

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Introduced

Senate Bill 160

**FISCAL
NOTE**

By Senator Deeds

[Introduced January 14, 2026; referred
to the Committee on the Judiciary; and then to the
Committee on Finance]

1 A BILL to amend and reenact §27-5-1, §27-5-1b, §27-5-2, and §27-5-4 of the Code of West
2 Virginia, 1931, as amended; to amend the code by adding a new section, designated §27-
3 5-2b; and to amend the code by adding a new article, designated §27-5A-1, §27-5A-2, and
4 §27-5A-3, relating generally to the creation of mental hygiene regions by the Supreme
5 Court of Appeals; clarifying that mental hygiene evaluations and proceedings may be
6 conducted by video technology; removing licensed professional counselors and licensed
7 independent social workers as approved examiners for mental hygiene evaluations;
8 creating a temporary observation release for mental hygiene respondents; clarifying that
9 chief medical officer releases requiring approval of circuit court only apply to forensic
10 patients; requiring hearings for any commitment period of longer than 90 days and
11 prohibiting any person from being civilly committed to longer than 120 days without a
12 hearing to determine whether the individual continues to meet commitment criteria;
13 removing obsolete language regarding transcripts of proceedings to circuit court of county
14 of residence; restructuring the mental hygiene commissioner system by authorizing new
15 mental hygiene regions and full-time mental hygiene commissioners employed by the
16 Supreme Court of Appeals; authorizing mental hygiene proceedings and evaluations by
17 video and requiring facilities to provide technology that meets Supreme Court of Appeals
18 specifications; authorizing statewide coverage for mental hygiene evaluations and
19 permitting a mental hygiene commissioner to exclude evaluator testimony based on the
20 West Virginia Rules of Evidence; and requiring each certified community mental health
21 center to ensure that at least one examiner is available to provide uniform and continuous
22 coverage in each region, including afterhours, weekends, and holidays.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. INVOLUNTARY HOSPITALIZATION.

§27-5-1. Appointment of mental hygiene commissioner; duties of mental hygiene commissioner; duties of prosecuting attorney; duties of sheriff; duties of Supreme

Court of Appeals; use of certified municipal law-enforcement officers.

1 (a) *Appointment of mental hygiene commissioners.* — The chief judge in each judicial
2 circuit of this state shall appoint a competent attorney and may, if necessary, appoint additional
3 attorneys to serve as mental hygiene commissioners to preside over involuntary hospitalization
4 hearings In a county outside a mental hygiene region created as provided in §27-5A-1 of this code,
5 the chief circuit judge of that judicial circuit shall appoint a competent attorney, and may, if
6 necessary, appoint additional attorneys to serve as mental hygiene commissioners to preside over
7 involuntary hospitalization hearings. Mental hygiene commissioners shall be persons of good
8 moral character and of standing in their profession and they shall, before assuming the duties of a
9 commissioner, take the oath required of other special commissioners as provided in §6-1-1 et
10 seq. of this code.

11 Prior to presiding over an involuntary hospitalization hearing, each newly appointed person
12 to serve as a mental hygiene commissioner and all magistrates shall attend and complete an
13 orientation course that consists of training provided annually by the Supreme Court of Appeals and
14 complete an orientation program to be developed by the Secretary of the Department of Health
15 Facilities Human Services. In addition, existing mental hygiene commissioners and all magistrates
16 trained to hold probable cause and emergency detention hearings involving involuntary
17 hospitalization shall attend and complete a course provided by the Supreme Court of Appeals and
18 complete an orientation program to be developed by the Secretary of the Department of Health
19 Facilities Human Services. Persons attending the courses outside the county of their residence
20 shall be reimbursed out of the budget of the Supreme Court—General Judicial for reasonable
21 expenses incurred. The Supreme Court of Appeals shall establish curricula and rules for the
22 courses, including rules providing for the reimbursement of reasonable expenses as authorized in
23 this section. The Secretary of the Department of Health Facilities Human Services shall consult
24 with the Supreme Court of Appeals regarding the development of the orientation program.

(b) Duties of mental hygiene commissioners. —

(1) Mental hygiene commissioners may sign and issue summonses for the attendance, at hearing held pursuant to §27-5-4 of this code, of the individual sought to be committed; may and issue subpoenas for witnesses, including subpoenas duces tecum; may place any ness under oath; may elicit testimony from applicants, respondents, and witnesses regarding actual issues raised in the petition; and may make findings of fact on evidence and may make conclusions of law, but the findings and conclusions are not binding on the circuit court. All mental hygiene commissioners shall be reasonably compensated at a uniform rate determined by the Supreme Court of Appeals. Mental hygiene commissioners shall submit all requests for compensation to the administrative director of the courts for payment. Mental hygiene commissioners shall discharge their duties and hold their offices at the pleasure of the chief judge of the judicial circuit in which he or she is appointed and may be removed at any time by the chief judge. A mental hygiene commissioner shall conduct orderly inquiries into the mental health of the individual sought to be committed concerning the advisability of committing the individual to a mental health facility. The mental hygiene commissioner shall safeguard, at all times, the rights and interests of the individual as well as the interests of the state. The mental hygiene commissioner shall make a written report of his or her findings to the circuit court. In any proceedings before any court of record as set forth in this article, the court of record shall appoint an interpreter for any individual who is deaf or cannot speak, or who speaks a foreign language, and who may be subject to involuntary commitment to a mental health facility.

(2) A mental hygiene commissioner appointed by the circuit court judge of one county or multiple county circuits may serve in that capacity in a jurisdiction other than that of his or her original appointment if it is agreed upon by the terms of a cooperative agreement between the circuit courts and county commissions of two or more counties entered into to provide prompt resolution of mental hygiene matters during hours when the courthouse is closed or on nonjudicial days.

51 (c) Duties of prosecuting attorney. —The prosecuting attorney or one of his or her
52 assistants shall represent the applicants in all final commitment proceedings filed pursuant to the
53 provisions of this article. The prosecuting attorney may appear in any proceeding held pursuant to
54 the provisions of this article if he or she determines it to be in the public interest.

(d) Duties of sheriff. — Upon written order of the circuit court judge, mental hygiene commissioner, or magistrate in the county where the individual formally accused of being mentally ill or having a substance use disorder is a resident or is found, the sheriff of that county shall take the individual into custody and transport him or her to and from the place of hearing and the mental health facility. The sheriff shall also maintain custody and control of the accused individual during the period of time in which the individual is waiting for the involuntary commitment hearing to be convened and while the hearing is being conducted: *Provided*, That an individual who is a resident of a state other than West Virginia shall, upon a finding of probable cause, be transferred to his or her state of residence for treatment pursuant to §27-5-4(p) of this code: *Provided, however*, That where an individual is a resident of West Virginia but not a resident of the county in which he or she is found and there is a finding of probable cause, the county in which the hearing is held may seek reimbursement from the county of residence for reasonable costs incurred by the county attendant to the mental hygiene proceeding. Notwithstanding any provision of this code to the contrary, sheriffs may enter into cooperative agreements with sheriffs of one or more other counties, with the concurrence of their respective circuit courts and county commissions, by which transportation and security responsibilities for hearings held pursuant to the provisions of this article during hours when the courthouse is closed or on nonjudicial days may be shared in order to facilitate prompt hearings and to effectuate transportation of persons found in need of treatment. In the event an individual requires transportation to a state hospital as defined by §27-1-6 of this code, the sheriff shall contact the state hospital in advance of the transportation to determine if the state hospital has available suitable bed capacity to place the individual.

