West Virginia Substance Use Response Plan
2026 Quarter 1 Progress Report

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

Office of Drug Control Policy

April 2026

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Introduction

The purpose of this report is to update the Governor's Council on Substance Abuse Prevention and Treatment, key stakeholders, and communities on the progress of the 2026 Substance Use Response Plan implementation (State Plan). This report serves as a tool and mechanism by which the Governor's Council can monitor progress in each of the Plan areas, including the status of each key performance indicator (KPI). The report is organized by the following eight strategic areas of the West Virginia 2026 Substance Use Response Plan.

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

This document is one means for the Governor's Council members and the West Virginia Department of Human Services (DoHS), Office of Drug Control Policy (ODCP) to demonstrate their commitment to continued accountability, sustainability, and willingness to ensure this State Plan is advanced to systematically address the substance use disorder crisis in West Virginia and achieve the intended outcomes. True success in implementing this State Plan continues to require integrated efforts at every jurisdictional level and across sectors. This work in West Virginia will not be achieved by any one agency, entity, or jurisdiction alone. As such, the Council continues to offer the State Plan as a common framework to other sectors and organizations engaged in addressing West Virginia's substance use epidemic. The use of a common framework enhances the likelihood of aligning efforts, leveraging one another's work, minimizing gaps, and communicating collective progress. Addressing this epidemic in West Virginia clearly requires a "whole of community" effort with a shared commitment at the center of the relationship between the Council, State agencies, and local communities

Executive Summary

Purpose

This 2026 Quarter 1 Progress Report was prepared to update the Governor's Council, key stakeholders, and communities on the progress being made towards achieving the goals set forth to address substance use in the State. In addition, this reporting process facilitates an opportunity for important dialogue about the initiatives and strategic direction being undertaken.

The 2026 Plan was designed such that each Subcommittee identified the highest priority Goals, Strategies, and KPIs to focus on this year. Progress towards completion for each key performance indicator (KPI) was measured as "Completed," "In Progress/On Target," "In Progress/Falling Behind," "In Progress/Far Behind," or "Not Started," with a percentage of the work complete documenting progress each quarter. This report presents the 2026 Quarter 1 status for each KPI as of March 31, 2026. Measurements demonstrate both transparency and a commitment to communicating progress. Subsequently, the State Plan continues to have a strong focus on the indicators and metrics established through the key performance indicators, which are time-framed and measurable.

Implementation of the 2026 Action Plan resulted in the following for the 136 KPIs being reported. Of note is that total KPIs may vary from quarter to quarter as Subcommittees add or remove KPIs during implementation. A summary of 2026 accomplishments for each quarter is provided in Appendix A. The table below summarizes progress for each Subcommittee for Quarter 1 and as of March 31, 2026. NOTE: The percentage of KPIs reported is based on the unique total number of KPIs for each Subcommittee in their portion of the Plan.

Subcommittee	No. of 2026 KPIs	KPIs Completed	KPIs In Progress	KPIs Not Started	KPI Progress Not Reported in Quarter 1
Prevention	24	1	14	9	N/A
Community Engagement	22	1	12	9	N/A
Treatment/Health Systems	24	4	5	15	N/A
Courts & Justice-Involved Populations	20	1	10	9	N/A
Law Enforcement	10	0	9	1	N/A
Recovery Community	12	0	4	8	N/A
Pregnant & Parenting Woman	11	2	3	6	N/A
Youth	13	0	8	5	N/A
TOTAL	**136**	**9 (7%)**	**65 (48%)**	**62 (46%)**	

Blue = Complete
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Quarterly Progress Reports

Prevention

Goal 1: Complete and synthesize community readiness assessments and prevention data across West Virginia to establish a statewide baseline for recommendations to guide resource allocation for prevention priorities.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Compile recent data (i.e., Community Readiness Assessments, PRIDE, the American College Health Association ((ACHA)), the National College Health Assessment ((NCHA)), School Prevention Survey, youth focus groups, Catch My Breath, data dashboards, etc.) to create a comprehensive 2026 statewide prevention baseline.**					
KPI 1	By March 31, 2026, work with the West Virginia Statewide Epidemiological Outcomes Workgroup (SEOW) to analyze county, regional, and statewide data collected to develop a report with recommendations.	50%				Meet with members from the SEOW to discuss data and they will present in next monthly meeting.
KPI 2	By July 31, 2026, present the data and recommendations in at least two different settings, i.e., the West Virginia SEOW statewide meeting, Share the Vision Conference, and online webinar/summit.	50%				Data dashboard was presented at the SEOW and K-12 survey data will be shared during the upcoming Share the

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						Vision conference and at the WV Student Success Summit.
KPI 3	By November 30, 2026, collect and review overdose data.	10%				A couple of team members have met to review and will present data to the larger group.

