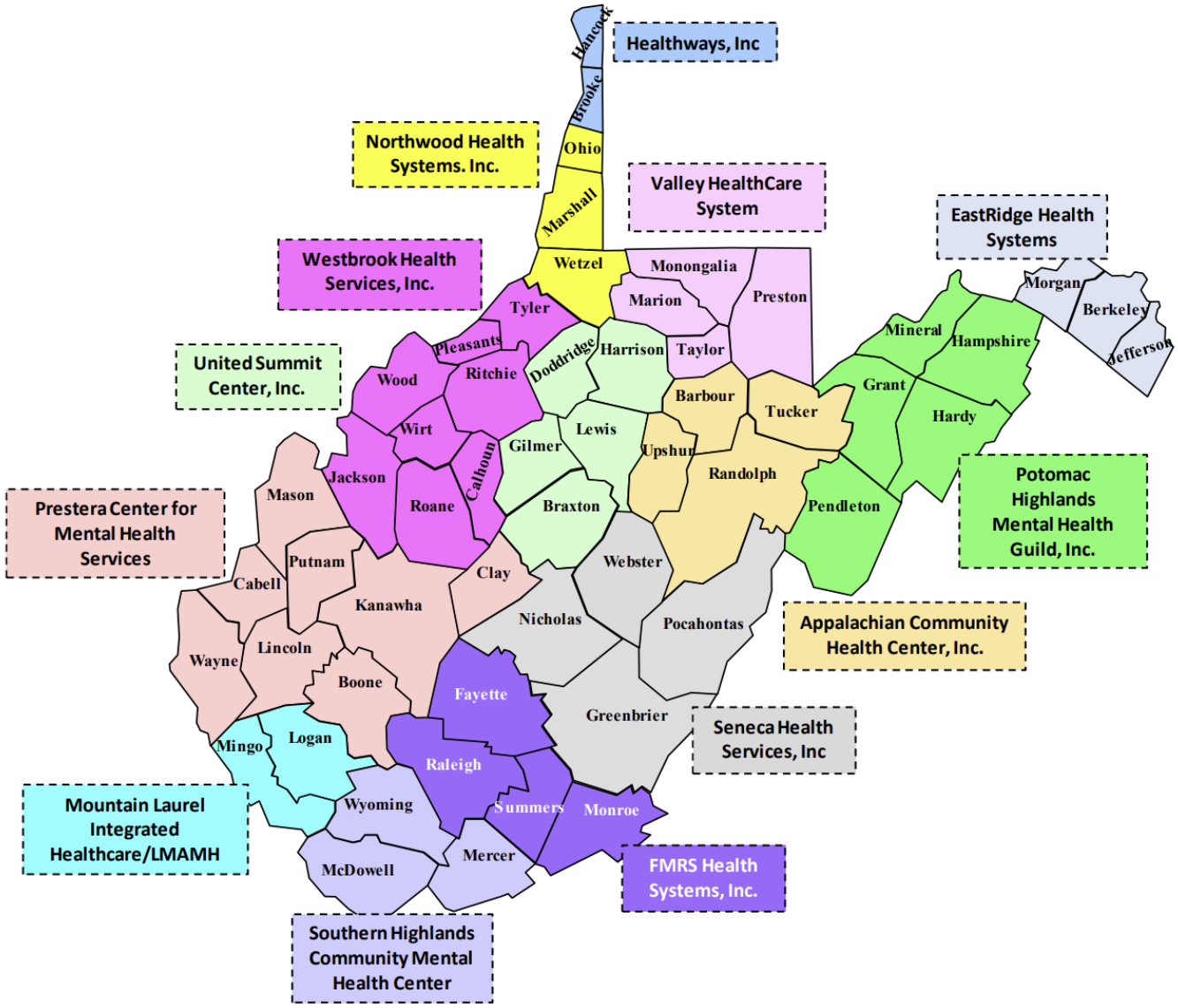
State Opioid Response Transportation

Offers free transportation for both urgent and non-urgent needs for individuals with an opioid or stimulant use disorder seeking treatment and recovery care services, including medication for opioid use disorder, within 24-72 hours of request for transportation. After-hours transportation and services outside of traditional public

SERVICE PROVIDER: WV Public Transit Authority
POPULATION: Individuals with OUD
CONTACT: 1-888-696-6195 or wvtransit.com

ODCP WEST VIRGINIA OFFICE OF DRUG CONTROL POLICY
WV Department of Health & Human Resources

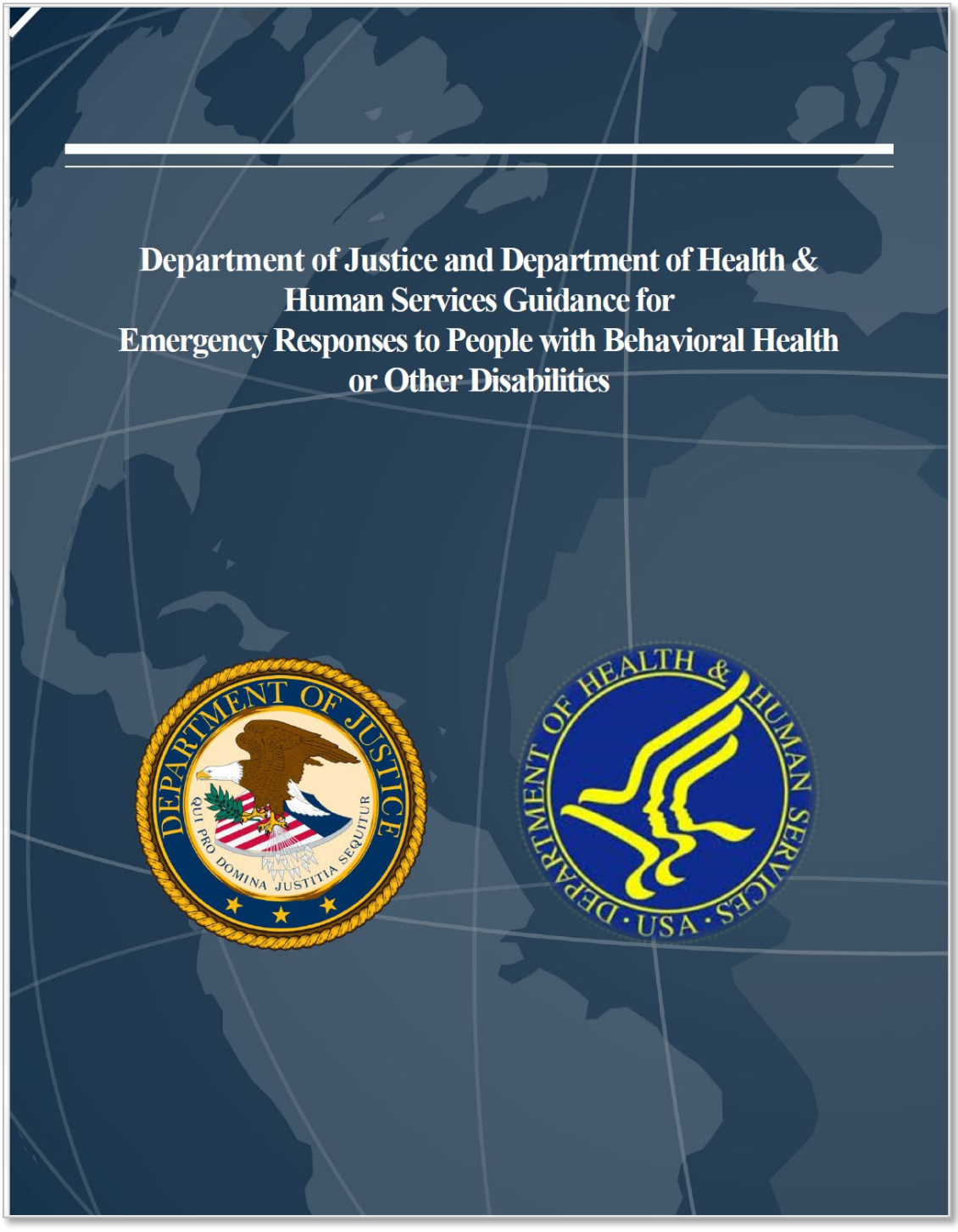
Comprehensive Behavioral Health Centers



Revised June 2023

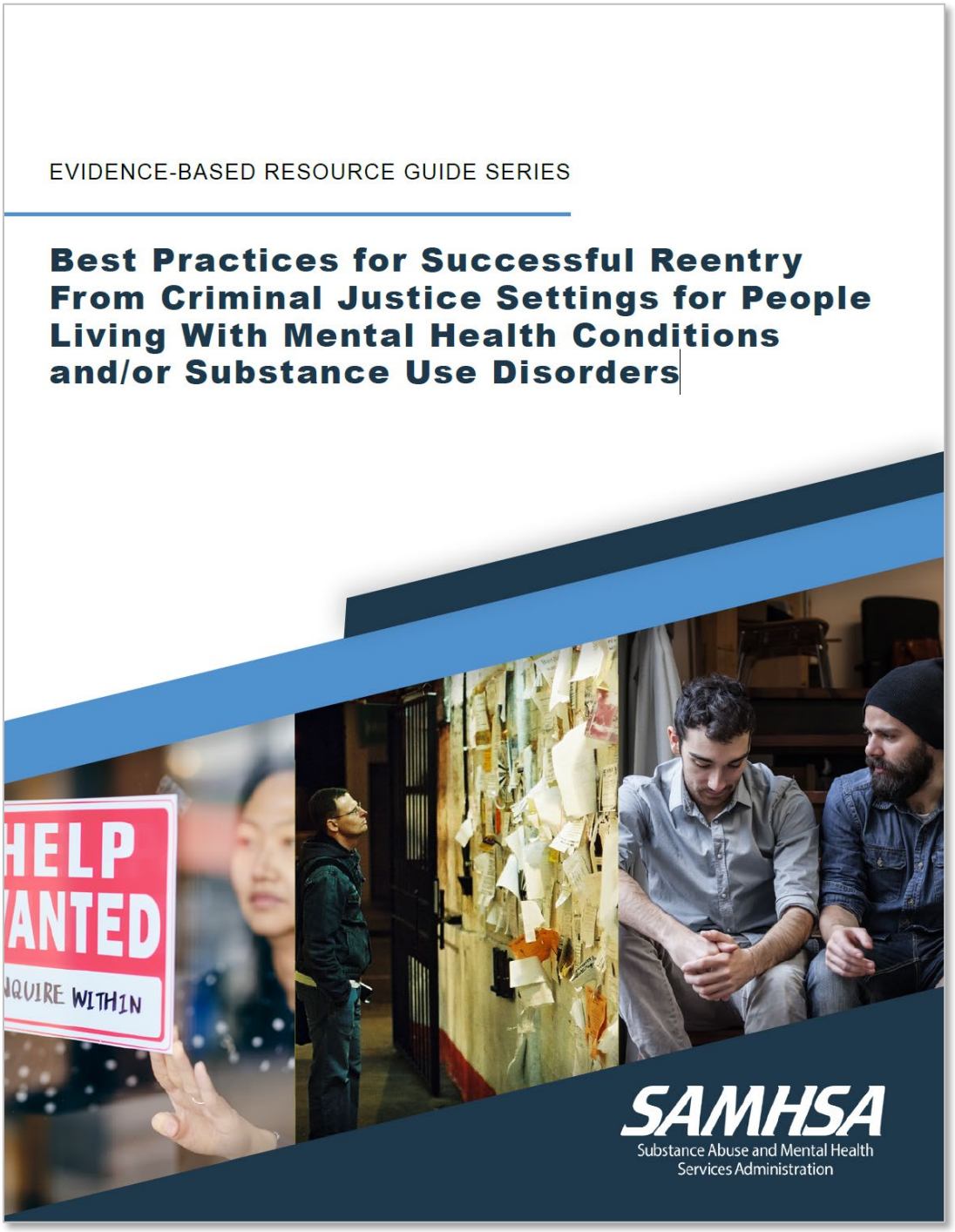
Department of Justice and Department of Health & Human Services Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities

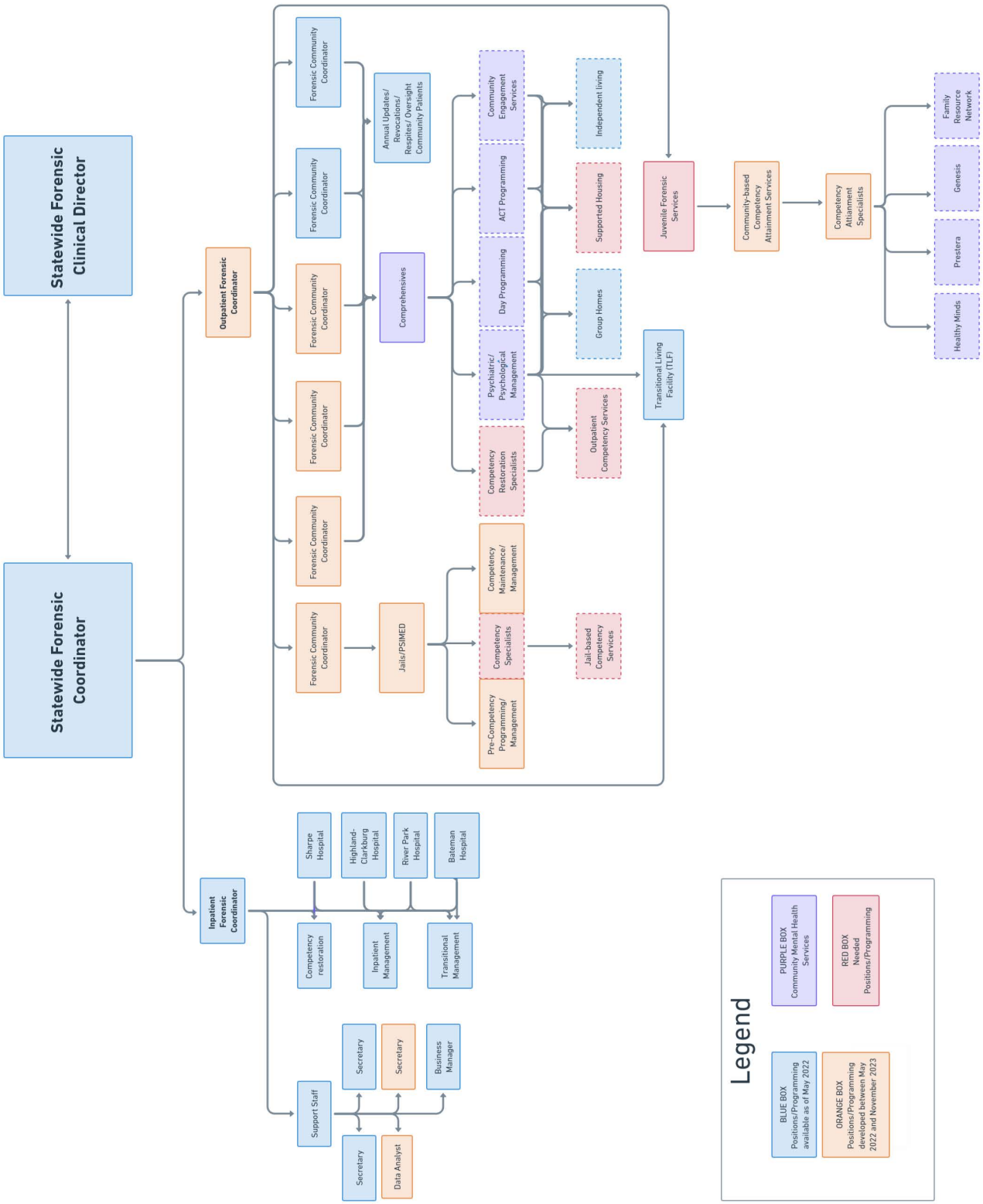
https://www.justice.gov/d9/2023-05/Sec.%2014%28a%29%20-%20DOJ%20and%20HHS%20Guidance%20on%20Emergency%20Responses%20to%20Individuals%20with%20Behavioral%20Health%20or%20Other%20Disabilities_FINAL.pdf



