

# WV Department of Military Affairs and Public Safety

## Justice Reinvestment in West Virginia

DEPARTMENT OF



MILITARY  
AFFAIRS  
&  
PUBLIC  
SAFETY

OFFICE OF THE SECRETARY

*Governor's Substance Abuse Regional Task Force*

July/August 2016

Joseph Thornton, Cabinet Secretary

# The Need for Justice Reinvestment

**2000-2009** WV had the fastest growing prison population in the nation and following years WV ranked in top **4** nationally

**2000-2011** Corrections spending in WV increased **69%**

**2013** Prison Population when JRI signed into law: 7,100

\*WV had bed space for 5,200

\*On any given day, WV also has over 500 inmates awaiting sentencing to DOC

\*40% of the regional jail population is DOC inmates

# Justice Reinvestment

*Justice Reinvestment embraces research, data and best practices to improve public safety and ensure an efficient and effective criminal justice system. These wide-ranging reforms help West Virginia target the drivers of both crime and costs for the state's corrections system. The resulting savings are dedicated toward holding offenders accountable while sustaining opportunities for a return to law-abiding and productive lives.*

# West Virginia's Unique Partnership

WEST VIRGINIA  
Department of

**Health**  
&  
**Human**  
Resources



Bureau for Behavioral Health  
& Health Facilities

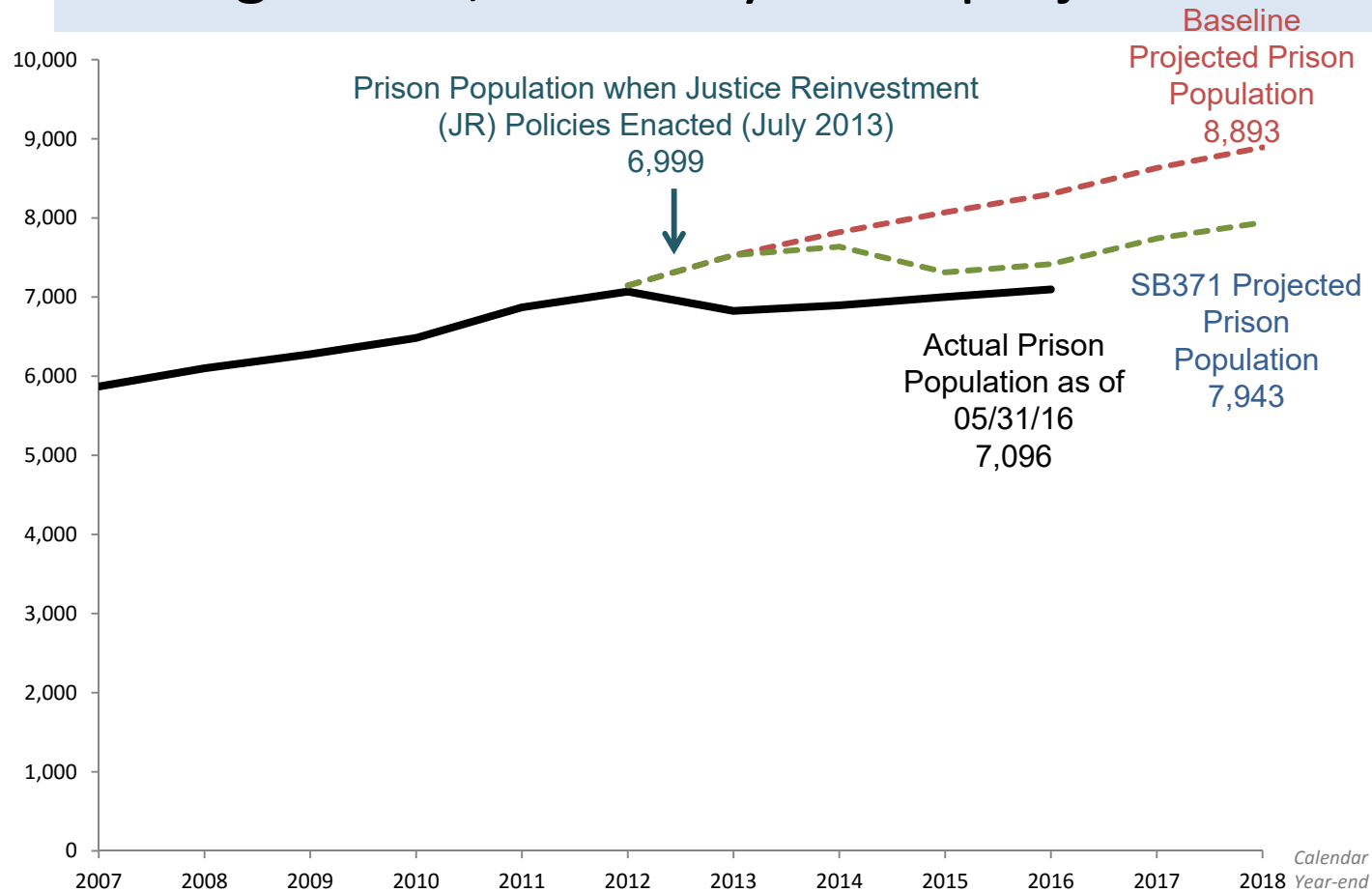


West Virginia  
Division of Justice &  
Community Services

# JRI/SB 371: Key Provisions

- Risk and Needs Assessment Tools
- DOC programs in Regional Jails
- DOC facilitates employment and housing opportunities
- Post-incarceration supervision
  - Mandatory for violent offenders
  - Judge's discretion for other offenders
- Streamlined parole process
- Graduated sanctions for parole, probation violations.
- Greater emphasis on alternative sentences
  - Day Report Centers
  - Drug Courts
  - Treatment Supervision

# West Virginia is on track to meet or exceed JR goals through 2018, the last year JR projections are available



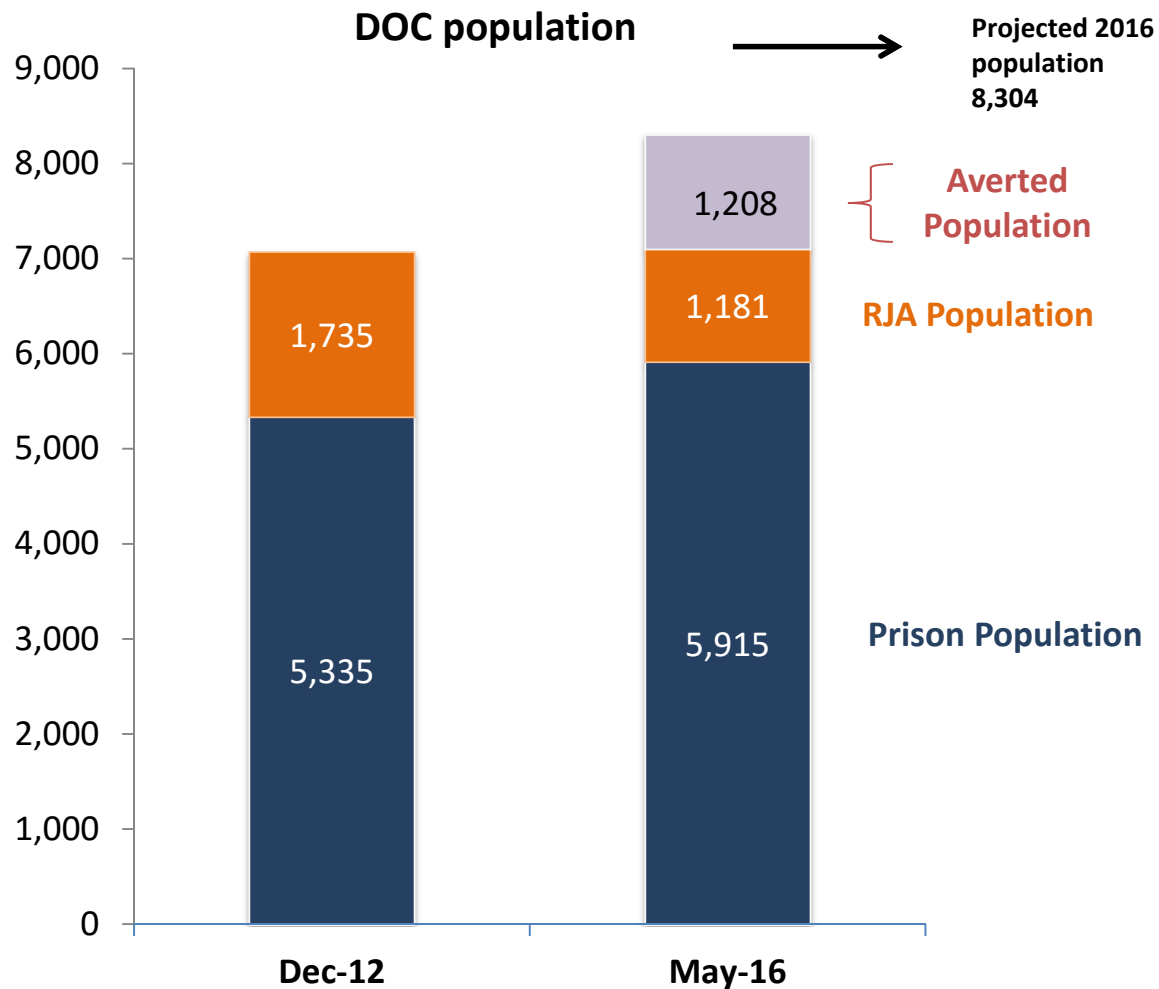
**\$29.5M**  
operational cost savings realized since JR enactment in 2013