Goal 2: Increase the number of youth actively engaged in youth-led and/or community coalitions by at least 50 youth across the six West Virginia prevention regions.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Conduct a statewide asset mapping of all current youth-led coalitions and youth-led structures to establish a baseline.**					
KPI 1	By April 28, 2026, complete the asset map to document the number of youth-led coalitions, number of youth engaged in coalitions, and coalition information.	50%				Workgroup is working on developing a youth-serving group survey to collect data. Next steps are IRB and survey distribution.
KPI 2	By December 31, 2026, provide targeted technical assistance to the six (6) regions to grow or develop youth-led prevention groups.	0%				
Strategy 2	**Revise and deliver a youth-focused prevention advocacy and policy training**					

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	series to build youth capacity to advocate for prevention.					
KPI 1	By March 31, 2026, review and enhance Youth Advocacy Training.	25%				Working on revieing/up-dating materials
KPI 2	By December 31, 2026, conduct at least six (6) youth training sessions/forums and assess knowledge gains.	0%				
Strategy 3	**Expand youth leadership opportunities within coalitions, including formal roles, leadership training, and youth-led prevention projects.**					
KPI 1	By September 30, 2026, establish at least one (1) new youth group/coalition in each region.	0%				
Strategy 4	**Create collaboration efforts to discuss the development of school-based prevention programs.**					
KPI 1	By June 30, 2026, develop a standing meeting for school-based prevention programs to meet and discuss the enhancement of their programs.	100%				100% - WV Expanded School Mental Health Steering Committee has been identified to discuss school-based prevention during meetings every other month.
KPI 2	By December 31, 2026, create guidance on evidenced based programs that address school-based prevention.	0%				

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Goal 3: Develop and implement standardized, evidence-based training guidance packages related to substance use, body safety, and suicide prevention for schools and community partners statewide.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Identify evidence-based programs that address substance use, body safety, and suicide prevention for the guidance packages for school and community implementation.**					
KPI 1	By March 31, 2026, review current prevention policies (i.e., Laken's Law, Megan's Law, Jamie's Law) to include information in guidance documents.	20%				Reviewing current policies/laws as well as school standards 20%. Compiling data from the K-12 School survey and examining EBPs for needs.
KPI 2	By March 31, 2026, select at least one evidenced based program that addresses the identified topics.	20%				Compiling data from the K-12 School survey and examining EBPs for needs.
KPI 3	By July 31, 2026, create guidance documents for each topic, ensuring alignment with best practices and current research.	5%				The working group has met monthly but waiting on the survey data.

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KPI 4	By August 31, 2026, disseminate guidance documents to school districts and post them online via Help and Hope.	20%				
KPI 5	By December 31, 2026, conduct at least one training session per topic area for coalition members and school and community partners and assess knowledge gains.	0%				

Goal 4: Strengthen West Virginia's prevention workforce.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Design, approve, and launch a new entry-level Prevention Associate Certification in partnership with the West Virginia Certification Board for Addiction and Prevention Professionals.**					
KPI 1	By August 31, 2026, finalize and document education criteria, competency domains, and required training hours for the Prevention Associate Certification.	5%				Information gathered from other states with a similar certification.
KPI 2	By October 31, 2026, develop a Prevention Associate Certification training curriculum aligned with the approved competencies and objectives.	0%				
KPI 3	By November 30, 2026, finalize and launch the Prevention Associate Certification with the West Virginia Certification Board for Addiction and Prevention Professionals.	5%				The WVCBAPP is working with Marshall to develop criteria and a training. They are also working

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						together to apply for funding to assist with the development and implementation of the certification and training.
Strategy 2	**Establish guidelines and training for the Prevention Specialist Supervisor role.**					
KPI 1	By June 30, 2026, develop guidance and reference documents (i.e., roles, supervisor competencies, standards, and supervision hours) for the role.	10%				Draft documents have been developed.
KPI 2	By September 30, 2026, develop the Prevention Specialist Supervisor Training.	10%				Draft of training presentation has started.

Goal 5: Increase opioid and other controlled substance prescribing and dispensing training with providers and pharmacists across West Virginia.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Working with the Board of Pharmacy, monitor controlled substance prescribing, dispensing, and distribution indicators statewide to identify high-rate trends and develop recommendations.**					
KPI 1	By April 30, 2026, convene a cross-sector working group to examine the data.	20%				The team is developing a survey to launch statewide to inform the work.

