



Raleigh County Day Report Center

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SUBSTANCE ABUSE TREATMENT AND REFERRAL SERVICES

All participants referred to our program complete an intake interview and comprehensive assessments with a case manager to determine level of need which will be used to outline a case plan that may include:

OUT-PATIENT GROUP THERAPY

- **Tiered substance abuse treatment classes**
 - Cognitive Behavior Intervention
 - Thinking for a Change
 - Relapse Prevention
 - Men/Women in Recovery
 - Twelve Steps
 - All-recovery
- Life Skills
- Domestic violence intervention: BIPPS & SAFE
- Anger Management
- Aftercare services
- Peer recovery services
- Group parenting class



**All class curriculums are evidence based! - see back of this book for class descriptions*

PARTICIPANTS ACCEPTANCE

We accept participant referrals from multiple sources: circuit court order (participation sentencing or bond supervision), magistrate court order, adult probation, parole, CPS, and self-referrals. If you have any questions about a possible referral, feel free to contact us.

SUBSTANCE ABUSE ASSESSMENT

As part of the intake process, each participant will receive a substance abuse assessment that determines their level of need. This helps us guide each participant in the direction that will best address their needs.

Substance use assessments can also be requested by a referring agency to assist in treatment option guidance.

REFERRAL SERVICES

We can provide referrals to crisis detox, in-patient rehabilitation, out-patient mental health, job services, or any other necessary services including transportation services.

SUPERVISION AND TREATMENT

The Raleigh County Day Report Center is a place where correction and treatment intertwine. We provide SUD treatment and referral services for those in need, but supervision is an important part of that process as well.

DRUG COURT & VETERANS COURT

The Raleigh DRC is the primary treatment provider for the Raleigh County drug court and veterans court treatment programs. If you have a participant that may be eligible for either program, contact us for more information.



GPS MONITORING

GPS monitoring has become a key part of many treatment programs and a great option for participants on bond or in a domestic violence proceeding. See the GPS monitoring section of this book for more information about what services we can offer.

SCHEDULED CHECK-INS

Daily, weekly, monthly; we schedule supervision check-ins with each participant to monitor progress and maintain contact and build rapport with our participants. Scheduled check-ins also provide an opportunity for brief intervention and a chance to address issues or obstacles that may arise for our participants.

TARGETED CASE MANAGEMENT

Each participant is assigned a case manager who will monitor your participant's performance, guide them through the program and provide feedback to their referring agency.

REPORTS AND FEEDBACK

We provide progress reports to the referring agency as often as requested. These will include a short narrative from the case manager, class attendance, and drug screens results.

***Court testimony:** We can attend scheduled court hearings to provide testimony on participant progress. Early notification of hearing date/time and details of case are preferred.

PEER RECOVERY SUPPORT

Peer Recovery Support professionals are individuals who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help others become and stay engaged in the recovery process to reduce the likelihood of relapse.

INDIVIDUAL PRSS SESSIONS

Peer recovery support specialists work closely with participants to build up strengths, weaknesses, build rapport, define, and navigate pathway to recovery.

PRSS GROUP SESSIONS

Participant's work as a group facilitated by the PRSS to better understand recovery and what to expect along the road to recovery.

ADDRESS BARRIERS AND OBSTACLES

Our PRSS will work with participants to address obstacles to treatment, recovery, and getting back on their feet after incarceration and/or years of addiction. This may include but are not limited to obtaining a driver's license, medical card, social security card, birth certificates, doctors' appointments, healthcare needs, and outside treatment options.

RESOURCE CONNECTION

Connection to outside resources to help maintain sobriety and normalcy. This can include housing, education, employment, food, clothing, etc.

PRSS TRAINING AND CURRICULUM

The Raleigh County Day Report Center can provide peer recovery curriculum and experience hours for aspiring peer recovery support specialists. The process to become state certified is tough and demanding. Our PRSS will work with up-and-coming peer recovery coaches to help meet the requirements for certification.



DRUG SCREENING SERVICES

We provide random drug screens ranging from once per month up to 5 days per week as specified by the referring agency or court order.



