JUSTICE REINVESTMENT INITIATIVE (S.B. 371)

July 1, 2024 – June 30, 2025

ANNUAL REPORT

Submitted by:

WV Division of Administrative Services
Justice and Community Services Section
1124 Smith Street, Suite 3100
Charleston, West Virginia 25301-1323

Contact: Bradley R. Bailey
Assistant Director
304-352-0217 | bradley.r.bailey@wv.gov

Table of Contents

Executive Summary

West Virginia's Justice Reinvestment Initiative (JRI), known colloquially as Senate Bill 371, was passed by the 2013 regular session of the Legislature. Among the many changes to West Virginia criminal procedure was added §62-15-6.a., relating to "Treatment Supervision" of offenders sentenced to a community correctional setting, but requiring that substance abuse treatment be ordered and accepted by the felony offender as a condition of the less than incarceration alternative sanction. To encourage compliance with this sanction, judges were empowered to impose intermediate incarceration not to exceed thirty days for violations of the terms of treatment supervision.

The "treatment" component of this effort was designed by the Division of Justice and Community Services (DJCS) in consultation with the Governor's Advisory Council on Substance Abuse (GACSA), and to use appropriated funds to serve those offenders under "treatment supervision" in each judicial circuit and on parole supervision. Additionally, the DJCS, now known as the Justice and Community Services (JCS) Section of the West Virginia Division of Administrative Services, is to submit on or before September 30th, an annual report to the Governor, the Speaker of the House of Delegates and the President of the Senate addressing specific items related to the implementation and measuring the success (if any) of the treatment supervision "program" with a projection of the amount of funding necessary to continue the program into the next fiscal year. The effective date for beginning of treatment supervision under this code section was January 1, 2014, while the effective date for JCS to work on developing this program was July 1, 2013. As the specific elements of the annual report required by §62-15-6.a.(h) are premised on treatment supervision having been fully implemented in the field – which it is still being fully realized– this annual report will focus on the efforts that the JCS, along with sister state agencies, has made at this point to develop the program envisioned by the Legislature. This report also contains a projection of the amount of funding necessary to continue the program into the next fiscal year. A copy of §62-15-6.a is attached to the end of this document for easy access to the portions of the code that are referenced within this report.

This report will focus on two primary efforts of JCS as they relate to Justice Reinvestment: Treatment Supervision Effort and Reentry Effort.

The Treatment Supervision Effort was to be designed by JCS in consultation with the GACSA using $3 million in appropriated funds to serve offenders under "Treatment Supervision" where such offenders are referred to Treatment Supervision by the court system or parole services. JCS began this effort by opening a dialog with representatives from the West Virginia Department of Health and Human Resources (DHHR) Bureau for Behavioral Health and Health Facilities (BBHHF), now known as the Bureau for Behavioral Health (BBH). As a result, JCS and BBH developed the comprehensive "West Virginia Implementation Plan" for treatment supervision programming and the release of funds to pilot sites to support this initiative. The purpose of the implementation plan is to

set forth strategies to reduce recidivism of offenders with substance use disorders, thus decreasing the overrepresentation of individuals with behavioral health disorders in the justice system. This will be accomplished through the development of a common structure for community supervision agencies and behavioral health treatment providers to enhance collaborative partnerships and coordinate care for offenders being supervised in the community.

The initial phase of funding began in May 2014. The first year of grant awards supported the development of nine (9) projects serving twenty (20) counties throughout the state. The collaboratively developed treatment supervision plan and roll-out of initial funding was a significant coordinated achievement within the overall JRI framework. The work completed and lessons learned have proven to be a valuable effort to inform the statewide rollout of funding that began in November 2015 and has grown the number of projects supported to sixteen (16) projects serving all fifty-five (55) counties.

Remaining consistent with goals of implementing evidence-based practices to best serve the needs of the offender population and reduce recidivism for those struggling with substance addiction, especially opioid addiction, the use of evidence-based medication-assisted treatment will be further researched with goals of incorporating these treatments into the Justice Reinvestment Treatment Supervision plan.

The **Reentry Effort** involves collaboration between the JCS and DCR in the development of a master agreement to provide reimbursement to counties for the use of community corrections programs for eligible parolees. This agreement is currently using an established “cost per client per day” as the basis for reimbursement.