**355**  
individuals served through Treatment Supervision reinvestment program as of May, 2016

**22%**  
increase in the number of parole release hearings

Source: Estimates and population figures can be found in the CSG Justice Center's "Justice Reinvestment in West Virginia: Analyses & Policy Options to Reduce Spending on Corrections & Reinvest in Strategies to Increase Public Safety." WVDOC provides actual prison population monthly.

# West Virginia averted a projected 15 percent increase in the prison population between 2012 and present



- ✓ Projected 15 percent growth in the prison population averted.
- ✓ Individuals confined to RJA are now receiving necessary programming.
- ✓ Supervision officers are using graduated sanctions. \$4.5 M in savings realized since JR enactment in 2013.

# SB 371: Treatment Supervision

## 62-15-6a

**Creates new sentencing option for judges to order an offender to supervision and treatment in lieu of incarceration and new capacity to serve parolees who are re-entering the community.**

**GOAL: Behavioral health providers and criminal justice community supervision agencies establish a new partnership with the goal of providing services to a target offender population.**

**Day Report Centers:** The DRC is an intermediate sanction that blends high levels of supervision with the delivery of services needed by offenders.

**Fundamental goals of the Day Reporting Center are to:**

Reduce offender recidivism.

Assist offenders in successful reentry.

Increase public safety by holding offenders accountable.

These goals will be achieved by providing cognitive based interventions, educational and vocational training and intensive community supervision.



# Treatment Supervision

**Who:** High risk felony offenders who have a substance abuse need and have a dual diagnosis

**What:** Support services, supportive housing, outpatient and intensive outpatient services, DRC services

**New capacity to serve the target population**

**Where:** Currently 39 counties throughout the state

**How:** Eligible offenders are referred to the DRC for Treatment Supervision.

# Services

## **Outpatient Services (OP)**

Clinical, behavioral health interventions designed substance use and/or co-occurring disorders.

Provide for therapy, case management, psychiatric and medication services delivered by psychiatric and addiction treatment professionals/mental health clinicians .

Length of service is individualized and based on clinical criteria for admission and continued treatment, and client's ability to make progress on personal treatment/recovery goals.

## **Intensive Outpatient Services (IS)**

Designed for individuals who are functionally impaired as a result of their co-occurring mental health and substance use disorders.

Provides for therapy, case management, psychiatric and medication services.

Cross-trained psychiatric and mental health clinicians/addiction treatment professionals deliver the services.

# Services

## **Community Engagement Specialist**

Engage and collaborate with all available community resources to prevent the need for involuntary commitment or re-offense, improve community integration, and promote recovery by addressing the often complex needs of eligible individuals.

## **Peer (Recovery) Coaching**

Provided by persons with lived experience managing their own behavioral health challenges, who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. To become a Peer Coach such persons must also complete training, education, and/or professional development opportunities for peer coaching.