76 (e) Duty of sheriff upon presentment to mental health care facility. — When a person is

77 brought to a mental health care facility for purposes of evaluation for commitment under this
78 article, if he or she is violent or combative, the sheriff or his or her designee shall maintain custody
79 of the person in the facility until the evaluation is completed, or the county commission shall
80 reimburse the mental health care facility at a reasonable rate for security services provided by the
81 mental health care facility for the period of time the person is at the hospital prior to the
82 determination of mental competence or incompetence.

83 (f) Duties of Supreme Court of Appeals. — The Supreme Court of Appeals shall provide
84 uniform petition, procedure, and order forms which shall be used in all involuntary hospitalization
85 proceedings brought in this state.

86 (g) Duties of the Department of ~~Health Facilities~~ Human Services. — The secretary shall
87 develop an orientation program as provided in subsection (a) of this section. The orientation
88 program shall include, but not be limited to, instruction regarding the nature and treatment of
89 mental illness and substance use disorder; the goal and purpose of commitment; community-
90 based treatment options; and less restrictive alternatives to inpatient commitment.

§27-5-1b. Pilot projects and other initiatives.

1 (a) *Duties of the Department of Human Services.* — The Secretary shall, in collaboration
2 with designees of the Supreme Court of Appeals, the Sheriff's Association, the Prosecuting
3 Attorney's Association, the Public Defender Services, the Behavioral Health Providers
4 Association, Disability Rights of West Virginia, and a designee of the Dangerousness Assessment
5 Advisory Board, undertake an evaluation of the utilization of alternative transportation providers
6 and the development of standards that define the role, scope, regulation, and training necessary
7 for the safe and effective utilization of alternative transportation providers and shall further identify
8 potential financial sources for the payment of alternative transportation providers.
9 Recommendations regarding such evaluation shall be submitted to the President of the Senate
10 and the Speaker of the House of Delegates on or before July 31, 2022. The Legislature requests
11 the Supreme Court of Appeals cooperate with the listed parties and undertake this evaluation.

12 (b) (a) Civil Involuntary Commitment Audits. — ~~The secretary~~ The secretaries of the
13 Department of Human Services and Health Facilities shall jointly establish a process to conduct
14 retrospective quarterly audits of applications and licensed examiner forms prepared by certifiers
15 for the involuntary civil commitment of persons as provided in §27-5-1 *et seq.* of this code. The
16 process shall determine whether the licensed examiner forms prepared by certifiers are clinically
17 justified and consistent with the requirements of this code and, if not, develop corrective actions to
18 redress identified issues and, in consultation with the Supreme Court of Appeals provide guidance
19 to certifiers and judicial officers. The Legislature requests the Supreme Court of Appeals
20 participate in this process with the ~~secretary~~ secretaries. The process and the findings thereof
21 shall be confidential, not subject to subpoena, and not subject to the provisions of §6-9A-1 *et seq.*
22 and §29B-1-1 *et seq.* of this code.

23 (f) (b) Duties of the Mental Health Center for Purposes of Evaluation for Commitment. —
24 Each mental health center shall make available as necessary a qualified and competent licensed
25 person to conduct prompt evaluations of persons for commitment in accordance with §27-5-1 *et*
26 *seq.* of this code. Evaluations ~~shall be conducted in person, unless an in-person evaluation would~~
27 ~~create a substantial delay to the resolution of the matter, and then the evaluation may be~~
28 conducted by videoconference. Each mental health center that performs these evaluations shall
29 exercise reasonable diligence in performing the evaluations and communicating with the state
30 hospital to provide all reasonable and necessary information to facilitate a prompt and orderly
31 admission to the state hospital of any person who is or is likely to be involuntarily committed to
32 such hospital. Each mental health center that performs these evaluations shall explain the
33 involuntary commitment process to the applicant and the person proposed to be committed and
34 further identify appropriate alternative forms of potential treatment, loss of liberty if committed, and
35 the likely risks and benefits of commitment.

36 (k) (c) Notwithstanding any provision of this code to the contrary, the Supreme Court of
37 Appeals, mental health facilities, law enforcement, and the Department of Human Services and

38 the Department of Health Facilities may participate in pilot projects in Cabell, Wood, Berkeley, and
39 Ohio Counties to implement an involuntary commitment process. Further, notwithstanding any
40 provision of this code to the contrary, no alternative transportation provider may be utilized until
41 standards are developed and implemented that define the role, scope, regulation, and training
42 necessary for an alternative transportation provider as provided in subsection (a) of this section.

§27-5-2. Institution of proceedings for involuntary custody for examination; custody;

probable cause hearing; examination of individual.

1 (a) Any adult person may make an application for involuntary hospitalization for
2 examination of an individual when the person making the application has reason to believe that the
3 individual to be examined has a substance use disorder as defined by the most recent edition of
4 the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders,
5 inclusive of substance use withdrawal, or is mentally ill and because of his or her substance use
6 disorder or mental illness, the individual is likely to cause serious harm to himself, herself, or to
7 others if allowed to remain at liberty while awaiting an examination and certification by a physician,
8 psychologist, licensed professional counselor, licensed independent social worker, an advanced
9 nurse practitioner, or physician assistant as provided in subsection (e) of this section: *Provided*,
10 That a diagnosis of dementia, epilepsy, or intellectual or developmental disability alone may not be
11 a basis for involuntary commitment to a state hospital: *Provided, however*, That an application for
12 involuntary hospitalization may be made where the person making the application has reason to
13 believe the individual to be examined has a substance use disorder, has lost the power of self-
14 control with respect to substance use, is in need of substance abuse services and, by reason of
15 substance abuse impairment, his or her judgment has been so impaired that the individual is
16 incapable of appreciating his or her need for such services and is further incapable of making a
17 rational decision in regard thereto: *Provided further*, That an individual's mere refusal to receive
18 substance abuse services does not constitute evidence of lack of judgment with respect to his or
19 her need for substance abuse services.

20 (b) Notwithstanding any language in this subsection to the contrary, if the individual to be
21 examined under the provisions of this section is incarcerated in a jail, prison, or other correctional
22 facility, then only the chief administrative officer of the facility holding the individual may file the
23 application, and the application must include the additional statement that the correctional facility
24 itself cannot reasonably provide treatment and other services necessary to treat the individual's
25 mental illness or substance use.

26 (c) Application for involuntary custody for examination may be made to the circuit court,
27 magistrate court, or a mental hygiene commissioner of the county in which the individual resides,
28 or of the county in which he or she may be found. A magistrate before whom an application or
29 matter is pending may, upon the availability of a mental hygiene commissioner or circuit court
30 judge for immediate presentation of an application or pending matter, transfer the pending matter
31 or application to the mental hygiene commissioner or circuit court judge for further proceedings
32 unless otherwise ordered by the chief judge of the judicial circuit.