Annual Report

TREATMENT SUPERVISION

§62-15-6a: SB 371 establishes that a new "Treatment Supervision" sentencing option be implemented. This is contemplated to be a new "tract" of referrals. Referrals could be from the DCR and from the Supreme Court of Appeals of West Virginia for those individuals not meeting the intensity level of a Drug Court program. This has and will continue to require substantial policy development and capacity building within our day report centers and should present community corrections as a major treatment option in West Virginia.

The effective date for JCS to begin initial program development was July 1, 2013. DJCS submitted improvement packages in both the 2013 and 2014 legislative sessions

to create two essential positions (Criminal Justice Program Specialist and Research Specialist) and pay salaries and benefits and provide for ancillary costs (travel, office supplies, etc.) associated with these positions. These requests were not realized and slowed the efforts of JCS. A percentage of administrative funds from the total appropriation has been approved and JCS began hiring efforts for these two positions. The Criminal Justice Program Specialist began work on September 1, 2015. The actual flow of funds into the field for treatment supervision efforts were to begin January 1, 2014.

Sub-paragraphs (d) and (e) of §62-15-6a direct JCS, in consultation with GACSA, to develop proposed substance abuse treatment plans to serve offenders under treatment supervision. Further they are to develop (1) qualifications for provider certification to deliver a continuum of care to offenders; (2) fee reimbursement procedures; and (3) other matters related to the quality and delivery of services. JCS began this effort by opening a dialog with representatives from the BBH. This dialog began as a vehicle to discuss the implementation of the JRI Treatment Supervision provisions but has expanded into a colloquy about the role of community corrections programs in a broader continuum of care that is fully integrated with non-correctional human services agencies. While the transition from a punitive-focused intervention to a treatment-focused model has long been underway, the collaboration with the BBH has guided the next steps in this transition. Together, JCS and BBH developed a comprehensive implementation plan for treatment supervision programming and the release of funds to pilot sites to support this initiative.

JCS has reevaluated the idea of the day report center as a “one-stop shop” for all community supervision interventions. The paradigm being explored and facilitated with JRI funding is one in which the day report center should not function simply as an isolated treatment/supervision center, but as a hub, networked to specialized community resources in that particular area/region. Day report centers should become the conduit by which correctional populations plug-in to community resources. The day report center would still provide all the necessary services needed to address the client’s risks and needs, but if a particular need exceeds the threshold of what the program can provide, and there is a community resource better suited to address it, the center will collaborate with that resource to ensure an appropriate level of service. In communities where these resources are limited or absent, such as rural communities, resources would be allocated to provide more specialized services within the day report center than would be necessary in communities where resources are abundant. Under the treatment supervision implementation plan, day report centers within the initial targeted area are linked with the behavioral health provider in their region with the goal of fostering and/or enhancing a partnership that seeks to provide all necessary interventions for the targeted offender population.

§62-15-6a(h): SB 371 directs JCS to report on the following measures as they relate to the Treatment Supervision program:

1) **The dollar amount and purpose of funds provided for the fiscal year.**

During fiscal year 2025, a total of $2,454,527.00 has been awarded to the following thirteen (13) projects serving West Virginia's fifty-five (55) counties to support the continued operation of treatment supervision programs:

Berkeley County Council	$132,453.00
Burlington United Methodist Family Services	$198,810.00
Community Action of Southeastern West Virginia	$220,900.00
Greenbrier County Commission	$73,781.00
Harrison County Commission	$70,688.00
Jefferson Day Report Center	$91,453.00
Logan County Commission	$102,586.00
Mason County Commission	$61,896.00
Mid-Ohio Valley Fellowship Home	$176,720.00
Recovery Group of Southern West Virginia	$236,783.00
Recovery Point of Huntington	$918,033.00
Southern Highlands Community Mental Health Center	$37,884.00
YWCA of Wheeling	$132,540.00

2) **The number of people on treatment supervision who received services and whether their participation was the result of a direct sentence or in lieu of revocation.**