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KPI 2	By July 30, 2026, develop recommendations for targeted outreach and strategies (i.e., increase naloxone access in communities and schools/campuses).	0%				
Strategy 2	**Establish a cross-sector working group to review opioid/controlled substance prescribing and dispensing data, assess current training and rules/policies and set training priorities.**					
KPI 1	By December 31, 2026, develop and promote best practice guidelines for prescribing controlled substances.	20%				The team is developing a survey to launch statewide to inform the work.
KPI 2	By December 31, 2026, finalize and launch at least two training sessions.	0%				

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Community Engagement and Supports

Goal 1: Advocate for increasing the capacity of recovery housing in West Virginia.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Advocate for long-term funding to help strengthen and grow all levels and types of recovery housing in West Virginia where it is needed.**					
KPI 1	By March 31, 2026, determine the capacity needs for all types of recovery housing in West Virginia.	10%				
KPI 2	By March 31, 2026, collaborate with the West Virginia First Foundation, the Office of Drug Control Policy, and Bureau for Behavioral Health to identify funding needed in FY 2026 for the development of new recovery housing residences to meet capacity needs in West Virginia as identified in KPI 1.	10%				
KPI 3	By June 30, 2026, submit recommended strategies to the Governor's Council on sustainably funding certified recovery residences that meet capacity needs in WV.	0%				

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Goal 2: Strengthen workforce development and support for recovery residence operators and staff.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Facilitate ongoing training and technical assistance to support current and future recovery residence operators and staff.**					
KPI 1	By July 31, 2026, partner with the West Virginia Alliance of Recovery Residences and the Fletcher Group to assure development, implementation, and evaluation of a coaching/mentoring process for new and existing recovery residence operators and staff.	0%				
KPI 2	By September 30, 2026, conduct the fourth annual conference for recovery residence operators and staff, in collaboration with the West Virginia Alliance of Recovery Residences, the Office of Drug Control Policy, and Bureau for Behavioral Health.	0%				
KPI 3	Through December 31, 2026, implement monthly promotion of the availability of technical assistance and resources (i.e., toolkits) for recovery residence operators and staff through multiple partners and outlets, including social media.	0%				
KPI 4	Through December 31, 2026, report quarterly the number of current and future residence operators and staff that provide coaching/mentoring and/or technical assistance.	25%				January: 8 trainings 81 attendees February: 5 trainings 47 attendees March: 4 trainings 27 attendees

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Goal 3: Strengthen statewide utilization of, and support for, recovery residences for individuals with substance use disorder.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Facilitate the development of, and improvement in, the utilization of recovery residences in a strong viable continuum of support for people in recovery.**					
KPI 1	By July 31, 2026, conduct outreach and data collection among residential treatment providers and payers (i.e., managed care organizations), to identify barriers, perceptions, and opportunities to strengthen linkages with recovery residences.	0%				
KPI 2	By October 31, 2026, develop a written report that summarizes the data collected and provides recommendations for strengthening linkages with recovery residence and other continuum partners based on the findings.	0%				
KPI 3	Through December 31, 2026, in collaboration with the Bureau of Behavioral Health and the West Virginia Alliance of Recovery Residences increase number of providers using Behave Health for data collection.	0%				

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Goal 4: Increase availability of transportation in order to access prevention, early intervention, treatment, and recovery services.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Explore and secure funding opportunities to sustain and expand current transportation models.**					
KPI 1	By March 31, 2026, identify a list of at least two funding opportunities.	50%				
KPI 2	By September 30, 2026, apply and secure funding to sustain and expand current transportation models.	50%				

Goal 5: Improve the quality (experience of riders) and efficiency of transportation services in West Virginia.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Provide education on stigma to encourage expansion of community resources.**					
KPI 1	By March 31, 2026, identify groups to provide with stigma education.	100%				

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KPI 2	By December 31, 2026, have at least two education sessions for community groups such as faith leaders and transportation providers	0%				
Strategy 2	**Identify opportunities to improve efficiency of transportation from rider and provider perspective.**					
KPI 1	By July 31, 2026, have a biannual meeting of a provider network to discuss efficiency of resources.	50%				
KPI 2	By December 31, 2026, compile tools and resources (such as survey data) from providers.	25%				
KPI 3	By December 31, 2026, identify areas of improvement based on tools and resources from providers.	25%				

Goal 6: In Increase employment opportunities and job retention for individuals in recovery for substance use disorders through supported employment, apprenticeships, and programs such as Jobs & Hope West Virginia.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Assist businesses to employ individuals in recovery.**					
KPI 1	By June 30, 2026, continue to host virtual and in-person trainings with 25 employers across the state to increase the number of existing recovery friendly workplaces.	25%				

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KPI 2	By December 31, 2026, compile survey data from conference attendees about current existing resources and programs to inform future training opportunities.	0%				
KPI 3	By December 31, 2026, identify and train at least five new trainers in a Training of Trainers (ToT) for recovery friendly workplace training.	50%				
Strategy 2	**Sustain existing programs that assist individuals in recovery from substance use disorder to obtain employment, including Jobs & Hope, Creating Opportunities for Recovery Employment, and Restore, Empower & Attain Connections with Hope, and other programs who want to participate for collaboration purposes.**					
KPI 1	By July 31, 2026, meet bi-annually to revise and review existing plan to increase collaboration and funding among workforce programs.	75%				
KPI 2	By December 31, 2026, identify and secure two funding resources to ensure the continuation and expansion of existing workforce programs.	25%				

