

SEMIANNUAL REPORT

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**WEST VIRGINIA OFFICE OF
DRUG CONTROL POLICY**
West Virginia Department of Human Services

Office of Drug Control Policy
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SEMIANNUAL REPORT EXECUTIVE SUMMARY

During the latter half of 2024, the West Virginia Department of Human Services' (DoHS) Office of Drug Control Policy (ODCP) made significant strides in addressing the challenges posed by substance use disorder (SUD) across the state. The SUD epidemic continues to impact public health and the economy, necessitating innovative and collaborative solutions. By partnering with federal, state, and local entities, ODCP has implemented strategies aimed at prevention, intervention, treatment, and recovery, creating a framework for sustained community improvement and individual well-being.

As a vital part of state governance, the Office of Drug Control Policy plays a key role in developing policies, fostering innovation, and applying evidence-based strategies to improve outcomes for individuals impacted by SUD in West Virginia. By implementing a comprehensive continuum of care approach ([Appendix A](#)), various treatment options are accessible to all who need them, ODCP ensures that treatment options are accessible at every stage of recovery, from initial crisis intervention to long-term support. This holistic framework guarantees that care is tailored to meet the unique needs of individuals at each phase of their journey.

ODCP also emphasizes prevention through education, outreach, and stigma reduction efforts, tackling the root causes of SUD and promoting community awareness. By working closely with healthcare providers, law enforcement, and community organizations, the agency has built a robust support network that encourages individuals to embrace recovery and achieve lasting success.

ODCP aims to build on these achievements, leveraging advanced technologies, data-driven approaches, and community collaboration to address the underlying causes of SUD. With ongoing support from state and federal funding, West Virginia remains steadfast in its mission

to empower individuals, strengthen families, and promote resilient communities through innovative and compassionate solutions to the SUD crisis.

Prevention

Prevention efforts have centered on fostering resilience and addressing substance misuse before it begins. Programs like GameChanger have expanded to reach over 50,000 students in middle and high schools, incorporating educational tools such as films and lesson plans to engage younger audiences. Similarly, the Don't Keep Rx Around initiative has provided medication safety education to over 40,000 children and families, with plans to broaden its reach to older age groups. Statewide naloxone (Narcan) distribution has ensured that life-saving interventions are readily accessible, with more than 15,000 doses and over 800 emergency ONEbox® opioid overdose kits deployed to schools, libraries, and public spaces.

[Appendix C](#) highlights the key collaborative prevention efforts in the state.

Intervention

Intervention programs have focused on timely, targeted support for individuals at risk of SUD and its associated consequences, including relapse, overdose, and incarceration. The Police and Peers initiative continues to grow, integrating peer recovery specialists with law enforcement to guide those in crisis toward treatment rather than punitive measures, addressing the risk of criminal justice involvement among individuals with SUD. Technological advancements like the CravAlert® program have utilized wearable devices to monitor and mitigate relapse risks, particularly among vulnerable groups at elevated risk of health deterioration or fatal overdose. Meanwhile, the CORA project has expanded community participation in overdose reporting, capturing data on 374 overdose incidents in late 2024. This data informs state-level strategies to reduce overdose-related fatalities and improve access to care for those struggling with SUD.

For the latest intervention strategies, refer to [Appendix D](#).

Treatment

To meet the rising demand for treatment, ODCP has enhanced the accessibility and efficiency of care. The newly launched Healthcare Enablement Access Link (HEAL) platform provides real-time information on treatment bed availability, streamlining the referral process for individuals in need. Project Engage has extended addiction services to additional hospitals, and treatment courts now serve 82 counties, emphasizing rehabilitation over punitive measures. As of December 2024, West Virginia offers 1,758 certified treatment beds.

By continually enhancing treatment options, expanding access to supportive services, and fostering community partnerships, West Virginia remains committed to empowering individuals on their recovery journeys. Refer to [Appendix E](#) for treatment programming.

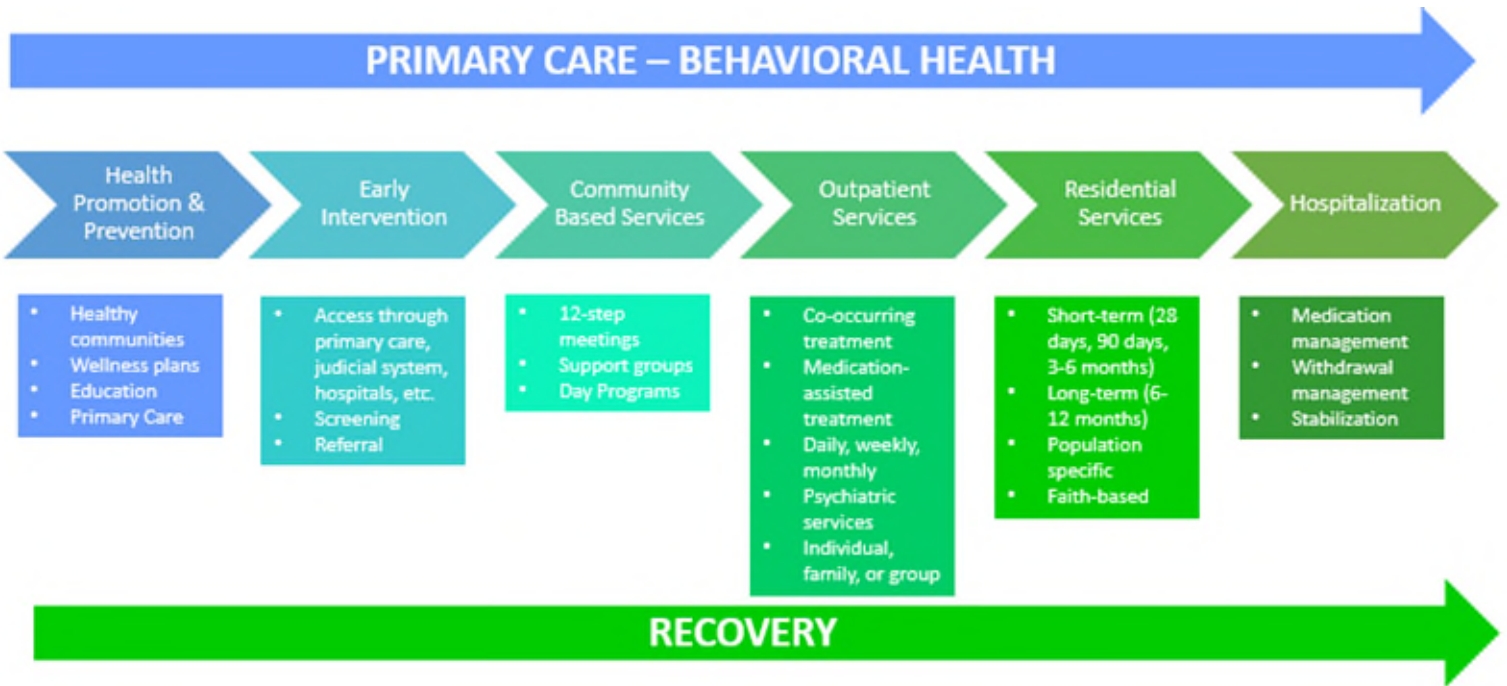
Recovery

Recovery initiatives have emphasized removing barriers and creating pathways to sustainable healing. Since its inception in 2019, Jobs & Hope West Virginia has supported over 1,536 individuals in overcoming employment and educational challenges, helping them rebuild stable lives. Certified recovery residences have increased capacity statewide, with 1,758 certified beds, including specialized options for women and families. West Virginia Collegiate Recovery Network programs provide critical resources for students pursuing higher education while maintaining sobriety, reflecting the state's commitment to fostering supportive environments at every stage of recovery.

[Appendix F](#) displays important recent updates provided by ODCP regarding recovery.

APPENDIX A

CONTINUUM OF CARE



APPENDIX B

EDUCATION

SOR Statewide Anti-Stigma Campaign

The State Opioid Response (SOR) office of the Bureau for Behavioral Health implemented a statewide stigma reduction campaign to increase awareness around SUD and promote avenues to recovery and treatment. The campaign titled “Breakthrough Addiction” strives to assist communities across the state to identify how they can do just that. The media campaign launched in August and the “Back to Life” website was updated with the new messaging taglines. While Breakthrough Addiction is the overarching message, there will be sub messages to educate communities on how they can achieve advancements such as Breakthrough Addiction with Family, or Breakthrough Addiction with Community. Below are analytics for the campaign.