Historically, JRI-funded programs have been required to submit treatment supervision statistics in the Community Corrections Information System (CCIS), which is a database developed by JCS to capture the information necessary to complete an evaluation of a single program, to compare programs to each other, and to examine multiple programs simultaneously. In FY 2020, JCS staff began collaborating with the West Virginia Office of Technology (WVOT) on the CCIS-OIS transition project. The primary goal of this project is to incorporate the existing CCIS functionality into the Offender Information System (OIS). By using the OIS database, programs will have the ability to manage their caseload and enhance their capacity to meet programmatic supervision and treatment responsibilities and/or requirements. Use of OIS will further improve the capacity of program staff to maintain adequate levels of supervision and monitoring of offenders on their respective caseloads and to ensure prominent levels of quality and consistency in service delivery. OIS will enhance program services, identify successful practices, justify program existence, and save money with an initial program proposal investment. OIS has been implemented, and further analysis is required to verify data integrity.

3) **The number of people on treatment supervision who, pursuant to a judge's specific written findings of fact, received services despite the risk assessment indicating less than high risk for reoffending and a need for substance abuse treatment.**

JCS is currently working to implement the necessary mechanism(s) needed to track any referrals that fall outside of the target population of high risk with a substance abuse need. This will be done through the submission of monthly progress reports from each funded project and onsite program monitoring that will be completed by JCS staff members.

4) The types of services provided.

During the planning and development phase of the Treatment Supervision project, a tremendous amount of thought and discussion went into the identification of the specific services that were needed throughout the state to address the needs of the target population. The following services were identified as the most appropriate and needed services to make available through this project:

- Outpatient and Intensive Outpatient Services (OP/IOP) are designed for individuals who are functionally impaired as a result of their co-occurring mental health and substance use disorders. OP/IOP provides therapy, case management, psychiatric and medication services. Cross-trained psychiatric and mental health clinicians/addiction treatment professionals deliver the services;

- Community Engagement Specialists (JRI-CES) who serve as the stewards of the program's implementation efforts. The JRI-CES are the brokers and facilitators of a wide range of community-based and collaborative efforts and strategies designed and intended to support the varying needs of those served. The JRI-CES can be characterized as someone who understands substance use and co-occurring/co-existing disorders; the varying manifestations associated with such disorders; appreciates the unique needs of individuals and therefore can create the synergy necessary to support successful community-based living. JRI-CES will 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 complex needs of eligible individuals;

- Peer Recovery Coaching is the provision of strength-based support for persons in or seeking recovery from behavioral health challenges. Peer coaching (often referred to as peer mentoring or recovery coaching) is a partnership where the person working towards recovery self directs his/her recovery approach while the coach provides expertise in supporting successful change. Peer coaching, a peer-to-peer service, is provided by people 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; and

- Substance Use Recovery Residences provide safe housing for individuals, age eighteen (18) and older, who are recovering from substance use and/or co-occurring substance use and mental health disorders. These programs follow and/or operate concurrently with substance use disorder treatment and are intended to assist those individuals for a period of twelve (12) to eighteen (18) months or until it is determined that an individual is able to safely transition into a more independent housing.

  Key components of a 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. Capacity: 8-15 beds.

  Key components of a 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 include, but are not restricted to, a facility manager, certified peer (recovery) coach, case manager(s), and other certified peer staff. Capacity: 60-100 beds.

5) **The rate of revocations and successful completions for people who received services.**

OIS has been implemented, and further analysis is required to verify data integrity.

6) **The number of people under supervision receiving treatment under this section who were rearrested and confined within two years of being placed under supervision.**

OIS has been implemented, and further analysis is required to verify data integrity.

7) **The dollar amount needed to provide services in the upcoming year to meet demand and the projected impact of reductions in program funding on cost and public safety measures.**

As of this date, the funds needed to support the current project have been allocated through Fiscal Year 2026. The Division will need a minimum of $5,000,000 to support the services currently being implemented throughout the state beginning in fiscal year 2027.

8) **Other appropriate measures used to measure the availability of treatment and the effectiveness of services.**

To date, no additional measures have been fully developed to measure the availability of treatment and the effectiveness of services through the Treatment Supervision project. Work is currently underway to expand the services to areas of need within the state. Upcoming steps for the expanded development of the Treatment Supervision project include the implementation of data tracking mechanisms to report on recidivism rates of the target population, successful completions of programs, and the quality and integrity of treatment services being delivered.