33 (d) The person making the application shall give information and state facts in the
34 application required by the form provided for this purpose by the Supreme Court of Appeals.

35 (e) (1) The circuit court, mental hygiene commissioner, or magistrate may enter an order
36 for the individual named in the application to be detained and taken into custody as provided in
37 §27-5-1 and §27-5-10 of this code for the purpose of holding a probable cause hearing as provided
38 in §27-5-2 of this code. An examination of the individual to determine whether the individual meets
39 involuntary hospitalization criteria shall be conducted in person unless an in person examination
40 would create a substantial delay in the resolution of the matter in which case the examination may
41 be by video conference, and shall be performed by a physician, psychologist, a licensed
42 professional counselor practicing in compliance with §30-31-1 *et seq.* of this code, a licensed
43 independent clinical social worker practicing in compliance with §30-30-1 *et seq.* of this code, an
44 advanced nurse practitioner with psychiatric certification practicing in compliance with §30-7-1 *et*
45 *seq.* of this code, a physician assistant practicing in compliance with §30-3-1 *et seq.* of this code,

46 or a physician assistant practicing in compliance with §30-3E-1 *et seq.* of this code: *Provided*, That
47 a licensed professional counselor, a licensed independent clinical social worker, or a physician
48 assistant, or an advanced nurse practitioner with psychiatric certification may only perform the
49 examination if he or she has previously been authorized by an order of the circuit court to do so,
50 the order having found that the licensed professional counselor, the licensed independent clinical
51 social worker, physician assistant, or advanced nurse practitioner with psychiatric certification has
52 particularized expertise in the areas of mental health and mental hygiene or substance use
53 disorder sufficient to make the determinations required by the provisions of this section. The
54 examination shall be provided or arranged by a community mental health center designated by the
55 Secretary of the Department of Human Services to serve the county in which the action takes
56 place. The order is to specify that the evaluation be held within a reasonable period of time not to
57 exceed two hours and shall provide for the appointment of counsel for the individual: *Provided*,
58 *however*, That the time requirements set forth in this subsection only apply to persons who are not
59 in need of medical care for a physical condition or disease for which the need for treatment
60 precludes the ability to comply with the time requirements. During periods of holding and detention
61 authorized by this subsection, upon consent of the individual or if there is a medical or psychiatric
62 emergency, the individual may receive treatment. The medical provider shall exercise due
63 diligence in determining the individual's existing medical needs and provide treatment the
64 individual requires, including previously prescribed medications. As used in this section,
65 "psychiatric emergency" means an incident during which an individual loses control and behaves
66 in a manner that poses substantial likelihood of physical harm to himself, herself, or others. Where
67 a physician, psychologist, licensed professional counselor, licensed independent clinical social
68 worker, physician assistant, or advanced nurse practitioner with psychiatric certification has, within
69 the preceding 72 hours, performed the examination required by this subsection the community
70 mental health center may waive the duty to perform or arrange another examination upon
71 approving the previously performed examination. Notwithstanding this subsection, §27-5-4(r) of

72 this code applies regarding payment by the county commission for examinations at hearings. If the
73 examination reveals that the individual is not mentally ill or has no substance use disorder, or is
74 determined to be mentally ill or has a substance use disorder but not likely to cause harm to
75 himself, herself, or others, or the individual has a substance use disorder but has not lost the
76 power of self-control with respect to substance use, is not in need of substance abuse services
77 and, by reason of substance abuse impairment, or his or her judgment has not been so impaired
78 that the individual is incapable of appreciating his or her need for such services and is further
79 incapable of making a rational decision in regard thereto, then the individual shall be immediately
80 released without the need for a probable cause hearing. The examiner shall immediately, but no
81 later than 60 minutes after completion of the examination, provide the mental hygiene
82 commissioner, circuit court, or magistrate before whom the matter is pending, and the state
83 hospital to which the individual may be involuntarily hospitalized, the results of the examination on
84 the form provided for this purpose by the Supreme Court of Appeals for entry of an order reflecting
85 the lack of probable cause.

86 (2) A mental health service provider authorized under this subsection who performs an
87 involuntary custody examination shall not be civilly liable to any party or non-party to the
88 proceeding regardless of the examination results unless the mental health service provider acted
89 with negligence demonstrated by clear and convincing evidence or in bad faith in performing the
90 examination or rendering his or her opinion.

91 (f) A probable cause hearing shall be held promptly before a magistrate, the mental
92 hygiene commissioner, or circuit judge of the county of which the individual is a resident or where
93 he or she was found. If requested by the individual or his or her counsel, the hearing may be
94 postponed for a period not to exceed 48 hours. Hearings may be conducted via videoconferencing
95 unless the individual or his or her attorney object for good cause or unless the magistrate, mental
96 hygiene commissioner, or circuit judge orders otherwise. The Supreme Court of Appeals is
97 requested to develop regional mental hygiene collaboratives where mental hygiene

98 commissioners can share on-call responsibilities, thereby reducing the burden on individual
99 circuits and commissioners.

100 The individual shall be present at the hearing and has the right to present evidence,
101 confront all witnesses and other evidence against him or her, and examine testimony offered,
102 including testimony by representatives of the community mental health center serving the area.
103 Expert testimony at the hearing may be taken telephonically or via videoconferencing. The
104 individual has the right to remain silent and to be proceeded against in accordance with the Rules
105 of Evidence of the Supreme Court of Appeals, except as provided in §27-1-12 of this code. At the
106 conclusion of the hearing, the magistrate, mental hygiene commissioner, or circuit court judge
107 shall find and enter an order stating whether or not it is likely that deterioration will occur without
108 clinically necessary treatment, or there is probable cause to believe that the individual, as a result
109 of mental illness or substance use disorder, is likely to cause serious harm to himself or herself or
110 to others, and that placement of treatment in an out-patient community-based treatment program
111 is not clinically appropriate. Any such order entered shall be provided to the state hospital to which
112 the individual may or will be involuntarily hospitalized within 60 minutes of filing absent good
113 cause.

114 (g) Probable cause hearings may occur in the county where a person is hospitalized. The
115 judicial hearing officer may: use videoconferencing and telephonic technology; permit persons
116 individuals hospitalized for substance use disorder to be involuntarily hospitalized until
117 detoxification is accomplished and the individual agrees to voluntary treatment for substance use
118 disorder; and specify other alternative or modified procedures that are consistent with the
119 purposes and provisions of this article to promote a prompt, orderly, and efficient hearing. The
120 alternative or modified procedures shall fully and effectively guarantee to the person who is the
121 subject of the involuntary commitment proceeding and other interested parties due process of the
122 law and access to the least restrictive available treatment needed to prevent serious harm to self
123 or others or otherwise remedy the substance use disorder.

124 (h) If the magistrate, mental hygiene commissioner, or circuit court judge at a probable
125 cause hearing or a mental hygiene commissioner or circuit judge at a final commitment hearing
126 held pursuant to the provisions of §27-5-4 of this code finds that the individual, as a direct result of
127 mental illness or substance use disorder is likely to cause serious harm to himself, herself, or
128 others and because of mental illness or a substance use disorder requires treatment, the
129 magistrate, mental hygiene commissioner, or circuit court judge may consider evidence on the
130 question of whether the individual's circumstances make him or her amenable to outpatient
131 treatment in a nonresidential or nonhospital setting pursuant to a voluntary treatment agreement.

