

# **Meeting Minutes of the Governor's Council on Substance Abuse Prevention and Treatment Recovery Community Subcommittee Wednesday, November 5, 2025, Approved**

## **Attendees:**

**Subcommittee Members Attending:** Amber Blankenship (co-chair), Ardella Cottrill, Joe Deegan, Elly Donahue, Rajan Masih, Paul Shimer

**Subcommittee Members Not Attending:** Brandy Blatt, Trenton Clem, Dan McCawley (co-chair),

**Guests Attending:** Stephanie Frazier

**Office of Drug Control Policy (ODCP) Staff:** Olivia Fox, Dr. Stephen Loyd

**State Opioid Response (SOR) Regional Coordinators:** Christina Adkins

**Marshall University Staff:** Bradley McCoy

## **Opening:**

Amber Blankenship (co-chair) provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Recovery Community Subcommittee. The meeting was called to order on Wednesday, November 5, 2025, and was conducted by Google Meet conference. Amber Blankenship approved the October 1 meeting minutes. There was no further discussion. The purpose of this meeting was to discuss finalization of the 2026 State Plan and edit key performance indicators (KPIs).

## **Agenda Items:**

### **2026 State Plan Planning**

- Amber Blankenship provided an overview of the 2026 State Plan draft that she had developed with co-chair Dan McCawley. The Subcommittee reviewed the draft and made edits in real time. Amber and Dan will work with Bradley McCoy and Deb Koester in the month of November to finalize the Plan. On December 4, 2025, there will be an in-person meeting of Subcommittee chairs in Charleston, West Virginia for chairs to present their Plans to each other and the Office of Drug Control Policy. The current draft of the 2026 State Plan is included below.
- Goal 1, Strategy 1, KPI 1: This KPI was revised based on work that the Housing Workgroup is also planning to do in 2026. Recovery residences will begin using Behave Health as a live database of bed availability. The West Virginia Alliance of Recovery Residences (WVARR) plans to advertise this on their website and promote it to treatment providers/case managers.
- Goal 1, Strategy 1, KPI 2: This KPI was edited to provide trainings on peer workforce professionalism. Dr. Stephen Loyd has done professionalism and boundary trainings and highlighted their importance.
- Goal 1, Strategy 1, KPI 3: There is a concern that trainings are repetitive, lose their audience, and do not consider the evolution of the field or experience of those in the audience. The group discussed exploring the development of a Training of Trainers for healthcare setting professionalism for Peer Recovery Support Specialists (PRSS).
- Goal 2 focuses on treatment, mapping existing options, and exploring existing barriers.

- Goal 2, Strategy 1, KPI 3: Rajan Masih suggested a revision to include Remote Physiological Monitoring (RPM) and Remote Therapeutic Monitoring (RTM). RPM is the use of a device to measure physiological responses and to alert a peer/provider when necessary. RTM is the use of software such as an app for peer and provider communication. Both allow for rural telehealth access. Broadband access is not a concern because of the optimization of multiple processes such as Bluetooth, Artificial Intelligence, and cloud storage that smooth communication.
- Goal 3 focused on Informed Consent and provider education. The Subcommittee chairs are currently working with Jessica Whitmore with the Office of Health Facility Licensure and Certification (OHFLAC) on the current informed consent document in which OHFLAC is returning it with comments.
- Goal 3, Strategy 1, KPI 2: The concern with Project ECHO meetings is that providers do not often attend the meetings, so the KPI was expanded to include other potential education opportunities.

#### **Additional Discussion**

- None.

### **Adjournment**

Amber closed the meeting by thanking all Subcommittee members for their attendance and participation. The full Subcommittee will meet again on December 3, 2025, at 2:00 PM.

### **Recovery Community**

#### **Goal 1: Strengthen Recovery Continuums and Long-Term Stability**

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.

KPI 1: Partner with the Housing Workgroup for quarterly updates on the use of Behave Health and the promotion of a live database of recovery residence availability.

KPI 2: Work with The West Virginia Certification Board for Addiction & Prevention Professionals (WVCBAPP) to maintain a peer workforce by providing appropriate continuing education on peer supervision, emotional support, professionalism, boundaries, and self-care.

KPI 3: Improve quality of peer workforce training by surveying peers' best learning experiences and explore a Training of Trainers (ToT) as a resource.

#### **Goal 2: Expand Equitable Access to Treatment and Integrated Care**

Strategy 1: Ensure that every West Virginian, regardless of geography or age, can access timely, evidence-based treatment that addresses both substance use and co-occurring mental health needs.

KPI 1: Work with the Youth Subcommittee to identify gaps and barriers specific to treatment availability.

KPI 2: Work with the United Way (211) to identify co-occurring disorder programs, number of new or expanded mental health and substance use disorder treatment programs services.

KPI 3: Identify gaps and barriers to telehealth access in rural areas by collecting Medicaid data on the numbers of insured utilizing telehealth options and explore other states' use of Remote Physiological Monitoring (RPM) and Remote Therapeutic Monitoring (RTM).

### **Goal 3: Standardize Provider Training and Client Empowerment through Informed Consent**

Strategy 1: Implement and maintain consistent, statewide provider training on the new informed consent document, ensuring correct use, measurable knowledge gain, and client comprehension.

KPI 1: Develop an Informed Consent Training for Providers that will be recognized as a Continuing Education component.

KPI 2: Work with the Office of Drug Control Policy to facilitate ongoing trainings through Project Echo and utilize various statewide training opportunities such as the Addition Training Institute (ATI), the Marshall University Center of Excellence, Appalachian Addiction Conference, WV Medical Society, and West Virginia Association of Addiction and Prevention Professionals (WVAAPP) Conferences.

KPI 3: Work with the Office of Drug Control Policy to report the number of statewide training sessions and individuals trained to use the Informed Consent document.