# Recovery Residences

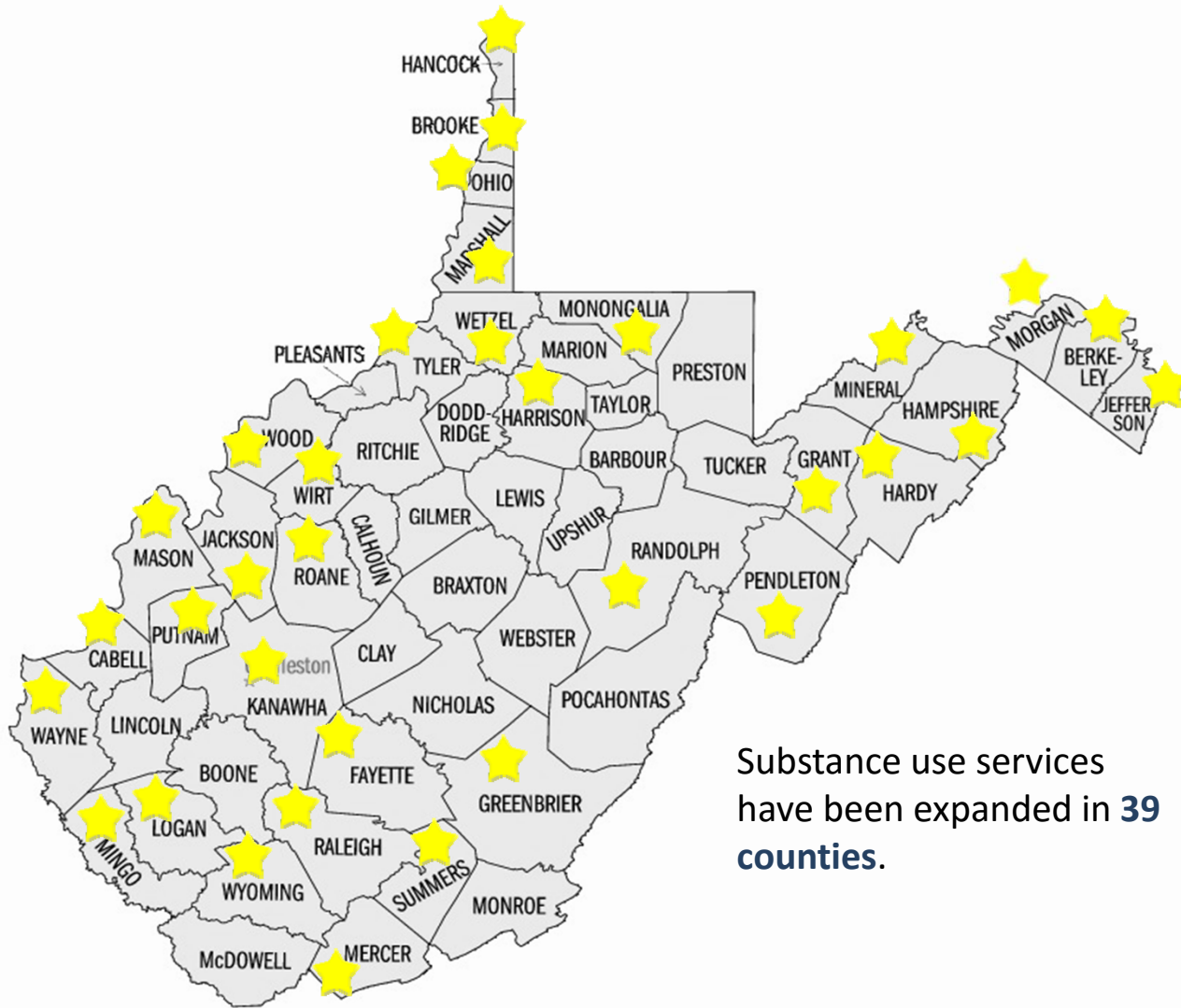
## Level II Recovery Residence

- Include but are not restricted to:
- drug screening
- house/resident meetings
- mutual aid/self-help meetings
- structured house/resident rules
- peer-run groups, and
- clinical treatment services accessed and utilized within the community
- Staff positions include but are not restricted to a Certified Peer (Recovery) Coach and other Certified Peer staff
- **Resident capacity: 8-15 beds**

## Level III Recovery Residence

- Include but are not restricted to:
- drug screening
- house/resident meetings
- mutual aid/self-help meetings
- structured house/resident rules
- peer-run groups
- life skill development emphasis, and
- clinical treatment services accessed and utilized within the community
- Staff positions for a include but are not restricted to a Facility Manager, Certified Peer (Recovery) Coach, Case Manager(s), and other Certified Peer staff.
- **Resident capacity: 60-100 beds**

\$11.7 million has been appropriated over 4 fiscal years for community-based substance use treatment and services



Substance use services have been expanded in **39** counties.