- Website visits increase by 2,050% during the campaign
- Views by Page saw significant increases:
 - Getting Help 580%
 - Opioid Addiction 542%
 - Treatment 535%
- New Users saw a significant increase of 2,088% almost entirely from the programmatic ads that were running, followed by directly typing the web address into a web browser, and finally google searches.
- Over 7.8 million impressions were generated by the ad campaign
- Over 13,500 clicks through to backtolifewv.org directly from a digital ad
- Top 5 performing zip codes
 - 26101, Parkersburg
 - 25801, Beckley
 - 26508, Morgantown
 - 26003, Wheeling
 - 26554, Fairmont

ODCP Outcomes Dashboard Progress

ODCP has contracted with West Virginia University Health Affairs Institute (HAI) to inform the development of the ODCP Outcomes Dashboard. This project is funded by the Office of National Drug Control Policy and allows ODCP to carry out work specified in West Virginia Code §16-5T-4 (HB 3306). Phase 1 of this development culminated with a report of findings of the outlined activities, which included a “how-to” guide relevant for HB 3306 reporting, and a plan to implement the work for all those same programs.

Phase 2 of the work began in December 2024 and focuses on implementing key recommendations outlined in the Phase 1 final report as well as accomplishing additional opportunities identified in conversations with ODCP program partners that allow for sustainability of outcome reporting and dissemination. Objectives include:

- Identifying broad and high impact outcomes variables focused on substance use prevention and treatment that can be reported at the county level and meet requirements specified in HB 3306. These variables will be used to expand the existing ODCP dashboard.
- Identifying existing resources and prevention and treatment activities in communities that implement emerging best practice and evidence-based programs for SUD in West Virginia.
- Developing a broader state-wide SOR evaluation plan to determine if the outcomes selected in the first objective are captured in the plan. This will become a model to evaluate other programs being funded.
- Conducting a network analysis that identifies the linkages of entities serving a specific SUD population of interest at the local level and propose dashboard wireframes that enable reporting by specific outcomes.
- Building upon ODCP’s ongoing objective of offering information to individuals experiencing SUD who seek treatment by making the ODCP Treatment and Recovery Map mobile friendly and more accessible.

APPENDIX C

PREVENTION

Olweus Bullying Prevention Program

Research has shown that individuals who are bullied are at higher risk for substance use and/or suicide in an attempt to cope with what they are experiencing. Because mental health conditions have been shown to increase the likelihood of developing SUD, bullying in schools is a big risk factor. Through a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant, the Bureau for Behavioral Health (BBH) tasked the Marshall University School Health Technical Assistance Center, Division of Community Health, School of Medicine (MUSHTAC) to make Olweus Bullying Prevention Program available to West Virginia schools. The Olweus Bullying Prevention Program is a comprehensive approach that includes schoolwide, classroom, individual, and community components. The program is focused on long-term change that creates a positive school environment. Funding ended in September 2024, and West Virginia now has eight trainers and 16 schools implementing the program across six counties (Fayette, Mercer, Pleasants, Pocahontas, Randolph, and Tucker). Becoming a trainer-consultant for Olweus takes from 12-24 months to complete and become certified.

West Virginia Prevention Summit

On November 14, 2024, the 2024 West Virginia Prevention Summit, themed “Strategic Prevention: It’s All About Outcomes,” brought together 267 substance use prevention professionals both in person at the Charleston Coliseum and Convention Center and virtually. The event emphasized outcome-focused strategies in addressing substance use and behavioral health challenges throughout West Virginia.

One State One Vision West Virginia Substance Use Primary Prevention Strategic Plan

On October 23, 2024, BBH held a primary prevention strategic planning meeting to develop a unified, comprehensive, statewide primary substance use and misuse prevention plan that will help strengthen and sustain West Virginia’s current primary prevention infrastructure. The purpose of this meeting was to prioritize common goals and objectives, identify key strategies for implementation, and develop an initial draft of the prevention strategic plan. The development of this plan is a result of a collaborative process among various bureaus within the

DoHS, West Virginia Department of Education, WV GameChanger, Prevention Lead Organizations (PLOs), Marshall University, School of Excellence in Recovery, West Virginia University, and local, public, and private prevention organizations throughout the state. The One State One Vision West Virginia Substance Use Primary Prevention Strategic Plan aims to approach substance use and misuse by addressing the risk and protective factors that predict – and protect against substance use, misuse, and other behavioral health problems across the lifespan. Key elements of the plan include;

- Strengthening capacity to implement and sustain evidence-based prevention programs.
- Establishing a comprehensive data and evaluation system.
- Fostering strategic collaboration and communication.
- Increasing and aligning investments in prevention infrastructure.
- Developing unified messaging for substance use awareness and education.

Primary Prevention

GameChanger

GameChanger ended 2024 with significant momentum because of several initiatives which have contributed to its efforts to provide opioid, substance misuse and fentanyl education to West Virginia students and communities. GameChanger is currently implementing its program in over 70 schools in 20 West Virginia counties.

In addition, as of January 6, 2025, over 50,000 students in 141 West Virginia middle and high schools are complying with Laken’s Law by logging on to the GameChanger website (www.gamechangerusa.org) and accessing the Laken’s Law Compliance Tabs for middle and high schools. The GameChanger produced film “One Pill Can Kill” is being provided to all middle and high schools free of charge along with teacher lesson plans and a parent tool kit. GameChanger has also released “You Have What It Takes,” an age-appropriate film for third-fifth graders. Former Governor Justice hosted a premier and addressed over 1,000 students in Marshall County on October 15, 2024.

At a press conference held at the Randolph County Board of Education, GameChanger Founder and Executive Director, Joe Boczek; Elkins Mayor, Jerry Marco; County Commissioner, Chris Siler; Randolph County Superintendent of Schools, Sean Dilly; and Dave Kubichek, Sales Director of GameChanger sponsor MegaCorp, announced that, through funding provided by the County Commission and MegaCorp, Elkins Middle School, Elkins High School, and Tygarts Valley Middle/High School will become GameChanger Schools.

On December 18, 2024, nearly 6,000 students in 37 schools in Harrison, Marion, and Monongalia Schools were treated to a viewing of the film and were provided with coloring workbooks courtesy of GameChanger and GameChanger Sponsor MVB Bank.

Don't Keep Rx Around Medication Safety Program

Don't Keep Rx Around is a curriculum and public health campaign that utilizes evidenced-based practices to teach medication safety to students and their families. Designed with West Virginia early learning standards, national wellness, and health standards, this program is rooted in evidence-based prevention and public health theory. This important lesson could be lifesaving for our children.

- The program has reached over 40,000 children and families in West Virginia since its inception.
- To date, 60% of West Virginia counties participate in Don't Keep Rx Around within their schools.
- Don't Keep Rx Around is now available nationally via national PBS learning media. View <https://wv.pbslearningmedia.org/resource/dont-keep-rx-around-video/medication-safety-program/>.
- The program will be expanded this fall to include all elementary-aged children.
- Interactive, hands on, learning kits are coming this fall for middle and high school aged children.

The Healthy and Creative Brain

The Healthy and Creative Brain inflatable was leased by the West Virginia Drug Intervention Institute (WVDII) with support from Kanawha Communities That Care and Presteria Health Services to expand the Don't Keep Rx Around™ Medication Safety program throughout southern West Virginia. The Healthy Creative Brain inflatable is intended to be used mainly in communities located in Region 5 of the state (Kanawha, Cabell, Putnam, Clay, Lincoln, Boone, Logan, Mason, Mingo and Wayne counties) for public events, SUD and prevention-related events.

