

West Virginia Department of Military Affairs and Public Safety

Justice Reinvestment in West Virginia





West Virginia Department of Military Affairs & Public Safety
Division of Justice & Community Services

- The statewide planning agency dedicated to the improvement of the state's criminal justice system.
- Staff to the Governor's Committee on Crime, Delinquency and Correction
- Serves as the State Administrative Agency (SAA) for grant funded programs provided by the U.S. Department of Justice
- DJCS' role in state government is unique in that our responsibilities bridge gaps between federal, state, and local units of government, as well as private/non-profit organizations and the general public.
- Programs
 - Law Enforcement Professional Standards
 - Office of Research and Strategic Planning

Justice Reinvestment

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

The Need for Justice Reinvestment

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

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

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

*WV had bed space for 5,200

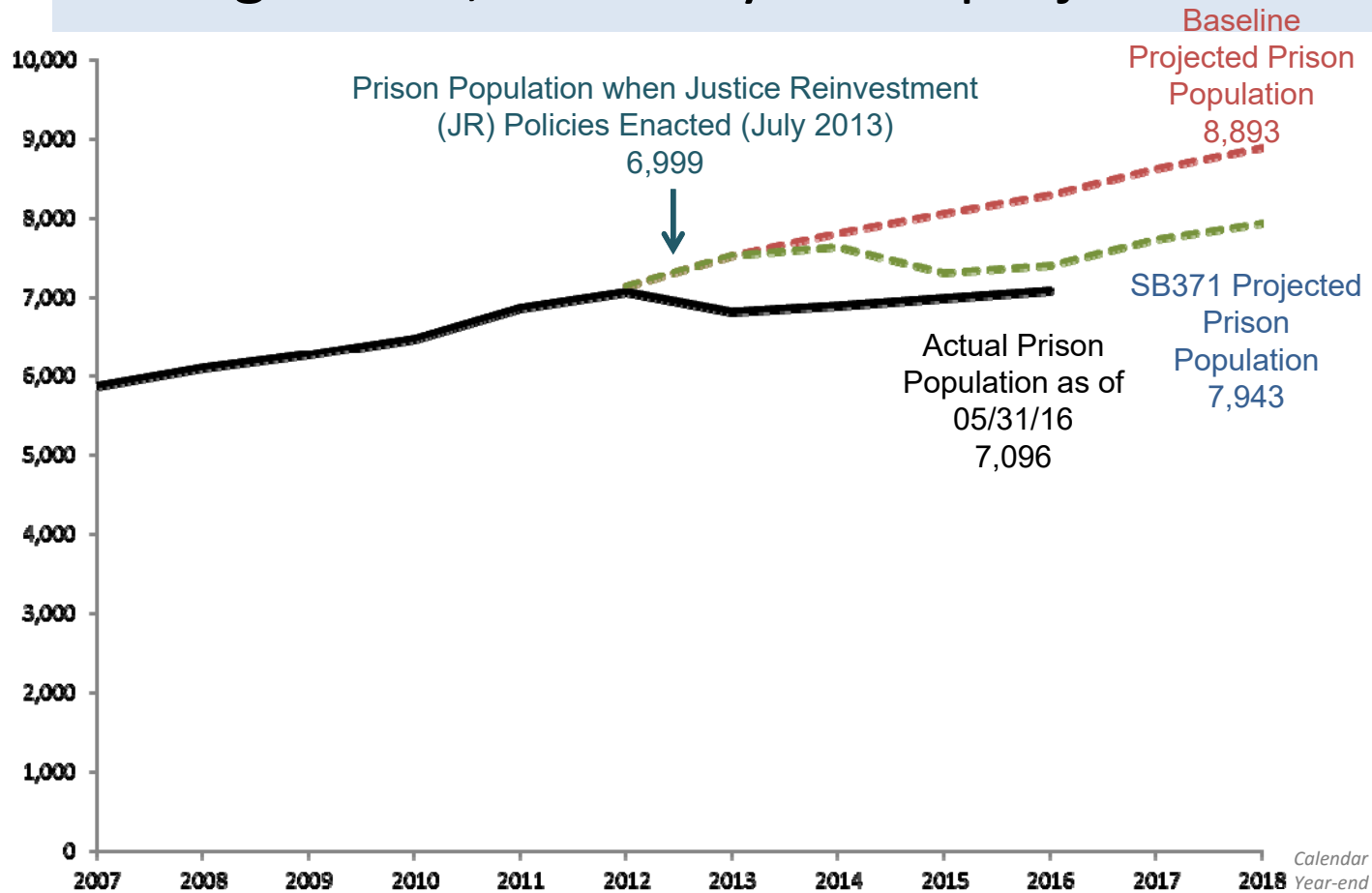
*On any given day, WV also has over 500 inmates awaiting sentencing to DOC