Best Practices for Successful Reentry From Criminal Justice Settings for People Living With Mental Health Conditions and/or Substance Use Disorders

https://store.samhsa.gov/sites/default/files/pep23-06-06-001.pdf




Statewide Forensic Clinical Director
Statewide Forensic Coordinator
Outpatient Forensic Coordinator
Forensic Community Coordinator
Forensic Community Coordinator
Forensic Community Coordinator
Forensic Community Coordinator
Forensic Community Coordinator
Annual Updates/ Revocations/ Respites/ Oversight Community Patients
Comprehensives
Jails/PSIMED
Competency Maintenance/ Management
Competency Specialists
Pre-Competency Programming/ Management
Jail-based Competency Services
Competency Restoration Specialists
Psychiatric/ Psychological Management
Day Programming
ACT Programming
Community Engagement Services
Outpatient Competency Services
Group Homes
Supported Housing
Independent living
Transitional Living Facility (TLF)
Juvenile Forensic Services
Community-based Competency Attainment Services
Competency Attainment Specialists
Family Resource Network
Genesis
Prestera
Healthy Minds
Inpatient Forensic Coordinator
Sharpe Hospital
Highland-Clarkburg Hospital
River Park Hospital
Bateman Hospital
Competency restoration
Inpatient Management
Transitional Management
Support Staff
Secretary
Secretary
Business Manager
Secretary
Data Analyst
Legend
PURPLE BOX Community Mental Health Services
RED BOX Needed Positions/Programming
BLUE BOX Positions/Programming available as of May 2022
ORANGE BOX Positions/Programming developed between May 2022 and November 2023

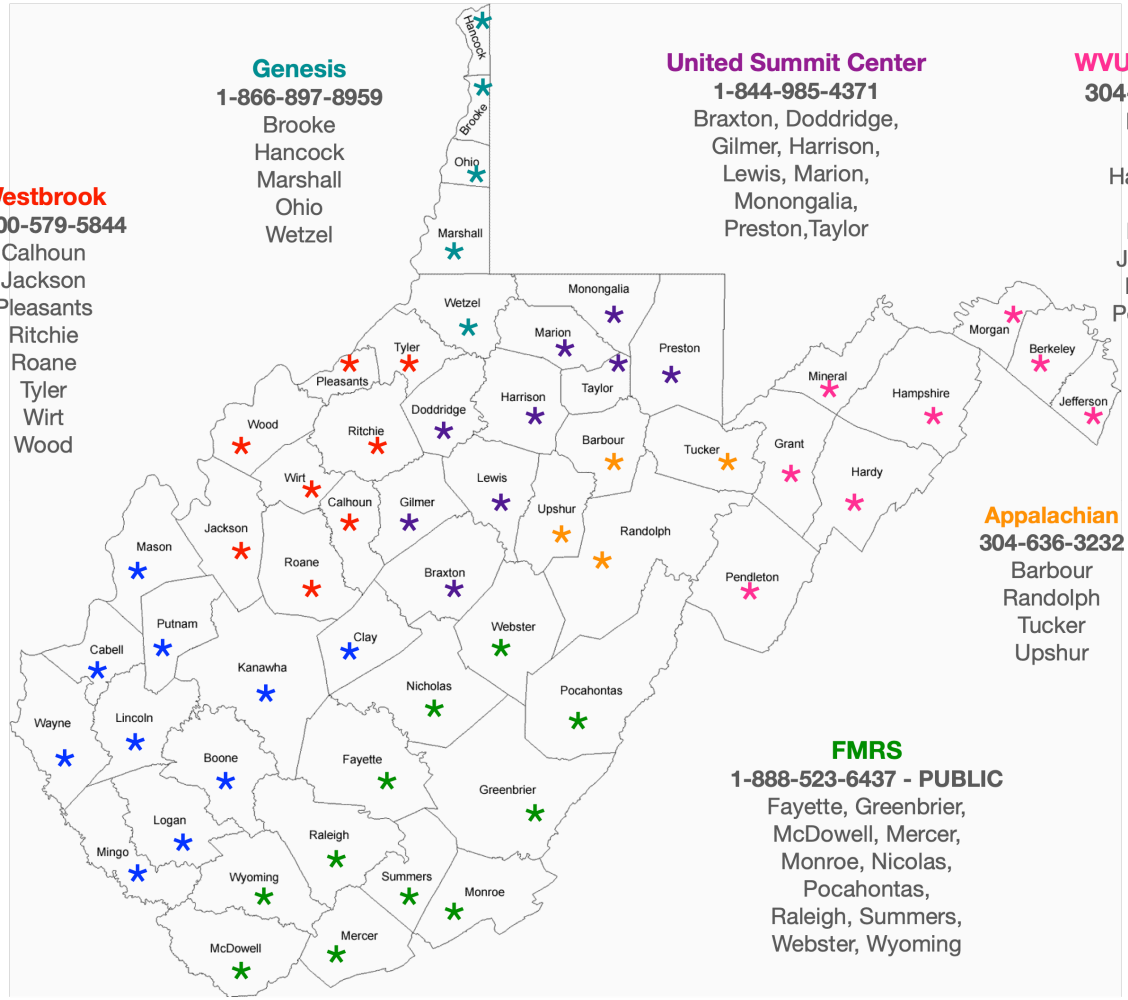
Children's Mobile Crisis Response Teams

Westbrook
1-800-579-5844
Calhoun
Jackson
Pleasants
Ritchie
Roane
Tyler
Wirt
Wood

Genesis
1-866-897-8959
Brooke
Hancock
Marshall
Ohio
Wetzel

United Summit Center
1-844-985-4371
Braxton, Doddridge,
Gilmer, Harrison,
Lewis, Marion,
Monongalia,
Preston,Taylor

WVU Medicine:
304-596-2110
Berkely
Grant
Hampshire
Hardy
Mineral
Jefferson
Morgan
Pendleton



Appalachian
304-636-3232
Barbour
Randolph
Tucker
Upshur

Prestera
1-800-642-3434
Boone, Cabell
Clay, Kanawha
Lincoln, Logan
Mingo, Mason
Putnam, Wayne

FMRS
1-888-523-6437 - PUBLIC
Fayette, Greenbrier,
McDowell, Mercer,
Monroe, Nicolas,
Pocahontas,
Raleigh, Summers,
Webster, Wyoming

Get Printable Maps From:
Waterproof Paper.com

Attachment 2A

REGIONAL YOUTH SERVICE CENTERS

it's the place to grow

A Regional Youth Service Center (RYSC) coordinates community-based mental health and substance use services for youths and young adults aged 12-25 and partners with families and youths. These supports aim to help youths thrive in their homes, schools and communities.

The six RYSCs provide substance use treatment services, including early detection and recovery support services, and other kinds of mental health treatment recovery and wellbeing services. RYSCs also connect families and caregivers with supports and services.

Families & caregivers can receive the following services at RYSCs:

- **First Episode Psychosis (FEP) or Early Serious Mental Illness (ESMI)** Also called "Quiet Minds" for youths and young adults aged 15-25 with emerging psychotic disorders, using a coordinated specialty care (CSC) model.

  Read more at https://quietmindswv.com/

- **Outreach**
  The RYSC provides information and extends services or assistance to youth, young adults and families where they live or spend time.

- **Youth Peer Support**
  Each RYSC has a Youth Recovery Specialist with lived experience to support youths and young adults involved with the RYSC.

- **Youth Suicide Intervention**
  Each RYSC has a Youth Suicide Intervention Specialist to provide suicide prevention screening, assessment, referral, safety-planning and follow-up with youths and young adults at risk of suicide.

- **Family Coordinators**
  Each RYSC has Family Coordinators to engage family members of youths and young adults involved with the RYSC and other families in need of support and connection to services.

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR BEHAVIORAL HEALTH

FIND YOUR REGIONAL YOUTH SERVICE CENTER

REGION 1
Brooke, Hancock, Marshall, Ohio & Wetzel Counties

Youth Services System Inc.
87 15th St. Wheeling, WV 26003
304-233-9627

REGION 2
Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan & Pendleton Counties

Potomac Highlands Mental Health Guild, Inc.
79 Robert C. Byrd Industrial Park Rd.
Moorefield, WV 26836
304-538-2302

REGION 3
Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt & Wood Counties

Westbrook Health Services
2121 East Seventh Street
Parkersburg, WV 26101
304-485-1721

REGION 4
Barbour, Braxton, Doddridge, Gilmer, Harrison, Lewis, Marion, Monongalia, Preston, Randolph, Taylor, Tucker & Upshur Counties

United Summit Center
6 Hospital Plaza
Clarksburg, WV 26301
304-623-5661

REGION 5
Boone, Cabell, Clay, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam & Wayne Counties

Prestera Center for Mental Health Services
114 West Washington St., Suite 201
Charleston, WV 25302
304-525-7851 x1681

REGION 6
Fayette, Greenbrier, Mercer, McDowell, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster & Wyoming Counties

FMRS Health Systems, Inc.
101 South Eisenhower Drive
Beckley, WV 25801
304-256-7139

WEST VIRGINIA JUVENILE DRUG COURTS
FY 2023 (revised 07/07/2023)

Each shaded color represents a different drug court.
Counties not shaded have no drug court.

Juvenile Drug Court Probation Officer

Juvenile Drug Court Judge

Hancock/Brooke JDC
(1st Circuit)
Jodie Mankowski
C– Jason Cuomo
M– Shannon Price

Ohio County JDC
(1st Circuit)
Marta McElhoes
C– Michael J. Olejasz

Lincoln/Boone JDC
(25th Circuit)
Michelle Epling
C-Stacy Nowicki-Eldridge (Boone)
F-Ron Salmons (Lincoln)

Mason County JDC
(5th Circuit)
Ashley Swiney
C-Craig Tatterson

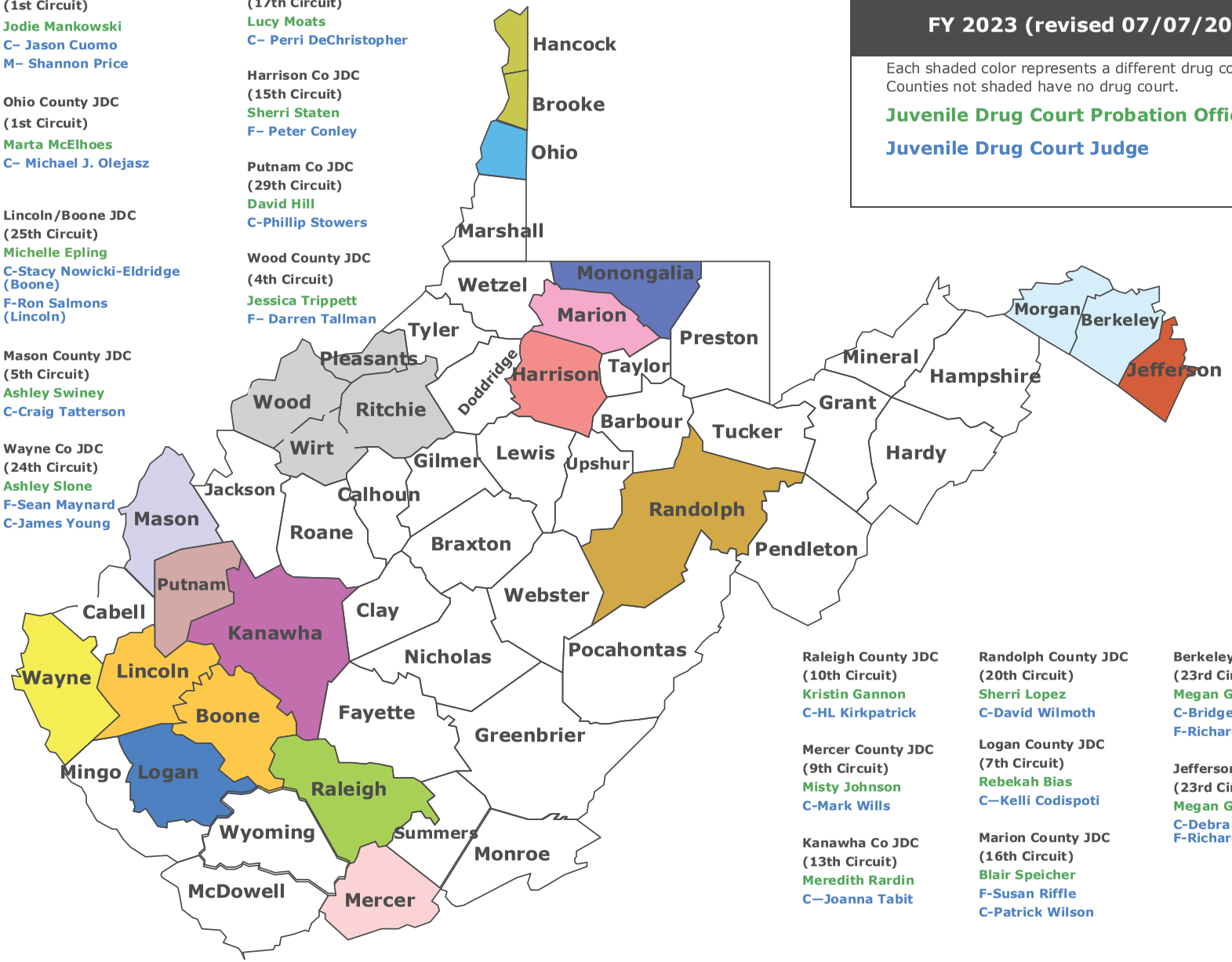
Wayne Co JDC
(24th Circuit)
Ashley Slone
F-Sean Maynard
C-James Young

Monongalia Co JDC
(17th Circuit)
Lucy Moats
C– Perri DeChristopher

Harrison Co JDC
(15th Circuit)
Sherri Staten
F– Peter Conley

Putnam Co JDC
(29th Circuit)
David Hill
C-Phillip Stowers

Wood County JDC
(4th Circuit)
Jessica Trippett
F– Darren Tallman



Raleigh County JDC
(10th Circuit)
Kristin Gannon
C-HL Kirkpatrick

Mercer County JDC
(9th Circuit)
Misty Johnson
C-Mark Wills

Kanawha Co JDC
(13th Circuit)
Meredith Rardin
C—Joanna Tabit

Randolph County JDC
(20th Circuit)
Sherri Lopez
C-David Wilmoth

Logan County JDC
(7th Circuit)
Rebekah Bias
C—Kelli Codispoti

Marion County JDC
(16th Circuit)
Blair Speicher
F-Susan Riffle
C-Patrick Wilson

Berkeley County JDC
(23rd Circuit)
Megan Graves
C-Bridget Cohee
F-Richard Stephens

Jefferson County JDC
(23rd Circuit)
Megan Graves
C-Debra McLaughlin
F-Richard Stephens

JUVENILE COMPETENCY FAQs

W. Va. Code for Juvenile Competency Evaluations and Attainment Services
https://code.wvlegislature.gov/49-4-712/

What is competency?