EVIDENCE-BASED PRACTICES AND QUALITY ASSURANCE

§62-11c-3(d): SB 371 directs that the Community Corrections Subcommittee shall review the implementation of evidence-based practices and conduct regular assessments for quality assurance of all community-based criminal justice services, including day report centers, probation, parole, and home confinement. In consultation with the affiliated agencies, the subcommittee shall establish a process for reviewing performance. The process shall include review of the agency performance measures and identification of new measures by the subcommittee, if necessary, for measuring the implementation of evidence-based practices or for quality assurance. After providing an opportunity for the affected agencies to comment, the subcommittee shall submit, on or before September 30th of each year, to the Governor, the Speaker of the House of Delegates, the President of the Senate and, upon request, to any individual member of the Legislature a report on its activities and results from assessment of performance during the previous year.

In May 2013, the Community Corrections Subcommittee (CCS) established a Quality Assurance (QA) workgroup to develop definitions and standards for the measurement of quality assurance in the implementation of evidence-based programs. This work group consisted of representatives of all community supervision agencies as well as staff from the ORSP. The workgroup reviewed the scientific literature on effective practices in community supervision and treatment, and in August of 2013, presented an official report on evidence-based quality assurance practices to the CCS.

In 2014, the CCS established the Evidence-Based Practices (EBP) workgroup to develop a plan for assessing adherence to EBP across community corrections agencies in West Virginia. This work group consisted of representatives from community supervision agencies and treatment providers, with ORSP staff serving as technical consultants. The workgroup's plan was approved by the CCS in August 2015. A central part of this plan was the implementation of an EBP survey, which consisted of 129 questions that were designed to assess how closely supervision agencies adhere to EBP. This survey was distributed to community supervision agencies throughout the state in September 2015 and the results were presented to the CCS in December of that year.

REENTRY

§62-12-17(f): SB 371 directs that JCS affect the usage of community corrections programming on the post-incarceration side of the correctional continuum. In summary, there will be a significant increase in parolee and/or early release referrals to our community corrections programs.

A master agreement and protocol with JCS and the DCR was developed to provide reimbursement to counties for the use of community corrections programs by eligible parolees. This agreement uses an established "cost per client per day" as the basis for reimbursement. The established rate, policy and protocol will continue to be assessed, and revisions may be made as needed.

In order to facilitate the closer relationship between parole and community corrections programs necessitated by the above-referenced sections, the CCS revisited a section of the Community Corrections Program Guidelines pertaining to the acceptance of parolees. In their former state, the guidelines excluded some types of parolees from being accepted to programs based on the nature of the offense(s) for which they were convicted. The Subcommittee has revised this section to make it consistent with the language and intent of the JRI. The revised language only excludes parolees who are not moderate or high risk from receiving services from day report centers, rather than offense-based exclusions while continuing to allow day report center discretion in accepting those parolees based on their programs capacity to do so.

The master agreement and the protocol developed to facilitate the reimbursement to counties by the DCR began May 1, 2015. During the current fiscal year, thirteen (13) day report centers participated in this project with a total of $187,099.80 paid to them by the DCR for services to support a variety of treatment, education, and supervision services to parolees throughout the state. Table 1.1 below outlines the monthly parolee reimbursements to counties for Fiscal Year 2025, while Table 1.2 summarizes reimbursements for Fiscal Years 2015 through 2025.

Fiscal Year 2025 Parolee Reimbursements, by month	
July 2024	$17,671.20
August 2024	$20,994.50
September 2024	$10,706.20
October 2024	$17,372.70
November 2024	$14,706.10
December 2024	$16,238.40
January 2025	$16,477.20
February 2025	$13,691.20
March 2025	$18,487.10
April 2025	$15,143.90
May 2025	$13,333.00
June 2025	$12,278.30
Total	**$187,099.80**

Figure 1.1 – FY 2025 Monthly Reimbursements

Parolee Reimbursements Fiscal Year 2015 – 2025	
FY 2015	$37,451.00
FY 2016	$185,069.00
FY 2017	$205,427.50
FY 2018	$188,851.00
FY 2019	$188,851.00
FY 2020	$182,124.80
FY 2021	$172,811.60
FY 2022	$170,801.70
FY 2023	$214,936.58
FY 2024	$213,288.20
FY 2025	$187,099.80
Total	**$1,946,712.18**

Figure 1.2 – Summary of Parolee Reimbursements

WV Code §62-15-6a

§62-15-6a. Treatment supervision.