At the conclusion of the hearing, the magistrate, mental hygiene commissioner, or circuit court judge shall find and enter an order stating whether or not it is likely that deterioration will occur without clinically necessary treatment, or there is probable cause to believe that the individual, as a result of mental illness or substance use disorder, is likely to cause serious harm to himself, herself, or others. The agreement is to be in writing and approved by the individual, his or her counsel, and the magistrate, mental hygiene commissioner, or circuit court judge. If the magistrate, mental hygiene commissioner, or circuit court judge determines that appropriate outpatient treatment is available in a nonresidential or nonhospital setting, the individual may be released to outpatient treatment upon the terms and conditions of the voluntary treatment agreement. The failure of an individual released to outpatient treatment pursuant to a voluntary treatment agreement to comply with the terms of the voluntary treatment agreement constitutes evidence that outpatient treatment is insufficient and, after a hearing before a magistrate, mental hygiene commissioner, or circuit judge on the issue of whether or not the individual failed or refused to comply with the terms and conditions of the voluntary treatment agreement and whether the individual as a result of mental illness or substance use disorder remains likely to cause serious harm to himself, herself, or others, the entry of an order requiring admission under involuntary hospitalization pursuant to §27-5-3 of this code may be entered. Nothing in the provisions of this article regarding release pursuant to a voluntary treatment agreement or

150 convalescent status may be construed as creating a right to receive outpatient mental health
151 services or treatment, or as obligating any person or agency to provide outpatient services or
152 treatment. Time limitations set forth in this article relating to periods of involuntary commitment to a
153 mental health facility for hospitalization do not apply to release pursuant to the terms of a voluntary
154 treatment agreement: *Provided*, That release pursuant to a voluntary treatment agreement may
155 not be for a period of more than six months if the individual has not been found to be involuntarily
156 committed during the previous two years and for a period of no more than two years if the
157 individual has been involuntarily committed during the preceding two years. If in any proceeding
158 held pursuant to this article the individual objects to the issuance or conditions and terms of an
159 order adopting a voluntary treatment agreement, then the circuit judge, magistrate, or mental
160 hygiene commissioner may not enter an order directing treatment pursuant to a voluntary
161 treatment agreement. If involuntary commitment with release pursuant to a voluntary treatment
162 agreement is ordered, the individual subject to the order may, upon request during the period the
163 order is in effect, have a hearing before a mental hygiene commissioner or circuit judge where the
164 individual may seek to have the order canceled or modified. Nothing in this section affects the
165 appellate and habeas corpus rights of any individual subject to any commitment order.

166 The commitment of any individual as provided in this article shall be in the least restrictive
167 setting and in an outpatient community-based treatment program to the extent resources and
168 programs are available, unless the clear and convincing evidence of the certifying professional
169 ~~under subsection (e) of this section~~, who is acting in a manner consistent with the standard of care
170 establishes that the commitment or treatment of that individual requires an inpatient hospital
171 placement. Outpatient treatment will be based upon a plan jointly prepared by the Department of
172 Health Facilities and the comprehensive community mental health center or licensed behavioral
173 health provider.

174 (i) At any hearing held pursuant to subsection (h) of this section, where an individual is
175 found have to have a substance use disorder under but is not found to be likely to cause serious

176 harm to himself, herself, or others, both probable cause and grounds for involuntary hospitalization
177 exist where the individual has lost the power of self-control with respect to substance use, and the
178 individual is in need of substance abuse services and, by reason of substance abuse impairment,
179 his or her judgment has been so impaired that the individual is incapable of appreciating his or her
180 need for such services and is further incapable of making a rational decision in regard thereto:
181 *Provided*, That an individual's mere refusal to receive substance abuse services does not
182 constitute evidence of lack of judgment with respect to his or her need for substance abuse
183 services.

184 (j) If the certifying professional determines that an individual requires involuntary
185 hospitalization for a substance use disorder ~~as permitted by §27-5-2(a) of this code~~ which, due to
186 the degree of the disorder, creates a reasonable likelihood that withdrawal or detoxification will
187 cause significant medical complications, the person certifying the individual shall recommend that
188 the individual be closely monitored for possible medical complications. If the magistrate, mental
189 hygiene commissioner, or circuit court judge presiding orders involuntary hospitalization, he or she
190 shall include a recommendation that the individual be closely monitored in the order of
191 commitment.

192 (k) The Supreme Court of Appeals and the Secretaries of the Department of Human
193 Services and Department of Health Facilities shall specifically develop and propose a statewide
194 system for evaluation and adjudication of mental hygiene petitions which shall include payment
195 schedules and recommendations regarding funding sources. Additionally, the Secretaries of the
196 Department of Human Services and Department of Health Facilities shall also immediately seek
197 reciprocal agreements with officials in contiguous states to develop interstate/intergovernmental
198 agreements to provide efficient and efficacious services to out-of-state residents found in West
199 Virginia and who are in need of mental hygiene services.

200 (l) The amendments to this section enacted during the 2025 regular legislative session,
201 shall be known as the known as the Joel Archer Substance Abuse Intervention Act.

202 (m) The Supreme Court of Appeals is requested to promulgate rules to implement the
203 amendments made to this section during the 2025 regular session of the Legislature.

§27-5-2b. Temporary observation release.

1 (a) If the chief medical officer determines that an individual committed under §27-5-3 or
2 §27-5-5 of this code no longer requires treatment at the mental health facility, or that less restrictive
3 treatment options are now available due to a change in the patient's condition, the hospital may
4 release the individual on a temporary observation period of up to 120 days, conditioned on the
5 patient's compliance with a treatment plan and monitoring by the certified community mental
6 health center where the patient resides.

7 (b) A temporary observation release automatically stays all other timeframes under this
8 article. At the conclusion of the 120-day temporary observation release, if the individual is not
9 readmitted, then the proceedings shall be dismissed.

10 (c) If a certified community mental health center believes a patient is not complying with the
11 terms of his or her treatment plan, or if the patient's condition has deteriorated so that a least
12 restrictive treatment option is no longer viable, then the certified community mental health center
13 may request an assessment by the chief medical officer, or his or her designee to verify the factual
14 basis supporting the need to revoke the temporary release.

15 (d) If revocation of the temporary release is appropriate, the chief medical officer shall
16 prepare, in writing, recommendations and findings affirming that the patient is not in compliance
17 with his or her treatment plan or that the patient's condition has deteriorated so that a least
18 restrictive treatment option is no longer viable and the conditions requiring the original
19 commitment have returned. The chief medical officer shall also state that voluntary treatment
20 options were presented and either declined or not viable and shall identify the mental health facility
21 where the individual will be committed for treatment. The recommendations and findings shall be
22 submitted to the court for ratification, and if ratified, shall require the sheriff to take the individual

23 into custody and transport the individual directly to a mental health facility identified by the chief
24 medical officer in the order.