Competency is a term specific to the court process. It refers to an individual's ability to understand and appreciate the legal proceedings against them, such as a trial or hearing, and reasonably assist in their own defense by understanding their available options.

Who may be considered incompetent?

If a youth commits an act which would be a crime if committed by an adult (a delinquency action), AND who has an:

- Intellectual disability;
- Developmental disability; or,
- Mental health condition; and

Due to their condition is presently unable to reasonably consult with their attorney and have a rational and factual understanding of the proceedings against them. For youth under the age of 14, they are initially deemed incompetent, requiring a motion to evaluate the youth to prove competence.

Can youth still be placed in a Bureau for Juvenile Services (BJS) facility?

Yes. In certain limited circumstances a youth may be placed in a BJS facility. Youth aged 14 and older may be placed in a BJS facility while the competency evaluation is completed. Youth under the age of 14 may not be placed in a BJS facility unless the court determines it is necessary due to situations outlined in W. Va. Code §49-4-705 or §49-4-706. A youth found to be incompetent but likely to attain competency may not be placed in a BJS facility to receive competency attainment services.

What is the evaluation and attainment process?

When a youth is ordered to have a competency evaluation:

- Within 5 judicial days, the prosecuting attorney and youth's attorney must provide a qualified forensic evaluator with all relevant records including police reports and relevant background information such as educational, medical, psychological, and neurological records.
- Within 30 days of entry of the order requiring a competency evaluation, the evaluator must deliver the evaluation. This can be extended an additional 30 days for good cause shown.
- Within 15 days of receiving the report, the court must schedule a hearing to determine competency. The hearing may be scheduled the same day the report is due to be delivered.
- All Court Orders related to juvenile competency, along with the Competency Evaluation(s) shall be forwarded to juvenilecompetency@wv.gov.

5 Judicial Days	30 Days After Entry	15 Days After Receiving Report
All relevant records must be provided.	The evaluation must be delivered.	A hearing must be scheduled.

All Court Orders related to juvenile competency, along with the Competency Evaluation(s) shall be forwarded to juvenilecompetency@wv.gov.

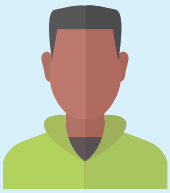
Who may be considered a Qualified Forensic Evaluator?

Qualified forensic evaluators are licensed psychologists and psychiatrists authorized to practice in the state of West Virginia. In order to conduct juvenile competency evaluations, a qualified forensic evaluator must also have specialized training, knowledge, and experience in the following areas:

- Forensic evaluation procedures for juveniles, including accepted criteria used in evaluating competency;

Length of Participation in Attainment Services When a Youth Is Found Incompetent but Likely to Attain Competency

Non-Violent or Misdemeanor Offense



No longer than **90 days** or beyond their **19th birthday**

Felony Crime of Violence

No longer than **180 days** or beyond their **21st birthday**

- Evaluation, diagnosis, and treatment of children and adolescents with developmental disability, developmental immaturity, intellectual disability, or mental illness;
- Clinical understanding of child and adolescent development; and
- Familiarity with competency standards in this state.

What do attainment services entail?

Attainment services, also known as restoration or remediation services are services designed to teach the youth about the court process. West Virginia's model for competency attainment provides one-on-one, tailored instruction to the youth intended to address their underlying conditions contributing to their incompetence.

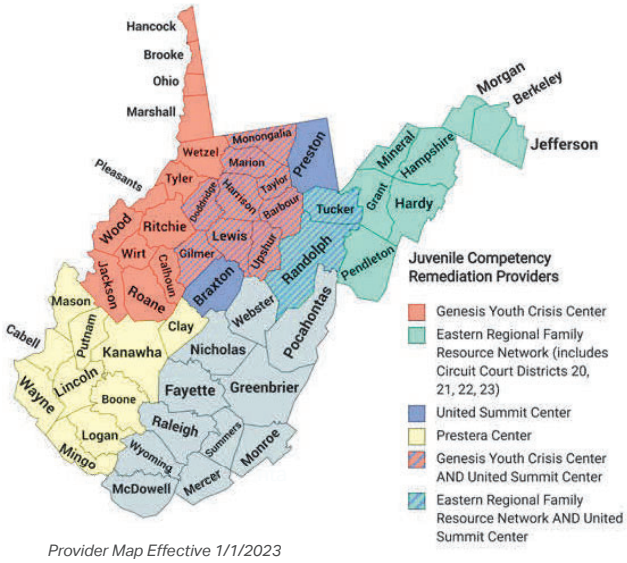
Are youth required to be in placement to receive competency attainment services?

No. The statute emphasizes youth receiving evaluation and services in the least restrictive environment possible, preferably the youth's community whenever possible. A youth may be ordered to receive the evaluation and competency attainment services in the community; ordered into a placement to receive an evaluation and then released to their home to receive competency attainment services; or, ordered to receive the evaluation in the community and ordered to placement for competency attainment services.

Qualified Forensic Evaluators
https://dhhr.wv.gov/officeofhealthfacilities/Pages/Statewide-Forensic-Services.aspx

What happens after a youth receives competency attainment services?

The youth will receive another juvenile competency evaluation (by a qualified forensic evaluator) within 90 days of beginning competency attainment services.



Provider Map Effective 1/1/2023

WEST VIRGINIA Department of Health & Human Resources

For questions/concerns, contact:
Colleen Lillard, Ph.D.
Statewide Forensic Clinical Director
Phone: 304-269-1210, ext. 586
Email: Colleen.M.Lillard@wv.gov

juvenilecompetency@wv.gov
WV Statewide Forensic Services
https://dhhr.wv.gov/officeofhealthfacilities/Pages/Statewide-Forensic-Services.aspx

STATE OF WEST VIRGINIA
DEPARTMENT OF HOMELAND SECURITY
DIVISION OF CORRECTIONS
AND REHABILITATION

WILLIAM K MARSHALL, III
COMMISSIONER

MARK A. SORSAIA
CABINET SECRETARY

Office of the Commissioner
1409 Greenbrier Street
Charleston, WV 25311
304-558-2036 Telephone
304-558-5367 Fax

WV Division of Corrections and Rehabilitation
Bureau of Juvenile Services
Facility Fact Sheet

(For more information contact Denny.E.Dodson@wv.gov or Debi.D.Gillespie@wv.gov 304-558-2036)

Detention Centers are regionally placed, co-ed facilities for juveniles who have been charged with committing a crime that would be punishable by incarceration, if committed by an adult. These youth are in various stages of the juvenile justice process from preliminary hearing to adjudication to disposition. Youth are housed in our hardware secured detention centers, as they continue through the juvenile justice court process. The detention centers according to West Virginia Code are meant for youth who meet specific detention criteria as specified in WV code §49-4-706 and Supreme Court decision no. 16203 MCH/SAH vs Kinder et al and should not be used as housing for youth who could reside with family members or are more appropriate for a child welfare or mental health placement.

Diagnostic Program is for co-ed youth who have been adjudicated delinquent in the juvenile court system and have been determined by a risk and needs assessment to be high risk or have committed an act or acts of violence WV Code §49-2-907 The Circuit Court Judge orders a youth to complete a 30 day diagnostic and evaluation period to determine their individual and placement needs. A Multi-Disciplinary Team Meeting (MDT) is held and all information is sent to the legal team in a comprehensive report to aid in dispositional decision making.

Commitment/Rehabilitation Centers are responsible for the placement and care of adjudicated and post-dispositional youth in the juvenile justice system. These centers are designated long-term hardware secure facilities which have the capacity to service juveniles between the ages of fourteen (14) and twenty-one (21) years of age. Refer to SB 562 as it discusses youth under the age of 14 and juvenile competency decisions.

Each youth in any Bureau of Juvenile Services facility follows a program of behavioral management through a phase system which uses increasing rewards/incentives for positive and compliant behavior.

Each youth receives case management services to ensure all needs are met during the stay with BJS. Religious services and Therapeutic Recreation programming are provided at all facilities as well. Each youth has access to medical and psychiatric services as needed.

Every youth in a Commitment/Rehabilitation Center has an individual treatment plan developed based on results of a completed risk/needs assessment as well as results of previous attempts at treatment, collateral information from probation and previous placements along with their adjustment to and behavior in our secured

environment. This plan is updated often using a multi-disciplinary team approach, but at a minimum every 90 days.

Each youth committed to the Bureau of Juvenile Services is assigned an Aftercare Case Manager who is involved with their treatment from the first day of commitment to the Bureau. They work with the youth on a successful plan for return to the community and provide follow-up for twelve (12) months post-release.

Kenneth "Honey" Rubenstein Juvenile Center (Tucker County)

Commitment/Rehabilitation
Superintendent – Daniel Dilly - Daniel.L.Dilly@wv.gov

Governor's Leadership Academy

- 71 bed Minimum Security Rehabilitation facility (staff secure / no fence)
- Houses adjudicated low risk males between ages 15 – 21
- Similar to DHHR Level II or III facility
    - Treatment focuses on:
        - Substance Abuse Education
        - Trauma
        - Decision Making
        - Social Skills/Life Skills
        - Individual Needs
        - Cognitive Restructuring
        - Reintegration
        - Family therapy

Adolescent Substance Abuse Treatment Program Track

- Treatment focuses on:
    - Substance Abuse specific programming
    - Group and Individual counseling
    - Community Service
    - Therapeutic Recreation and Team Building Activities
    - Cognitive Restructuring
    - Emphasis on Aftercare Planning and Relapse Prevention

Foundations Transitional Emerging Adulthood Program

- 13 bed Foundations Transitional Living Program
- Houses Residents in an apartment setting with their own rooms, Kitchen and Laundry.
- Similar to DHHR Independent Living Programs
    - Treatment focuses on:
        - Community Service
        - Career Prep & Employment
        - Health & Nutrition
        - Money Management

- Home Management
- Risk Prevention
- Employment
- Registering with HRDF/ Obtaining Employment

- All programs offer the following:
  - Education / Vocation
    - High School Diploma
    - Hi Set
    - Welding
    - Building Construction
    - Auto Mechanics
    - Career and Work Skills Training & CEIL – Ready to Work
  - Work Programs and Community Service throughout Tucker County

Contact Information 304.259.5241

- Pam Poling - pam.poling@wv.gov - Director of Programs
- Jerry Underwood - Jerry.F.Underwood@wv.gov – Unit Manager
- Shana Henline - shana.b.henline@wv.gov - Unit Manager
- Patricia Thompson - pthompson@psimedinc.com - Clinician
- Barbara Spackman - bspackman@psimedinc.com - Clinician

"Success isn't overnight. It's when every day you get a little better than the day before. It all adds up!"

Dwayne Johnson

Donald R. Kuhn Juvenile Center (Boone County)

Commitment/Rehabilitation and Detention
Superintendent – Jeremy Dolin - Jeremy.D.Dolin@wv.gov

- 14 bed Maximum Security Commitment/Rehabilitation facility for males up to age 21
    - Treatment focuses on:
        - Preparation for the Rubenstein Center Program
        - Substance Abuse Education
        - Trauma
        - Anger / Impulse Management
        - Decision Making
        - Individual Needs
        - Cognitive Restructuring
        - Parenting Education
        - Family therapy

- **Adolescent Substance Abuse Treatment Program**
    - 10 bed Substance Abuse Intensive Treatment Program for males
        - Treatment focuses on:
            - Substance Abuse specific programming
            - Intensive group and individual counseling
            - Restorative Projects
            - Therapeutic Recreation and Team Building Activities
            - Cognitive Restructuring
            - Emphasis on Aftercare Planning and Relapse Prevention
            - Family Therapy

- All Youth have the opportunity for
    - Education / Vocation
        - High School Diploma
        - Hi Set
        - CEIL – Ready for Work
        - Physical Training
        - Building Maintenance

Contact – 304.369.2976
Matthew Brock - Matthew.R.Brock@wv.gov – Unit Manager
Sherrie Hager - Sherrie.L.Hager@wv.gov – Case Manager
Paige Stapleton - pstapleton@psimedinc.com - Clinician

Donald R. Kuhn Juvenile Center Detention Program

- 22 bed Hardware Secure Detention facility - co-ed for youth age 14-20
    - Treatment focuses on:
        - Decision Making
        - Anger / Impulse Management
        - Crisis Management
        - Substance Abuse Education
        - Individual Needs
    - Education
        - High School Credits
        - Hi Set

Contact - 304.369.2976
Jeri Bunting - Jeri.L.Bunting@wv.gov – Unit Manager
Terry Baldwin - Terry.A.Baldwin@wv.gov – Case Manager
Rebecca Collins - rcollins@psimedinc.com - Clinician

Sam Perdue Juvenile Center: *The Gateway Program* (Mercer County)

Commitment/Rehabilitation

Superintendent – Gary Patton - Gary.L.Patton@wv.gov

- 20 bed Maximum Security Sexual Offender Program for males age 14 – 20
    - Treatment focuses on:
        - Sex Offender Specific Programming
        - Trauma
        - Substance Abuse
        - Social Skills
        - Relapse Prevention
        - Individual Needs
        - Cognitive Restructuring
        - Family Therapy
    - Education / Vocation
        - High School Credits / Diploma
        - Hi Set
        - Building Maintenance Operations
        - CEIL – Ready for Work
    - On grounds work program

Contact – 304-425-9721
Raymond Hall - Raymond.Hall@wv.gov – Unit Manager
Linda Belcher - linda.g.belcher@wv.gov - Case Manager
Marsha Edwards - medwards@psimedinc.com – Clinician
Ellen Berry - eberry@psimedinccom - Clinician

J.M. "Chick" Buckbee Juvenile Center (Hampshire County)

Detention and Commitment/Rehabilitation
Superintendent – Keith McDaniel - keith.n.mcdaniel@wv.gov

- 8 bed Hardware Secure Detention facility for males age 14 to 20
  - Treatment focuses on:
    - Decision Making
    - Anger / Impulse Management
    - Crisis Management
    - Substance Abuse Education
    - Individual Needs