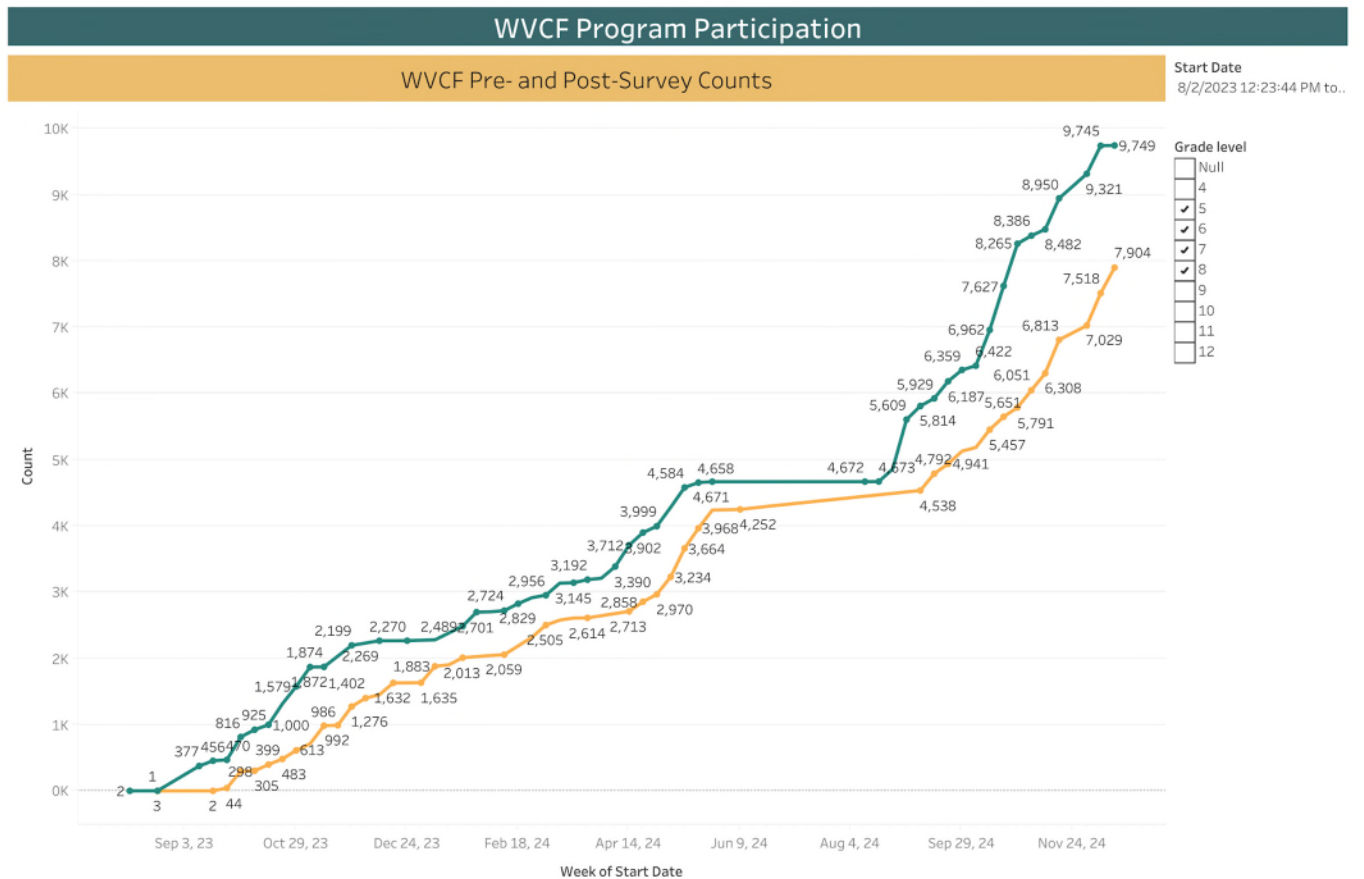
This traveling exhibit is placed at locations throughout West Virginia for month-long or longer residencies (like community centers and museums where children visit for field trips). In October 2024, the exhibit was located (for a month) at Heritage Farms in Wayne County where over 1,200 school children from six West Virginia counties experienced the exhibit. Children and teachers left with activity books that can be used in the classroom with a lesson plan. In late January 2025, the Healthy and Creative Brain will be in residence at the Clay Center for the Arts and Sciences in Charleston.

Catch My Breath

E-cigarette use, or vaping, among youth has been a public health concern since 2015, with West Virginia being especially hard-hit by this epidemic. In response, West Virginia's Clear Future (WVCF) delivers the evidence-based Catch My Breath vaping prevention curriculum to

middle school students across the state. WVCF is led by the West Virginia Department of Health (DOH), Division of Tobacco Prevention, in partnership with the American Lung Association, Partners in Health Network, and the West Virginia Alliance for Creative Health Solutions, Inc. The Catch My Breath curriculum can be accessed at <https://catch.org/program/vaping-prevention/>.

WVCF has 53 out of 55 counties with one trained teacher. There have been a total of 9,745 students that have completed pre-surveys for the project.



Overdose Prevention

Test Strip Distribution

The WVDII has distributed over 125,000 fentanyl and xylazine testing strips to persons and organizations in all of West Virginia’s 55 counties.

Naloxone and Training

WVDII has trained over 30,000 individuals in person or via an online naloxone course. WVDII has distributed over 15,000 doses of intranasal naloxone to all 55 West Virginia counties. Additionally, over 20,000 doses of naloxone have been placed in locations nationwide through ONEbox® deployment and outreach projects.

CravAlert

The CravAlert® program integrates cutting-edge Remote Patient Monitoring (RPM) with machine learning to detect and mitigate cravings, anxiety, stress, and relapse risk in individuals recovering from SUD. The system uses VivaLink® wearable biopatch technology to provide real-time, continuous monitoring of critical physiological endpoints, including heart rate variability, respiratory rate, heart rate, skin temperature, and GPS movement patterns. Alerts generated by the system enable Peer Recovery Support Specialists (PRSS) to deliver quick, just-in-time interventions, reducing relapse events and improving recovery outcomes. The program targets vulnerable populations, including justice-involved individuals, pregnant and postpartum participants, and those at high risk of relapse. Participants were recruited from Grant, Hardy, Pendleton, Hampshire, Mineral, and Berkeley counties, ensuring a broad geographic reach across key regions.

A total of 82 participants engaged in the program during the reporting period:

- **Male: 38 | Female: 44**
- **Average Age: 39 years**
- **Justice-Involved: 16**
- **Pregnant/Postpartum/Parenting: 14**
- **Ethnic Minority: 4**
- **Veteran: 5**

The system generated **428 alerts** over the course of the program. Alerts were classified based on the participant's physiological markers and behavioral context.

The CravAlert® program's findings were published in the Journal of Biosensors, highlighting the integration of wearable biosensor technology and machine

Alert Type	Number	Percentage
Anxiety and Stress	288	67.4%
Cravings for Drugs	65	15.2%
Relapses	10	2.3%
Sleep Apnea	3	0.7%
Major Depression	25	5.9%
Exacerbation of Chronic Pain	9	2.1%
False Positive Alerts	28	6.5%

The majority of alerts (67.4%) pertained to anxiety and stress, aligning with evidence that these psychological factors are significant precursors to cravings and relapse. PRSS interventions, including brief counseling and coping strategy reminders, were pivotal in addressing these episodes in real time.

learning for relapse prevention. The program's outcomes were also presented at several key conferences:

- SPARK Symposium: Showcased advancements in wearable technology for substance use recovery.
- WVAAPP Annual Conference: Highlighted preliminary results and the role of Peer Recovery Support Specialists in enhancing outcomes.

Regional Coordinators Program

The West Virginia Regional Coordinators Program (RC Program) achieved substantial progress in harm reduction, overdose prevention, and community engagement across action counties in West Virginia. By addressing emerging challenges, such as uneven stigma training and resource disparities, and enhancing collaboration across regions, the RC Program is positioned to sustain and expand its impact. Moving forward, strengthening data reporting processes and scaling evidence-based strategies will be critical to achieving continued success.