*40% of the regional jail population is DOC inmates

Justice Reinvestment: The Findings

- West Virginia's recidivism rate lower than most states, but increasing.
- Property and drug offenders a growing share of prison commitments.
- Drug and alcohol use cited in nearly 8 out of every 10 cases where an individual was returned to prison for violating parole supervision requirements.
- Probation revocations also driving incarceration rate, outpacing new commitments.
- Community supervision use limited, but revocations increasing prison population growth as well.
- Large, growing share of offenders released to community with no supervision.
- A portion of inmates eligible for parole remained incarcerated, unable to meet requirements needed for hearing.

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



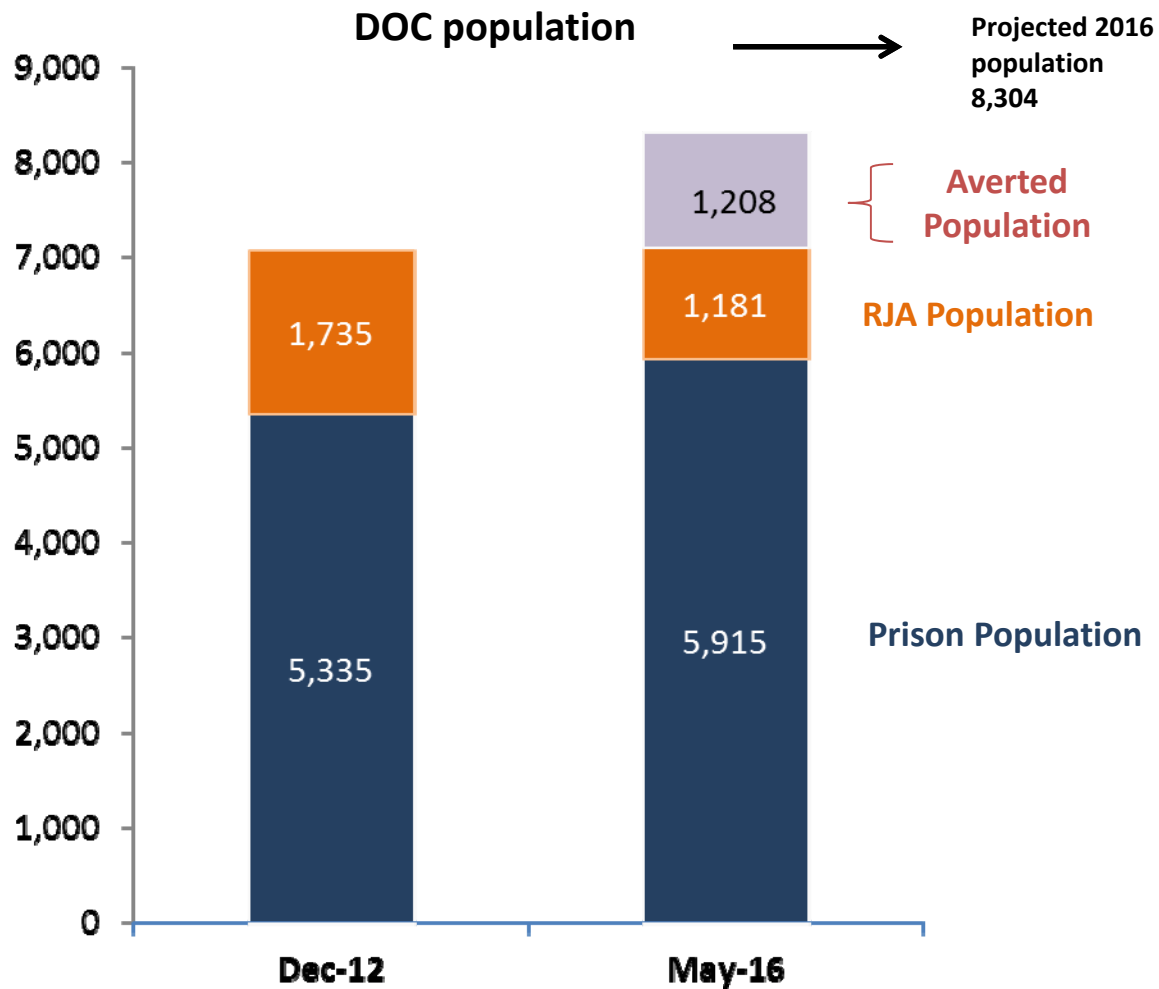
\$29.5M
operational cost savings realized since JR enactment in 2013

