

WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Committee Substitute

for

Senate Bill 741

BY SENATORS HELTON, THORNE, AND TAKUBO

[Reported February 13, 2026, from the Committee on
Health and Human Resources]

1 A BILL to amend and reenact §27-5-1b of the Code of West Virginia, 1931, as amended, relating
2 to expanding a pilot program to implement an involuntary commitment process.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5. INVOLUNTARY HOSPITALIZATION.

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

21 ~~(i)(c)~~ *Duties of the Mental Health Center for purposes of evaluation for commitment.* —

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

34 ~~(k)(d)~~ Notwithstanding any provision of this code to the contrary, the Supreme Court of
35 Appeals, mental health facilities, law enforcement, Department of Human Services and the
36 Department of Health Facilities may participate in pilot projects in Cabell, Berkeley, ~~and Ohio~~
37 Hampshire, Morgan, Ohio, Raleigh, and Wood counties to implement an involuntary commitment
38 process. Further, notwithstanding any provision of this code to the contrary, no alternative
39 transportation provider may be utilized until standards are developed and implemented that define
40 the role, scope, regulation, and training necessary for an alternative transportation provider as
41 provided in subsection (a) of this section.