The year’s results reflect a coordinated and effective response to the overdose epidemic, solidifying the RC Program’s role as a cornerstone of West Virginia’s substance use prevention and recovery initiatives. Key highlights from this reporting period include:

ODCP Regional Coordinators Program Summary

Category	Achievements
Harm Reduction Distribution	Narcan : 15,012 units (Kanawha: 3,236; Cabell: 2,016; Berkeley: 1,113) Fentanyl Test Strips : 28,114 units (Kanawha: 11,285) Nitazene Test Strips : 6,800 units Wound Care Kits : 5,148 units
Community Engagement	Outreach Events : 468 statewide Spike Alerts : 138 notifications issued to inform and mobilize communities
Workforce Development	Recovery-Friendly Employers : 36 Stigma Trainings : 31 sessions conducted
Partnerships	New Partnerships : 127 formed to achieve program goals
Overdose Reductions	Statewide average reduction of 40% - Ohio County : 50% reduction- Monongalia County : 51.5% reduction- Other counties ranging from 10% to 47% reductions

Regional Highlights

Region	Achievements
Region 1	Distributed 1,777 Narcan units and 3,184 FTS; Ohio County reduced overdoses by 50%
Region 2	Led by Adrienne Brubaker, conducted 71 outreach events and distributed 3,339 FTS; Berkeley County achieved a 38% overdose reduction
Region 3	Jessica Martinez distributed 663 Narcan units, 261 FTS, and 73 NTS; Wood County saw a 47% overdose reduction
Region 4	Jill Poe led 46 outreach events and distributed 5,309 Narcan units; Monongalia County reduced overdoses by 51.5%
Region 5	Christina Adkins, Nicole Horton, and Lauren McGrew distributed over 16,835 FTS; overdose reductions in Kanawha, Cabell, and Logan counties ranged from 10% to 25%
Region 6	Chelsea French distributed 1,781 Narcan units and 4,432 wound care kits; Mercer and Raleigh counties saw reductions of 37.2% and 20.5%, respectively

Overdose Response Strategy (ORS)

In 2015, the Office of National Drug Control Policy announced an unprecedented partnership among regional High Intensity Drug Trafficking Area programs to address the growing heroin threat facing communities through public health and law enforcement partnerships. This program is known as the Overdose Response Strategy (ORS). The goal of the ORS is to foster a collaborative network of public health and public safety professionals to address the drug epidemic from multiple perspectives. It includes all 50 states, as well as Puerto Rico and the

U.S. Virgin Islands. Primary personnel charged with the execution of the ORS Mission are a Drug Intelligence Officer (DIO) and a Public Health Analyst (PHA) in each state.

The PHA has contributed to the ODCP's mission by supporting activities such as recent Legislative Briefings and Xylazine Infographics, as well as reports such as the annual Felony Arrest Notification Report outlining felony drug arrest information in West Virginia. The PHA also supports Regional Coordinators in their mission to decrease drug overdose deaths in their areas of responsibility.

The PHA also contributes to the mission of ORS by introducing public safety data and personnel to relevant public safety partners and relaying necessary public health information and resources to public safety and High Intensity Drug Trafficking Area partners as appropriate.

APPENDIX D

INTERVENTION

Police and Peers (PNP)

In early 2023, the ODCP, West Virginia Sober Living Solutions, Fayetteville City Police, a Fayette County Sheriff Deputy, and Oak Hill Police Departments met to discuss the implementation of the Police and Peers program. As a result of this collaboration, a state-certified PRSS, Tyson Kincaid, was placed alongside Fayetteville City Police officers to assist individuals with SUD in finding appropriate resources.

Due to the success of the program and positive outcomes, it has since expanded to five jurisdictions in Fayette County: Fayetteville, Oak Hill, Gauley Bridge, Mount Hope, and the County Sheriff’s Department. Officers from these departments have come to rely on the expertise of the PRSS for incidents involving substance use-related crimes.

Category	Quick View Totals (Sep 1 - Dec 17, 2024)	Year-to-Date Totals (Jan 1 - Present)
New Clients	77	338
Referrals to Detox/Inpatient Services	94	165
Outpatient or MOUD Referrals	53	122
Transport to Services	28	51 (since June 2024)
Law Enforcement Callouts	59	136
Naloxone Kits Distributed	512	1,337
Fentanyl Testing Strips Distributed	1,120	2,745

Community Naloxone Reporting Dashboard

The West Virginia Naloxone Distribution Reporting Dashboard developed by the West Virginia Board of Pharmacy using the ODCP naloxone distribution reporting data serves as a centralized platform to monitor and evaluate the distribution, access, and impact of naloxone throughout the state. This reporting and analysis platform displays useful information surrounding naloxone distribution including: number of naloxone kits distributed by type of facility, number of naloxone kits distributed by month and year, number of kits left at scene of suspected non-fatal overdose and the number of naloxone kits distributed in each West Virginia county. Naloxone, a life-saving medication that reverses opioid overdoses, is a critical tool in combating the opioid epidemic. This dashboard is designed to enhance transparency, track program efficacy, and inform stakeholders about the availability and utilization of naloxone. The dashboard can be accessed at

<https://www.arcgis.com/apps/dashboards/c2054ef1769b45e5ad692050e934e71c>.

Be the One

In collaboration with the West Virginia Collegiate Recovery Network, this program continues to grow and provide crucial education to college students about medication safety, fentanyl, naloxone, and how to be an ally to those in recovery. This school year, the program has expanded to include the following six campuses in West Virginia: Glenville State University, Bluefield State College, Fairmont State University, Shepherd University, Northern Community and Technical College, and Mount West Community and Technical College. Over 150 students throughout West Virginia completed the Smart Rx U train the trainer course.

- More than 750 students throughout West Virginia received education on medication safety through an online medication safety program.
- Over 1,000 students completed the Recovery Ally training.
- 5,000 students completed naloxone and overdose reversal training.
- Approximately 75 students completed the Safer-U Training Curriculum.

ONEbox

The ONEbox[®] is an emergency opioid overdose reversal kit designed to promote safety by assuring that individuals have lifesaving, on-demand training when and where they need it. Thirty-four counties in West Virginia have opted to receive ONEboxes[®] for their schools and over 800 ONEboxes[®] have been distributed. Along with schools, 33 counties have opted to place ONEboxes[®] inside their public libraries with over 100 ONEboxes[®] deployed. Over 15,000 total ONEboxes[®] have been distributed nationwide with more than 300 reported lives saved. Communities like Nashville, Tennessee and Wilson County, North Carolina have deployed boxes across public and private spaces, leading to over a 25% reduction in opioid-related fatalities in these communities. These locations have also seen increased naloxone accessibility and saturation, faster overdose response times, greater public support for overdose response, and lives saved. A research paper is being developed on the outcomes of ONEbox[®] programs across the country.

Nalox(ONE)

The Nalox(ONE) WV project was launched on April 4, 2022, through a partnership with the ODCP, BBH, WVDII, Fruth Pharmacy, PursueCareRx, and the Community Pharmacy Enhanced Services Network West Virginia. The Nalox(ONE) program educates West Virginians about the danger of opioids in the home and resources to prevent overdose deaths. The program also assists pharmacists in educating patients about the dangers of opioids, how to administer naloxone, and proper disposal of medications. Seventeen individual pharmacies across West Virginia opted to participate in the NaloxONE program. To date, over 200 doses of naloxone

have been distributed and 450 patients with opioid scripts have been counseled via this program.

CORA Program and Appalachian Cryptid Pilot

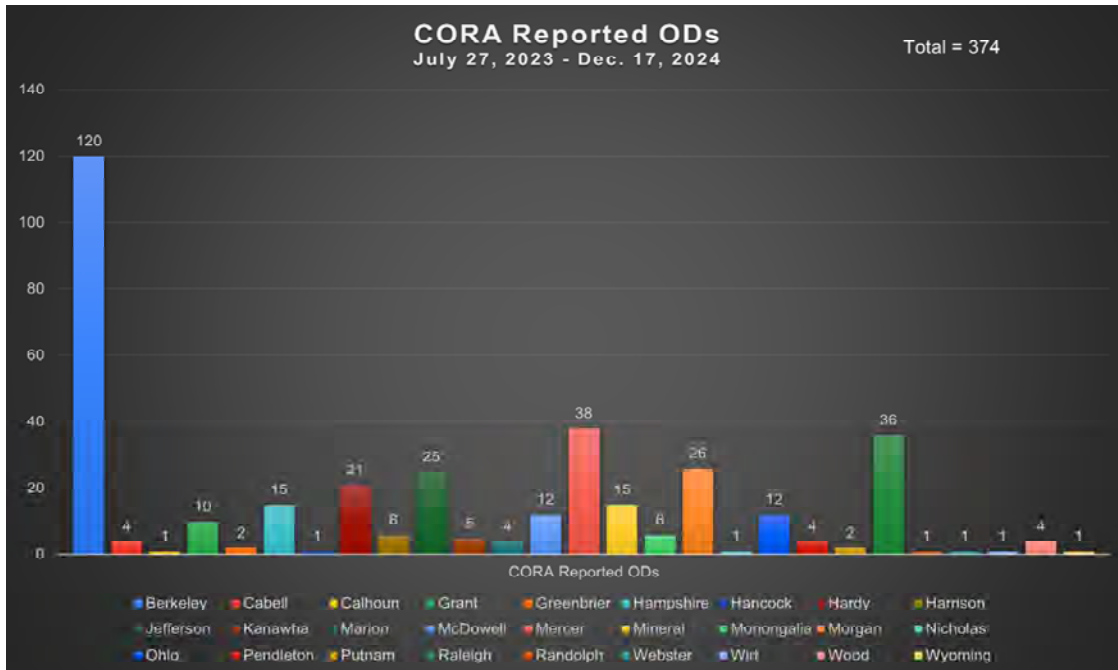
The CORA (Community Overdose Response Assessment) project in West Virginia continues to leverage innovative approaches to capture unreported overdoses and document community responses through an anonymous QR code reporting system. The program focuses on opioid overdose prevention and provides a platform for individuals to report incidents where naloxone was administered, helping to capture valuable data on overdose trends and community intervention efforts.