25 (e) The chief medical officer shall serve the ratified order revoking temporary release on
26 the prosecuting attorney, the individual, and the individual's guardian or attorney, or both, if
27 applicable. The individual or the individual's attorney may request a hearing after readmittance to
28 determine whether revocation was appropriate.

29 (f) Once an individual is readmitted to a mental health facility, all timeframes originally
30 stayed by subsection (b) shall continue.

31 (g) Nothing in this section shall limit an adult person from filing a new application for
32 involuntary commitment against an individual under a temporary observation release, or otherwise
33 prohibit medical or law enforcement intervention in a life-threatening situation.

§27-5-4. Institution of final commitment proceedings; hearing requirements; release.

1 (a) Involuntary commitment. — Except as provided in §27-5-2 and §27-5-3 of this code, no
2 an individual may not be involuntarily committed to a mental health facility or state hospital except
3 by order entered of record at any time by the circuit court of the county in which the person resides
4 or was found, or if the individual is hospitalized in a mental health facility or state hospital located in
5 a county other than where he or she resides or was found, in the county of the mental health facility
6 and then only after a full hearing on issues relating to the necessity of committing an individual to a
7 mental health facility or state hospital. If the individual objects to the hearing being held in the
8 county where the mental health facility is located, the hearing shall be conducted in the county of
9 the individual's residence. Notwithstanding the provisions of this code to the contrary, all hearings
10 for the involuntary final civil commitment of a person who is committed in accordance with §27-6A-
11 1 et seq. of this code shall be held by the circuit court of the county that has jurisdiction over the
12 person for the criminal charges and such circuit court shall have jurisdiction over the involuntary
13 final civil commitment of such person. Final civil commitments of persons pursuant to §27-6A-1 et
14 al., shall be done in accordance with a process to be developed by the Supreme Court of Appeals.

15 the Prosecuting Attorney's Association, the Public Defender Services, Disability Rights of West
16 Virginia, the Statewide Forensic Coordinator, and the Statewide Clinical Forensic Director to be
17 implemented on or before September 1, 2026.

18 (b) How final commitment proceedings are commenced. — Final commitment proceedings
19 for an individual may be commenced by the filing of a written application under oath by an adult
20 person having personal knowledge of the facts of the case. The certificate or affidavit is filed with
21 the clerk of the circuit court or mental hygiene commissioner of the county where the individual is a
22 resident or where he or she may be found, or the county of a mental health facility if he or she is
23 hospitalized in a mental health facility or state hospital located in a county other than where he or
24 she resides or may be found. Notwithstanding anything any provision of this code to the contrary,
25 all hearings for the involuntary final civil commitment of a person who is committed in accordance
26 with §27-6A-1 *et seq.* of this code shall may be commenced only upon the filing of a Certificate of
27 the Licensed Certifier at the mental health facility where the person is currently committed, unless
28 otherwise directed by the presiding circuit court judge.

29 (c) Oath; contents of application; who may inspect application; when application cannot be
30 filed. —

31 (1) The person making the application shall do so under oath.
32 (2) The application shall contain statements by the applicant that the individual is likely to
33 cause serious harm to self or others due to what the applicant believes are symptoms of mental
34 illness or substance use disorder. Except for persons sought to be committed as provided in §27-
35 6A-1 *et seq.* of this code, the applicant shall state in detail the recent overt acts upon which the
36 clinical opinion is based.

37 (3) The written application, certificate, affidavit, and any warrants issued pursuant thereto,
38 including any related documents filed with a circuit court, mental hygiene commissioner, or
39 magistrate for the involuntary hospitalization of an individual are not open to inspection by any
40 person other than the individual, unless authorized by the individual or his or her legal

41 representative or by order of the circuit court. The records may not be published unless authorized
42 by the individual or his or her legal representative. Disclosure of these records may, however, be
43 made by the clerk, circuit court, mental hygiene commissioner, or magistrate to provide notice to
44 the Federal National Instant Criminal Background Check System established pursuant to section
45 103(d) of the Brady Handgun Violence Prevention Act, 18 U.S.C. §922, and the central state
46 mental health registry, in accordance with §61-7A-1 *et seq.* of this code, and the sheriff of a county
47 performing background investigations pursuant to §61-7-1 *et seq.* of this code. Disclosure may
48 also be made to the prosecuting attorney and reviewing court in an action brought by the individual
49 pursuant to §61-7A-5 of this code to regain firearm and ammunition rights.

50 (4) Applications shall be denied for individuals as provided in §27-5-2(a) of this code.

51 (d) Certificate filed with application; contents of certificate; affidavit by applicant in place of
52 certificate. —

53 (1) The applicant shall file with his or her application the certificate of a physician or a
54 psychologist stating that in his or her opinion the individual is mentally ill or has a substance use
55 disorder and that because of the mental illness or substance use disorder, the individual is likely to
56 cause serious harm to self or others and requires continued commitment and treatment, and
57 should be hospitalized. Alternatively, the applicant shall file with his or her application the
58 certificate of a physician or psychologist stating that in her or her opinion the individual has a
59 substance use disorder, has lost the power of self-control with respect to substance use, is in need
60 of substance abuse services and, by reason of substance abuse impairment, his or her judgment
61 has been so impaired that the individual is incapable of appreciating his or her need for such
62 services and is further incapable of making a rational decision in regard thereto, and that any mere
63 refusal by the individual to receive substance abuse services was not considered as evidence of
64 lack of judgment with respect to the individual's need for substance abuse services. Except for
65 persons sought to be committed as provided in §27-6A-1 *et seq.* of this code, the certificate shall
66 state in detail the recent overt acts on which the conclusion is based, including facts that less

67 restrictive interventions and placements were considered but are not appropriate and available.
68 The applicant shall further file with his or her application the names and last known addresses of
69 the persons identified in §27-5-4(e)(3) of this code.

70 (2) A certificate is not necessary when an affidavit is filed by the applicant showing facts
71 and the individual has refused to submit to examination by a physician or a psychologist.

72 (e) Notice requirements; eight days' notice required. — Upon receipt of an application, the
73 mental hygiene commissioner or circuit court shall review the application, and if it is determined
74 that the facts alleged, if any, are sufficient to warrant involuntary hospitalization, immediately fix a
75 date for and have the clerk of the circuit court give notice of the hearing:

76 (1) To the individual;

77 (2) To the applicant or applicants;

78 (3) To the individual's spouse, one of the parents or guardians, or, if the individual does not
79 have a spouse, parents or parent or guardian, to one of the individual's adult next of kin if the next
80 of kin is not the applicant;

81 (4) To the mental health authorities serving the area;

82 (5) To the circuit court in the county of the individual's residence if the hearing is to be held
83 in a county other than that of the individual's residence; and

84 (6) To the prosecuting attorney of the county in which the hearing is to be held.

85 (f) The notice shall be served on the individual by personal service of process not less than
86 eight days prior to the date of the hearing and shall specify:

87 (1) The nature of the charges against the individual;

88 (2) The facts underlying and supporting the application of involuntary commitment;

89 (3) The right to have counsel appointed;

90 (4) The right to consult with and be represented by counsel at every stage of the
91 proceedings; and

92 (5) The time and place of the hearing.

