WEST VIRGINIA LEGISLATURE

2018 REGULAR SESSION

Enrolled

Committee Substitute

for

Senate Bill 469

SENATORS WELD, BOSO, UNGER, FERNS, MARONEY, CLEMENTS, AND CLINE, original sponsors

[Passed March 10, 2018; in effect 90 days from passage]
WEST VIRGINIA LEGISLATURE

2018 REGULAR SESSION

Enrolled
Committee Substitute
for
Senate Bill 469

SENATORS WELD, BOSO, UNGER, FERN, MARONEY,

CLEMENTS, AND CLINE, original sponsors

[Passed March 10, 2018; in effect 90 days from passage]
AN ACT to amend and reenact §62-15A-1, §62-15A-2, and §62-15A-3 of the Code of West Virginia, 1931, as amended, all relating to converting the Addiction Treatment Pilot Program into a permanent program; placing the program under the control of the Department of Military Affairs and Public Safety; permitting certain funding to come from a combination of sources; and requiring reports to be submitted annually.

Be it enacted by the Legislature of West Virginia:

ARTICLE 15A. ADDICTION TREATMENT PROGRAM.


As used in this article:

“Addiction service provider” means a person licensed by this state to provide addiction and substance abuse services to persons addicted to opioids.

“Adult drug court judge” means a circuit court judge operating a drug court as defined in §62-15-2 of this code.

“Adult Drug Court Program” means an adult treatment court established by the Supreme Court of Appeals of West Virginia pursuant to this article and §62-15-1 et seq. of this code.

“Authority” means the Regional Jail and Correctional Facility Authority.

“Circuit court” means those courts set forth in §51-2-1 et seq. of this code.

“Court” means the Supreme Court of Appeals of West Virginia.

“Department” means the Department of Military Affairs and Public Safety.

“Division” means the Division of Corrections.

“LS/CMI assessment criteria” means the level of service/case management inventory which is an assessment tool that measures the risk and need factors of adult offenders.

“Medication-assisted treatment” means the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders.

“Prescriber” means an individual currently licensed and authorized by this state to prescribe and administer prescription drugs in the course of their professional practice.

(a) The Department of Military Affairs and Public Safety Program. –

(1) The secretary of the department shall establish a program to provide addiction treatment, including medication-assisted treatment, to persons who are offenders within the criminal justice system, eligible to participate in a program, and selected under this section to be participants in the program because of their dependence on opioids.

(2) In the case of the medication-assisted treatment provided under the program, a drug may be used only if it has been approved by the United States Food and Drug Administration for use in the prevention of relapse to opioid dependence and in conjunction with psychosocial support, provided as part of the program, appropriate to patient needs.

(3) The department may limit the number of participants.

(b) Court program. –

(1) If the court’s adult drug court program participates in a drug addiction program, the court shall select persons who are participants in the Adult Drug Court program, who have been clinically assessed and diagnosed with opioid addiction. Participants must either be eligible for Medicaid or eligible for a state, federal, or private grant or other funding source or combination of sources that provides for the full or partial payment of the treatment necessary to participate in the program. After being enrolled in the program, participants shall comply with all requirements of the adult drug court program.

(2) Treatment may be provided under this subsection only by a treatment provider who is approved by the court or adult drug court program consistent with the policies and procedures for adult drug courts developed by the court. In serving as a treatment provider, a treatment services provider shall do all of the following:

(A) Provide treatment based on an integrated service delivery model that consists of the coordination of care between a prescriber and the addiction services provider;
(B) Conduct any necessary additional professional, comprehensive substance abuse and mental health diagnostic assessments of persons under consideration for selection as pilot program participants to determine whether they would benefit from substance abuse treatment and monitoring;

(C) Determine, based on the assessments described in §62-15A-2(b)(2)(B) of this code the treatment needs of the participants served by the treatment provider;

(D) Develop, for the participants served by the treatment provider, individualized goals and objectives;

(E) Provide access to the non-narcotic, long-acting antagonist therapy included in the pilot program’s medication-assisted treatment; and

(F) Provide other types of therapies, including psychosocial therapies, for both substance abuse and any disorders that are considered by the treatment provider to be cooccurring disorders.