- 16 bed Hardware Secured Commitment/Rehabilitation facility for males age 14 to 20
  - Treatment focuses on:
    - Substance Abuse Education
    - Trauma
    - Anger / Impulse Management
    - Decision Making
    - Cognitive Restructuring
    - Individual Needs according to the service plan
    - Family Therapy
    - Preparation for a possible transition to the Rubenstein Center Program

  - Education
    - High School Credits
    - Hi Set

  - On grounds work program

Contact – 304-496-1341
William Green - William.j.Green@wv.gov -Unit Manager
Shelby Hamilton - Shelby.J.Hamilton@wv.gov – Case Manager
Martha Baker - mbaker@psimedinclcom - Clinician

Ronald C. Mulholland Juvenile Center (Ohio County)

Commitment/Rehabilitation and Detention
Superintendent – Linda Scott - Linda.L.Scott@wv.gov

- 13 bed Hardware Secure Detention facility for males and females age 14 to 20
  - Treatment focuses on:
    - Decision Making
    - Anger / Impulse Management
    - Crisis Management
    - Substance Abuse Education
    - Individual Needs
    - Psychoeducation
    - Life Skills
    - Therapeutic Recreation

- 14 bed Commitment/Rehabilitation Program for adjudicated females ages 14 – 20
  - Treatment focuses on:
    - Trauma
    - Substance Abuse Education
    - Anger / Impulse Management
    - Self-Worth
    - Social Skills
    - Individual Needs
    - Cognitive Restructuring using Cognitive Behavioral Therapy (CBT)
    - Skills Development
    - Therapeutic Recreation
    - Family Therapy

- **Hope's Promise - Adolescent Substance Abuse Treatment Program**
  - 14 bed Substance Abuse Intensive Treatment Program adjudicated females ages 14 – 20
    - Treatment focuses on:
      - Substance Abuse specific programming
      - Intensive group and individual therapy
      - Restorative Projects
      - Therapeutic Recreation and Team Building Activities
      - Cognitive Restructuring using Cognitive Behavioral Therapy (CBT)
      - Trauma
      - Family Therapy
      - Emphasis on Aftercare Planning and Relapse Prevention

- Education / Vocation
  - High School Credits / Diploma
  - Hi Set
  - Business Education

- Various groups and classes offered by community volunteers

Contact – 304-232-3441
Sarah Moses - sarah.a.moses@wv.gov - Case Manager
Jessica Hurdzan - jessica.n.hurdzan@wv.gov -Case Manager
Audrey Dieffenbaugher - audrey.m.dieffenbaugher@wv.gov - Clinician

James H. "Tiger" Morton Juvenile Center (Kanawha County)

Commitment/Rehabilitation and Detention
Superintendent – David Murphy - david.e.murphy2@wv.gov

- 18 bed Hardware Secure Detention facility - co-ed for youth age 14-20
  - Treatment focuses on:
    - Decision Making
    - Anger / Impulse Management
    - Crisis Management
    - Substance Abuse Education
    - Individual Needs

- 5 bed Behavioral Health Unit for Committed Males (only internal referrals are accepted)
  - Treatment focuses on:
    - Trauma
    - Substance Abuse
    - Social Skills
    - Medication Management
    - Cognitive Restructuring
    - Individual Needs
    - Family Therapy

- Education
  - High School Credits
  - Hi Set

Contact – 304-766-2616
Lindsey Gregory - Lindsey.J.Gregory@wv.gov – Unit Manager
Kayli Hudson - kayli.n.hudson@wv.gov – Case Manager
Victoria Hatton - vhatton@psimedinc.com - Clinician

Lorrie Yeager Jr. Juvenile Center (Wood County)

Detention
Superintendent – Travis White - Travis.L.White@wv.gov

- 24 bed Hardware Secure Detention facility - co-ed for youth age 14-20
    - Treatment focuses on:
        - Decision Making
        - Anger / Impulse Management
        - Crisis Management
        - Individual Needs
        - Substance Abuse Education
    - Education
        - High School Credits
        - Hi Set

Contact - 304.420.4860
Christina Rine - Christina.M.Rine@wv.gov – Unit Manager
Alese Kirk - alese.a.kirk@wv.gov - Case Manager
Alisha Stellwagen astellwagen@psimedinc.com – Clinician

Vicki V. Douglas Juvenile Center (Berkeley County)

Detention

Interim Superintendent – Ryan Springer – ryan.j.springer@wv.gov

- 23 bed Hardware Secure Detention facility - co-ed for youth age 14-20
    - Treatment focuses on:
        - Decision Making
        - Anger / Impulse Management
        - Crisis Management
        - Individual Needs
        - Substance Abuse Education
    - Education
        - High School Credits
        - Hi Set

Contact – 304-267-0164
Adam Pruett - adam.t.pruett@wv.gov - Unit Manager
Vacant - Case Manager
Jennifer Hager - jhager@psimedinc.com - Clinician

Gene Spadaro Juvenile Center (Fayette County)

Detention

Superintendent – Ricky P. Scarbro Jr. - ricky.p.scarbrojr@wv.gov

- 23 bed Hardware Secure Detention facility - co-ed for youth age 14-20
    - Treatment focuses on:
        - Decision Making
        - Anger / Impulse Management
        - Crisis Management
        - Individual Needs
        - Substance Abuse Education
    - Education
        - High School Credits
        - Hi Set

Contact - 304-877-6890
Beverly Sanger - Beverly.J.Sanger@wv.gov – Unit Manager
Crystal Bowyer - crystal.d.bowyer@wv.gov - Case Manager
Lindsey Devaughn - Lindsey.N.Devaughn@wv.gov – Clinician

Robert L. Shell Juvenile Center (Cabell County)

Diagnostic, Detention and Commitment/Rehabilitation
Superintendent – Paul Stump - paul.e.stump@wv.gov

- 5 bed Intake and Assessment Center for our Commitment/Rehabilitation facilities
    - Various assessments conducted to determine appropriate individual needs to include classification for most appropriate BJS commitment/rehabilitation facility placement
- 13 bed Diagnostic facility for adjudicated males and females
    - Family and Social History
    - Psychological Evaluation
    - Comprehensive Education Report
    - Medical Summary
    - MDT for each youth for treatment need identification and placement recommendations to the Circuit Court and legal team
- 5 bed Hardware Secure Detention facility - co-ed for youth age 14-20
    - Treatment focuses on:
        - Decision Making
        - Anger / Impulse Management
        - Crisis Management
        - Substance Abuse Education
        - Individual Needs
    - Education
        - High School Credits
        - Hi Set

Contact – (304) 948-2190
Jana Calhoun-Bennett - Jana.D.Calhoun@wv.gov – Unit Manager
Andrew Loudermilk - andrew.l.loudermilk@wv.gov - Case Manager
Cary Butler - Cbutler@psimedinc.com – Clinician
Dr. Brittany Dawkins - bdawkins@psimedinc.com - Diagnostic Psychologist

For more information about any of our facilities and/or programs, please feel free to contact any of the following:

Division of Corrections and Rehabilitation, Bureau of Juvenile Services

Marvin C. Plumley - Assistant Commissioner - Bureau of Juvenile Services
marvin.c.plumley@wv.gov

Denny Dodson – BJS Chief of Operations - Denny.E.Dodson@wv.gov

Vacant, BJS Regional Director -
- Kenneth “Honey” Rubenstein Juvenile Center
- J.M. Chick Buckbee Juvenile Center
- Vicki V. Douglas Juvenile Center
- Ronald C Mulholland Juvenile Center
- Lorrie Yeager, Jr Juvenile Center

John Marchio, BJS Regional Director - john.a.marchio@wv.gov
- Donald R. Kuhn Juvenile Center
- James H. “Tiger” Morton Juvenile Center
- Robert L. Shell Juvenile Center
- Gene Spadaro Juvenile Center
- Sam Perdue Juvenile Center

Debi Gillespie, BJS Director of Juvenile Programs - Debi.D.Gillespie@wv.gov

Children's Mental Health and Behavioral Health Services
Office of Quality Assurance for Children's Programs
Quality and Outcomes Report July 27, 2023

https://kidsthrive.wv.gov/DOJ/Documents/July%2027%202023%20DHHR%20Semi-Annual%20Report_FINAL_pdf.pdf

CHILDREN'S MENTAL HEALTH AND BEHAVIORAL HEALTH SERVICES

Quality and Outcomes Report

Reporting Period: July 2022 – December 2022

Trend Review Period: July 2021 – December 2022

WEST VIRGINIA Department of Health & Human Resources

Office of Quality Assurance for Children's Programs

Laura Hunt, Director
July 27, 2023

SB 232 Subgroup Meetings Summary
Intercepts 0-5
Subgroup - Juveniles

Note: this is a summary of the information gained during the subgroup stakeholder meetings and is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Participating Contributors

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Participating Organizations

Dangerousness Assessment Advisory Board (DAAB)
WVDHHR
- Statewide Forensic Services
- Bureau for Social Services (BSS) - Youth Services
- Bureau for Behavioral Health (BBH)

WV Division of Corrections and Rehabilitation
- Bureau for Juvenile Services (BJS)

WV Division of Rehabilitation Services
WV Supreme Court of Appeals
- Division of Children and Juvenile Services/Juvenile Justice Commission

Juvenile Subgroup Meeting Dates

Intercept 0	6/05/23
Intercepts 1 & 2	6/26/23
Intercept 3	7/17/23
Intercepts 4 & 5	7/24/23
Review	8/21/23

Note: For purposes of these summary notes, a juvenile is a person who is under the age of 18. WV Code §49-4-701 states that, "a. If during a criminal proceeding in any court it is ascertained or appears that the defendant is under the age of nineteen years and was under the age of eighteen years at the time of the alleged offense, the matter shall be immediately certified to the juvenile jurisdiction of the circuit court."

Factors that contribute to JUVENILES being at risk for involvement with law enforcement

- Developmental disabilities – autism, learning disabilities
- Trauma and abuse

- Disrupted family/social issues – parents who are incarcerated, children being raised by grandparent(s), aunt, uncle
- Mental health/emotional issues/diagnoses
- Substance use disorder (SUD)
- Severe/difficult/aggressive behaviors – resulting from multiple causes
- Limitations of schools, community services to provide early intervention
    - Eligibility for services when not in custody of DHHR/DJS
    - Availability of community-based services
    - Availability of acute care and treatment programs
- Factors that affect how long a youth can remain in placement once becoming involved with law enforcement

Programs/Services for JUVENILES Currently Available

Help4WV - https://www.help4wv.com/ccl

- Children's Mobile Crisis
- Regional Youth Service Centers
- Safe At Home
- Children with Severe Emotional Disturbance (CSED)
- Wraparound
- Other services and programs

Youth Report Centers (YRC) - operated by Bureau of Juvenile Services
https://dcr.wv.gov/facilities/Pages/Juvenile-Facilities-and-Reporting-Centers.aspx

- Can serve two purposes – both pre- and post-adjudication
    - a way to divert youth from coming into the system
    - a way to transition youth back out of the system
    - Division of Rehabilitation Services (DRS) can become involved with youth aged 14 or older while they are at the YRC - most youth at YRC would qualify for DRS services.
    - please see Facility Fact Sheet
    - the most successful YRCs are connected to schools and have transportation resources
- YRC Aftercare Program
    - Eligible youth – has been committed to BJS (Youth in detention or diagnostic programs are not eligible)
    - Each youth has an Aftercare Manager for 12 months – connects youth to services, works with the family, refers to DRS
- Please see map of YRCs

Treatment Court Programs http://www.courtswv.gov/lower-courts/treatment-courts.html

- Juvenile Drug Court
    - Can provide both diversion and transition
    - http://www.courtswv.gov/lower-courts/juvenile-drug/juvenile-drug-court.html
    - Judicial branch has oversight

    - Authorized by the Supreme Court
    - Each circuit can adapt it to meet the needs of the county
    - DRS can also be involved
- Please see Juvenile Drug Court Map
    - http://www.courtswv.gov/lower-courts/juvenile-drug/JDCMap7-7-2023.pdf

Teen Court https://wvteencourt.org/
- Is county-based/county-driven - takes local initiative
- Not authorized by the WV Supreme Court but instead must be approved by the Circuit judge
- Follows the statutory guidelines.
- WV Teen Court Association has listing of Teen Courts
    - https://wvteencourt.org/teen-court-directory

Juvenile Victim Offender Remediation
- SB 393 (2015) – initially funded with state legislature juvenile justice reform ($4 million total - $2 million given to DHHR - $1 million went to functional family therapy model and $1 million for victim offender mediation; $2 million given to education and they used $ to put probation officers in the schools
- Modeled on the National Youth Advocate Program – contracted to provide through BSS
- https://www.nyap.org/our-approach/preventionintervention/juvenile-victim-offender-mediation.html
- Part of a sanctuary model -
    - https://www.nctsn.org/interventions/sanctuary-model#:~:text=Sanctuary%20is%20a%20trauma%2Dinformed,groups%20through%20exposure%20to%20trauma.
- Voluntary - both youth and victim have to agree
- Purpose/Curriculum – to teach empathy to the offender – letting the offender get a better understanding of how their actions affect others.
- Similar to a restorative justice model
- Juvenile Remediation program (JMP) - a similar restorative justice program is currently operating in Hancock County

Juvenile Competency Attainment Programs
https://code.wvlegislature.gov/49-4-729/
- JuvenileCompetencyFAQFlyerFINAL.pdf

Facility-based Programs
PRTF - Psychiatric Residential Treatment Facility
Juvenile Detention
Programs that serve females
- Golden Girl Group Home (GGGH) - https://www.gggh.org/program
    - DRS has directly collaborated with GGGH
- Crittendon Services - https://www.crittentonwv.org/
    - Waitlist is too long – sometimes 6 months or longer – girls give up and leave

Academy Programs - http://academyprograms.org/

Group Homes - governed through DHHR - https://www.wvcca.org/member-agencies

Barriers/Gaps/Needs

- Follow-through on services
- Transportation
- Family support
- Consent for services when youth is a minor (whoever has legal custody)
- About 350 kids in out of state placements
    - Why they went out of state
    - What their needs were
    - What would be needed to successfully bring them back
    - Prior practice of monthly, regional meetings (when there were 4 regions) in which DHHR could staff kids who potentially were at risk of being placed out of state
- Need more programs for juvenile sex offenders
- Need more programs that so that hospitals aren't used as placements
- Too many young kids in placement
- Need for more transitional living that has more structure, e.g 24/7 staff, and offers basic living skills/employment/money management, etc. (step-down programming)
- Need more after-care
- Need for pre-employment services
- Current system/programs do not meet the complex needs of today's youth
    - Stop trying to fit a youth into an existing program
- Current programs started out with a robust model but lost intensity
    - Limited providers – example of calling mobile crisis but then having to wait 90 minutes
- Lack of program accountability - are current programs being evaluated?