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Treatment, Health Systems, and Research

Goal 1: Reverse the trend of overdoses and deaths in West Virginia through early intervention to reduce overdose events, connect people in crisis to care, and assure access to treatment to reduce relapse.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Strengthen, support, and expand the infrastructure and capacity of Quick Response Teams (QRTs) across the state.**					
KPI 1	By February 28, 2026, document and map operating QRTs by county across the state.	100%				
KPI 2	By May 31, 2026, assess the implementation of QRTs through a survey and key informant interviews to understand the structure, capacity, services offered, impact, best practices, and challenges of QRTs in the state.	30%				
KPI 3	By August 31, 2026, synthesize data from KPI 1 and KPI 2, and develop recommendations to strengthen and make consistent QRT implementation for optimal outcomes statewide (i.e., standards, training curriculum, etc.).	0%				
Strategy 2	**Incorporate digital health tools, such as RPM (remote physiologic monitoring) and RTM (remote therapeutic monitoring), into the available approaches and resources across the state.**					

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KPI 1	By March 31, 2026, collaborate with PHG (the prevention lead organization for Region 2) to present to the Subcommittee and managed care organization partners to present the model and existing outcomes data on use of CRAV ALERT (RPM tool) in WV.	100%				
KPI 2:	By May 31, 2026, collaborate with organizations using digital health tools to have a meeting to discuss current West Virginia efforts across the state.	0%				
KPI 3	By June 30, 2026, meet individually with West Virginia each managed care organization to identify opportunity for integration/access of digital health tools among their members.	0%				
KPI 4	By December 31, 2026, develop strategies to expand availability of digital health tools to at least 500 patients in West Virginia.	0%				

Goal 2: Improve access to effective treatment for substance use disorder in outpatient and residential facilities and among all populations.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Increase the number of treatment providers/healthcare systems that offer evidence-based practices and programs for individuals with substance use disorders.**					

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KPI 1	By May 31, 2026, collect data from key healthcare systems and partners to understand the scope, use, and barriers to integration of contingency management in SUD treatment in WV.	10%				
KPI 2	By August 31, 2026, based on the data collected in KPI 1, develop recommendations on contingency management.	0%				
Strategy 2	**Assure access to treatment by expanding digital therapeutics, mobile service delivery, telehealth, and addressing unmet social needs among individuals with SUD.**					
KPI 1	By March 31, 2026, review the map of all current substance use disorder treatment resources in WV, specifically those offering alternative access such as mobile services and telehealth.	10%				
KPI 2	By May 31, 2026, develop recommendations on the expansion of mobile services, telehealth, etc. based on the review of current SUD resources across the state.	0%				
Strategy 3	**Increase the number of clinical providers in the state to meet the needs of people needing treatment for substance use disorder.**					
KPI 1	Through December 31, 2026, educate providers on available loan repayment programs each semester to support clinicians.	10%				
Strategy 4	**Develop recommendations for health care providers, state agency partners, and leaders around the state to address barriers among**					

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	individuals who are uninsured, underinsured, and/or homeless.					
KPI 1	By June 30, 2026, conduct up to 4 virtual roundtables among healthcare providers/systems, state agency partners, managed care organizations, and other leaders to discuss the current needs and challenges for individuals who are uninsured, underinsured, and/or homeless.	10%				
KPI 2	By September 30, 2026, develop a summary report and recommendations from the virtual roundtables.	0%				
Strategy 5	**Provide education to address stigma related to substance use disorder in healthcare settings (i.e., providers and staff in hospitals, urgent cares, primary care practices, and opioid treatment programs), communities, courts and corrections.**					
KPI 1	By March 31, 2026, meet with the Courts & Justice Involved Populations Subcommittee to discuss their efforts to address stigma in courts and corrections for justice-involved populations as well as efforts related to individuals in reentry.	100%				
KPI 2	By March 31, 2026, discuss priorities and strategies to address stigma in communities and the healthcare setting in 2026.	100%				
KPI 3	By June 30, 2026, develop recommendations and next steps for stigma training and education in healthcare settings, communities, courts, and corrections.	0%				