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

22%
increase in the number of parole release hearings

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

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



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

SB 371: Key Provisions

- Risk and Needs Assessment Tools
 - Scientifically validated, regularly reviewed
 - Pre-trial screening tool for jail intakes
 - Pre-sentencing, in-depth assessment
 - Pre-evaluation mental health screen
- DOC programs in regional jails
- DOC to facilitate employment, housing opportunities
- Post-incarceration supervision
 - Mandatory for violent offenders
 - Judge's discretion for other offenders

SB 371: Key Provisions, Cont'd

- Streamlined parole process
- Graduated sanctions for parole, probation violations.
- Greater emphasis on alternative sentences
 - Day Report Centers
 - Drug Courts

West Virginia's Unique Partnership

WEST VIRGINIA
Department of

Health & Human Resources



Bureau for Behavioral Health
& Health Facilities



West Virginia

*Division of Justice &
Community Services*

Substance Abuse and Mental Health

- Substance Abuse and Mental Health Services Administration
- National Perspective:
 - Half of all incarcerated people have mental health problems;
60 % have substance use disorders 1/3 have both
 - Two thirds of people in prison meet criteria for substance use disorders, yet less than 15 % receive treatment after admission.
- Twenty four percent of individuals in state prisons have a recent history of mental illness, yet only 34% receive treatment after admission.
- Over 700,000 federal and state prisoners released per year.

West Virginia Substance Abuse and Mental Health

Table 1: Percentage of Offenders with a Mental Health Disorder, by Confinement Setting and Year of Release

Year	% of Day Report Center Clients	% of State Prison Inmates
2011	22	25.9
2012	25.7	35.2
2013	24.6	39.9
2014	24.3	33.5

West Virginia Substance Abuse and Mental Health

Table 2: Percentage of Offenders with an Alcohol or Drug Problem, by Confinement Setting and Year of Release

Year	% of Day Report Center Clients	% of State Prison Inmates
2011	54.6	53.3
2012	53.4	46.4
2013	53.1	41.8
2014	42.7	38.7

Note: Offenders were identified as having an alcohol or drug problem if they had a score classified as “high” or “very high” on the alcohol/drug problem section of the Level of Service/Case Management Inventory (LS/CMI) risk assessment.

SB 371: Treatment Supervision

62-15-6a

- Creates new sentencing option for judges to order an offender to supervision and treatment in lieu of incarceration and new capacity to serve parolees who are re-entering the community.
- GOAL: Behavioral health providers and criminal justice community supervision agencies establish a new partnership with the goal of providing services to a target offender population to address needs and reduce recidivism.
- Day Report Centers: The DRC is an intermediate sanction that blends high levels of supervision with the delivery of services needed by offenders.
- Fundamental goals of the Day Reporting Center are to:
 - Reduce offender recidivism.
 - Assist offenders in successful reentry.
 - Increase public safety by holding offenders accountable.

Referral

The target population is defined as:

- Individuals that demonstrate a “high risk” for reoffending AND a “need for substance abuse treatment” - as indicated by the approved standard risk needs assessment (LS/CMI).
- “High risk” is defined as a person with an overall LS/CMI risk score of high, meaning that the offender’s risk of committing a new crime is high. “A need for substance abuse treatment” is defined as a person having a score within the “alcohol/drug problem” domain of the LS/CMI of moderate to high.
- In addition to being identified as high risk/moderate to higher substance abuse need, other individuals who may benefit from engagement in treatment supervision programming are those who have the presence of a co-occurring disorder identified by an offender risk assessment or other diagnostic instrument (a substance use disorder in combination with a mental health disorder)

Referrals

Common referral sources

- Circuit Judges
 - Probation
 - Drug Court
 - Parole Services
 - ❖ 844-Help4WV
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- All offenders who are being served by the Treatment Supervision program will access these services through the partnering Day Report Center.
 - A referral or sentence to Treatment Supervision is a referral to a DRC.
 - A referral or sentence to a DRC is not necessarily a referral to Treatment Supervision.