93 The notice to the individual's spouse, parents or parent or guardian, the individual's adult
94 next of kin, or to the circuit court in the county of the individual's residence may be by personal
95 service of process or by certified or registered mail, return receipt requested, and shall state the
96 time and place of the hearing.

97 (g) Examination of individual by court-appointed physician, psychologist, licensed
98 professional counselor, licensed clinical social worker, advanced nurse practitioner, or physician
99 assistant; custody for examination; dismissal of proceedings. —

100 (1) Except as provided in subdivision (3) of this subsection, and except when a certificate
101 of the Licensed Examiner and an application for final civil commitment at the mental health facility
102 where the person is currently committed has been completed and filed, within a reasonable time
103 after notice of the commencement of final commitment proceedings is given, the circuit court or
104 mental hygiene commissioner shall appoint a physician, psychologist, licensed professional
105 counselor, licensed clinical social worker, an advanced nurse practitioner ~~with psychiatric~~
106 ~~certification, or a physician assistant with advanced duties in psychiatric medicine~~ to examine the
107 individual and report to the circuit court or mental hygiene commissioner his or her findings as to
108 the mental condition or substance use disorder of the individual and the likelihood of causing
109 serious harm to self or others. Any such report shall include the names and last known addresses
110 of the persons identified in §27-5-4-(e)(3) of this code.

111 (2) If the designated physician, psychologist, licensed professional counselor, licensed
112 clinical social worker, advanced nurse practitioner, or physician assistant reports to the circuit
113 court or mental hygiene commissioner that the individual has refused to submit to an examination,
114 the circuit court or mental hygiene commissioner shall order him or her to submit to the
115 examination. The circuit court or mental hygiene commissioner may direct that the individual be
116 detained or taken into custody for the purpose of an immediate examination by the designated
117 physician, psychologist, nurse practitioner, or physician assistant. All orders shall be directed to
118 the sheriff of the county or other appropriate law-enforcement officer. After the examination has

119 been completed, the individual shall be released from custody unless proceedings are instituted
120 pursuant to §27-5-3 of this code.

121 (3) If the reports of the appointed physician, psychologist, nurse practitioner, or physician
122 assistant do not confirm that the individual is mentally ill or has a substance use disorder and might
123 be harmful to self or others, or that the individual has a substance use disorder, has lost the power
124 of self-control with respect to substance use, is in need of substance abuse services and, by
125 reason of substance abuse impairment, his or her judgment has been so impaired that the
126 individual is incapable of appreciating his or her need for such services and is further incapable of
127 making a rational decision in regard thereto, then the proceedings for involuntary hospitalization
128 shall be dismissed: *Provided*, That an individual's mere refusal to receive substance abuse
129 services does not constitute evidence of lack of judgment with respect to his or her need for
130 substance abuse services;

131 (h) Rights of the individual at the final commitment hearing; seven days' notice to counsel
132 required. —

133 (1) The individual shall be present at the final commitment hearing, and he or she, the
134 applicant and all persons entitled to notice of the hearing shall be afforded an opportunity to testify
135 and to present and cross-examine witnesses.

136 (2) If the individual has not retained counsel, the court or mental hygiene commissioner, at
137 least six days prior to hearing, shall appoint a competent attorney and shall inform the individual of
138 the name, address, and telephone number of his or her appointed counsel.

139 (3) The individual has the right to have an examination by an independent expert of his or
140 her choice and to present testimony from the expert as a medical witness on his or her behalf. The
141 cost of the independent expert is paid by the individual unless he or she is indigent.

142 (4) The individual may not be compelled to be a witness against himself or herself.

143 (i) Duties of counsel representing individual; payment of counsel representing indigent. —

144 (1) Counsel representing an individual shall conduct a timely interview, make investigation,

145 and secure appropriate witnesses, be present at the hearing, and protect the interests of the
146 individual.

147 (2) Counsel representing an individual is entitled to copies of all medical reports,
148 psychiatric or otherwise.

149 (3) The circuit court, by order of record, may allow the attorney a reasonable fee not to
150 exceed the amount allowed for attorneys in defense of needy persons as provided in §29-21-1 et
151 seq. of this code.

152 (j) Conduct of hearing; receipt of evidence; no evidentiary privilege; record of hearing. —

153 (1) The circuit court or mental hygiene commissioner shall hear evidence from all
154 interested parties in chamber, including testimony from representatives of the community mental
155 health facility.

156 (2) The circuit court or mental hygiene commissioner shall receive all relevant and material
157 evidence which may be offered.

158 (3) The circuit court or mental hygiene commissioner is bound by the rules of evidence
159 promulgated by the Supreme Court of Appeals except that statements made to health care
160 professionals appointed under subsection (g) of this section by the individual may be admitted into
161 evidence by the health care professional's testimony, notwithstanding failure to inform the
162 individual that this statement may be used against him or her. A health care professional testifying
163 shall bring all records pertaining to the individual to the hearing. The medical evidence obtained
164 pursuant to an examination under this section, or §27-5-2 or §27-5-3 of this code, is not privileged
165 information for purposes of a hearing pursuant to this section.

166 (4) All final commitment proceedings shall be reported or recorded, whether before the
167 circuit court or mental hygiene commissioner, and a transcript made available to the individual, his
168 or her counsel or the prosecuting attorney within 30 days if requested for the purpose of further
169 proceedings. In any case where an indigent person intends to pursue further proceedings, the
170 circuit court shall, by order entered of record, authorize, and direct the court reporter to furnish a

171 transcript of the hearings.

172 (k) Requisite findings by the court. —

173 (1) Upon completion of the final commitment hearing and the evidence presented in the
174 hearing, the circuit court or mental hygiene commissioner shall make findings as to the following
175 based upon clear and convincing evidence:

176 (A) Whether the individual is mentally ill or has a substance use disorder;

177 (B) Whether, as a result of illness or substance use disorder, the individual is likely to cause
178 serious harm to self or others if allowed to remain at liberty and requires continued commitment
179 and treatment; or whether the individual has a substance use disorder, has lost the power of self-
180 control with respect to substance use, is in need of substance abuse services and, by reason of
181 substance abuse impairment, his or her judgment has been so impaired that the individual is
182 incapable of appreciating his or her need for such services and is further incapable of making a
183 rational decision in regard thereto: *Provided*, That an individual's mere refusal to receive
184 substance abuse services does not constitute evidence of lack of judgment with respect to his or
185 her need for substance abuse services;

186 (C) Whether the individual is a resident of the county in which the hearing is held or
187 currently is a patient at a mental health facility in the county; and

188 (D) Whether there is a less restrictive alternative than commitment appropriate for the
189 individual that is appropriate and available. The burden of proof of the lack of a less restrictive
190 alternative than commitment is on the person or persons seeking the commitment of the individual:
191 *Provided*, That for any commitment to a state hospital as defined by §27-1-6 of this code, a specific
192 finding shall be made that the commitment of, or treatment for, the individual requires inpatient
193 hospital placement and that no suitable outpatient community-based treatment program exists
194 that is appropriate and available in the individual's area.

195 (2) The findings of fact shall be incorporated into the order entered by the circuit court and
196 must be based upon clear, cogent, and convincing proof.