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Goal 3: Conduct relevant research, evaluation, and dissemination of the various approaches to addressing the substance use disorder crisis and the recovery ecosystem in West Virginia.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Create a multi-disciplinary advisory group of research subject matter experts to establish the process and scope of identification of research and promising/best practices conducted in West Virginia on substance use disorder.**					
KPI 1	By January 31, 2026, identify research subject matter experts to serve on the multi-disciplinary advisory group.	0%				
KPI 2	By March 31, 2026, convene the advisory group, then meet at least quarterly, to inform development of processes and scope for identification of research and promising/best practices.	0%				
Strategy 2	**Document and disseminate research conducted in West Virginia on SUD and related topics.**					
KPI 1	By May 31, 2026, implement strategies identified by the advisory group to begin to collect and document relevant research.	0%				
KPI 2	By July 31, 2026, begin to share and disseminate research on a web-based platform.	0%				

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KPI 3	By December 31, 2026, offer two one-hour webinars to highlight research on SUD conducted in West Virginia, including findings and implications.	0%				
Strategy 3	**Work with universities and research institutions to study the effectiveness of various interventions for combatting the substance use disorder crisis across the spectrum from prevention to sustained recovery.**					
KPI 1	By March 31, 2026, solicit ideas for research from the Governor's Council and each of the Council Subcommittees as topic subject matter experts concerning their respective areas of Plan expertise.	0%				
KPI 2	By May 31, 2026, analyze suggested ideas for research and share with advisory group.	0%				

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Court Systems and Justice-Involved Populations

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).

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Develop recommendations to expand diversion/deflection to SUD treatment opportunities across West Virginia based on effective practice.**					
KPI 1	By March 31, 2026, create and implement interviews with select law enforcement officers and peers working in Police and Peers programs to enhance understanding of these roles in Police and Peers programs and document emerging/promising practices.	50%				
KPI 2	By April 30, 2026, identify operational diversion programs that exist in West Virginia as defined by statute or function.	25%				
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.	25%				
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	0%				

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	for expansion to other West Virginia jurisdictions and delineate existing barriers to review with the Law Enforcement Subcommittee.					
KPI 5	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.	25%				
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 Adverse Childhood Experiences (ACEs) and resilience questionnaires of justice-involved women through the Perinatal Partnership.	0%				
KPI 2	By April 30, 2026, partner with the Recovery Subcommittee and at least one Day Report Program and/or Behavioral Health Center to determine if the ACEs questionnaire is currently used in recovery programs across West Virginia and determine if the resilience questionnaire can be added.	0%				
KPI 3	By April 30, 2026, partner with the Adverse Childhood Experiences (ACEs) Coalition of West Virginia to discuss any existing measures currently used to assess ACEs in adults who are justice-involved.	100%				
KPI 4	By June 30, 2026, partner with REACH to pilot use of selected ACEs and resilience tools among	0%				

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	individuals receiving comprehensive reentry services to inform broader implementation.					
KPI 5	By October 31, 2026, collect aggregate reports (scores) from organizations collecting ACEs and resilience questionnaires from select populations in West Virginia.	0%				
KPI 6	By November 30, 2026, make recommendations to the Division of Corrections and Rehabilitation based on findings from ACEs and resilience questionnaires to inform medical, training, and case management needs of incarcerated populations.	0%				
KPI 7	By December 31, 2026, partner with the Prevention Subcommittee to discuss recommendations for prevention of ACEs correlated with substance use disorder and justice-involvement in adults.	0%				
Strategy 3	**Provide continuity of care related to medical, treatment, or social needs to effectuate treatment and referrals for persons leaving carceral settings with medications for substance use disorder, behavioral health treatment needs, and/or unmet social needs.**					
KPI 1	By May 31, 2026, identify gaps that prevent incarcerated persons from leaving carceral settings with an adequate supply of medication for substance use disorder treatment for continuation in the community.	25%				
KPI 2	By July 31, 2026, identify resources for care coordination in instances when returning citizens cannot receive an adequate supply of medication or access to healthcare/behavioral health services	20%				

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	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, or unmet social needs.	15%				

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

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Determine the scope and sustainability of the current reentry landscape in West Virginia.**					
KPI 1	KPI 1: By June 30, 2026, identify organizations providing reentry services across the state.	15%				
KPI 2	By August 31, 2026, document the types of reentry services offered and service aera 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.	15%				
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,	0%				

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	grant-specific, or demographic gaps through existing reentry initiatives.					
Strategy 2	**Increase opportunities for returning citizens to receive their State Identification and enrollment in Medicaid for access to healthcare/behavioral health services prior to, or 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 and/or access to health-related services.	25%				
KPI 2	By June 30, 2026, make recommendations to close gaps for issuance of State Identification and access to care gaps prior to release through alternative recommendations.	0%				