Issues Around Data

- Difficulties with accessing accurate data because of the new PATH system for DHHR (inability to differentiate CPS/YS, juvenile justice youth
- Difficulty getting data for numbers of youth (some are CPS and some are YS - DHHR is the custodian for juvenile justice youth who are NOT in Bureau of Juvenile Services facilities)
- Need for integrated data management systems that talk to each other – a long-standing issue.
    - Movement of a youth from BJS to DHHR but the systems can't talk to each other
    - 17 year old youth who turns 18 – where does the data go?
    - When to start the process of systems exchanging information
- Disconnect in the systems – kids are moved around a lot, and in and out of different systems – i.e. shelter, foster home, detention, hospital - but the information doesn't follow the child. A new doctor doesn't know the child so is hesitant to prescribe. Lapses in medication result in the child deteriorating and behaviors escalating
- Need for follow-up on outcomes for kids placed out of state

Other Issues

- Workforce shortages and low pay
- Lack of communication and coordination between systems
- Lack of collaboration
- Variances/inconsistencies around the state
- Payment for services
    - Dependence on grants
    - Costs for services and comparisons
- Lack of diversion
- Transportation
- Lack of in-state programs
- CSED concept is good but there isn't the provider infrastructure

Recommendations/Action Items

Continued oversight by this Study Group
Establish a Cabinet for Children
Investigate whether the WVHIN is a viable option for service data
Accountability needed
Beef up community-based services.

- Services need to be
    - More available and accessible
    - More intensive than what is currently being offered
    - More than a weekly visit for a couple of hours
    - Daily staff in the home with the family
    - An entire family/household focused intervention
    - Similar to the "Old" Wrap-around program
- The DHHR grant for the expansion of Functional Family Therapy needs to be backed with permanent funding.
- Reimbursement rates need to be fair and conducive for providers to offer the service
    - Recognize that programs are expensive, especially the needed staffing patterns
- Need a blend of both Safe at Home and CSED
- Ensure that Safe at Home is directly providing in-home services and interventions instead of case management

Establish/Build Juvenile Crisis Residential Units (CRUs) in 4 regions of the state

- would serve as a crisis hub for each region
- would provide up to 23 hours for stabilization and assessment (in lieu of going to detention)
- would require coordination with DHHR, BJS, DRS, DOE, CBHCs
- would have legal authority to establish an MDT
- would have out-patient capacity
- would establish data sharing MOUs
- would need a mechanism for accountability and oversight

Residential Placement Fact Sheet

	Specialized Family Care (SFC)	Unlicensed Residential Person-Centered Support Setting	Intermediate Care Facilities (ICF)	Adult Family Care (AFC)	Personal Care Home (PCH)
Design	Specialized Family Care (SFC) is a long-term foster care program for both children and adults with intellectual and/or developmental disabilities. The program seeks long term, preferably permanent, placements where the placed individual becomes part of the family. SFC homes may provide care to individuals with a wide range of disabilities. SFC homes want to be the forever home that provides the love, care and supervision these individuals need to live a healthy and fulfilling life.	Unlicensed Residential Person-Centered Support Settings (URPCSS, formerly ISS) are residential home settings for one to three adults living in a home or apartment. A behavioral health agency provides supports and supervision to ensure all basic needs are met and allowing for a safe and healthy environment for the individuals in placement. Because it is essentially a private home for individuals, those living in this setting may take on more responsibility for the upkeep and care of their home and personal belongings. Those in this setting may help in their care by helping with grocery shopping, doing their laundry, cleaning their home, etc. An URPCSS may serve individuals with mobility disabilities or a combination of health issues.	Intermediate Care Facilities (ICF) facilities provide housing and care in small facilities throughout the state. The facilities are typically operated by behavioral health facilities. Commonly, four to eight people reside in each facility, with 24 hour staffing. These facilities are licensed through the Office of Health Facilities Licensure and Certification (OHFLAC). The services provided are based on each person's needs, which vary according to age and level of disability. Covered services that are part of the per diem rate include room and board, nursing services, non-covered drugs, medical supplies, accessories and equipment and rehabilitation services.	Adult Family Care (AFC) Homes are placement settings for adults that provide support, protection and security in a family setting. This may be an appropriate option for individuals who are no longer able to safely remain in their own homes due to physical, cognitive, and/or emotional deficits. Although an individual may be experiencing deficits in one or more of these domains, the deficits are not significant enough to warrant the level of care provided in an assisted living facility or nursing home.	A Personal Care Home (PCH) is a group living facility licensed by the Office of Health Facilities and Licensure and Certification (OHFLAC) providing 24 hour awake supervision of activities of daily living.
Services	SFC providers are responsible for providing care and supervision and assisting the person in meeting any objectives outlined in program plans or nursing plans of care. Individuals in placement participate in family activities such as attending concerts, sporting events, going camping or on family vacations.	These settings must meet the same criteria required for an intermediate level of care. They provide care 24 hours a day seven days a week. Services available are monitoring, supervision, assistance and instruction and may also include medication administration, nursing, payeeship and therapies. Usually the person has little choice in the staff.	To qualify for Medicaid reimbursement, ICFs/IID must be certified and comply with federal standards in eight areas: management, client protection, facility staffing, active treatment, client behavior, facility practices, health care, physicial environment and dietetic services.	The AFC provider has a very important role in the resident's life. While ensuring that the residents are comfortable and accepted in the family, they also provide assistance in completing some daily activities. The type of assistance needed will vary based on the needs of the individual residents in the home. An equally important role of the provider is encouraging each resident to function as independently as possible.	A PCH is licensed to provide a room and meals, supervision of activities of daily living and supervision of medications. A PCH may provide limited and intermittent nursing care. This service is a direct hands on nursing care of individuals who require no more than two hours of nursing care per day for a period of time no longer than ninety consecutive days per episode. PCHs are licensed for four or more beds. The number of beds a facility is approved for is based on regulations applied to the physical structure of the facility.

West Virginia University
CENTER FOR EXCELLENCE IN DISABILITIES
SPECIALIZED FAMILY CARE PROGRAM

This Program is an interagency collaboration between the West Virginia Department of Health & Human Resources and the Center for Excellence in Disabilities. The SFC Program is funded under an agreement with the West Virginia Department of Health & Human Resources, Bureau for Children & Families. All printed materials are available in braille, electronic format, CD and large print. WVU is an Affirmative Action/Equal Opportunity Institution.

WVU.CED/SFC/6-2017

Residential Placement Fact Sheet

	Specialized Family Care (SFC)	Unlicensed Residential Person-Centered Support Setting	Intermediate Care Facilities (ICF/IID)	Adult Family Care (AFC)	Personal Care Home (PCH)
Purpose	The initial purpose of SFC was to provide family-based housing and care for children and adults with intellectual and/or developmental disabilities who had been institutionalized in state hospitals as children. As the program grew, it also began serving adults and children who are at-risk of being institutionalized or placed in a more restrictive environment. The purpose of SFC remains to provide housing and care, along with the support that comes from family life.	The purpose of these unlicensed settings is for the person to live independetly in their own home/apartment. This setting may have one to three people sharing living space. The individuals living in this setting pay rent and other costs associated with an independent home. No biological, adoptive, or other family members or natural supports reside in the home setting with the person. The agency operating the setting is responsible for providing staffing to meet the needs of the individuals in the home, up to 24/7 care.	This program was established in 1971 due to legislation providing Federal Financial Participation (FFP) for ICFs/MR as an optional Medicaid service. This allows states the option to receive federal matching funds for institutional services. Most of the ICFs/IID in West Virginia serve individuals with developmental disabilities who may be non-ambulatory, have seizure disorders, severe behavior concerns, mental illness, visual or hearing impairments, complex health problems, or a combination of these issues.	The AFC Program is specifically designed to provide a supported living arrangement for adults who are unable to live alone but wish to live in a family setting. They may require some assistance with daily activities but are still able to do many of these activities with little or no assistance. For instance, they may need some help with dressing, meal preparation and shopping but are able to walk, eat and care for their personal needs independently. To be eligible, the adult must be 65 years of age or older or at least 18 years of age with a disability or at least 18 years of age and receiving Adult Protective Services from the WV DHHR.	Personal Care Homes (PCH) are group living facilities that provide more intensive supervision and care in comparison to other housing options. Personal Care Homes with ten (10) or more residents must have, at a minimum, one awake staff 24 hours a day. Additional personal care staff must be available as required by OHFLAC in order to provide the care residents require. In addition, a PCH may not admit a resident in need of extensive or ongoing nursing care. A PCH may not admit a resident if the facility cannot provide the level of care required by the resident.
Funding	To receive placement an individual must have an I/DD diagnosis and qualify for Medicaid Title XIX I/DD Waiver services, Medicaid Personal Care Services or be able to private pay for services received.	Unlicensed residential person-centered support settings are funded through the WV Home and Community Based Waiver program. The individual approved for such a setting must have funding through the Medicaid Title XIX I/DD Waiver Program.	All placements must qulaify for Medicaid assistance financially. ICFs/IID in this state are primarily for adults.	Payment to the Adult Family Care Provider is made on a monthly basis. In most instances, the adult has income of their own which they are required to use toward the cost of their care. In instances where the adult's income is less than the established cost of their care, the Department of Health and Human Resources may make a supplemental payment for the balance of the monthly payment.	Payment to the Personal Care Home providers is made on a monthly basis. In most instances, the adult has income of their own which they are required to use toward the cost of their care. In instances where the adult's income is less than the established cost of their care, the Department of Health and Human Resources may make a supplemental payment for the balance of the monthly payment.

SB 232 Subgroup Meetings Summary Notes
Intercepts 0-5
Subgroup - Intellectual/Developmental Disabilities (I/DD), Cognitive Impairment, and Traumatic Brain Injury (TBI)

Note: this is a summary of the information gained during the subgroup stakeholder meetings and is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Participating Contributors
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Participating Organizations
Dangerousness Assessment Advisory Board (DAAB)
WVDHHR
- Statewide Forensic Services
- Deputy Secretary's Office

WV Developmental Disabilities Council
Disability Rights of West Virginia

I/DD, Cognitive Impairment, and TBI and	**Subgroup Meeting Dates**
Intercept 0	6/07/23
Intercepts 1 & 2	6/27/23
Intercept 3	7/18/23
Intercepts 4 & 5	7/25/23
Summary review	8/22/23
Meeting with Brad Anderson *(re TBI)*	9/01/23

Note: For purposes of these summary notes, I/DD includes conditions that include but are not limited to intellectual, developmental disabilities and also include cognitive impairment and traumatic brain injury (TBI).

Factors that contribute to persons with I/DD, Cognitive Impairment and TBI being at risk for involvement with law enforcement
- Co-occuring mental health/emotional issues
- Co-occurring substance use disorder (SUD)
- Severe/difficult/aggressive behaviors – resulting from multiple causes

- Behaviors that are directly related to the person's disability - e.g. compulsively calling 911 and flooding the system
- Incompetent to understand the commission of a crime
- Limitations of family members to deal with severe behaviors
- Limitations of schools, community services to provide early intervention
    - Eligibility for services
    - Availability of community-based services

Community-based Programs/Services for I/DD, Cognitive Impairment and TBI Currently Available
Programs offered by local school systems
Programs offered by WV Division of Rehabilitation Services (WV DRS)

Prosecutor-led diversion programs (Dana Eddy's group)
IDD Waiver

Facility-based Programs
Intermediate Care Facilities (ICF) - One step down from a psychiatric hospital

- Currently (as of June 2023)
    - 69 ICFs in 26 counties statewide
    - 509 capacity
    - 65 vacancies
    - Not fully utilized because people prefer to remain in home community/setting

Crisis Stabilization Units - statewide, currently (as of June 2023) 12 crisis beds to serve I/DD, Cognitive Impairment, and TBI patients

- Currently (as of June 2023)
    - 2 Units in 2 counties
    - 12 beds

Residential Placement Fact Sheet info

Issues/Barriers/Gaps/Needs

Over-use of mental hygiene process for I/DD, Cognitive Impairment, and TBI -
Law enforcement often has nowhere to take the person
Waiting list for competency evaluations
Community Engagement Specialists cannot provide crisis services
Once law enforcement is involved, it may tie behavioral health providers' hands
Need for functional behavior assessments
Issue of other providers "dumping" individuals with difficult behaviors and then not taking them back

Data
Workforce - low wages
Communication

Collaboration
Variances/inconsistencies around the state
Payment for services
    Dependence on grants
    Costs for services and comparisons
Lack of diversion
Transportation
Lack of in-state programs

Recommendations/Action Items

- *Applicable to I/DD, Cognitive Impairment, and TBI Specifically*
    - Develop Disability Response Team (DRT) - similar concept to a QRT
    - Coordination of care - development of a live Dashboard for referrals
    - Establish a 4-bed ICF for forensics
    - Normalize respite, do it earlier, and in the community

- *Applicable to all (I/DD, Cognitive Impairment, TBI, Adult MH, SUD, Juveniles)*
    - Continue oversight by this Study Group
    - Combine all the various study groups into one coordinating council
    - Plan a Conversations on the Porch event for Coordinating Council
    - Explore use of data with WVHIN

Crisis Services -
Home-based crisis services are more effective for individuals with I/DD, Cognitive Impairment, and TBI
A regional crisis hub, as recommended for other sub groups, could establish regional crisis teams that can provide services in the home. Hub could serve as a home base for these teams

(See Tennessee's model that outlines staffing mix guidance, etc.)

(Seneca's mobile crisis program is an example of a good program)

The ICF in Wayne county could serve as a good model

Action item - revise WV Code §27.6a

Mental Health in West Virginia

1 in 5 U.S. adults experience mental illness each year.

337,000 adults in West Virginia have a mental health condition.

That's more than 7x the population of Charleston.

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.

NAMI
National Alliance on Mental Illness

More than half of Americans report that **COVID-19 has had a negative impact** on their mental health.

In February 2021, **41.8% of adults in West Virginia** reported symptoms of **anxiety or depression.**

22.2% were unable to get needed counseling or therapy.

1 in 20 U.S. adults experience serious mental illness each year.

In West Virginia, **82,000 adults** have a **serious mental illness.**

1 in 6 U.S. youth aged 6–17 experience a **mental health disorder** each year.

18,000 West Virginians age 12–17 have depression.

West Virginians struggle to get the help they need.

More than half of people with a mental health condition in the U.S. **did not receive any treatment** in the last year.

Of the **92,000 adults in West Virginia who did not receive needed mental health care,** 47.6% did not because of cost.

6.6% of people in the state are uninsured.

West Virginians are over **2x more likely to be forced out-of-network** for mental health care than for primary health care — making it more difficult to find care and less affordable due to higher out-of-pocket costs.

708,078 people in West Virginia live in a community that **does not have enough mental health professionals.**

Mental Health in West Virginia

An inadequate mental health system affects individuals, families and communities.

High school students with depression are more than **2x more likely to drop out** than their peers.

55.6% of West Virginians age 12–17 who have depression **did not receive any care** in the last year.

1,341 people in West Virginia are homeless and **1 in 4 live with a serious mental illness.**

On average, 1 person in the U.S. **dies by suicide every 11 minutes.**

In West Virginia, **395 lives were lost to suicide** and 75,000 adults had thoughts of suicide in the last year.