197 (I) Orders issued pursuant to final commitment hearing; entry of order; change in order of
198 court; expiration of order. —

199 (1) Upon the requisite findings, the circuit court may order the individual to a mental health
200 facility or state hospital for a period not to exceed 90 days except as otherwise provided in this
201 subdivision. During that period and solely for individuals who are committed under §27-6A-1 *et*
202 *seq.* of this code, the chief medical officer of the mental health facility or state hospital shall
203 conduct a clinical assessment of the individual at least every 30 days to determine if the individual
204 requires continued placement and treatment at the mental health facility or state hospital and
205 whether the individual is suitable to receive any necessary treatment at an outpatient community-
206 based treatment program. If at any time the chief medical officer, acting in good faith and in a
207 manner consistent with the standard of care, determines that: (i) The individual is suitable for
208 receiving outpatient community-based treatment; (ii) necessary outpatient community-based
209 treatment is available in the individual's area as evidenced by a discharge and treatment plan
210 jointly developed by the Department of Health Facilities and the comprehensive community
211 mental health center or licensed behavioral health provider; and (iii) the individual's clinical
212 presentation no longer requires inpatient commitment, the chief medical officer shall provide
213 written notice to the court of record and prosecuting attorney as provided in subdivision (2) of this
214 subsection that the individual is suitable for discharge. ~~The For an individual committed pursuant~~
215 ~~to §27-6A-3 of this code, the chief medical officer may discharge the patient 30 days after the~~
216 notice unless the court of record stays the discharge of the individual. In the event the court stays
217 the discharge of the individual, the court shall conduct a hearing within 45 days of the stay, and the
218 individual shall be thereafter discharged unless the court finds by clear and convincing evidence
219 that the individual is a significant and present danger to self or others, and that continued
220 placement at the mental health facility or state hospital is required.

221 ~~If the chief medical officer determines that the individual requires commitment and~~
222 ~~treatment at the mental health facility or state hospital at any time for a period longer than 90 days,~~

223 then the individual shall remain at the mental health facility or state hospital until the chief medical
224 officer of the mental health facility or state hospital determines that the individual's clinical
225 presentation no longer requires further commitment and treatment. The chief medical officer shall
226 provide notice to the court, the prosecuting attorney, the individual, and the individual's guardian or
227 attorney, or both, if applicable, that the individual requires commitment and treatment for a period
228 in excess of 90 days and, in the notice, the chief medical officer shall describe how the individual
229 continues to meet commitment criteria and the need for ongoing commitment and treatment. The
230 court, prosecuting attorney, the individual, or the individual's guardian or attorney, or both, if
231 applicable, may request any information from the chief medical officer that the court or prosecuting
232 attorney considers appropriate to justify the need for the individual's ongoing commitment and
233 treatment. The court may hold any hearing that it considers appropriate.

234 For persons who are not committed pursuant to §27-6A-3 of this code, if the chief medical
235 officer determines that the individual requires commitment and treatment at the mental health
236 facility or state hospital at any time for a period longer than 90 days, then the chief medical officer
237 shall file a petition with the court and shall serve the petition on the prosecuting attorney, the
238 individual, and the individual's guardian or attorney, or both, if applicable. The court shall hold a
239 hearing on the petition within 10 days. If the court determines that extended commitment and
240 treatment is required, then the court shall enter an order authorizing up to an additional 90 days of
241 commitment and treatment. At the conclusion of the additional commitment period, if the chief
242 medical officer determines that the individual requires additional commitment and treatment at the
243 mental health facility or state hospital, then a new petition for additional commitment and treatment
244 is required. No individual may be civilly committed under this article for more than 120 days without
245 a hearing to determine whether the individual continues to meet commitment criteria.

246 (2) Notice to the court of record and prosecuting attorney shall be provided by personal
247 service or certified mail, return receipt requested. The chief medical officer shall make the
248 following findings: In the petition, the chief medical officer shall include the following findings:

249 (A) Whether the individual has a mental illness or substance use disorder that does not
250 require inpatient treatment, and the mental illness or serious emotional disturbance is in
251 substantial remission;

252 (B) Whether the individual has the independent ability to manage safely the risk factors
253 resulting from his or her mental illness or substance use disorder and is not likely to deteriorate to
254 the point that the individual will pose a likelihood of serious harm to self or others without continued
255 commitment and treatment; or whether the individual has a substance use disorder, has lost the
256 power of self-control with respect to substance use, is in need of substance abuse services and,
257 by reason of substance abuse impairment, his or her judgment has been so impaired that the
258 individual is incapable of appreciating his or her need for such services and is further incapable of
259 making a rational decision in regard thereto: *Provided*, That an individual's mere refusal to receive
260 substance abuse services does not constitute evidence of lack of judgment with respect to his or
261 her need for substance abuse services;

262 (C) Whether the individual is likely to participate in outpatient treatment with a legal
263 obligation to do so;

264 (D) Whether the individual is not likely to participate in outpatient treatment unless legally
265 obligated to do so;

266 (E) Whether the individual is capable of surviving safely in freedom by himself or herself or
267 with the help of willing and responsible family members, guardian, or friends; and

268 (F) Whether mandatory outpatient treatment is a suitable, less restrictive alternative to
269 ongoing commitment.

273 (4) An individual committed pursuant to §27-6A-3 of this code may be committed for the
274 period he or she is determined by the court to remain an imminent danger to self or others.

275 (5) If the commitment of the individual as provided under subdivision (1) of this subsection
276 exceeds two years, the individual or his or her counsel may request a hearing and a hearing shall
277 be held by the mental hygiene commissioner or by the circuit court of the county as provided in
278 subsection (a) of this section.

279 (m) Dismissal of proceedings. — If the individual is discharged as provided in subsection (l)
280 of this section, the circuit court or mental hygiene commissioner shall dismiss the proceedings.

281 (n) Immediate notification of order of hospitalization. — The clerk of the circuit court in
282 which an order directing hospitalization is entered, if not in the county of the individual's residence,
283 shall immediately upon entry of the order forward a certified copy of the order to the clerk of the
284 circuit court of the county of which the individual is a resident.

285 (o) Consideration of transcript by circuit court of county of individual's residence; order of
286 hospitalization; execution of order.—

287 (1) If the circuit court or mental hygiene commissioner is satisfied that hospitalization
288 should be ordered but finds that the individual is not a resident of the county in which the hearing is
289 held and the individual is not currently a resident of a mental health facility or state hospital, a
290 transcript of the evidence adduced at the final commitment hearing of the individual, certified by
291 the clerk of the circuit court, shall immediately be forwarded to the clerk of the circuit court of the
292 county of which the individual is a resident. The clerk shall immediately present the transcript to
293 the circuit court or mental hygiene commissioner of the county.

294 (2) If the circuit court or mental hygiene commissioner of the county of the residence of the
295 individual is satisfied from the evidence contained in the transcript that the individual should be
296 hospitalized as determined by the standard set forth in subdivision one of this subsection, the
297 circuit court shall order the appropriate hospitalization as though the individual had been brought
298 before the circuit court or its mental hygiene commissioner in the first instance.

299 (3) This order shall be transmitted immediately to the clerk of the circuit court of the county
300 in which the hearing was held who shall execute the order promptly.