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Law Enforcement

Goal 1: Equip and train law enforcement agencies on key topics related to substance use disorder.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Provide education and training annually that includes but is not limited to, harm reduction principles, overdose response (i.e., Naloxone and how to access Naloxone), self-care, and stigma).**					
KPI 1	By December 31, 2026, provide at least ten training events per year (virtual and/or in-person) for law enforcement such as Crisis Intervention Team (CIT) Training, Emotional Intelligence Training, Mental Health First Aid, and Handle With Care.	80%				
KPI 2	Through December 31, 2026, track the number of law enforcement officers trained by county for all training events listed in KPI 1.	25%				HWC Training Greenbrier County on Friday, March 13th, 2026. Total attendance 45, total LEO present estimate 12. 2026 40-Hour CIT and HWC February: Wheeling Feb 23-27, 12 LEO

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						(Ohio and Marshall County) Buckhannon Feb 23-27, 13 LEO/ 2 Other F/R (Upshur, Lewis, Randolph and Harrison) CIT for Dispatch March: Morgantown March 3,19 Dispatch trained (Harrison, Monongalia, Marshall)

Goal 2: Provide law enforcement with analytical tools, techniques, resources, and policies to improve enforcement of drug laws.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Utilize the Overdose Detection Mapping Application Program to identify drug trafficking routes across state lines.**					

Blue = Complete
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KPI 1	Through December 31, 2026, continue notification of state and local law enforcement agencies of overdose events and apparent drug routes identifiable via the Overdose Detection Mapping Application Program.	25%				
KPI 2	Through December 31, 2026, track and report the number of spike alert notifications sent monthly.	25%				This can now be found on the ODCP website at https://odcp.wv.gov/data-dashboards/spike-alerts. January: 8 February: 4 March: 3 as of March 26, 2026.
KPI 3	KPI 3: By December 31, 2026, provide up to three trainings to law enforcement on how to use data in/from the Overdose Detection Mapping Application Program platform and document the number of officers trained.	25%				

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Goal 3: Continue and strengthen crisis intervention training for law enforcement, as well as other first responders including but not limited to fire, 911, Emergency Medical Services (EMS), corrections, and Emergency Department (ED) staff.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Continue to provide education and training to law enforcement officers and other listed entities on diversion, trauma-informed care, and cultural sensitivity.**					
KPI 1	By December 31, 2026, provide at least five training events (virtual and/or in-person) that includes Angel, crisis intervention training, Sequential Intercept Model (i.e., Intercept 0), and social determinants of health.	80%				There have been 6 Angel trainings as of 3/16/2026.
KPI 2	Through December 31, 2026, document the reach and location of law enforcement officers and first responders, corrections staff, emergency management services (EMS), and emergency department (ED) staff trained and the number for each type of training.	25%				As of 3/16/2026, 208 law enforcement officers with the West Virginia State Police have been trained on the Angel Initiative.

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Goal 4: Strengthen use and understanding of the evidence base/implementation for Handle with Care and diversion programs, including Police and Peers, Embedded Peers Programs, and Law Enforcement Assisted Diversion.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Establish effective processes that enable collection, analysis, and dissemination of data reflecting Handle with Care training and training on other diversion programs (i.e., law enforcement assisted diversion) being implemented in West Virginia.**					
KPI 1	KPI 1: Through December 31, 2026, develop a quarterly written summary of training activities for Angel, Handle With Care, and other diversion programs.	25%				
KPI 2	By December 31, 2026, based on the review of training activities and data, develop strategies for sharing and dissemination of the data to key partners.	0%				
Strategy 2	**Collaborate with Courts & Justice Involved Populations (Courts) Subcommittee on strengthening and expansion of diversion programs in the state.**					

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KPI 1	By April 30, 2026, collaborate with Courts to identify operational diversion programs that exist in West Virginia as defined by statute or function, including quarterly meetings, interviews, establishing metrics, etc. as defined in Courts KPIs 1 through 5.	25%				

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Recovery Community

Goal 1: Strengthen recovery continuums and long-term stability of individuals in recovery.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Create a statewide recovery ecosystem that sustains individuals beyond treatment through certified recovery residences, strong peer recovery workforce retention, manageable caseloads, and consistent engagement in the recovery continuum of care.**					
KPI 1	By March 31, 2026, improve the quality of peer workforce training by surveying at least 75% of active peers on best learning experiences and launch a pilot Training of Trainers (ToT) program with no fewer than 15 participants, reporting outcomes at year-end meetings.	25%				
KPI 2	By June 30, 2026, work with the West Virginia Certification Board for Addiction & Prevention Professionals (WVCBAPP) to maintain the peer workforce by providing at least three targeted continuing education sessions on peer supervision, emotional support, professionalism, boundaries, and self-care, with 85% of attendees reporting improved skills in post-session evaluations.	25%				

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KPI 3	By December 31, 2026, partner with the Housing Workgroup for quarterly updates on the use of Behave Health and track the promotion, uptake, and effectiveness of a live database of recovery residence availability, aiming for a 20% increase in certified residence referrals statewide.	0%				