1 in 4 people with a serious mental illness has been arrested by the police at some point in their lifetime –

leading to over **2 million jail bookings** of people with serious mental illness each year.

About **2 in 5 adults** in jail or prison have a history of mental illness.

7 in 10 youth in the juvenile justice system have a mental health condition.

NAMI
National Alliance on Mental Illness

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Find your local NAMI at nami.org/local.

This fact sheet was compiled based on data available in February 2021. For full citations, visit: nami.org/mhpolicystats.

SB 232 Subgroup Meetings Summary Notes
Intercepts 0-5
Subgroup - Adult Mental Health (Adult MH)

Note: this is a summary of the information gained during the subgroup stakeholder meetings and is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Participating Contributors

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Participating Organizations

Dangerousness Assessment Advisory Board (DAAB)
PSIMED
Prestera
Kanawha County Collective
Comprehensive Behavioral Health Center - Prestera
WVDHHR
- Statewide Forensic Services
- Deputy Secretary's Office
- Bureau for Behavioral Health

WV Hospital Association
WV Housing Development Fund
WV Public Defender Corporation
WV Sheriff's Association
WV Supreme Court of Appeals

Meeting Dates

Introductory Meeting	5/02/23
Intercept 0	6/07/23
Intercepts 1 & 2	6/27/23
Intercept 3	7/18/23
Intercepts 4 & 5	7/25/23
HMIS	8/08/23
Sheriffs	8/09/23
WVHIN	8/11/23
Summary meeting	8/22/23

Note: For purposes of these summary notes, Adult MH refers to a person's cognitive, emotional, and psychological state of mind. Mental health diagnoses include but are not limited to conditions that interfere with a person's daily living. Mental health conditions can range in severity from mild anxiety to severe depression and psychosis.

Factors that contribute to persons with Adult MH being at risk for involvement with law enforcement

- Co-occurring intellectual or developmental disability (IDD)
- Co-occurring substance use disorder (SUD)
- Co-occurring traumatic brain injury (TBI)
- Severe/difficult/aggressive behaviors – resulting from multiple causes
- Behaviors that are directly related to the person's diagnosis - e.g. delusions that result in the commission of a crime
- Incompetent to understand the commission of a crime
- Limitations of family members to deal with severe behaviors
- Lack of availability of community-based services

Community-based Programs/Services for Adult MH Currently Available

Comprehensive Behavioral Health Centers (Comps) (include map)
https://dhhr.wv.gov/BBH/about/Adult%20Services/Pages/Comprehensive-Behavioral-Health-Centers.aspx

Law Enforcement Assisted Diversion (LEAD) - must have SUD as primary

- See full description in the SUD Summary

Homeless services and shelters
https://www.hud.gov/states/west_virginia/homeless

WV SOAR

- Led by WV Coalition to End Homelessness
- Increases access to disability benefits (SSI/SSD)

Crisis Intervention Team (CIT) - a national model being implemented in WV. It promotes strong community partnerships among law enforcement, behavioral health providers, people with mental and substance use disorders, along with their families and others.

Inclusive Collaboration, Training, and Coordinated Responses

Facility-based Programs

Crisis Residential Unit (CRU) - offers crisis stabilization

Services offered by PSIMED in the jails

Adult MH Group Homes

Issues/Barriers/Gaps/Needs
Specific to persons with Adult MH

- Significant psychopathology and impact on ways of handling (differences between psychopathology and IDD and SUD)

- Inconsistencies of mental hygiene processes around the state
    - Not many final commitments
    - there is now a mental hygiene task force that is looking into issues.

- Law enforcement often has nowhere to take the person -
    - Hospital EDs require law enforcement to stay with the person (corresponding number of hours this requires and impact on other responsibilities)
    - Transportation issues
        - more complicated when medical clearance is needed
    - Having a person in custody they are not trained to handle

- Need for non-traditional/after hours services - 70% of bookings happen outside of traditional work hours
- Issues with getting hearings scheduled
- The waiting list for competency evaluations - judge designates the evaluator
- Community Engagement Specialists cannot provide crisis services
- Once law enforcement is involved, it may tie behavioral health providers' hands

- Need for more diversion programs
    - Expand LEAD
    -
- Psychiatric crisis centers needed (like a psychiatric urgent care or mental health ED?)
    - Stand alone or within hospital
    - 23 hours to assess and evaluate

- Need for stable housing
    - Transitional housing
    - Permanent supportive housing
        - Can be provided in private residences as well as publicly owned
    - "Hotel forensics"

- Competency issues
    - A person becoming competent while at Sharpe
        - returns to jail and decompensates
        - issues of medication compliance while at the jail
        - returns to Sharpe

- Transition process and services - need for better coordination between the Division of Corrections and DHHR

Data needs

Could these programs be expanded/adapted?

WV Housing Management Information System (HMIS) - https://www.wvboshmis.org/
- Shared data system
- Unduplicated count of homeless individuals, demographics and needs
- Implemented locally
- Required use by HUD funded projects

WV Health Information Network - https://wvhin.org/
- Has worked out PHI requirements
- Is used by many FQHCs already

Workforce - Low wages
Communication & Collaboration

Variances/inconsistencies around the state

Costs and Funding issues
Payment for services
Funding for programs

Dependence on grants

Lack of diversion

Transportation

Recommendations/Action Items

- *Applicable to all (IDD, Adult MH, SUD, Juveniles)*
    - Continue oversight by this Study Group
    - Combine all the various study groups into one coordinating council
    - Plan a Conversations on the Porch event for Coordinating Council
    - Explore use of data with WVHIN

Expand the use of telehealth when/where appropriate

Funding for injectable medications to be available in jails - more long-acting and allow for more successful transition post-release

Efforts needed at state level to reduce the costs of medication

Development of psychiatric urgent care (similar to the Adult MH urgent care recommendation)

- Would enable shared resources if co-located with SUD and Juveniles (with needed separation of units)
- 4 units, number of beds each - 8-12 (maybe 16?)
- located in proximity to population centers
- “Side doors” for law enforcement

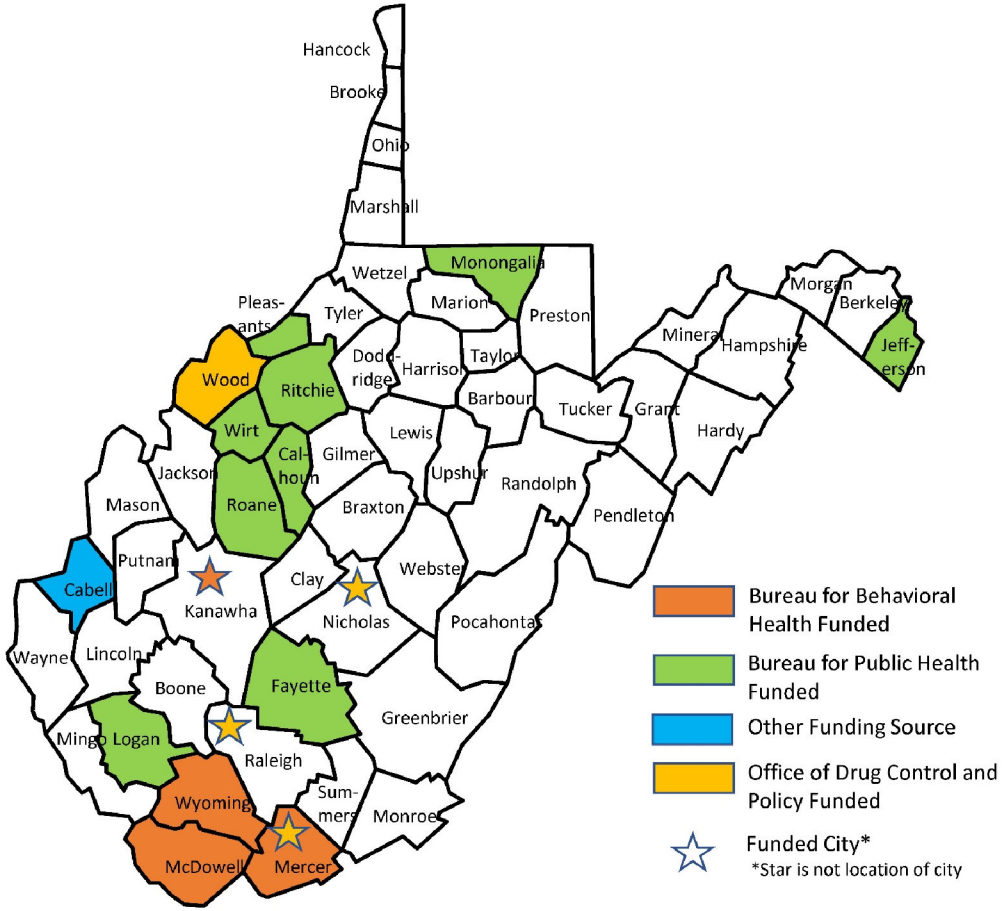
Ensure that Adult Mobile Crisis is incorporated into the CCBHC plan implementation.

Establish bridge funding for benefits when persons are released

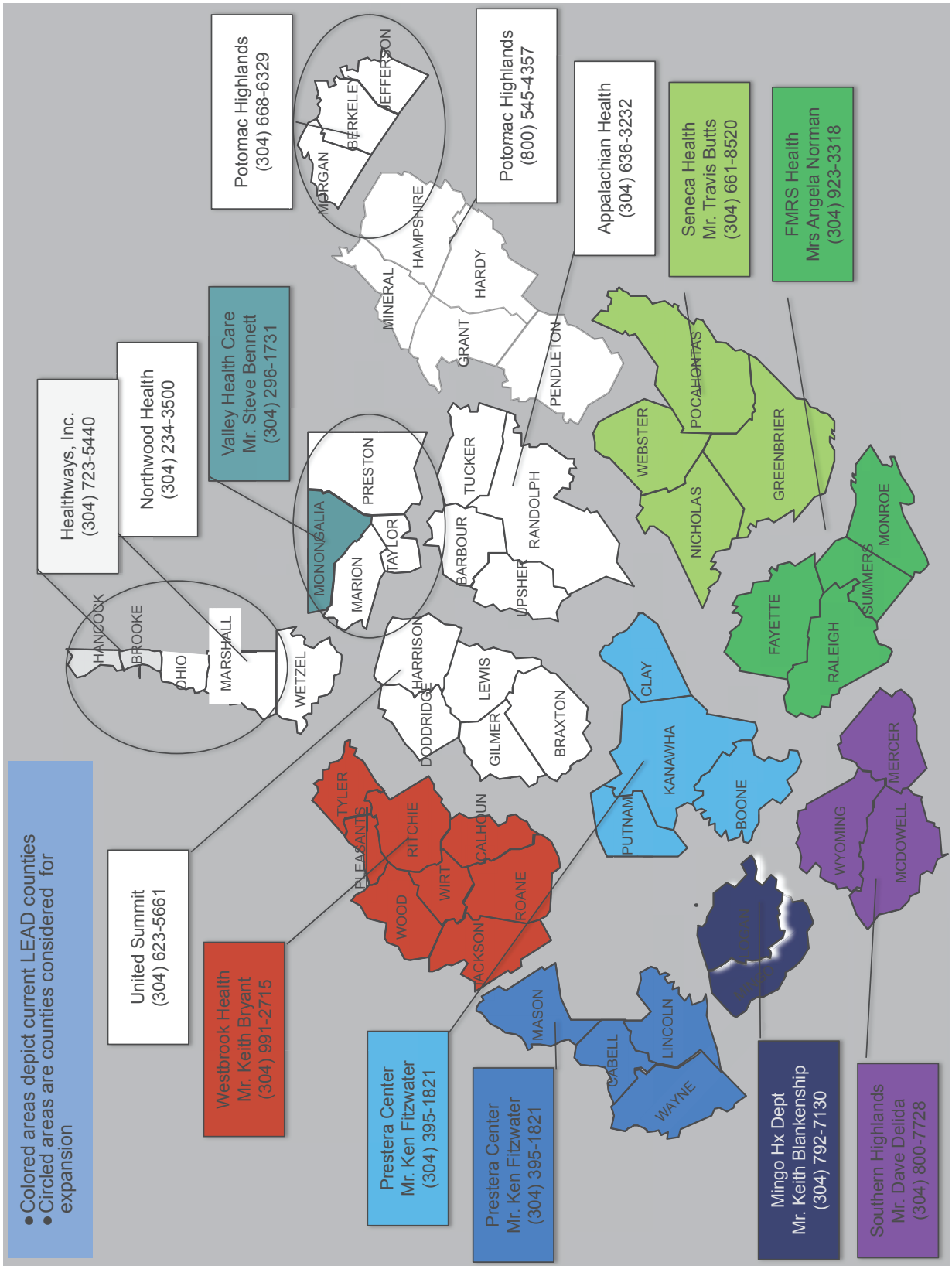
Establish funds to integrate services with private practice providers

QRTs in the State

- 17 counties have a QRT
- 47% of the State population
- 60% of all fatal occurrences of overdoses in 2017 occurred in counties with a QRT either planned or currently stood up
  - Overdoses are both resident and nonresident that occurred in WV



Attachment 5A


●Colored areas depict current LEAD counties
●Circled areas are counties considered for expansion
Healthways, Inc.
(304) 723-5440
Northwood Health
(304) 234-3500
Valley Health Care
Mr. Steve Bennett
(304) 296-1731
Potomac Highlands
(304) 668-6329
Potomac Highlands
(800) 545-4357
Appalachian Health
(304) 636-3232
Seneca Health
Mr. Travis Butts
(304) 661-8520
FMRS Health
Mrs Angela Norman
(304) 923-3318
United Summit
(304) 623-5661
Westbrook Health
Mr. Keith Bryant
(304) 991-2715
Prestera Center
Mr. Ken Fitzwater
(304) 395-1821
Prestera Center
Mr. Ken Fitzwater
(304) 395-1821
Mingo Hx Dept
Mr. Keith Blankenship
(304) 792-7130
Southern Highlands
Mr. Dave Delida
(304) 800-7728
HANCOCK
BROOKE
OHIO
MARSHALL
WETZEL
MONONGALIA
MARION
PRESTON
TAYLOR
HARRISON
DODDRIDGE
LEWIS
GILMER
BRAXTON
TUCKER
BARBOUR
RANDOLPH
UPSHER
MINERAL
HAMPSHIRE
HARDY
GRANT
PENDLETON
MORGAN
BERKELEY
JEFFERSON
WEBSTER
POCAHONTAS
NICHOLAS
GREENBRIER
FAYETTE
RALEIGH
SUMMERS
MONROE
TYLER
PLEASANTS
WOOD
RITCHIE
WIRT
CALHOUN
JACKSON
ROANE
CLAY
KANAWHA
PUTNAM
BOONE
MASON
CABELL
LINCOLN
WAYNE
WYOMING
MERCER
MCDOWELL

