

# **Meeting Minutes of the Governor's Council on Substance Abuse Prevention and Treatment Courts and Justice-Involved Populations Subcommittee February 13, 2024, Approved**

## **Attendees:**

Amber Blankenship, Stephanie Bond, Candace Facemyer, Gary Krushansky, Tom Plymale, William Prue, Clarence Rider, Justin Smith, Stephanie Thornton (chair)

## **Opening:**

Stephanie Thornton (chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Courts and Justice-Involved Populations Subcommittee. The meeting was called to order at on Tuesday, February 13, 2024 and was conducted by Zoom conference. A quorum was present to approve October, November, December, and January meeting minutes. Amber made the motion to approve the minutes and Stephanie seconded. The purpose of this meeting was to learn more about reentry services with WV DCR and review 2024 implementation planning for the State Plan.

## **Agenda Items:**

### **Reentry Services (William Prue and Clarence Ride, WV DCR)**

- Stephanie highlighted that a key objective for the subcommittee is to gain a deeper understanding of the reentry process from the perspectives of jails and prisons, particularly focusing on the transition of individuals with SUD back into the community.
- William shared his experience working in a prison, where individuals were provided with a 30-day supply of medication upon release, an appointment with a doctor, and access to a peer specialist. He mentioned the GOALS Program, a six-month intensive drug rehabilitation program in jail that culminates with an evaluation by a judge for potential release. William noted his limited experience with jails, mentioning that participants in the accelerated program must be non-violent offenders.
- Clarence discussed the role of re-entry coordinators who work in prisons and also visit jails at least once a week to prepare individuals for parole, home planning, and general release. He emphasized the importance of connecting with re-entry coordinators three months prior to release, especially for individuals with co-occurring disorders alongside SUD, who are then referred to Dr. Amjad and the medical team for further support.
- William observed that tracking individuals post-discharge is challenging. Parolees are easier to monitor unless they abscond. Efforts are made to assist them in obtaining essential documents

like birth certificates, social security cards, and temporary IDs from the DMV, which can later be exchanged for a state-issued ID. The GOALS program certificate can sometimes substitute for a driver's education class for those who lost their licenses due to DUIs or other offenses. However, there have been issues with the DMV accepting the 90-day IDs, which Amber addresses by providing a copy of the applicable law to those affected.

- Clarence acknowledged that successful re-entry primarily hinges on securing employment and housing, emphasizing the need for a solid transition process to address these areas.
- William mentioned that the parole board often recommends individuals with drug problems or those undergoing rehabilitation to attend specific classes, which he helps organize.
- The group discussed ways to alleviate the workload on parole officers by ensuring individuals attend necessary SUD treatment and recovery programs. Stephanie mentioned that some parolees attend day report centers with PRSSs. Clarence pointed out the challenges of hosting these individuals in parole offices due to legal and confidentiality issues, but referrals to PRSS are made depending on the situation. He added that peer mentors, often involved in religious services, work within facilities, notably in the bible college.

## **2024 Implementation Planning**

### **Goal 1**

- Strategy 1, KPI 3: Stephanie suggested arranging another consultation with Dr. Amjad to evaluate the collaboration with pharmacies on delivering services and Wexford telehealth services. The subcommittee also mentioned addressing barriers to prescribing Sublocade, a Schedule 3 medication. Stephanie pointed out the dual issue of a shortage of providers authorized to prescribe it and the lack of providers in the community statewide meeting the criteria for its administration. Stephanie mentioned Virginia's approach of utilizing physical locations in rural areas linked to doctors' DEA IDs to administer Sublocade monthly, though she raised concerns about the significant costs involved, such as malpractice insurance and maintaining a space, for a once-a-month service. Stephanie mentioned the benefit of gathering data on the number of individuals released on Sublocade from sources like maps or BBH to further this KPI.
- Strategy 2, KPI 1: Gary offered to distribute the LEAD program map to the group. Justin suggested integrating LEAD program maps and details onto the judicial courts' website. However, Stephanie felt directly sending this information to judges might be a more effective approach. She also indicated that sharing detailed information on the LEAD programs could contribute to advancing KPI 2 within this strategy.

### **Additional Business**

- Dr. Jeremy Husted from WVU Health is scheduled to be a guest speaker at the upcoming meeting, where he will discuss approaches to treating individuals re-entering the community from incarceration.

### **Adjournment:**

Stephanne closed the meeting by thanking all subcommittee members for their attendance and participation. The subcommittee will meet again on March 12<sup>th</sup> at 10 am.