RANDOM COLOR CODE SYSTEM

Participants are given a unique color that corresponds with a screen frequency or participants can be given a set day or days to screen each week. When assigned a screen color, participants can call into our office every day to check if they need to screen on that day. Additionally, we provide a texting service that will provide participants with the daily colors and updates on DRC operation statuses. Drug screens colors are also posted on our Facebook page each day.

OBSERVED DRUG SCREENS

All drug tests at our facility are monitored by a drug screen technician to ensure the validity of urine samples. Additionally, the collection process is observed through video viewing (but not recorded). This maintains the privacy of the participant but ensures authenticity of the sample.

16 PANEL INSTANT CUP

16 panel instant cup tests are available for immediate results. However, these are always followed by laboratory GC/MS analyses to ensure accuracy. Instant cup results are presumptive in nature. Laboratory analysis will provide a definitive answer.

An oral mouth swab is also available for scenarios where a urine sample cannot be provided or a technician is not available for observation of the urine screen. However, it should be noted that oral mouth swabs are not as accurate as urine testing and cannot be screened for validity.

VIDEO MONITORING

The sample processing room is monitored and video recorded to ensure authenticity and sample chain of custody. If tampering or a false sample is alleged, video evidence is backed up and can be pulled for viewing.

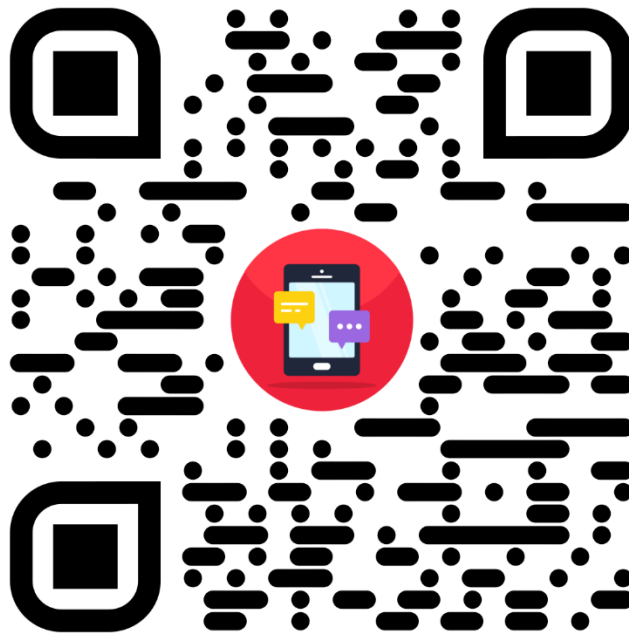
Stay informed!

All DRC participants are encouraged to join the DRC text update service. This service provides daily text messages of the current screen colors as well as any facility updates such as closures, inclement weather alerts, emergencies and holidays.

Join the DRC text service for updates on closures, reminders, schedule changes and special events. You can opt out anytime.

Scan the QR Code and press SEND

Or text JOIN to 304-305-1326



COMMUNITY SERVICE

Community service is a great way to keep participants busy and have them give back to the community. Our community service director works with local non-profit programs and government agencies to provide opportunities for our community service participants to complete their hours.

Many of our participants have been offered employment through these agencies based on their community service performance!



COMMUNITY SERVICE PROJECTS

Community service projects include but are not limited to mowing, weed-eating, trash/litter pickup, painting, and any other special projects that come up.

Our community service crew works closely with the Raleigh County Solid Waste Authority/Litter Control to clean up open dumps and litter around Raleigh County.

COMMUNITY SERVICE HOURS

Participants referred to our community service program are given a set number of hours to complete in a given time frame. Referring agencies can specify a number of hours for a participant to complete or a case manager can determine the hours based on a given time frame or other details.

REPORTS

Detailed community service reports include hours completed, hours remaining, and each project the participant has participated in. This also includes no-shows, non-compliance, and any infractions incurred during community service projects.

GPS MONITORING

SCRAM GPS UNITS

- 40+ hour battery life.
- Utilizes Cell towers, GPS satellites, local Wi-Fi routers and motion sensors to monitor participant movement.
- Any evidence of tampering will be logged and a notification sent to the case manager. This includes GPS/Cell jamming detection and any attempted monitor removal.
- Communication with a participant is capable through vibration or audible notifications sent to the monitor. This will notify the participant that they need to contact the DRC office immediately.