(a) A felony drug offender is eligible for treatment supervision only if the offender would otherwise be sentenced to prison, and the standardized risk and needs assessment indicates the offender has a high risk for reoffending and a need for substance abuse treatment: Provided, That an inmate who is, or has been, convicted for a felony crime of violence against the person, a felony offense where the victim was a minor child or a felony offense involving the use of a firearm, as defined in subsections (o) and (p), section twenty-seven, article five, chapter twenty-eight of this code, shall not be eligible for treatment supervision.

(b) As a condition of drug court, a condition of probation or as a modification of probation, a circuit court judge may impose treatment supervision on an eligible drug offender convicted of a felony: Provided, That a judge may impose treatment supervision on an eligible drug offender convicted of a felony, notwithstanding the results of the risk assessment, upon making specific written findings of fact as to the reason for the departure.

(c) Whenever a circuit court judge determines that a treatment supervision participant has violated the conditions of his or her treatment supervision involving the participant's use of alcohol or a controlled substance, the judge may order a period of incarceration to encourage compliance with program requirements.

(1) Upon written finding by the circuit court judge that the participant would otherwise be sentenced to the custody of the Commissioner of Corrections for service of the underlying sentence, the cost of the incarceration order under this subsection, not to exceed a period of thirty days in any one instance, shall be paid by the Division of Corrections.

(2) Whenever a circuit court judge orders the incarceration of a treatment supervision participant pursuant to this subsection, a copy of the order of confinement shall be provided by the clerk of the circuit court within five days to the Commissioner of Corrections.

(d) The Division of Justice and Community Services shall in consultation with the Governor's Advisory Council on Substance Abuse, created by Executive Order No. 5-11, use appropriated funds to develop proposed substance abuse treatment plans to serve those offenders under treatment supervision in each judicial circuit and on parole supervision.

(e) The Division of Justice and Community Services, in consultation with the Governor's Advisory Committee on Substance Abuse, shall develop:

(1) Qualifications for provider certification to deliver a continuum of care to offenders;

(2) Fee reimbursement procedures; and

(3) Other matters related to the quality and delivery of services.

(f) The Division of Justice and Community Services shall require education and training for providers which shall include, but not be limited to, cognitive behavioral training. The duties of providers who provide services under this section may include: Notifying the probation department and the court of any offender failing to meet the conditions of probation or referrals to treatment; appearing at revocation hearings when required; and providing assistance with data reporting and treatment program quality evaluation.

(g) The cost for all drug abuse assessments and certified drug treatment under this section and subsection (e), section seventeen, article twelve of this chapter shall be paid by the Division of Justice and Community Services from funds appropriated for that purpose. The Division of Justice and Community Services shall contract for payment for the services provided to eligible offenders.

(h) The Division of Justice and Community Services, in consultation with the Governor's Advisory Council on Substance Abuse, shall submit an annual report on or before September 30 to the Governor, the Speaker of the House of Delegates, the President of the Senate and, upon request, to any individual member of the Legislature containing:

(1) The dollar amount and purpose of funds provided for the fiscal year;

(2) The number of people on treatment supervision who received services and whether their participation was the result of a direct sentence or in lieu of revocation;

(3) The number of people on treatment supervision who, pursuant to a judge's specific written findings of fact, received services despite the risk assessment indicating less than high risk for reoffending and a need for substance abuse treatment;

(4) The type of services provided;

(5) The rate of revocations and successful completions for people who received services;

(6) The number of people under supervision receiving treatment under this section who were rearrested and confined within two years of being placed under supervision;

(7) The dollar amount needed to provide services in the upcoming year to meet demand and the projected impact of reductions in program funding on cost and public safety measures; and

(8) Other appropriate measures used to measure the availability of treatment and the effectiveness of services.

(i) Subsections (a), (b), and (c) of this section shall take effect on January 1, 2014. The remaining provisions of this section shall take effect on July 1, 2013.