301

(p) (o) Order of custody to responsible person. — In lieu of ordering the individual to a
302 mental health facility or state hospital, the circuit court may order the individual delivered to some
303 responsible person who will agree to take care of the individual and the circuit court may take from
304 the responsible person a bond in an amount to be determined by the circuit court with condition to
305 restrain and take proper care of the individual until further order of the court.

306

(q) (p) Individual not a resident of this state. — If the individual is found to be mentally ill or
307 to have a substance use disorder by the circuit court or mental hygiene commissioner is a resident
308 of another state, this information shall be immediately given to the Secretary of the Department of
309 Health Facilities, or to his or her designee, who shall make appropriate arrangements for transfer
310 of the individual to the state of his or her residence conditioned on the agreement of the individual,
311 except as qualified by the interstate compact on mental health.

312

(r) (q) Report to the Secretary of the Department of Health Facilities. —

313 (1) The chief medical officer of a mental health facility or state hospital admitting a patient
314 pursuant to proceedings under this section shall immediately make a report of the admission to the
315 Secretary of the Department of Health Facilities or to his or her designee.

316 (2) Whenever an individual is released from custody due to the failure of an employee of a
317 mental health facility or state hospital to comply with the time requirements of this article, the chief
318 medical officer of the mental health or state hospital facility shall immediately, after the release of
319 the individual, make a report to the Secretary of the Department of Health Facilities or to his or her
320 designee of the failure to comply.

321

(s) (r) Payment of some expenses by the state; mental hygiene fund established;
322 expenses paid by the county commission. —

323 (1) The state shall pay the commissioner's fee and the court reporter fees that are not paid
324 and reimbursed under §29-21-1 *et seq.* of this code out of a special fund to be established within
325 the Supreme Court of Appeals to be known as the Mental Hygiene Fund.

326 (2) The county commission shall pay out of the county treasury all other expenses incurred

327 in the hearings conducted under the provisions of this article whether or not hospitalization is
328 ordered, including any fee allowed by the circuit court by order entered of record for any physician,
329 psychologist, and witness called by the indigent individual. The copying and mailing costs
330 associated with providing notice of the final commitment hearing and issuance of the final order
331 shall be paid by the county where the involuntary commitment petition was initially filed.

332 (3) The Department of Health Facilities shall reimburse the sheriff, the Department of
333 Corrections and Rehabilitation, or other law-enforcement agency for the actual costs related to
334 transporting a patient who has been involuntary committed.

335 (t) Completion of substance use disorder rehabilitation program. —

336 (1) An individual involuntarily committed on the basis of a substance use disorder who
337 completes a substance use rehabilitation treatment program pursuant to the provisions of §27-2-1
338 *et seq.* of this code shall not be considered "a person adjudicated to be mentally defective" or
339 "having had a prior involuntary commitment to a mental institution" for purposes of firearm
340 possession under §61-7A-1 *et seq.* of this code.

341 (2) An individual involuntary committed on the basis of a substance use disorder who
342 completes an outpatient or inpatient substance use rehabilitation treatment program may petition
343 the Administrator of the Supreme Court of Appeals or the Superintendent of the West Virginia
344 State Police to have his or her name removed from the central state mental health registry.

345 (u) The Supreme Court of Appeals is requested to promulgate rules to implement the
346 amendments made to this section during the 2025 regular session of the Legislature.

<u>ARTICLE</u>	<u>5A</u>	<u>MENTAL</u>	<u>HYGIENE</u>	<u>REFORM</u>	<u>ACT</u>
<u>§27-5A-1.</u>	<u>Restructure</u>	<u>of</u>	<u>Mental</u>	<u>Hygiene</u>	<u>Commissioner</u>
					<u>System.</u>
1	<u>(a) The Supreme Court of Appeals may employ full-time mental hygiene commissioners</u>				
2	<u>with statewide jurisdiction who shall primarily serve in specified regions. Each full-time</u>				
3	<u>commissioner shall be selected, appointed, compensated, and supervised by the Supreme Court</u>				
4	<u>of Appeals, shall serve at the Court's pleasure, and shall serve in any region ordered by the Court.</u>				

5 Full-time mental hygiene commissioners shall be persons of good standing in their profession and
6 they shall, before assuming the duties of a commissioner, take the oath required of other special
7 commissioners as provided in §6-1-1 *et seq.* of this code. The Court may also employ
8 administrative staff to support the regional mental hygiene system in its discretion.

14 (c) A mental hygiene commissioner employed by the Supreme Court shall be a competent
15 attorney, and shall receive training from the Administrative Office of the Supreme Court prior to
16 presiding over proceedings. Training topics shall include acute psychiatric cases, geriatrics,
17 developmental disabilities, and substance abuse.

18 (d) Mental hygiene commissioners employed by the Supreme Court of Appeals shall work
19 a schedule that provides uniform and continuous coverage in each region, including afterhours,
20 weekends, and holidays.

21 (e) If the Supreme Court of Appeals implements mental hygiene regions statewide, the
22 provisions of §27-5-1 of this code regarding appointment and supervision of mental hygiene
23 commissioners by circuit judges, or compensation shall no longer apply.

§27-5A-2 Hearings by videoconference.

1 All evaluations and hearings in mental hygiene proceedings may be conducted by
2 videoconferencing technology unless a mental hygiene commissioner orders an in-person
3 evaluation or proceeding. A certified community mental health center, sheriff's department, and
4 regional jail shall provide technology that complies with Supreme Court of Appeals specifications
5 to ensure meaningful interactions between a mental hygiene commissioner, respondent,
6 witnesses, and evaluators during evaluations and proceedings, so that a respondent's due

7 process rights are protected.

§27-5A-3. Statewide availability of mental health evaluators.

1 (a) A physician, psychologist, a licensed professional counselor practicing in compliance
2 with 30-31-1 et seq. of this code, a licensed independent clinical social worker practicing in
3 compliance with 30-31-1 et seq. of this code, advanced nurse practitioner or physician assistant
4 are authorized to examine the respondent in a mental hygiene proceeding in any region, circuit, or
5 county, and to make sufficient determinations as required by this chapter based on their particular
6 expertise in the areas of mental health, mental hygiene, or substance abuse disorders. However,
7 the presiding circuit court, magistrate court, or a mental hygiene commissioner may exclude an
8 examiner's testimony if it determines that the examiner's knowledge, skill, experience, training, or
9 education is insufficient to provide expert testimony under standards consistent with the West
10 Virginia Rules of Evidence.

11 (b) A certified community mental health center shall ensure that at least one examiner is
12 available to provide uniform and continuous coverage in each region, including afterhours,
13 weekends, and holidays.

NOTE: The purpose of this bill is to allow the Supreme Court of Appeals to employ full-time mental hygiene commissioners with statewide jurisdiction to conduct mental hygiene proceedings in designated regions. The bill also creates a new system of temporary observation releases to ensure continued compliance with treatment plans and to allow for more efficient follow-up commitment if criteria have returned. Finally, the bill allows evaluators to conduct evaluations statewide and requires Certified Community Mental Health Centers to ensure that at least one examiner is available to provide coverage in each region at all hours and limits who may perform these evaluations

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.