Category	June 2024 – December 2024
Overdose Reporting Impact	Captured 374 overdose reports, representing approximately 14% of the total reported overdoses in the state. This marks a significant increase in data collection compared to previous reporting periods.
Confidential and Anonymous Reporting	The anonymous reporting system continues to expand, providing an outlet for individuals to report overdoses without fear of stigma or retaliation. This approach has allowed for a more comprehensive understanding of overdose incidents in communities.
Community Awareness and Participation	Over 1,500 QR code stickers have been distributed since June, and community engagement efforts continue to grow, reflecting the increasing recognition of the program's impact.

- **Expanded Outreach Through Key Partnerships:** Utilizing the images of Appalachian cryptids, CORA stickers were developed to direct individuals to the anonymous overdose reporting system. The CORA stickers were distributed en masse through events like Save-a-Life Day and Healing Appalachia, significantly increasing the program’s visibility and reach across the state. These efforts have helped to increase awareness and foster a sense of community ownership in overdose prevention.
- **Increased Recognition and Engagement:** As the CORA program continues to grow, it has gained much recognition across the state. The integration of QR code stickers into local communities, paired with grassroots engagement, has garnered notable support and participation from both individuals and organizations in regions like Region 2, as well as statewide awareness.
- **Data Collection and Analysis:** The data captured through the CORA project has continued to show a clear upward trend in overdose reporting, with 374 reported overdose incidents during the second half of 2024. This accounts for approximately 14% of the total overdose incidents reported across the state. While this data is compared to the ODCP data dashboard, the nature of the anonymous survey means it remains unverifiable while still providing valuable insights into local overdose trends.

The next steps for the CORA project involve establishing stronger validity for the data being captured. As the program continues to grow, efforts will be made to cross-check and verify the

reported data, ensuring greater accuracy and reliability moving forward. CORA will continue to engage stakeholders and youth groups in additional regions across the state to ensure broader coverage and deeper community involvement in overdose prevention.



Washington-Baltimore High Intensity Drug Trafficking Area Overdose Data Mapping Application Program (ODMAP)

In addition to a Naloxone Saturation Layer added during the first half of 2024, ODMAP now includes a layer mapping over-the-counter (OTC) naloxone sales. The OTC layer will provide ODMAP users with opioid overdose reversal medication sales data including a range of the most recent number of units sold monthly and average cost per unit. Using the OTC layer in conjunction with the Naloxone Saturation Layer and suspected overdose events as well as in-state naloxone community distribution efforts will further support agencies in developing comprehensive overdose prevention and response strategies such as targeted naloxone distribution to high-risk areas and individuals.

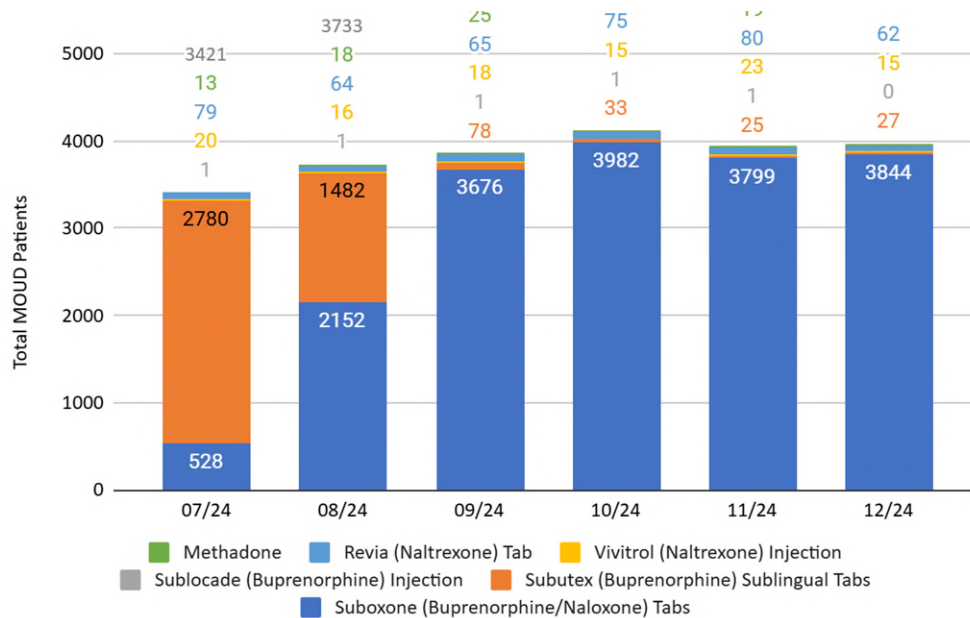
As of December of 2024 there are 469 users representing 131 individual agencies across the state, including; The Eastern Panhandle Drug & Violent Crimes Task Force, FBI Pittsburgh Division, West Virginia Intelligence/Fusion Center, West Virginia Department of Health Center for Threat Preparedness, U.S. Attorney’s Offices for the Northern and Southern Districts of West Virginia, as well as Sheriffs’ offices, local municipal police departments, The West Virginia State Police and various college/university campus police departments and other first responders statewide.

APPENDIX E

TREATMENT

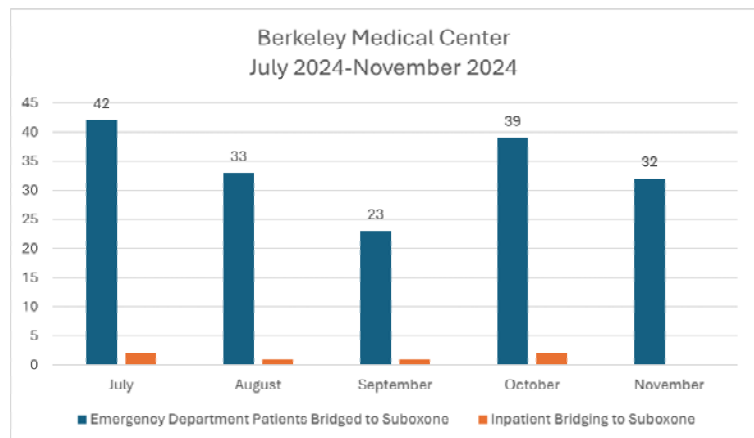
Correction and Reentry Policies

The goal of this collaboration is to provide continuity of care and to reduce overdoses and recidivism for individuals in the correctional system with an SUD. ODCP hosts a monthly meeting with the BBH State Opioid Response team, Marshall University, and the West Virginia Division of Corrections and Rehabilitation (DCR) to discuss current SUD activities within the correctional system.



Project Engage Expansion

In January 2023, West Virginia University Medicine Berkeley Medical Center launched Project Engage—an innovative initiative to expand and strengthen existing Emergency Department based addiction services, ensuring accessibility for patients across all hospital units. This comprehensive endeavor equipped unit staff with specialized training, integrated peer recovery support, implemented clinical protocols, and fostered a culture of harm reduction. Through these measures, the project sought to strengthen addiction care by leveraging lived experiences, enhancing clinical practices, and addressing societal stigmas.



Project Engage expanded in September to include West Virginia University Medicine Thomas Hospitals. Process planning has begun with implementation expected in early 2025. A new addition to the model includes piloting a billing tool to track return of investment for peer recovery support services to determine self-sustainment cost.

HEAL (Healthcare Enablement Access Link)

The platform, designed and implemented in cooperation with Department of Human Services Office of Shared Administration Office of Management Information Services (MIS), simplifies and promotes access to treatment for Substance Use Disorder (SUD) and Opioid Use Disorder (OUD) by surveying treatment providers to gather data on bed types and availability. This information is compiled into a centralized spreadsheet accessible statewide through the ODCP Data Dashboard located on its website, to help individuals and professionals quickly find available beds that match specific needs.