(c) (1) The Division of Corrections shall select persons, within the custody of the Division of Corrections, who are determined to be at high risk using the LS/CMI assessment criteria to participate in the program. Participants must either be eligible for Medicaid or eligible for a state, federal, or private grant or other funding source or combination of sources that provide for the full or partial payment of the treatment necessary to participate in the program. After being enrolled in the program, a participant shall comply with all requirements of the treatment program.

(2) A participant shall:

(A) Receive treatment based on an integrated service delivery model that consists of the coordination of care between a prescriber and the addiction services provider;

(B) Submit to professional, comprehensive substance abuse and mental health diagnostic assessments to determine whether the participant would benefit from substance abuse treatment and monitoring;
(C) Receive, based on the assessments described in §62-15A-2(b)(2)(B) of this code, the treatment needs of the participants served by the treatment provider;

(D) Submit to the treatment provider individualized goals and objectives;

(E) Receive the non-narcotic, long-acting antagonist therapy included in the program's medication-assisted treatment; and

(F) Participate in other types of therapies, including psychosocial therapies, for both substance abuse and any disorders that are considered by the treatment provider to be co-occurring disorders.

(d) (1) The Regional Jail and Correctional Facility Authority shall select only persons who are serving a sentence for a felony or misdemeanor who are determined to be at high risk using the LS/CMI assessment criteria for the pilot program. Participants must either be eligible for Medicaid or eligible for a state, federal, or private grant or other funding source or combination of sources that provides for the full or partial payment of the treatment necessary to participate in the program. After being enrolled in the program, a participant shall comply with all requirements of the treatment program.

(2) A participant shall:

(A) Receive treatment based on an integrated service delivery model that consists of the coordination of care between a prescriber and the addiction services provider;

(B) Submit to professional, comprehensive substance abuse and mental health diagnostic assessments to determine whether the person would benefit from substance abuse treatment and monitoring;

(C) Receive, based on the assessments described in §62-15A-2(b)(2)(B) of this code, the treatment needs of the participants served by the treatment provider;

(D) Submit to the treatment provider individualized goals and objectives;

(E) Receive the non-narcotic, long-acting antagonist therapy included in the program's medication-assisted treatment; and
(F) Participate in other types of therapies, including psychosocial therapies, for both substance abuse and any disorders that are considered by the treatment provider to be co-occurring disorders.

(3) If a participant begins participation in the treatment pilot program while in the custody of the Commissioner of Corrections, but is confined in a regional jail and transferred to a Division of Corrections facility before completing the treatment program, the Division of Corrections shall ensure that the participant’s treatment under the program will continue and that upon successful completion the participant shall receive credit off his or her sentence as would have occurred had he or she remained in the authority facility until successful completion.


(a) The department and the court shall prepare a report annually.

(b) The report shall include:

1. Number of participants;
2. Number of participants successfully completing the program;
3. Offenses committed or offense convicted of;
4. Recidivism rate;
5. Potential cost saving or expenditures;
6. A statistical analysis which determines the effectiveness of the program; and
7. Any other information the reporting entity finds pertinent.

(c) The department shall submit the report to:

1. The Governor;
2. The Chief Justice of the Supreme Court of Appeals of West Virginia; and
3. The Joint Committee on Government and Finance.

(d) The report shall be submitted by July 1, 2019, and annually thereafter.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman, Senate Committee

Vice-Chairman, House Committee

Originated in the Senate.

In effect 90 days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker of the House of Delegates

The within...is approved...this the...

Day of

2018.

Governor
PRESENTED TO THE GOVERNOR

MAR 21 2018

Time 11:57 am