Goal 2: Expand access to treatment and integrated care for substance use disorder.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Address barriers to recovery support for West Virginia.**					
KPI 1	By July 31, 2026, coordinate with local health organizations to catalog all available co-occurring disorder recovery support programs, aiming for a 10% annual increase in referrals to these services as measured by biannual data reports.	10%				
KPI 2	By September 30, 2026, collaborate with the Youth Subcommittee to identify at least three gaps and two barriers in youth recovery support availability; submit an action plan addressing each barrier, with progress reviewed quarterly.	0%				
KPI 3	By December 31, 2026, identify and address the top three barriers to recovery support access for West Virginians of all geographies and ages, using data from recovery service reports and partner input, with progress reviewed at quarterly meetings.	0%				

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Goal 3: Standardize healthcare provider training and foster client empowerment through informed consent.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Create and implement a curriculum for statewide provider training on the revised informed consent document to ensure correct use, measurable knowledge gain, and greater client comprehension across all SUD recovery providers.**					
KPI 1	By May 31, 2026, develop and launch an Informed Consent Training module for SUD recovery and mental health providers, with at least 80% of participants showing a 20% gain in knowledge on post-training assessments.	50%				
KPI 2	By November 30, 2026, cohost at least six statewide continuing education events with the Office of Drug Control Policy—such as Project ECHO and state conferences—reaching at least 1,500 provider attendees and achieving a 90% compliance rate in using the informed consent tool as documented by post-training audits.	0%				
KPI 3	By October 31, 2026, publish an annual summary to the Council specifying the total number of providers trained, overall compliance rates, and client feedback on informed consent comprehension using standardized evaluation tools from participating agencies.	0%				

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Goal 4: Increase awareness of individuals who have achieved sustained recovery.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Create a method for individuals to be highlighted on their sustained recovery.**					
KPI 1	By June 30, 2026, develop a monthly biography for an individual who has achieved sustained recovery and spotlight their success. This will be promoted by the Office of Drug Control Policy through social media.	0%				
KPI 2	By August 30, 2026, collaborate with the Courts and Justice-Involved subcommittee to host a corrections meeting where individuals with lived experience speak to individuals in carceral settings.	0%				
KPI 3	By December 31, 2026, host a quarterly meeting that is specific to individuals with lived experience who can speak to the community about their success and growth.	0%				

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Pregnant and Parenting Women

Goal 1: Promote prevention, treatment, and care coordination for pregnant and parenting women.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Increase understanding of the Prenatal Risk Screening Instrument (PRSI) utilization among key partners and increase communication between providers about screening tool utilization.**					
KPI 1	By June 30, 2026, share key findings of the screening practices and PRSI utilization survey with the Office of Maternal Child and Family Health, Maternal Risk Screening Advisory Council, American College of Obstetrics and Gynecology West Virginia, and West Virginia Perinatal Partnership and obtain feedback and recommendations by holding a virtual meeting.	0%				
KPI 2	By August 30, 2026, synthesize feedback obtained from partners obtained in KPI 1 to inform next steps and development of strategies to continue increasing screening practices.	0%				
Strategy 2	**Increase education of providers on available treatment and recovery services statewide for all substances to increase their capacity to make referrals that link pregnant and parenting women and their families, including those who experience a return to use.**					
KPI 1	By June 30, 2026, partner with the West Virginia Perinatal Partnership and implement a survey among	25%				

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	Drug Free Moms and Babies sites about their collaboration with pediatric providers to understand how and what referrals occur currently, including barriers and challenges.					
KPI 2	By August 30, 2026, partner with the West Virginia Perinatal Partnership to identify and provide education on treatment and recovery services to pediatric providers near Drug Free Moms and Babies.	0%				
Strategy 3	**Develop and implement a campaign to educate providers, key partners, and communities (pregnant and parenting women) on the risks of cannabis during pregnancy to address current rates of fetal cannabis exposure.**					
KPI 1	By January 31, 2026, finalize a proposal and estimated cost of an education campaign on marijuana use during pregnancy.	100%				
KPI 2	By March 31, 2026, identify potential funding sources to support the educational campaign.	100%				
KPI 3	By September 30, 2026, develop issue briefs on the incidence of infants exposed to cannabis during pregnancy.	90%				
KPI 4	By December 31, 2026, disseminate the issue briefs to providers (i.e., including posting them on Help and Hope WV).	0%				
KPI 5	By December 31, 2026, present to providers on the effects of alcohol, cannabis, and nicotine/tobacco at a statewide meeting (i.e., West Virginia Perinatal Summit, Appalachian Addiction Conference) and document number of providers reached.	25%				