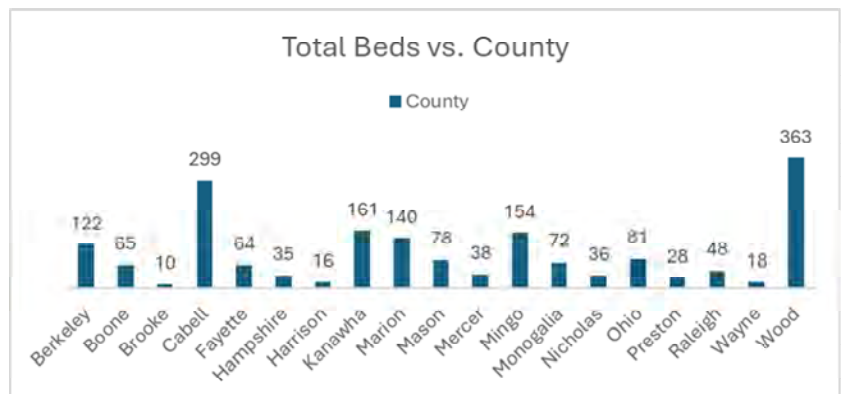
HEAL is set to revolutionize the accessibility and efficiency of finding treatment for individuals struggling with Substance Use Disorder (SUD) and Opioid Use Disorder (OUD). By centralizing real-time data on treatment bed availability, this innovative platform bridges the gap between treatment providers and those in urgent need of care. There are currently 29 in-patient treatment providers regularly submitting treatment and recovery bed availability data.

This program will streamline the process of locating available treatment beds, significantly reducing the time and effort required for individuals and their families to find appropriate care. By offering a user-friendly, centralized platform, HEAL increases accessibility by facilitating quicker access to treatment and potentially saving lives. Additionally, the program supports treatment providers by offering a secure portal for real-time reporting and updating of bed availability. This not only enhances the visibility of providers but also helps them manage their resources more efficiently. HEAL can be accessed at https://tableau.dhhr.wv.gov/views/SUDBedAvailability/SUD_dash?%3Aembed=y&%3AisGuestR edirectFromVizportal=y.

Treatment Bed Capacity

Under West Virginia’s SUD 1115 Waiver (2018-2022), which provides coverage for the SUD service continuum, treatment bed capacity continues to rise. ODCP and BBH have awarded grants through the Ryan Brown Addiction Prevention and Recovery

Fund for new treatment bed capacity, specifically for programs that allow for and facilitate access to all three U.S. Food and Drug Administration (FDA) approved forms of MOUD. As of December 2024, there are 1,758 treatment beds in West Virginia.



Treatment Courts

Family Treatment Courts

There are 13 Family Treatment Courts in West Virginia covering 17 counties including Boone, Fayette, Greenbrier, Kanawha, Logan, McDowell, Ohio, Putnam, Raleigh, Randolph, Roane (who also serves Calhoun), Wetzels (who also serves Marshall and Tyler), and Wood.

Juvenile Drug Courts

Juvenile Drug Courts seek to divert non-violent juvenile offenders who exhibit behavior affected by alcohol or SUD away from the traditional court process to an individualized treatment process. There are 14 Juvenile Drug Courts in West Virginia covering 20 counties including Berkeley, Boone, Brooke, Hancock, Harrison, Jefferson, Kanawha, Lincoln, Logan, Mercer, Monongalia, Morgan, Ohio, Pleasants, Putnam, Raleigh, Ritchie, Wayne, Wirt, and Wood counties.

Adult Drug Courts

Adult Drug Courts seek to achieve a reduction in recidivism and SUD among early offenders to increase the likelihood of rehabilitation through intense treatment, mandatory periodic drug testing, community supervision, appropriate sanctions, and other services involving rehabilitation, all of which are supervised by a judicial officer. There are 30 adult treatment courts in West Virginia covering 45 counties including Berkeley, Boone, Brooke, Cabell, Calhoun, Doddridge, Fayette, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Tyler, Upshur, Wayne, Wetzels, Wirt, Wood, and Wyoming counties.

FAMILY TREATMENT COURTS



139 OUT OF 206
Accepted from referrals

425

Dependents served in 2024

84

Graduates in 2024

PHYSICAL REUNIFICATIONS

27

Dependents reunified in 2024

134

Overall average days from removal to reunification

LEGAL REUNIFICATIONS

23

Dependents achieving permanency in 2024

180

Overall average days from removal to permanency

ADULT DRUG COURTS



169 OUT OF 833
Graduates from admitted

557

Average days spent in the program for graduates

493

Average days spent in the program for all exit types

JUVENILE DRUG COURTS



75 OUT OF 351
Graduates from admitted

281

Average days spent in the program for graduates

268

Average days spent in the program for all exit types

APPENDIX F

RECOVERY

Treatment Transition Hub AFA

The Treatment Transition Hub (Hub), funded by a \$750,000 award from the Ryan Brown Addiction Prevention and Recovery Fund, began operations in October 2024. This 24-hour facility offers temporary housing and essential services for individuals transitioning between treatment and recovery, prioritizing populations at high risk for overdose, including veterans, postpartum individuals, and members of the LGBTQ community.

The Hub has officially started providing services, focusing on establishing operations and building capacity to support individuals in need. Initial efforts have been directed at setting up 24-hour monitored housing and coordinating resources to offer behavioral health and SUD support. Collaborative work with community partners and law enforcement is underway to strengthen pathways to treatment and recovery.

The Greater Wheeling Coalition for the Homeless leads program administration, partnering with Northwood Health Services to provide clinical care. The Hub serves Brooke, Hancock, Ohio, Marshall, and Wetzel counties, addressing critical gaps in housing and recovery services in West Virginia.

The Hub's "all pathways" recovery model emphasizes person-centered care, with plans to expand its impact as operations progress and partnerships develop further.

Certification of Recovery Residences

West Virginia Alliance of Recovery Residences (WVARR) is the contracted certifying entity under W. Va. Code §16-59-1 *et seq.* and has implemented a certification process for West Virginia recovery residences based on nationally recognized best-practice standards and ethical principles developed by the National Alliance of Recovery Residences. WVARR staff provides training and technical support through each stage of the certification process. You can view the full list of WVARR-certified residences at WVARR's website located here:

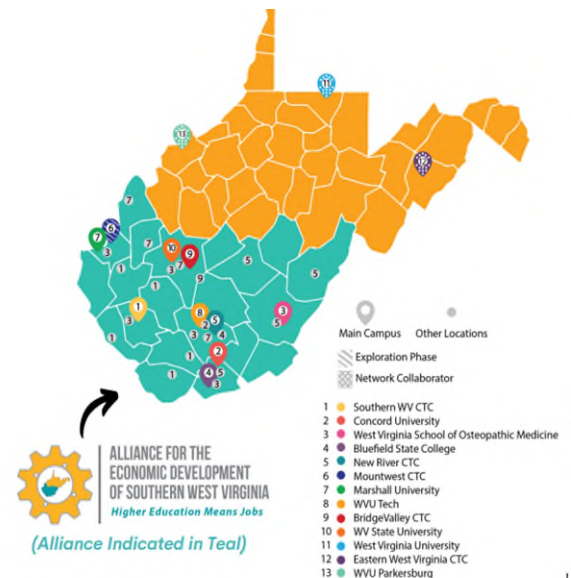
<https://wvarr.org/certified-program-list/>.

Total Residences currently in process	Total (non-Oxford) residences currently operating in WV	Percent engagement	Total certified beds	Beds for Women	Beds for Women with Children	Beds for Men	Co-Ed Beds
244	248	97%	1496	480	74	814	128

Collegiate Recovery Programs and Collegiate Recovery Network of Peers

The Collegiate Recovery Programs (CRPs) are supportive environments within campuses that reinforce the decision to engage in a lifestyle of recovery from an SUD. This is a physical location on campus where students in recovery can go as a safe space. Group support services available include mindfulness and meditation, SMART Recovery,

and



depression and bipolar support. Available community support services include individual peer support services, ally services, and naloxone training.

