1	COMMITTEE SUBSTITUTE
2	FOR
3	Senate Bill No. 62
4	(By Senators Cookman, Laird and Plymale)
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6	[Originating in the Committee on the Judiciary;
7	reported February 7, 2014.]
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10	A BILL to amend and reenact $\$62-15-7$ of the Code of West Virginia,
11	1931, as amended, relating to authorizing drug courts to refer
12	drug court participants who may have co-occurring addiction
13	and mental illness conditions to properly licensed, certified
14	mental health professionals for purposes of diagnosis and
15	treatment; and directing the Department of Health and Human
16	Resources to pay for the services using the Medicaid fee
17	schedule if the participant is without insurance and unable to
18	pay.
19	Be it enacted by the Legislature of West Virginia:
20	That $$62-15-7$$ of the Code of West Virginia, 1931, as amended,
21	be amended and reenacted to read as follows:
22	ARTICLE 15. DRUG OFFENDER ACCOUNTABILITY AND TREATMENT ACT.
23	§62-15-7. Treatment and support services.
24	(a) As part of any diagnostic assessments, the individual
25	assessment should shall make specific recommendations to the drug

- 1 court team regarding the type of treatment program and duration
- 2 necessary, including a determination of medical appropriateness of
- 3 <u>long acting opiate antagonists</u>, so that a drug offender's
- 4 individualized needs can be addressed. These assessments and
- 5 resulting recommendations should must be based upon objective
- 6 medical diagnostic criteria. Treatment recommendations accepted by
- 7 the court, pursuant to the provisions of this article, shall be
- 8 deemed are considered to be reasonable and necessary.
- 9 (b) A drug court making a referral for substance abuse
- 10 treatment shall refer the drug offender to a program that is
- 11 licensed, certified or approved by the court.
- 12 (c) The court shall determine which treatment programs are
- 13 authorized to provide the recommended treatment to drug offenders.
- 14 The relationship between the treatment program and the court should
- 15 shall be governed by a memorandum of understanding, which should
- 16 shall include the timely reporting of the drug offender's progress
- 17 or lack thereof of progress to the drug court.
- 18 (d) It is essential to provide offenders with adequate support
- 19 services and aftercare.
- 20 (e) Recognizing that drug offenders are frequently dually
- 21 diagnosed, appropriate services should be made available, where
- 22 practicable.
- 23 (f) Recognizing that the longer a drug offender stays in
- 24 treatment, the better the outcome, the length of stay in treatment
- 25 should shall be determined by the drug court team based on
- 26 individual needs and accepted practices: Provided, That drug court

1 participation shall may not be less than one year duration.

(g) When a drug court has cause to believe that a drug court 2 3 participant may have co-occurring addiction and mental health 4 issues it may direct that the participant be evaluated and, if 5 necessary, treated by a psychiatrist, psychologist or other mental 6 health professional. Any program to which a participant is 7 referred must be appropriately licensed or certified. A 8 participant who has been ordered into a program pursuant to this 9 section who does not have health insurance coverage or the ability 10 to pay shall, pursuant to the court order, have his or her mental 11 health evaluation and treatment, including, but not limited to, 12 prescribed medications, paid for by the Department of Health and 13 Human Resources, based on the Medicaid fee schedule, medicaid 14 benefit design and medical utilization review criteria for the 15 services while the participant is under the jurisdiction of the 16 drug court. Drug court personnel shall assist participants who are 17 referred for mental health evaluation and treatment who do not have 18 health insurance coverage or other ability to pay to apply for 19 medical services or for other health insurance coverage which might 20 <u>be applicable.</u>