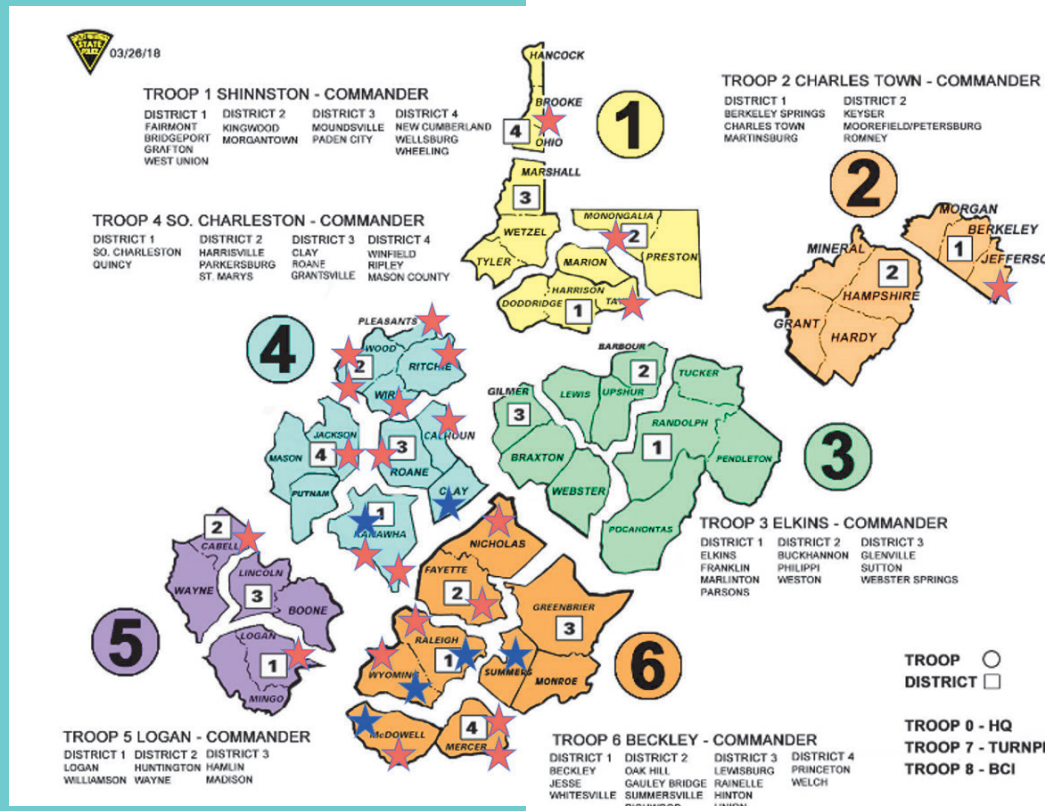
FOR MORE INFORMATION ABOUT THIS ZERO REPERCUSSION REFERRAL SERVICE, CONTACT ONE OF OUR 20 STATE POLICE DETACHMENTS

CONTACT US

Call 24/7 toll free help line

Chat with a peer recovery specialist at one of our 20 State Police detachments

https://dhhr.wv.gov/office-of-drug-control-policy/about/Pages/default.aspx



THE WV ANGEL INITIATIVE

Fight the disorder, Not the Victims.

The WV Angel Initiative was created to end the pain of substance use disorder.

Lead by the WV State Police, the WV Angel Initiative is statewide diversion program for persons suffering from substance use disorder (SUD).

Through this confidential program, individuals suffering with SUD will be allowed to surrender illegal controlled substances without prosecution or arrest and qualifying individuals will be promptly referred to a regional comprehensive behavioral health center for SUD treatment.

Attachment 5C

MINORS

- [ ] Are there any medical concerns?
- [ ] Does the patient have medical insurance?
- [ ] Contact EMS for definitive care
- [ ] Are there underlying/co-occuring mental health issues?
- [ ] Written consent from parent or legal guardian
- [ ] Sign waiver for entry into Angel Initiative and any applicable paperwork
- [ ] Catalogue and properly dispose of illegal drugs or materiall
- [ ] Contact Treatment facility to coordinate warm handoff
- [ ] Can patient self transport?
- [ ] Coordinate transportation with family/treatment facility/law enforcement
- [ ] Contact support coach
- [ ]

18+

- [ ] Are there any medical concerns?
- [ ] Does patient have medical insurance?
- [ ] Contact EMS for definitive care.
- [ ] Are there underlying/co-occuring mental health issues?
- [ ] Sign waiver for entry into Angel Initiative and any applicable paperwork
- [ ] Catalogue and properly dispose of illegal drugs or material
- [ ] Contact Treatment facility to coordinate warm handoff
- [ ] Can patient self transport?
- [ ] Coordinate transportation with family/treatment facility/law enforcement

FEMALES

- [ ] Are there any medical concerns?
- [ ] Does patient have medical insurance?
- [ ] Contact EMS for definitive care.
- [ ] Are there underlying/co-occuring mental health issues?
- [ ] Are there female specific needs such as being pregnant/domestic abuse/child care issues?
- [ ] Sign waiver for entry into Angel Initiative and any applicable paperwork
- [ ] Catalogue and properly dispose of illegal drugs or material
- [ ] Contact Treatment facility to coordinate warm handoff
- [ ] Can patient self transport?
- [ ] Coordinate transportation with family/treatment facility/law enforcement
- [ ] Contact support coach
- [ ]

HOMELESS

- [ ] Are there any medical concerns?
- [ ] Does patient have medical insurance?
- [ ] Contact EMS for definitive care.
- [ ] Are there underlying/co-occuring mental health issues?
- [ ] Sign waiver for entry into Angel Initiative and any applicable paperwork
- [ ] Catalogue and properly dispose of illegal drugs or material
- [ ] Contact Treatment facility to coordinate warm handoff
- [ ] Can patient self transport?
- [ ] Coordinate transportation with family/treatment facility/law enforcement
- [ ] Contact support coach
- [ ]

01

From 2014 to 2017, the drug overdose death rate in West Virginia increased to 57.8 per 100,000, far exceeding any other state in the nation.

02

West Virginia counties alone make up 28 (14%) of the nation's 220 top "at-risk" counties.

03

The substance use epidemic increases other related health risks such as infectious diseases, liver disease and Neonatal Abstinence Syndrome. intravenous drug use, increases the risk of hepatitis, HIV and endocarditis.

04

Beyond these effects, West Virginia's future generations are at significant risk of becoming the substance use epidemic of tomorrow if effective strategies are not implemented.

HALO: Healthcare Professionals Ready When You Are

Look for the HALO symbol to find participating pharmacies and physicians' offices where you can get immediate in-person help getting into treatment, including assistance with transportation, and free drug destruction kits for safe disposal of illegal controlled substances.

Angel Initiative: Fight the Disorder, Not the Victims

The WV Angel Initiative is a confidential program offered by the WV State Police that allows those with substance use disorder to surrender illegal controlled substances without prosecution or arrest and get quick access to treatment.

Imagine nothing stands in the way of your next step.

HALO

Recovery Starts Here!

For more information:
1-844-HELP4WV
www.help4wv.com
dhhr.wv.gov/Office-of-Drug-Control-Policy

HALO

Recovery Starts Here!

HALO: Healthcare Professionals Ready When You Are

What's holding you or someone you love back from getting help with Substance Use Disorder?

Attachment 5D

What type of treatment do I need?

Complete an online assessment to determine the best pathway to recovery at **treatmentatlas.org**.

How do I get into treatment?

- Request A Trip - West Virginia Public Transportation Association: 1-888-696-6195
- ModivCare (for Medicaid members): 844-549-8353
- For additional help: 1-844-HELP4WV

How do I find childcare?

Find childcare through Child Care Resource and Referral agencies at **www.wvdhhr.org/choices**. Based on income, childcare is available free or subsidized at a reduced cost based on a sliding-fee scale while you work or are in treatment.

How will I pay for treatment?

Take advantage of the latest changes in accessing Medicaid or Marketplace health coverage by working with a Healthcare Navigator. Call 1-844-WV-CARES, West Virginia's Health Insurance Helpline, or visit **acanavigator.com**. There are additional resources to pay for treatment for those suffering from an opioid use disorder.

Is there someone who understands what I'm going through?

A peer recovery support specialist can talk you through the road ahead. Call 1-844-HELP4WV or visit **Help4WV.com**. Talk to others in recovery by downloading the Connections for Recovery app at **helpandhopewv.org**.

What about my other needs?

Get help with basic needs like food, housing, utilities at wv211.org. Get help with children's behavior from parenting support to immediate crisis support with the Children's Crisis and Referral Line at 1-844-HELP4WV or **Help4WV.com**.

Access job training and employment assistance including reliable transportation by contacting Jobs and Hope at 304-583-4008, 1-833-784-1385 or JobsAndHope@wv.gov.

Prosecutor-led Diversion:

BEST STRATEGIES FOR WORKING WITH PERSONS WITH SUBSTANCE USE DISORDER

May 16, 2023

2:00 PM ET

Both projects were supported by Grant No. 2020-BX-AR-0052 and No. 2019-AR-BX-K061 respectively and were awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

RTI'S Overview of Presentation

- Diversion Programs
- Prosecutor-Involved Diversion
  - Goals
  - Promising Practices
  - Urban vs. Rural Program Characteristics
  - Current Evidence
  - Challenges

Diversion Programs

- Voluntary participation
- Offer treatment in lieu of formal criminal legal system processing
  - Participation & Completion Charges dismissed
  - Refusal and/or Failure to Complete Case processed formally through the court
- Began in US juvenile courts in the 1960s, later included adults
- Variation in target populations and types of programing

Prosecutor-Involved Diversion

- Prosecutors divert individuals before case disposition, either
  - Pre-filing –prior to the charging stage
  - Post-filing –after bringing charges

Prosecutor-Involved Diversion: Goals

- Administrative efficiency/cost savings
- Reduced collateral consequences
- Community engagement
- Defendant accountability
- Reduced recidivism
- Rehabilitation/Recovery
- Restorative justice

COSSUP Site Presenters

- Augusta County Commonwealth Attorney's Office, Virginia
  - Caleb Kramer, Commonwealth Attorney
  - Jack Belcher, Behavioral Health Clinician
- Missoula County Attorney's Office, Montana
  - Ray Reiser, Pretrial Diversion Coordinator

BJA's Comprehensive Opioid, Stimulant, and Substance Use Program

THE PATHWAYS PROGRAM: Deflection & Diversion

A Program of the Augusta County Commonwealth Attorney's Office

Agenda

- Program History and Development
- Program Design
- Eligibility Criteria
- Referral and Intake Procedures
- Program Goals and Outcomes
- Successes and Challenges

PATHWAYS PROGRAM

A grant-funded program within the Augusta County Commonwealths Attorney's Office (ACCAO) that seeks to deflect or divert individuals encountered by first responders and community services providers. The goal is to redirect individuals away from the criminal justice system, and reoccurring high-volume use of the medical and mental health systems, when timely treatment and access to community resources is a more appropriate option.

Rebranded from LEAD (Law Enforcement Assisted Diversion)

Program Development

2016 EBDM Policy Team

- Pursuant to NIH grant
- Region's principal criminal justice stakeholders performed a comprehensive review of local criminal justice practices
- Team explored key decision points along the criminal justice process and gathered applicable current data with a view to improve efficiencies and outcomes using research-based methods
- Team explored key decision points along the criminal justice process and gathered applicable current data with a view to improve efficiencies and outcomes using research-based methods

2018 misdemeanor pre-charge diversion

- Augusta County hired dedicated prosecutor to begin misdemeanor diversion program
- Initially first-time non-violent misdemeanors (~85% possession of marijuana)
- Screened low needs, low risk
- Minimal services implemented
- 6-month program duration, requirement to complete community service and remain charge free

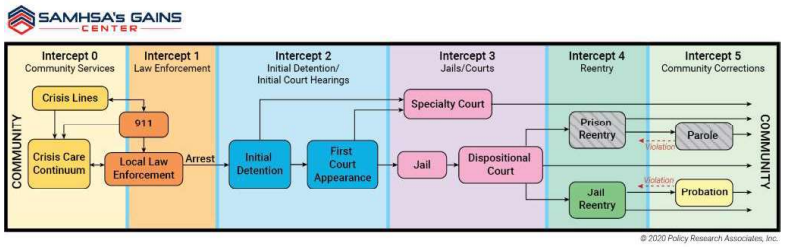
2020 LEAD expansion to felony diversion

- Pursuant to COSSUP grant
- Include felony possession charges in diversion rubric
- Much higher risk and needs screened in
- Implementation of case management, comprehensive SUD recovery and wrap-around services
- 12-month program duration for felony charges

Ongoing Deflection expansion efforts

- Also funded by COSSUP
- Non-charge related, first responder, community and self-referral paths
- No charges pending, no justice implication for participants
- Services implemented based on assessed need
- 4–6-month duration, depending on need

The Sequential Intercept Model



Who Qualifies?

- Adults with **apparent mental health and/or substance abuse issues**, whether through criminal investigation, or not. Including felony level possession of illicit drugs.
- Drug overdoses. For example, Fentanyl and more recently, Carfentanil.

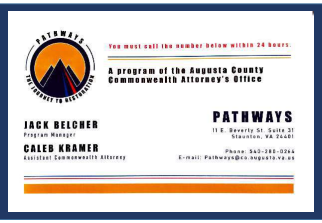
Who Does NOT Qualify?

Individuals with:

- DUI charge
- Charges involving violence (e.g., battery, strangling, use of firearm and/or brandishing, etc.)
- Known history of drug distribution, or current possession which indicates persons who inject drugs (amount, scales, multiple packages, etc.)

Making A Referral

- You simply give the individual and/or family member this Pathways referral card and a rack card (Deflection), or brochure (Diversion).
- Then they have 24 hours to contact Pathways at the number provided.



The Referral Process

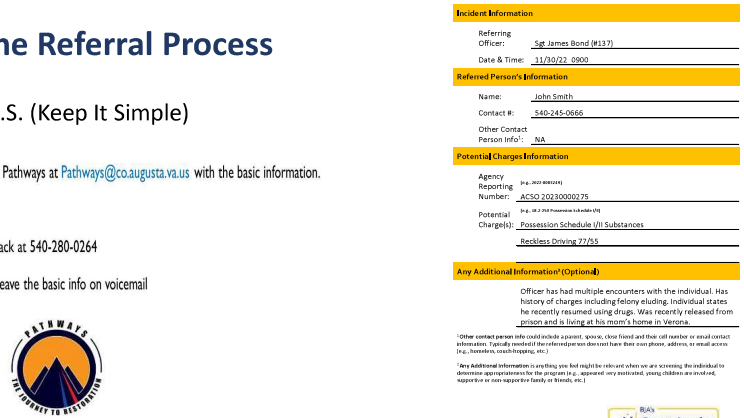
K.I.S. (Keep It Simple)

Email Pathways at Pathways@co.augusta.va.us with the basic information.