The West Virginia Collegiate Program and Collegiate Recovery Network (WVCRN) is an innovative partnership, offering peer recovery support services on nine higher education campuses. This project is supported by federal State Opioid Response funding, which originates from the federal Substance Abuse and Mental Health Services Administration. This year, WVCRN developed a free online course to equip participants with the knowledge of what xylazine is and how to navigate xylazine-related risk in West Virginia. The online course can be found at <https://www.wvcollegiaterecovery.com/xylazine-awareness-safety>

Jobs & Hope West Virginia

Jobs & Hope West Virginia is the state's comprehensive response to the SUD crisis. Established by Governor Jim Justice and the West Virginia Legislature, this program offers support through

a statewide collaboration of agencies that provide West Virginians in recovery the opportunity to obtain career training and to ultimately secure meaningful employment. The ODCP provides recovery support services and funding to eliminate barriers for Jobs & Hope West Virginia participants. Support services include but are not limited to: free education and training opportunities, transportation assistance, DMV referrals, childcare, peer recovery support services, vision/dental services, tattoo removal, and referrals to Legal Aid. Jobs & Hope West Virginia has placed 23 transition agents throughout the state. These individuals have a broad range of expertise and knowledge of peer recovery and support services available in their region, as well as workforce, career technical and higher education resources. Programs through Jobs & Hope West Virginia are available to all West Virginians who have a barrier to career employment and who are education and career ready.

- **Program Participants:** 1,502
- **Completed Expungements:** 34
- **Employed Participants:** 8,722
- **Driver's License Reinstatements:** 2,529
- **Jobs & Hope WV Graduates:** 545
- **Average Annual Salary:** \$25,890
- **No Longer Receiving SNAP Benefits:** 1,645
- **Total Combined Annual Salaries:** \$78.9 million

APPENDIX G

WEST VIRGINIA GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT

Appointed Council Members:

Dr. James Berry, Associate Professor and Chair of the Department of Behavioral Medicine and Psychiatry, Director of Addictions, West Virginia University School of Medicine

Major General William Crane, Adjutant General, West Virginia National Guard

Dr. Michael Kilkenny, Chief Executive Officer and Health Officer, Cabell-Huntington Health Department

Dr. James Becker

Dr. Stefan Maxwell, Neonatologist and Medical Director, CAMC Women and Children's Hospital

Dr. Garrett Moran

Lyn O'Connell, PhD, Assistant Professor, Associate Director Department of Family & Community Health, Joan C. Edwards School of Medicine

Amy Saunders, Managing Director, Marshall Center of Excellence for Recovery, MURC

Ex-Officio, Non-Voting Members:

TBD, State Health Officer and Commissioner for the Bureau for Public Health

Dr. Sherri Young, former Cabinet Secretary, Acting Chair, West Virginia Department of Health

Dr. Clay Marsh, West Virginia University School of Medicine

Dr. Allen Mock, Chief Medical Examiner for the State of West Virginia

Nicholas Stuchell, Interim Commissioner, West Virginia Bureau for Behavioral Health

Senator Thomas Takubo, Vice-Chair, Senate Committee on Health and Human Resources

Linda Boyd, Vice President for Academic Affairs and Dean, West Virginia School of Osteopathic Medicine

Stephanie Hayes, Designee for State Superintendent of Schools, West Virginia Department of Education

Delegate Amy Summers, Chair, House Committee on Health and Human Resources

Mark Sorsaia, Cabinet Secretary, West Virginia Department of Homeland Security

Dr. David Gozal, Vice President of Health Affairs Dean, Marshall University Joan C. Edwards School of Medicine

The Honorable Williams Thompson, United States Attorney for the Southern District of
West Virginia
Alex Mayer (newly appointed), Cabinet Secretary, West Virginia Department of Human Services

Acting Members:

Robert Hansen

Chief Shawn Schwertger

Dan McCawley

Amber Blankenship

Rebecca Crowder

JoAnna Vance

Elizabeth Shahan

APPENDIX H

WEST VIRGINIA GOVERNOR'S COUNCIL ON SUBSTANCE ABUSE PREVENTION AND TREATMENT SUBCOMMITTEES

Law Enforcement: This subcommittee develops SMART actions to define SUD success. It promotes relevant programs, including, but not limited to, Law Enforcement Assisted Diversion and Quick Response Teams. It collaborates with sister subcommittees to align initiatives, provides input to improve state policy, and advises the Council of Emerging Techniques, Tactics, and Procedures (TTP) that may impact strategic initiatives. This subcommittee develops the portion of the strategic plan related to law enforcement activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair:

Chief Shawn Schwertfeger

Members:

Adam Crawford

Brad Story

Errol Randle

Jason Milton

Kevin Williams

Lata Menon

Misty Atkins

Treatment, Health Systems, and Research: Develops SMART actions among hospitals, emergency medical services, health departments, and outpatient health care providers to define SUD success. Provides "downstream" analysis and recommends policy change related to health care providers' inner workings and networks. Provides empirical data that helps to outline the trends and problems of SUD in West Virginia. Advises Council and government officials on recommended policy changes. This Subcommittee also promotes MAT and other evidenced-based activities. Develops the portion of the strategic plan related to treatment and research activities, advises regarding implementation, and members serve as subject matter

experts in aiding local implementation and adoption of recommendations. Offers advice and assistance and directs relevant research activities concerning SUD.

Chairs:

Dr. Jim Becker

Dr. Michael Kilkenny

Members:

Dr. James Berry

Garrett Moran

Hallie Morgan

Dr. Jorge Cortina

Keith King

Rebecca Roth

Court Systems and Justice Involved Population (including re-entry): This subcommittee develops SMART action plans that define SUD success. It makes recommendations and innovations to assist misdemeanor and certain non-violent felony offenders along a pathway to recovery. It also implements best practices and policy changes that streamline legislation and positively impact SUD. This subcommittee develops the portion of the strategic plan related to the court system and reentry activities, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chair:

Stephanne Thornton

Members:

Amber Blankenship

Candace Facemyer

Cindy Hill

The Honorable Judge Jim Rowe

Sam Hess

Stephanie Bond

Community Engagement and Supports (housing, employment and transportation): Develop SMART action plans pertinent to local community involvement that defines SUD success, including Small Business Administration, local mentors, schools, youth groups, associations, National Guard affiliates, faith-based organizations, business, industry, and labor organizations. This subcommittee also provides advice regarding anti-stigma campaigns. Provides recommendations on best practices to help communities and local groups organize and combat

SUD in their communities. Develops the portion of the strategic plan related to community engagement, housing, employment, and related matters, advises regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Housing

Chair:

Bob Hansen

Members:

Danny Hale

Emily Birckhead

Jay Phillips

Joey McComas

Krista White

Kristin Tiedman

Matthew Johnson

Transportation and Employment

Chairs:

Ashley Payne – Marshall University

Deb Harris – Jobs & Hope

Members:

Alyce Almond – Department of Rehabilitation

Brie Salmons – Appalachian Tristate Institute

Daniel Gum – Goodwill

Jay Phillips – Seed Sowers

Jeb Corey – Link Transport

Jonathon Compton – WorkForce WV

Joshua McGill – Modivcare

Lorrie Smith – Jobs & Hope Workforce Resiliency

Mike Austin – Charleston WV Workforce Office

Stephanne Thornton – Public Defender Corporation Resource Center

Tamara Lee – Charleston WV Workforce Office

Prevention: The Prevention Subcommittee develops SMART action plans pertinent to the prevention of SUD by recommending methods and materials to educate communities, schools, and organizations about alcohol, tobacco, and SUD. In addition, it provides advice regarding media and social media prevention campaigns. It also works to develop the portion of the

strategic plan that relates to prevention activities, provides advice regarding implementation, and serves as subject matter experts in aiding local implementation and adoption of recommendations.

Chairs:

Amy Saunders
Stephanie Hayes

Members:

Christina Chill
Elizabeth Shahan
Gig Robinson
Greg Puckett
Jenny Lancaster
Lori Garrett-Bumba
Michele Bowles
Nancy Hoffman
Tahnee Bryant
Tammy Collins

Public Education: The subcommittee coordinates actions between those working in prevention and education across the state concerning such tasks as developing a statewide anti-stigma campaign, creating an online repository for stigma and educational training, and creating a statewide curriculum for stigma trainers. It also develops the portion of the strategic plan related to public education and stigma and assists with implementing council recommendations in local communities.

Chair:

Dr. Lyn O'Connell

Members:

Amy Saunders
Amy Snodgrass
Anne Martin
Ashley Murphy
Carolyn Canini
Crystal Welch
Elizabeth Shahan
Greg Puckett
Gwynn McGee

Jan Rader
Jay Philips
Jenny Lancaster
Joanna Vance
Keigan Aabel-Brown
Lee Storrow
Lori Garrett- Bumba
Sara Barton
Shannen Wright
Tahnee Bryant
Tina Rameriz

Recovery Community Subcommittee: This subcommittee provides meaningful input and represents the recovery community at-large. The Recovery Subcommittee is inclusive, diverse, and representative of the larger recovery community across the state. Each of the seven regions designated by legislation for the Ryan Brown Fund are represented with at least one person serving their respective region.