MAPPING

Participant movement is mapped and recorded. Participants can be monitored in real time or a history can be viewed on a map to review participant movement.

EXCLUSION ZONES

Participants can be assigned exclusions zones based on court order and/or referral requests. These are locations or addresses the participant is NOT permitted to enter. All instances of entering an exclusion zone are logged and the supervising case manager is notified immediately.

CURFEW

Participants are assigned curfews based on court order and/or referral requests. Curfews are set times a participant must be at their home address. Violation of curfews will vibrate the bracelet to notify participant they are violating curfew. All curfew violations are logged and case manager is notified immediately.

GPS BOND SUPERVISION

Participants currently on bond supervision and in treatment facilities are assigned a GPS bracelet for location tracking. Their case manager and DRC PRSS will remain in contact with bond participant while in treatment to address aftercare services upon discharge from treatment. The participant will then remain on bond and participate in DRC outpatient programming and drug screening until their court date. This ensures our participants in treatment have a safe aftercare plan, supervision, and contact with the court.

COMMUNITY OUTREACH

CLOTHING CLOSET

Our facility provides a small but modest clothing and supplies closet for participants. Items include shirts, pants, warm jackets, personal hygiene products, and many other donated items for participant to utilize.



COMMUNITY SERVICE OUTREACH

Our community service program has participated in many community outreach activities including upkeep of local cemeteries, mowing grass for non-profit programs, Toys-for-Tots, and handing out hot chocolate on cold days. These projects are a huge component of our program and vital to giving back to the community we serve.

NALOXONE OUTREACH

The Raleigh County Day Report Center is a Naloxone distribution and training site provided by our peer recovery support specialist. Naloxone is an opiate overdose reversal agent that is administrated through the nostril of an individual experiencing an overdose. Attendees are provided with Naloxone kits following a brief training on how to administer the dose.

COMMUNITY OUTREACH

We are proud to frequently setup outreach booths at local initiatives such as Save-a-life Day, and overdose awareness day. Our participants are welcomed to assist in running these booths as it provides a solid view into the word of long-term recovery and an opportunity to give back and help others in need.

DAY REPORT CENTER STAFF



JIMMY MILLER - DIRECTOR

Jimmy Miller is the director of the Raleigh County Day Report Center. He has been employed with the DRC since 2015 and is the primary case manager for the Raleigh County Veterans treatment court. Prior to the DRC, Jimmy worked as a Criminal History Specialist with the WV Supreme Court of appeals. Jimmy is also a retired Lieutenant with the Raleigh County Sheriff's Office. As a veteran of the United States Marine Corp as well as the WV National Army Guard, Jimmy's experience on active duty and in the National Guard enables him to have a unique understanding of veteran issues and serves him well as a member of the Raleigh County Veterans Treatment Court.



BRANDY DUNCAN - ADMINISTRATIVE ASSISTANT

Brandy Duncan is our administrative assistant at the Raleigh County Day Report Center. She started here in December 2015. She is the primary contact for our front office. Brandy previously worked at Beckley ARH as a phlebotomist.



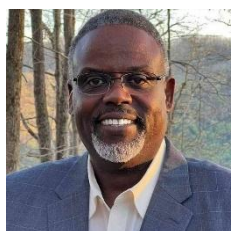
AMANDA NEWMAN - FEMALE DRUG SCREEN TECH

Amanda Newman is our female drug screen technician at the Day Report Center. She worked for the Raleigh County Sheriff's office for 5 years prior to starting at Day Report. She is currently working on her bachelor's degree in psychology with a concentration in addiction.



MARK BAILEY - MALE DRUG SCREEN TECH

Mark is the Day Report Center male drug screen technician. He boasts a history of work in maintenance, mechanical work and the coal mines. Mark enjoys hunting, fishing and working on hot rods in his free time.



CHARLES BRISCOE - COMMUNITY SERVICE DIRECTOR

Charles Briscoe is our community service director. He is a former television broadcaster turned civil servant, radio personality and was elected mayor of Oak Hill, WV in 2023. Born and raised in southern West Virginia; Charles has been working for the Raleigh County Day Report Center since 2015.