Or,

Call Jack at 540-280-0264

And leave the basic info on voicemail



Incident Information

Referring Officer: Sgt James Bond (#137)

Date & Time: 11/30/22 0900

Referred Person's Information

Name: John Smith

Contact #: 540-245-0666

Other Contact Person Info[1]: NA

Potential Charges Information

Agency Reporting Number: ACSO 20230000275

Potential Charge(s): Possession Schedule I/II Substances

Reckless Driving 77/55

Any Additional Information[2] (Optional)

Officer has had multiple encounters with the individual. Has history of charges including felony eluding. Individual states he recently resumed using drugs. Was recently released from prison and is living at his mom's home in Verona.

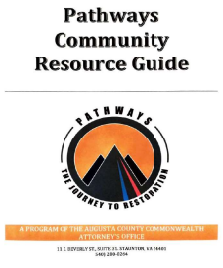
[1] **Other contact person** info could include a parent, spouse, close friend and their cell number or email contact information. Typically needed if the referred person does not have their own phone, address, or email access (e.g., homeless, couch-hopping, etc.)

[2] **Any Additional Information** is anything you feel might be relevant when we are screening the individual to determine appropriateness for the program (e.g., appeared very motivated, young children are involved, supportive or non-supportive family or friends, etc.)

Program Goals

- Disrupt the cycle of individual and family crises.
- Move individuals QUICKLY into treatment; typically within ~ 72 hours of the crisis.
- Reduce time spent trying to resolve SA/MH problems. It's a process.
- Foster quick access to a broader network of treatment providers.
- Cultivate an environment with fewer recidivist emergency calls.
- Educate the community on steps they can take BEFORE the next crisis.

Pathways Community Resource Guide



Primary, Secondary, & Tertiary Service Areas

Buy in from Community Stakeholders

Deflection/Diversion:

- ✓ Helps the individual, and his/her family.
- ✓ Saves lives
- ✓ Helps the community
- ✓ Saves time and money by not prosecuting
- ✓ Saves the cost of incarceration and recidivism
- ✓ Makes communities safer
- ✓ Reduces homelessness in a more permanent way

Program Success

- This new expanded program started taking felony referrals in May of 2021. Since then, there have been 97 referrals to the Pathways. Of these, 36 were not assessed due to lack of engagement or program rule out criteria. The rest were inducted and referred to an appropriate level of care and services.
- 33 of these did access some level of services but were not able to complete program requirements, while the rest either successfully completed or remain in good standing.
- A preliminary recidivism analysis reveals that there have been no re-arrests of participants who have successfully completed program requirements. 15% recidivism for those who accessed some services but did not complete.
- This program has had a measurable effect on the level of felony drug arrests in Augusta County. From 2016 to 2020, the number of felony drug arrests performed by the ACSO averaged 387 per year. In the 2021-2022 period when this program was active, there were an average of 285 drug arrests per year.

Challenges

- Very rarely ever received a hard "no," but a lack of active cooperation worse
- Major challenge is changing institutional inertia and ingrained procedures
  - Constant LEO trainings
- Getting stakeholders to work and share information "out of the silo"

Role of Prosecution

- Prosecution is a critical player, can make or break a diversion program
- Is key to obtaining a foot in the door for other stakeholders. Everyone answers the phone from "the Commonwealth's Attorney"
  - Institutional prestige can also help in gaining stakeholder buy-in
- However, prosecutors think in very defined ways, and have a very traditionally defined role.
  - Hard for other players to think of prosecutors acting outside this role, hard for prosecutors to think outside the role themselves
- Key is to think systemically and focus on overall outcomes

THANK YOU!

MISSOULA COUNTY ATTORNEY

CALIBRATE PRETRIAL DIVERSION PROGRAM

Ray Reiser
Pretrial Diversion Coordinator
Missoula County, Missoula, Montana

Consequences of Criminal Convictions

- Saturates the Court System
- Inundates the Corrections System
- Overpopulates Jails and Prisons
- Missoula County has a population of 119,533 (2021). The number of people currently on probation in Missoula County as of September 2022 is 1117.
- The daily cost of incarceration is approximately $110/day/person
- Jails, probation, and supervision all serve an important role in our community

DETERRENCE

- One goal of the criminal justice system is deterrence.
- Does an individual have to be charged, convicted of a crime, and serve a sentence in order to be deterred from performing future crimes?
- Can some people be reached and deterred without the full effect of the criminal justice system?

DIVERSION

Diversion is a process that provides an alternative means to prosecution. It helps to address the root causes of why a person is in the court system. Diversion eliminates a criminal conviction and the collateral consequences.

- Fewer Court Cases
- Less Stress on the Corrections System
- Less Crowded Jails and Prisons

CALIBRATE

Is a Prosecution-involved Pretrial Diversion Program that began in Missoula in late 2019

Original funding for the program was sourced from the MacArthur Foundation

In 2021, Calibrate was awarded a COSSUP Grant

- Additional Staff added
- Funding for Training
- Opportunity for Chemical Dependency Evaluations
- Partnership with the University of Montana, Sociology Department Study

The Program has an 87% Success Rate

CHARGED VS. UNCHARGED

CHARGED	UNCHARGED
Client has legal representation or an additional point of contact.	Clients can be difficult to contact.
Client is required to make court appearances. FTA result in warrants and prolonged court proceedings.	Reluctance of Clients.

WHO?

Typical Criminal Charges for Diversion Candidates have included:

- Financial Crimes
- Property Crimes
- Drug Offenses
- Partner and Family Member Assaults, 1st

Charges not considered for Diversion are DUIs, Drug Trafficking, Violent Crimes, and Sexual Offenses

WHY?

Diversion Seeks to Address Underlying Causes

Prosecution Led Diversion Might Seem Counter to the Role of the Prosecutor

Buy-In from Stakeholders

Cooperation among Stakeholders

HOW?

Utilized APA Toolkit as a Guide for Process Development

- (diversiontoolkit.org)

ORAS – Ohio Risk Assessment

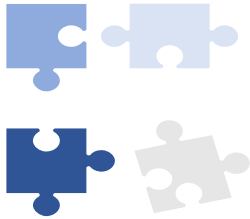
- Assessment Scale to Determine Risk Level – Low, Moderate, High

Developed Criteria for an Individualized Case Plan

33

WHAT?

- Treatment for Drug and Alcohol Driven Offenses
- Financial Counseling and Treatment for Gambling Addictions
- Community Service Requirements (For Example: Carousel for Missoula, Animeals, Habitat for Humanity, Community Maintenance and Graffiti Clean-up)



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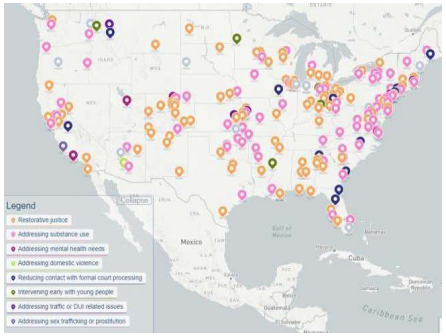
WHERE? NDAA Mapping Tool (diversion.ndaa.org)



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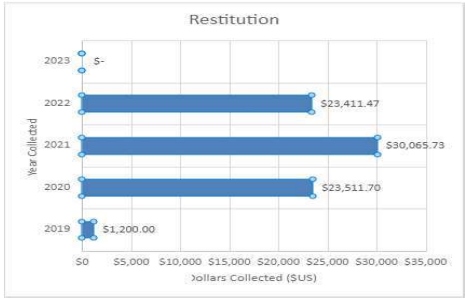
MEASURE OF SUCCESS

When appropriate, and indicated, we often incorporate restitution into the conditions of diversion.

Recompense for loss is often one tangible step in the completion of success in diversion participation.



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HOW ARE WE DOING?

	2020	2021	2022	2023
REFERRALS	108	71	116	
INTERVIEWED	56	34	43	
ADMITTED	43	32	35	
COMPLETED	12	29	27	
TERMINATED	2	3	5	
NEW ARRESTS/CITATIONS	2	2	4	
TECHNICAL VIOLATIONS	13	25	26	

THANK YOU!

Ray Reiser
Calibrate
Pretrial Diversion Coordinator
Missoula County Attorney's Office
200 West Broadway
Missoula, MT 59802-4292
Phone: 406-258-3263
Email: rreiser@missoulacounty.us

QUESTIONS?

Bureau of Justice Assistance's

Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Resource Center

www.cossapresources.org

SB 232 Subgroup Meetings Summary Notes
Intercepts 0-5
Subgroup - Substance Use Disorder (SUD)

Note: this is a summary of the information gained during the subgroup stakeholder meetings and is a snapshot of programs, services, and recommendations at the time of this report. It is not intended to be exhaustive or to exclude programs not specifically listed.

Participating Contributors
David Clayman, Colleen Lillard, John Snyder, Jenny Fleming, Rachel Thaxton, Lyn O'Connell, Catie Wilkes-Deligatti, Katie Chaisson-Downs, Christina Mullins, Gary Krushansky

Facilitation - Martha Minter, Jenny Lancaster

Participating Organizations
Dangerousness Assessment Advisory Board (DAAB)
Prosecuting Attorneys Institute
Project Hope
WVDHHR
- Statewide Forensic Services
- Deputy Secretary's Office
- Bureau for Behavioral Health
- Office of Drug Control Policy

WV Supreme Court of Appeals

SUD Subgroup Meeting Dates

Intercept 0	6/05/23
Intercepts 1 & 2	6/26/23
Intercept 3	7/17/23
Intercepts 4 & 5	7/24/23
Summary review	8/21/23

Note: For purposes of these summary notes, Substance Use Disorder (SUD) includes a group of diagnoses that include but are not limited to dependence and addiction to mood altering substances to the extent that they interfere with daily living. SUD conditions range in severity from mild to severe.

Factors that contribute to persons with SUD being at risk for involvement with law enforcement
- Co-occuring mental health disorder
- Co-occurring Intellectual Developmental Disability (IDD)

- Severe/difficult/aggressive behaviors – resulting from multiple causes
- Behaviors that are directly related to the person's diagnosis - e.g. withdrawal/urges that result in the commission of a crime
- Incompetent to understand the commission of a crime
- Limitations of family members to deal with severe behaviors
- Lack of availability of community-based services

Community-based Programs/Services for SUD Currently Available

Law Enforcement Assisted Diversion (LEAD)

- A program offered nationally
    - Started in downtown Seattle, WA, 2014
    - Expanded to Albuquerque, other states
- WV started offering and it is emerging as a best practice
    - Has been adapted to rural context in WV
- Addresses individuals who struggle with addiction and being arrested for drugs, drug paraphernalia, vagrancy
    - Recurring cycle of being arrested, receiving fines, jail
    - Unemployed so cannot pay fines – resulting in additional fines/penalties
- Substance misuse is primary requirement for eligibility but person can have co-occurring mental health issues
- Enables law enforcement officers to refer individuals to treatment instead of incarceration
    - At the discretion of each officer
    - Needs support of public defenders, prosecutors, attorneys to make referrals too
    - Law enforcement agency specific
    - Local city, county sheriffs
- Currently counties have 32 LEAD programs operating

LEAD data

- Generally 34-55 referrals received per month
- 2022 – 864 referrals
- 2023 – expect to have more than 2022
- Referrals can come from the community too

LEAD Process

- Law enforcement becomes involved – shoplifting, driving
- Questions to see if person is an appropriate candidate
    - No outstanding warrants
    - Non-violent offender
    - No felony
- Officer contacts call line at comprehensive behavioral health center (comp)
    - Intake officer does the intake
- Transportation
    - Self-transport
    - Law enforcement transport
- Warm hand-off to comp
    - Time of day or night will affect processes

- Officer then freed up

Angel Initiative - WV State Police

- Similar program to LEAD
- Operated by WV State Police
- Impacted by recent leadership changes, but LEAD leadership is assisting

PROACT - Huntington
https://proactwv.org/

Quick Response Teams (QRTs) - located around the state
QRTs assist individuals who have experienced an overdose with recovery support, social service referrals, and links to treatment options through multi-disciplinary teams comprised of a first responder, a Peer Recovery Support Specialist, a law enforcement officer, and a member of the faith-based community.

Mobile Crisis Teams - referrals via Help4WV and regionally via comprehensive behavioral health centers

Peers in EDs
13 EDs across southern WV
Provides referrals, transportation

Police and Peers program
https://dhhr.wv.gov/News/2023/Pages/DHHR-Partners-with-Fayetteville-Police-Department-on-Peer-Recovery-Support-Services.aspx

- Funding received from SAMHSA - 4 yrs
- Currently a total of 10 programs planned

Wrap for Wellness - regional partnership grant that Prestera - 8 counties
provides matched state/federal funding

Jail build - currently offered by So Highlands, FMRS (a "gray" version of LEAD)

Examples of Facility-based Programs

- Crisis Stabilization Units
- Project Hope
- Harmony House
- Recovery Housing

Issues/Barriers/Gaps/Needs

- Over-use of mental hygiene process for SUD
- Law enforcement often has nowhere to take the person
- Waiting list for competency evaluations

- Community Engagement Specialists cannot provide crisis services - can provide resource
- Once law enforcement is involved, it may tie behavioral health providers' hands
- Issue of other providers "dumping" individuals with difficult behaviors and then not taking them back

Data Needs
Workforce - low wages
Communication & Collaboration - learning who does what and where
Variances/inconsistencies around the state
Payment for services
    Dependence on grants
    Costs for services and comparisons
Lack of diversion - inconsistent across the state
Transportation

Recommendations/Action Items
Expand QRTs

Coordination of care - development of a live Dashboard for referrals (expand capacity of Help4WV?)

Better connection with the continuum of care

Expand family treatment courts - only 9 countries currently have

- needs support from judges
- needs funding - comes from the Supreme Court

Children from families with CPS - parents diverted into treatment/kids return when it's safe
    explore/expand ways to do this safely
    includes MAT (and obtain support from the courts)

Expand court system led deflection/diversion programs (also attention on post adjudication)
Post-arrest diversion

- Public defender led diversion
- Prosecutor led diversion
- Re-Entry diversion

More funding needed for Sublocade
Efforts needed at state level to reduce the costs of medication

Data - review local health department data (7/1 - 12/31/2022) re patients receiving injectables for MH conditions

Funding for injectable medications to be available in jails - more long-acting and allow for more successful transition post-release

Naloxone vending machines at jails to be available at time of release

Coordinate with courts to help with medication management (could be a condition of bond) before a person is released

- Magistrate-led re-entry
- Coordinate reentry services for those who have received SUD treatment while in prison - Expand LEAD model to serve people post release

Development of psychiatric urgent care (similar to the Adult MH urgent care recommendation)

- Would enable shared resources if co-located with Adult MH and Juveniles (with needed separation of units)
- 4 units, number of beds each - 8-12 (maybe 16?)
- located in proximity to population centers
- “Side doors” for law enforcement

Fatality Review Teams - obtain data

Notes

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[xi] West Virginia Code §27-6A-1. Qualified forensic evaluator; qualified forensic psychiatrist; qualified forensic psychologist; definitions and requirements.
https://code.wvlegislature.gov/27-6A-1/
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