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Strategy 4	**Educate new parents on the risks that may lead to child fatality. (i.e. co-sleeping)**					
KPI 1	By July 31, 2026, in collaboration with the Office of Maternal Child and Family Health, establish what resources are available to educate parents in the state of West Virginia.	0%				
KPI 2	By December 31, 2026, increase access to the materials that are available to Pregnant and Parenting women in West Virginia.	0%				

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Youth

Goal 1: Improve available and accessible treatment and recovery services for youth.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Address gaps in the current youth treatment and recovery service ecosystem in West Virginia. (i.e. wait times, payor source, provider capacity)**					
KPI 1	By March 31, 2026, connect with the Department of Human Services (DoHS)/Bureau for Behavioral Health (BBH) Early Diversion Grant Sequential Intercept Mapping project results to share with the Council.	50%				
KPI 2	By June 30, 2026, conduct focus group or group conversations with partners such as service providers and service seekers to further understand gaps for youth treatment and recovery services.	25%				
KPI 3	By June 30, 2026, confirm inpatient treatment options for those not connected to the judicial system or those youth in state's custody.	25%				
KPI 4	By September 30, 2026, identify potential model programs/system operating in West Virginia using evidence-based treatment modalities for a State Model of Care.	25%				
KPI 5	By December 31, 2026, based on findings, form recommendations for expanding services' accessibility	0%				

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	to youth specifically to those populations not yet engaged with the judicial system.					
KPI 6	By December 31, 2026, research out of state youth residential treatment facilities. Create a list of all out of state youth residential facilities, including a list of where we currently send West Virginia youth. Discuss training opportunities available from those facilities to current West Virginia facilities, or what it would take for those entities to expand to West Virginia.	10%				

Goal 2: Create a public facing resource document.

		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Formalize a document called "Navigating Substance Use Disorder and Behavioral Health for Youth and Families" from the resource list created in 2025.**					
KPI 1	By June 30, 2026, create a public facing document of the list of resources compiled in 2025 by partnering with the Office of Drug Control Policy and a graphics design company.	75%				
KPI 2	By September 30, 2026, in partnership with the Office of Drug Control Policy, distribute this list statewide.	0%				

Goal 3: Establish, revitalize, and support community centers in West Virginia as safe spaces, essential resources, and support networks for lasting health and resiliency for youth.

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		Q1 Progress	Q2 Progress	Q3 Progress	Q4 Progress	Comments
Strategy 1	**Identify the importance of community centers in West Virginia and their connection in addressing needs of youth.**					
KPI 1	By March 31, 2026, create a research-informed document about community centers in partnership with the Office of Drug Control Policy and other state entities.	80%				
KPI 2	By June 30, 2026, disseminate the document to decision makers at county and local level to encourage support for community centers statewide.	0%				
Strategy 2	**Facilitate connections with existing community centers and needed supports/organizations/etc. to encourage growth and sustainability.**					
KPI 1	By June 30, 2026, identify existing resources, organizations, supports to help encourage and grow sustainability.	40%				
KPI 2	By June 30, 2026, disseminate the research document to the identified existing resources and support organizations within communities where centers exist.	0%				
KPI 3	December 31, 2026, host at least two guest speaker opportunities with identified supports need by community centers.	0%				

Appendix A: Accomplishments

Quarter 1 Accomplishments

During the first quarter of 2026, a total of 9 (7%) of the KPIs were completed. Once complete, these KPIs are often ongoing but may also provide the foundation for advancing work of a subsequent KPI as a next step. The section below highlights accomplishments for KPIs measured at 100% at the end of Quarter 1 (January 1, 2026, to March 31, 2026).

PREVENTION

- A standing meeting for school-based prevention programs to meet and discuss the program enhancement has been established.

COMMUNITY ENGAGEMENT AND SUPPORTS

- Identified groups to provide stigma education to.

TREATMENT, HEALTH SYSTEMS, AND RESEARCH

- Documented and mapped operating QRTs by county across the state.
- Collaborated with Potomac Highlands Guild (the prevention lead organization for Region 2) and WVU to present to the Subcommittee and managed care organization partners their models and existing outcomes data on use of wearable technology for individuals in recovery to reduce adverse outcomes due to relapse.
- Met with the Courts & Justice Involved Populations Subcommittee to discuss their efforts to address stigma in courts and corrections for justice-involved populations as well as efforts related to individuals in reentry.
- Discussed priorities and strategies to address stigma in communities and the healthcare setting in 2026.

COURTS & JUSTICE-INVOLVED POPULATIONS

- Partnered with the Adverse Childhood Experiences (ACEs) Coalition of West Virginia to discuss any existing measures currently used to assess ACEs in adults who are justice-involved.

PREGNANT AND PARENTING WOMEN

- Finalized a proposal and estimated cost of an education campaign on marijuana use during pregnancy.
- Identified and secured potential funding sources to support the educational campaign.