STEPHANIE RICHARDSON, MSW, LSW - CASE MANAGER

Stephanie Richardson MSW, LSW is a graduate of Concord University with a master's degree of Social Work 2020. Stephanie obtained her bachelor's degree of Social Work in 2014 at Concord University. Upon graduation from Concord University in 2014, Stephanie began her career as a Youth Services Worker at the Department of Health and Human Services. In 2016 Stephanie transferred to Child Protective Services as an intake worker, working closely with children and families. In July 2020 she began her profession at the Raleigh County Day Report Center as class facilitator/therapist. In 2023 she moved to become the DRC case manager for Raleigh County Adult Drug Court.



JACLYN TAYLOR - CASE MANAGER

Jaclyn Taylor is a Case Manager for Raleigh County Day Report Center and has been employed since 2021. Jaclyn has a bachelor's degree in Criminal Justice from Mountain State University. Prior to coming to DRC, Jaclyn was a child protective services Investigator for over seven years. Jaclyn also worked as a Correctional Officer at Southern Regional Jail and Alderson Federal Prison Camp.



RODNEY SORRELL, MSW - CASE MANAGER

Rodney Sorrell is the most recent employee of the Raleigh County Day Report Center, starting as of February 2023. However, Rodney has worked closely with our program for nearly 3 years as a contracted SUD and mental health counselor through Compass Counseling. Rodney has a master's degree in social work.



LEANDREA QUESENBERRY, BA, AASCJ - PRSS LEAD/CASE MANAGER

LeAndrea Quesenberry is our LEAD PRSS and newest case manager. As an individual in long term recovery since September 1, 2015, she has found a passion in working to help others with their journey through recovery. She is a state certified peer recovery support specialist and state certified PRSS trainer. She is also a certified Naloxone administration trainer and serves the community through naloxone distribution. She has been with the Raleigh County Day Report Center since January 2022. As of November 2024, Leandra has received her associates in criminal justice, regency Bachelor of Arts and she is currently pursuing her MSW degree at Concord University.



ZACK HAZELWOOD, MA, AADC-S - CLINICAL SUPERVISOR / CASE MANAGER

Zack Hazelwood holds a bachelor's and master's degree in psychology. Zack has worked for the Raleigh County Day Report Center as a case manager since 2013. In 2019 he became the clinical supervisor of Day Report, overseeing clinical staff development and training. Zack has received state certifications for advanced alcohol drug addiction counseling (AADC) and clinical supervision of addiction counselors (AADC-S). Prior to Day Report, Zack was employed at the Beckley Treatment Center as a substance abuse counselor.



JESSICA WILLIS, BSW - CLASS FACILITATOR

Jessica Willis is the class facilitator at RDRC. She graduated with her bachelor's degree in Social Work from Concord University in 2018. Following her graduation, Jessica began her career providing group and individual therapy to individuals experiencing substances use disorder in medicated assisted treatment programs. She has been employed at RDRC as the class facilitator since October 2023.



JULIE FERGUSON, PRSS

Julie Ferguson is our Peer Recovery Support Specialist. As an individual in long term recovery since February 26, 2021, she has found a passion for working to help others with their journey through recovery. She is a state certified PRSS and a graduate from the Raleigh County Adult Drug Court program. She serves the community through outreach and harm reduction. She has been with the RDRC since January 2024.

Raleigh County Day Report Center Staff Directory

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Curriculum Descriptions

S.A.F.E (Stopping Abuse for Everyone)

Offers participants the ability of interactive journaling through the process of self-change. This interactive Journal keeps participants focused on their change efforts. Participants engage with the core material through self-recognition and skill-development exercises that explore how past influences, high-risk beliefs and maladaptive thinking led to abusive behavior. Participants use this information to develop positive and prosocial skills, leaving the program with a personalized plan for stopping abusive behaviors and creating healthier relationships.

Men/Women in Recovery

Recovery Maintenance provides participants with cognitive strategies and behavioral skills to help achieve positive and lasting change. Participants explore their common risk factors for returning to addictive behaviors and the range of exit strategies they can employ during times of risk. Participants develop a personal Recovery Maintenance Plan.

Relapse Prevention

Participants learn tools they need to be able to identify the pattern of relapse and to interrupt that pattern before they begin to drink or use other drugs again. Participants complete a relapse prevention plan to support a program of sobriety.