Services

- Outpatient Services (OP) Clinical, behavioral health interventions designed substance use and/or co-occurring disorders.
 - Provide for therapy, case management, psychiatric and medication services delivered by psychiatric and addiction treatment professionals/mental health clinicians .
 - Length of service is individualized and based on clinical criteria for admission and continued treatment, and client's ability to make progress on personal treatment/recovery goals.
- Intensive Outpatient Services (IS) Designed for individuals who are functionally impaired as a result of their co-occurring mental health and substance use disorders.
 - Provides for therapy, case management, psychiatric and medication services. Cross-trained psychiatric and mental health clinicians/addiction treatment professionals deliver the services.

Services

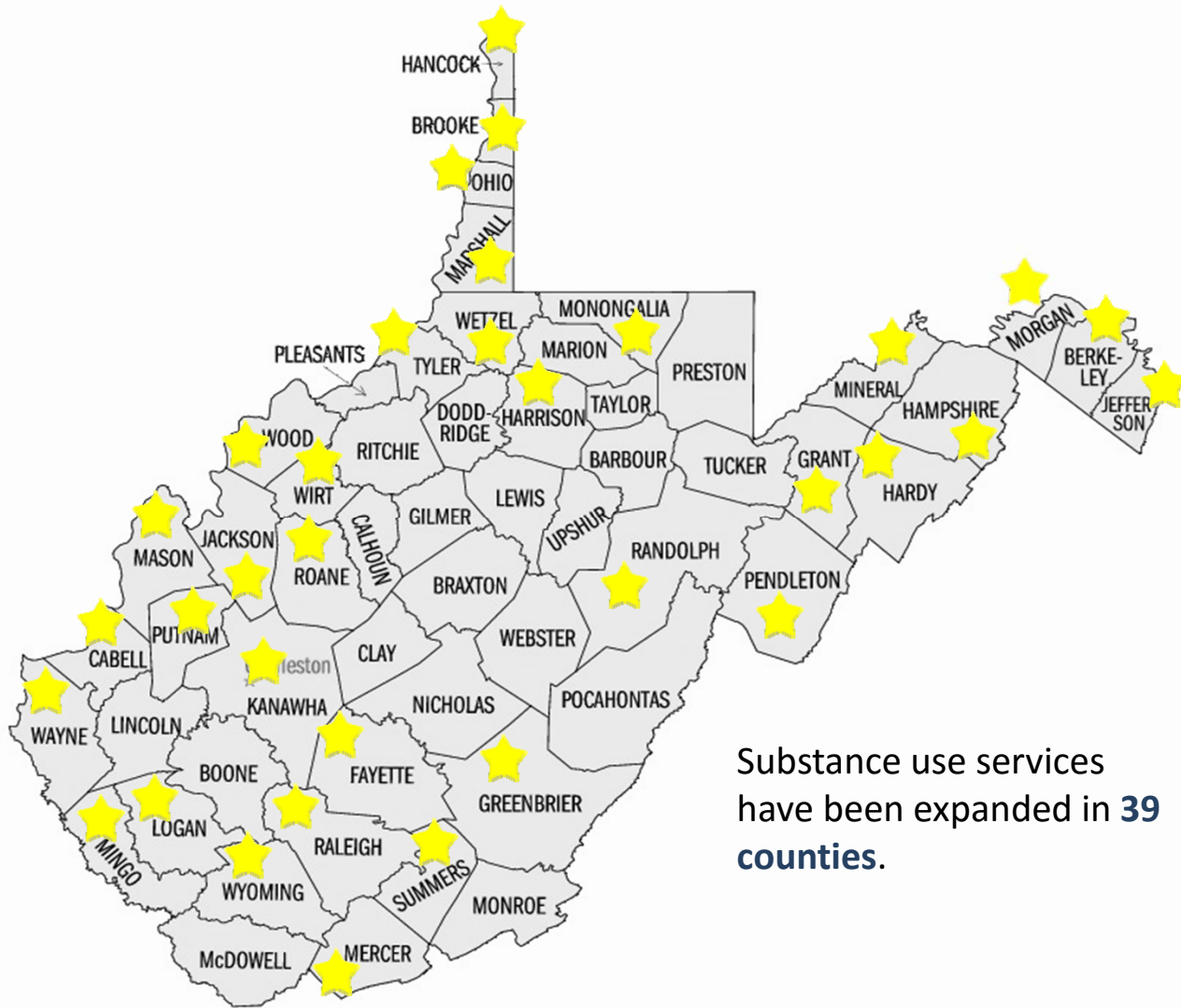
- Community Engagement Specialist
 - Engage and collaborate with all available community resources to prevent the need for involuntary commitment or re-offense, improve community integration, and promote recovery by addressing the often complex needs of eligible individuals.
- Peer (Recovery) Coaching is a peer-to-peer service
 - Provided by persons with lived experience managing their own behavioral health challenges, who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery.
 - To become a Peer Coach such persons must also complete training, education, and/or professional development opportunities for peer coaching.

