

Meeting Minutes of the Governor's Council on Substance Abuse Prevention and Treatment Courts and Justice-Involved Populations Subcommittee

Wednesday, November 12, 2025, Approved

Attendees:

Subcommittee Members Attending: Stephanie Bond, Candace Facemyer, Lori Lynch, Judge Jim Rowe, Stephanne Thornton (Chair)
Subcommittee Members Not Attending: Amber Blankenship, Sam Hess, Cindy Hill, Tom Plymale
Office of Drug Control Policy Staff (ODCP) Attending: Olivia Fox, Justin Smith
State Opioid Response (SOR) Regional Coordinators Attending: Jamie Styons
Marshall University Staff Attending: Bradley McCoy

Opening:

Stephanne 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 on Wednesday, November 12, 2025, and was conducted by Google Meet conference. Stephanne Thornton approved the October 14, 2025 meeting minutes. The purpose of this meeting was to discuss finalization of a 2026 State Plan draft.

Agenda Items:

Guest Speaker – Jamie Styons (Community Connections)

- Jamie Styons discussed the Quick Response Team (QRT) model at Community Connections. QRTs operate under a variety of models across the state. Generally, they check on an individual post-overdose, provide naloxone, encourage treatment, and work to prevent future overdoses. Some, like Jamie's in Summers and Monroe Counties, have expanded to be even more preventive than just reactive to overdoses. They work with law enforcement and the courts system as partners and attend various community events. Something unique about their QRT though is that they contact the families of those who have overdosed if they are unable to be contacted. Offering resources to family members has led to connecting people to treatment who had not previously overdosed. Family connections also help get those who have overdosed connected to resources. The QRT provided food bags and hygiene kits. It generally increases the number of touch points in the system for people to get resources or connected to treatment. The number of overdoses decreasing in the region are anecdotally attributed to the saturation of naloxone. It is assumed that people are self-reversing overdoses with naloxone. The Subcommittee discussed how this could be replicated in other counties or even added to the fidelity of the model.

2026 State Plan Overview and Finalization

- Stephanne Thornton provided an overview of the 2026 State Plan draft. She will make edits as they were discussed during the call and send them back to Bradley McCoy and Dr. Deb Koester

for finalization by the end of the week. Stephanne will present the Courts section of the 2026 State Plan to ODCP at the December 4, 2025 in-person meeting in Charleston, West Virginia.

- The Subcommittee agreed that a diversion map needs to exist for the state. They would first have to define what counts as diversion such as QRTs, Law Enforcement Assisted Diversion (LEAD), Police and Peers, the Angel Initiative, and the various treatment, family, and juvenile drug courts. They would need defined in statute and function then capture outcomes. A diversion inventory does not exist currently. The ODCP website only lists programs with a descriptive blurb.
- Truancy court could be something for the Youth Subcommittee to include in their 2026 State Plan.
- In Goal 1, Strategy 2, the Subcommittee decided to use the language of justice-involved people to be broader than just those who were formerly incarcerated.
- The Subcommittee discussed who normally administers Adverse Childhood Experience (ACE) questionnaires. It is typically a therapist but dependent on the location. Stephanie Bond is on the ACEs Board of Directors and can connect those who need/want ACEs training with it for free.
- Goal 1, Strategy 2, KP 4 states that they will collect and compile ACEs questionnaire findings, but they specifically want county demographics and a breakdown of those who are incarcerated, justice-involved, or on parole.
- The Subcommittee discussed how it is difficult to provide linkages to treatment and resources upon release when the average jail stay is six days.
- Goal 2 discussed mapping reentry services. The Subcommittee will work with the REACH Initiative, First Choice Services, and the Department of Corrections and Rehabilitation (DCR), among others to identify models based on staff, capacity, and sustainability. Justin Smith mentioned that this has been part of ODCP's collaboration with West Virginia University to develop a treatment and recovery map but will reconvene with Richard Dempsey about this and the presence of diversion in the treatment and recovery map.
- Lori Lynch will work with DCR to provide this Subcommittee with statistics on the number of "non-participation" inmates who do not utilize identification document services upon release. Identification document services are included in their orientation and on the tablet system, but she will check if they are included in the inmate handbook.
- The Subcommittee discussed Peer Recovery Support Specialists' (PRSSs') salaries and the certification board's knowledge of those with credentials who are actually working in the field. They also discussed future credentials for a family peer support specialist and youth peer support specialist program.