Thinking For a Change

The lessons provide each group member with an overview of thinking that conveys a way to take charge of their lives by learning more effective ways of thinking. While the format for this revision of Thinking for a Change is different and improved, the theoretical and philosophical foundation of the program as originally developed, designed, and implemented has not changed. Each component is still presented in a systematic, logical fashion using the standard procedures for cognitive behavioral interventions. The three components of Thinking for a Change are: cognitive self-change, social skills, and problem-solving skills. Cognitive self-change teaches individuals a concrete process for self-reflection aimed at uncovering antisocial thoughts, feelings, attitudes, and beliefs. Social skills instruction prepares group members to engage in pro-social interactions based on self-understanding and consideration of the impact of their actions on others. Problem solving skills integrates the two previous interventions to provide group members with an explicit step-by-step process for addressing challenging and stressful real-life situations.

CBI-SUA

Cognitive-Behavioral Interventions for Substance Use Adult (SUA) is designed for people involved with the criminal justice system who are at moderate to high need in the area of substance abuse. The use of the terms “risk, risky or high risk” within this program refers to a propensity to reoffend. This curriculum can be delivered as a stand-alone substance abuse intervention or incorporated into larger programs, particularly those designed for people in the corrections system. As the name of the curriculum suggests, this intervention relies on a cognitive-behavioral approach to teach people strategies for identifying and managing risk factors related to substance abuse. This program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development. The following sections briefly describe the primary theories from which the curriculum is based. Additionally, program and facilitator strategies are detailed for successful implementation of the group. These include group facilitation strategies that can be used for the day-to-day management of the group, as well as program and agency level implementation strategies.

Anger Management

Helps participants identify their experiences with anger and the role it has played in their past and how the body reacts to anger. Irrational self-talk that intensifies anger and the role of “should” thinking that causes anger is also covered. Participants will then develop an anger plan to help avoid difficult situations.

Life Skills

Guided self-assessments, exercises & educational handouts in the areas of problem-solving, money management, time management, self-awareness, and personal change. Life skills are those invaluable skills people use every day that, if used effectively, allow them to create the life they desire and to access the inner resources needed to succeed. A person's life skills IQ is comprised of many types of intelligence including physical, mental, career, emotional, social, and spiritual intelligence. This curriculum will help participants learn more about themselves and the competencies they possess in many life skills areas.

12 Steps

A standard set of guides for the NA Fellowship to use in working the steps. Each step includes both a narrative and questions to be used at any stage of recovery. This literature was written by addicts for addicts, with the understanding that addiction has no biases, and that by working the steps recovery is possible and life can be manageable.

All Recovery

A support group model that welcomes individuals from all pathways of recovery, including those overcoming substance use, mental health challenges, or co-occurring issues. Unlike traditional 12-step programs, it is inclusive of various recovery approaches and does not adhere to any single philosophy. The group focuses on shared experiences, peer support, and fostering a sense of community, emphasizing that recovery is a personal journey and all pathways are valid.

Parenting and Child Development

Understanding and practicing daily living skills can be crucial to the success of participants making significant life transitions. The Living Skills program is designed to provide the tools necessary to live a healthy, fulfilling life while meeting the needs of today's diverse participant population. This program is ideal for a variety of settings, including addiction treatment centers, mental health settings, educational settings, and criminal justice settings.

MRT (Moral Reconation Therapy)

Cognitive-behavioral treatment program designed to reduce recidivism and address criminal thinking patterns. It focuses on improving moral reasoning, decision-making, and personal accountability through a structured, step-by-step group process. Participants complete exercises and discussions that challenge their thought patterns and behaviors while fostering trust, empathy, and personal growth. MRT is commonly used in correctional and substance abuse treatment settings, emphasizing long-term behavioral change.

Making a Change in Men who Batter (BIPPS)

Making a Change in Men Who Batter is a structured intervention curriculum designed to help men who have engaged in domestic violence recognize and change their abusive behaviors. The program focuses on accountability, self-reflection, and developing healthier relationship skills. Through guided discussions, cognitive-behavioral techniques, and group support, participants explore the impact of their actions, challenge harmful beliefs, and learn non-violent ways to handle conflict and emotions. The curriculum emphasizes responsibility for past behavior while providing practical tools to build respectful, non-abusive relationships.