Services

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
- Follow and/or operate concurrently with substance use disorder treatment and
- 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
 - **Level II Recovery Residence**
 - Include but are not restricted to:
 - drug screening
 - house/resident meetings
 - mutual aid/self-help meetings
 - structured house/resident rules
 - peer-run groups, and
 - clinical treatment services accessed and utilized within the community
 - Staff positions include but are not restricted to a Certified Peer (Recovery) Coach and other Certified Peer staff
 - Resident capacity: 8-15 beds
 - **Level III Recovery Residence**
 - Include but are not restricted to:
 - drug screening
 - house/resident meetings
 - mutual aid/self-help meetings
 - structured house/resident rules
 - peer-run groups
 - life skill development emphasis, and
 - clinical treatment services accessed and utilized within the community
 - Staff positions for a include but are not restricted to a **Facility Manager**, Certified Peer (Recovery) Coach, **Case Manager(s)**, and other Certified Peer staff. **Resident capacity: 60-100 beds**

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



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

\$7.3M
awarded to local
Treatment
Supervision
programs

355
individuals served
through Treatment
Supervision program
as of May 2016

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

110
recovery residence
beds currently
available

Agency Name:	Service Classification	Name	County	Gender	Total Bed	Status
Recovery Point	Substance Use Recovery Residence Level 3	Recovery Point Bluefield	Mercer	Male	64	Operating
CASE WV	Substance Use Recovery Residence Level 2	CASE WV Highland House	Mercer	Female	12	Pending
Recovery Point	Substance Use Recovery Residence Level 3	Recovery Point Charleston	Kanawha	Female	92	Pending
Open Minds Recovery Services	Substance Use Recovery Residence Level 3	Hands of Hope Ministries	Fayette	Male	100	Pending
Wayne County Commission	Substance Use Recovery Residence Level 2	Marie's House	Wayne	Female	8	Operating
Logan Mingo Mental Health	Substance Use Recovery Residence Level 2	New Beginnings	Logan	Male	10	Operating
Logan Mingo Mental Health	Substance Use Recovery Residence Level 2	Marjorie R. Oakley Home For Women	Logan	Female	10	Operating
YWCA Wheeling	Substance Use Recovery Residence Level 2	WIND I	Ohio	Female	8	Operating
YWCA Wheeling	Substance Use Recovery Residence Level 1	WIND II	Marshall	Female	7	Pending
Burlington United Methodist Family Services	Substance Use Recovery Residence Level 3	Staggers Rehabilitation Center	Mineral	Female	15	Pending
Mid-Ohio Valley Fellowship Home, Inc	Substance Use Recovery Residence Level 2	Mid-Ohio Valley Fellowship Home	Wood	Male	10	Operating

Region 3

Tyler, Pleasants, Wood, Ritchie, Jackson, Wirt, Roane, Calhoun

- Wood County, Jackson County and Lee Day Report Centers
 - Partnership between Day Report Centers and Mid Ohio Valley Fellowship Home and the YWCA Wheeling (Tyler County)
 - OP/IOP services
 - Community Engagement Specialist position
 - Recovery Coach
 - Level II Recovery Residences

Medication-Assisted Treatment

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

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

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

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

Treatment Supervision sites can play an extremely critical role in early contact prior to release to help facilitate access to support and services.

Sustaining Justice Reinvestment

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

Treatment Supervision Program Coordinators

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