Additional Discussion

- None.

Adjournment:

Stephanne closed the meeting by thanking all Subcommittee members for their attendance and participation. The Subcommittee will meet on Tuesday, December 9, 2025 at 10:00 AM.

Courts 2026 State Plan

Goal 1: Provide criminal justice-involved and civil child abuse and neglect-involved persons access to evaluation and effective treatment for substance use disorder (SUD).

Strategy 1: Develop recommendations to expand diversion to SUD treatment opportunities across West Virginia based on effective practice.

KPI 1: Through December 31, 2026, partner with the Law Enforcement Subcommittee quarterly to review processes and protocols for operational Police and Peers programs towards effective program replication.

KPI 2: By March 31, 2026, create and implement an interview to enhance understanding of the roles of peers and law enforcement working in Police and Peers programs and document emerging/promising practices.

KPI 3: By June 30, 2026, identify a set of metrics that represent program outcomes, and collect data from Police and Peers Programs operating in select West Virginia jurisdictions, related to measuring incidents of diversion and overall program effectiveness.

KPI 4: By August 30, 2026, based on findings from KPI 2 and KPI 3, establish recommendations for replication of effective Police and Peers programs for expansion to other West Virginia jurisdictions.

Strategy 2: Using available evidence and tools, develop metrics for Adverse Childhood Experiences (ACEs) and resilience measured in justice-involved populations.

KPI 1: By April 30, 2026, Partner with the Pregnant and Parenting Women Subcommittee to discuss implementation of the ACEs and resilience questionnaires through the Perinatal Partnership.

KPI 2: By April 30, 2026, partner with the Recovery Subcommittee and at least one Day Report Program to determine if the ACEs questionnaire is being utilized in recovery programs across West Virginia and determine if the resilience questionnaire can be added.

KPI 3: By June 30, 2026, partner with REACH to pilot use of selected ACEs and resilience tools among individuals receiving comprehensive reentry services to inform broader implementation.

KPI 4: By October 31, 2026, collect and compile findings from ACEs and resilience questionnaires from additional select populations in West Virginia.

KPI 5: By November 30, 2026, make recommendations to the Division of Corrections and Rehabilitation based on findings from ACEs and resilience questionnaires to inform medical and case management needs of incarcerated population.

Strategy 3: Provide continuity of care for persons leaving carceral settings with medications for opioid disorder (MOUD) treatment needs and linkages to address social needs which influence successful MOUD treatment.

KPI 1: By May 31, 2026, identify gaps that prevent incarcerated persons from leaving carceral settings with an adequate supply of medication for continuation in the community.

KPI 2: By July 31, 2026, identify resources for care coordination in instances when returning citizens cannot receive an adequate supply of medication upon release and make recommendations for linkage to treatment services for ongoing care.

KPI 3: By September 30, 2026, determine reentry resources that support care coordination and linkage for persons released from carceral settings with medication and treatment needs.

Goal 2: Construct pathways to employment, housing, transportation, secure food, health care resources, and behavioral health services for individuals with substance use disorders and criminal records.

Strategy 1: Determine the scope and sustainability of the current reentry landscape in West Virginia.

KPI 1: By June 30, 2026, identify organizations providing reentry services across the state.

KPI 2: By August 31, 2026, document the types of reentry services offered and service area for each organization, if services are sustainable or project-specific, the capacity/staffing/billing model required to provide the services, and number of individuals served in 2025.

KPI 3: By October 31, 2026, create written summary of findings above and map the reentry landscape to determine if there are service related, geographic, grant-specific, or demographic gaps through existing reentry initiatives.

Strategy 2: Increase opportunities for returning citizens to receive their State Identification upon release from carceral settings.

KPI 1: By March 31, 2026, determine what gaps exist that prevent incarcerated persons leaving carceral settings without their State Identification.

KPI 2: By June 30, 2026, make recommendations to close gaps for issuance of State Identification prior to release through alternative recommendations.