**\$7.3M**  
awarded to local  
Treatment  
Supervision  
programs

**355**  
individuals served  
through Treatment  
Supervision program  
as of May 2016

**336**  
recovery residence  
beds expected to be  
available in 2016 /  
2017

**110**  
recovery residence  
beds currently  
available

# Medication-Assisted Treatment

With high rates of opioid abuse and difficulty obtaining treatment upon release, correctional settings help facilitate inmate participation in community treatment.

Vivitrol for an offender reentry effort to be developed by DJCS, DHHR /BHHR, DOC and PSIMED to target those who are incarcerated, ready for release, and are identified as being opiate dependent.

The idea is to provide a much-needed benefit from a Vivitrol injection at the point of release that will allow a bridge between DOC services and their access to the community-based services within the Treatment Supervision project.

30 injections since inception of program that began in July 2015.

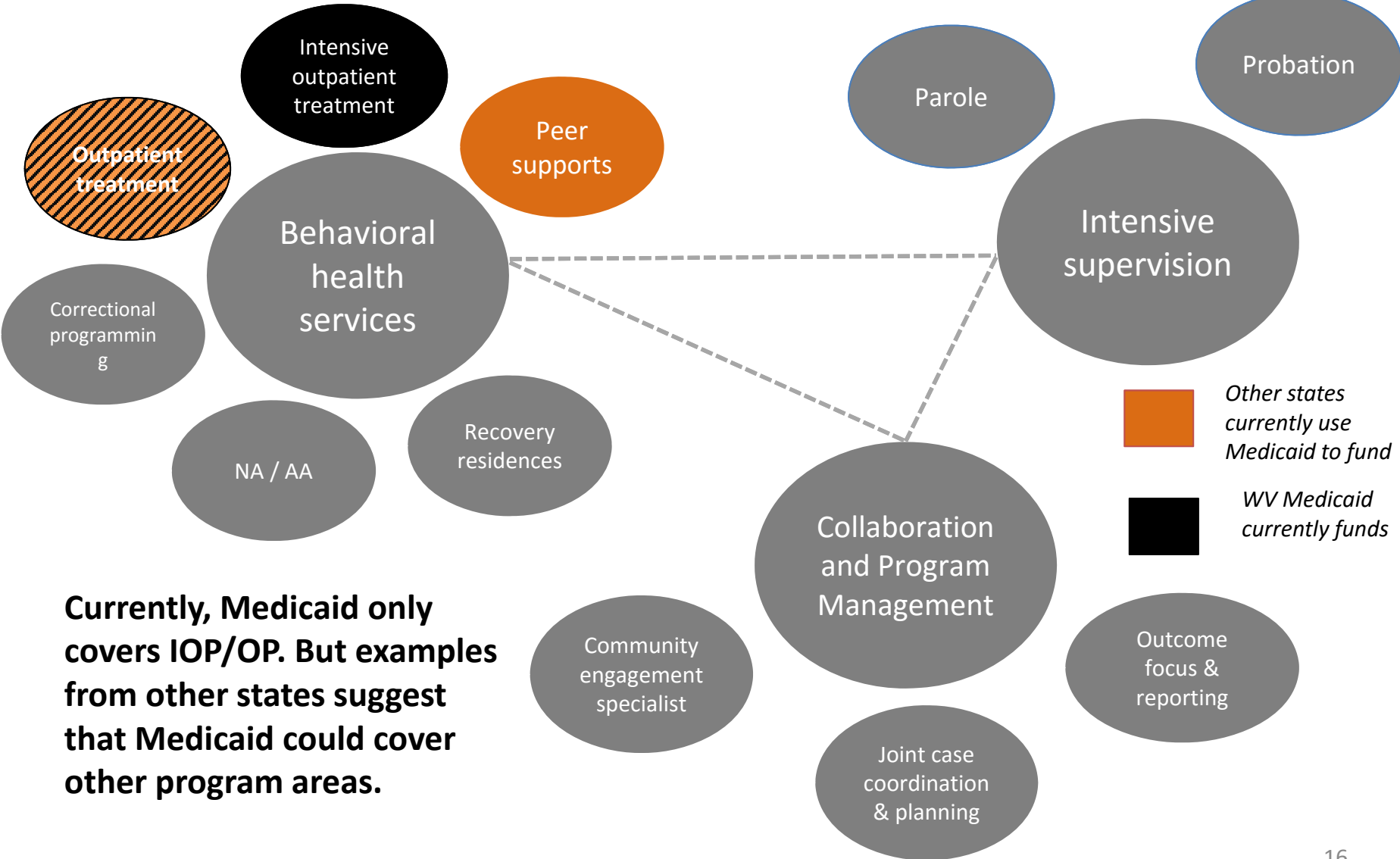
# Affordable Care Act Expansion

ACA coverage expansions now include individuals reentering communities from jails and prisons (generally haven't had health coverage in the past).

Justice involved population typically have comparatively high rates of Substance Abuse / Mental Health disorders. Expansion has provided an opportunity to coordinate new health coverage with other efforts to increase successful reentry transitions.

Addressing Behavioral Health needs can reduce recidivism and expenditures in Criminal Justice system while increasing public health and safety outcomes.

Expanding Medicaid-covered services would allow the state to get even more mileage out of reinvestment funds



**Currently, Medicaid only covers IOP/OP. But examples from other states suggest that Medicaid could cover other program areas.**



# Sustaining Justice Reinvestment

- Reinvestment
  - Legislature's continued appropriation to support progress and continue to address concerns