Chairs:

Amber Blankenship
Dan McCawley

Members:

*Pending review after the new year after group revitalization
Ann Hammond
Ardella Cottrill
Brandy Blatt
Destini Williams
Elly Donahue
Francisca Gray
Heather Gregory
JoAnna Vance
Joe Deegan
Leanne Meyer
Lou Ortenzio
Phil Shimer
Rajan Masih
Stephanie Stout
Trenton Clem

William Long
JoAnna Vance

Pregnant and Parenting Women: This subcommittee develops SMART action plans pertinent to pregnant and parenting women and families with substance use disorder. In addition, it creates a portion of the strategic plan related to prevention, early intervention, treatment, and recovery support for women and families with SUD. Its members serve as subject matter experts, providing empirical data that helps to outline the trends and problems of SUD for this target population in West Virginia and advises Council and government officials on recommended policy changes.

Chair:

Dr. Stefan Maxwell

Members:

Amna Haque
Amy Tolliver
Dr. Cody Smith
Dr. David Didden
Dr. Judd Lindley
Janine Breyel
Kelly Lemon
Kristy Richardson-Ohlis
Michelle Akers
Randy Venable
Rebecca Crowder
Rhonda Edmunds
Sandra Cline
Tameran Asbury

Youth: This subcommittee develops SMART action plans pertinent to youth and families with substance use disorder. In addition, it creates a portion of the strategic plan related to prevention, early intervention, treatment, and recovery support for women and families with SUD. Its members serve as subject matter experts, providing empirical data that helps to outline the trends and problems of SUD for this target population in West Virginia and advises Council and government officials on recommended policy changes.

Chairs:

Elizabeth Shahan

Rebecca Crowder

Members:

Cindy Hill

EJ Jenkins

Michael Mitcheff

Misty Atkins

Tahnee Bryant

Tiffany Pittman

JoAnna Vance

APPENDIX I

WEST VIRGINIA 2025 PRIORITIES AND IMPLEMENTATION PLAN UPDATE

The West Virginia 2025 Priorities and Implementation Plan is a continuation of the West Virginia 2020-2022 Substance Use Response Plan. This document indicates the 2025 goals and strategies for implementation of priority response initiatives to address SUD within West Virginia communities. The report is organized by the following eight strategic areas of the West Virginia Substance Use Response Plan. Of note is that a new Youth Subcommittee began at the end of 2024 and started meeting regularly in January of 2025.

- Prevention
- Community Engagement & Supports
- Treatment, Health Systems, and Research
- Courts & Justice-Involved Populations
- Law Enforcement
- Public Education
- Recovery Subcommittee
- Pregnant and Parenting Women

Implementation of the 2024 Action Plan resulted in the following progress for the 105 KPIs being reported. Of note is that total KPIs may vary from quarter to quarter as Subcommittees add or remove KPIs during implementation. Quarter 4 progress is still being reviewed.

	Q1 Progress*	Q2 Progress*	Q3 Progress	Q4 Progress
KPIs Completed	7	8	15	
KPIs In Progress	39	53	51	
Not Started	43	16	15	
Not Reported	16	28	24	
KPIs Completed or In Progress at End of quarter	46/105 (43.8%)	61/105 (58.1%)	66/105 (62.9%)	

The 2025 Action Plan in its entirety, will be available shortly on the Office of Drug Control Policy website at dhhr.wv.gov/office-of-drug-control-policy.

APPENDIX K

ODCP STAFF

Stephen Loyd, MD, Director



Dr. Stephen Loyd was appointed Director of the Office of Drug Control Policy (ODCP) in September 2024, where he leads efforts to address West Virginia’s substance use epidemic. He is a physician specializing in Internal Medicine and Addiction Medicine, having earned his medical degree and residency at the James H. Quillen College of Medicine at East Tennessee State University. Dr. Loyd previously served as the Assistant Commissioner for Substance Abuse Services in Tennessee and is currently Vice-President of the Tennessee Board of Medical Examiners. He is also the Chair of the Tennessee Opioid Abatement Council and Chief Medical Officer for Cedar Recovery.

With over five hundred lectures delivered on addiction and opioid use disorder, Dr. Loyd has played a key role in shaping state-level pain treatment guidelines. He has worked in both inpatient and outpatient addiction medicine, specializing in the treatment of opioid-dependent pregnant women. Dr. Loyd remains involved in Tennessee's drug courts and collaborates with law enforcement and community anti-drug coalitions. Having been in recovery from opioid and benzodiazepine addiction since 2004, his personal journey drives his commitment to the field.

Laura McGuire, Assistant Director

Laura Jones McGuire began as the Assistant Director for the Office of Drug Control Policy in January 2025. She earned a Bachelor of Science in Social Work from West Virginia State University in 2016 and is a Licensed Social Worker in WV.

Laura began her career in 2017 with Recovery Point Charleston, first as case manager and later as Program Director. Prior to joining the ODCP, she served as a Transition Agent with Jobs & Hope WV, providing individuals with barriers the opportunity to obtain the education and training they need to gain lasting career employment.

Laura is a dedicated professional with strong organizational skills and thoroughness that are vital when assisting individuals on their recovery journey.

Dora Radford, Executive Assistant to the Director



Dora Radford became Executive Assistant to the Director in April 2018. Prior to joining the ODCP, she was employed in the private sector as a senior paralegal. In addition to her work in the legal field, she served as assistant for a private mental health care provider.

Dora provides administrative support to the Director by using her experience working in the mental health field and providing paralegal support in multiple medical cases involving detailed case records.

Her experience has given her detailed knowledge of managing and scheduling multiple projects, deadlines, and document control. In addition, Dora's knowledge of administrative and government processes as well as facility and medical standards of care and treatment has also been an asset to the ODCP. She holds a Bachelor of Arts in Sociology focusing on Community Health.

Justin Smith, Data Program Manager



Justin Smith, a native of Grantsville, West Virginia, has a background in law enforcement. Justin is a graduate of the West Virginia State Police Academy, 136th Basic Officers Class and has served as a deputy and chief deputy with the Calhoun County Sheriff's Department.

Previously, Justin facilitated the deployment of the West Virginia Clearance for Access: Registry and Employment Screening (WV CARES) program to long-term care providers in West Virginia, and most recently, the deployment of the Overdose Detection and Mapping Application Program (ODMAP) to law enforcement agencies across the state.



Jessica Smith, Outreach and Education Program Manager

Jessica Smith is the Outreach and Education Policy Program Manager with the ODCP. She focuses on the coordination and implementation of prevention and stigma reduction work across the state. Jessica was previously employed as a field employee for the Centers for Disease Control and Prevention Foundation contracted to the BPH to implement prevention work in West Virginia's emergency departments. Jessica also spent several years as the Communication Director for the Kentucky Academy of Family Physicians.

She holds a Bachelor of Arts in Political Science and Organizational Communication, a Master of Arts in Communication Studies, and a Master of Science in Health Care Administration from Marshall University.

Jostin Holmes, Prevention, Treatment, and Recovery Policy Program Manager



Jostin Holmes became the Prevention, Treatment, and Recovery Policy Program Manager of the ODCP in February 2022.

Prior to joining the ODCP, Jostin served as a substance abuse therapist for recovery residences throughout Kanawha and Cabell counties. Jostin also was a treatment supervisor with Prestera Center overseeing residential treatment centers in Kanawha County. This position fostered skills in client management and vital intervention methods in early recovery. Jostin previously served as the director of short-term recovery residences in which he created and implemented evidence-based treatment methods in startup programming. This created opportunities to create treatment process and procedure plans to establish successful recovery environments for those with SUD.

Jostin obtained a Bachelor of Science in Psychology and a Master of Arts in Clinical Mental Health Counseling from Liberty University. He is licensed as a Professional Counselor. He has extensive experience in the treatment of substance use and trauma related disorders.

Sheila Reynolds, Programmer Analyst



Sheila Reynolds was employed as the Programmer Analyst for the ODCP in November of 2021. In her role, she analyzes data from multiple sources for the Overdose Data Dashboard that houses legislatively mandated data reported to the ODCP. She also makes regular updates to the Treatment and Recovery Resource Map which houses vital resources for communities across West Virginia.

Sheila comes to the ODCP with 25+ years of experience in the healthcare IT field. Her prior experience includes work as a statistician for the Department of Agriculture. She earned her Bachelor of Science in Computer Information Systems from WVU Tech in Beckley.