  - Next steps for Treatment Supervision grant program
    - Outreach and education
    - Expansion in rural areas- GACSA Region IV
    - Promote telehealth services
    - MAT
    - Affordable Care Act intensive effort

# Sustaining Justice Reinvestment

- Sustain progress and continue criminal justice reform policies
  - Parole Board to continue focus on decision making guidelines
  - Courts / judges to work on graduated responses
  - Carry out information sharing plans so data can better inform decision making
  - Sustain inter-agency inter-branch collaboration to monitor systems data

# Treatment Supervision Program Coordinators

## **Jason Metzger**

Senior Program Specialist

**West Virginia Division of Justice and  
Community Services (DJCS)**

1204 Kanawha Boulevard, East

Charleston, WV 25301-2900

Phone: (304) 558-8814

Fax: (304) 558-0391

Email: [Jason.W.Metzger@wv.gov](mailto:Jason.W.Metzger@wv.gov)

## **Dorse Sears**

JRI Program Specialist

**West Virginia Division of Justice and  
Community Services (DJCS)**

1204 Kanawha Boulevard, East

Charleston, WV 25301-2900

Phone: (304) 558-8814

Fax: (304) 558-0391

Email: [Dorse.D.Sears@wv.gov](mailto:Dorse.D.Sears@wv.gov)

## **Rachel Moss, MSW, LGSW**

Program Manager

**Division on Alcoholism and Drug Abuse  
Bureau for Behavioral Health and  
Health Facilities**

350 Capitol Street, Suite 350

Charleston, WV 25301

Phone: (304) 356-4962

Fax: (304) 558-1008

Email: [Rachel.L.Moss@wv.gov](mailto:Rachel.L.Moss@wv.gov)

## **Charity Sayre**

JRI Program Coordinator, Office of the Secretary

**WV Department of Military Affairs  
& Public Safety (DMAPS)**

1900 Kanawha Boulevard, East, Suite W-400

Charleston, WV 25305

Phone (304) 558-2930

Email: [Charity.N.Sayre@wv.gov](mailto:Charity.N.Sayre@wv.gov)

Joseph C. Thornton  
Cabinet Secretary  
WV Department of Military Affairs &  
Public Safety

[Joseph.C.Thornton@wv.gov](mailto:Joseph.C.Thornton@wv.gov)

304-558-2930

[www.dmaps.wv.gov](http://www.dmaps.wv.gov)