

# Meeting Minutes

## Treatment, Health Systems, and Research Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment

### Tuesday, February 17, 2026, Approved

#### Attendees:

**Subcommittee Members Attending:** Dr. Thomas Bailey, Dr. Jim Berry, Shawna Chapman, Dr. Jorge Cortina, Candace Facemyer, Emalene Heaton, Raj Masih, Dr. Garrett Moran, Josh Titlow, Danielle Woods-Huffman

**Invited Subcommittee Members Not Attending:** Rebecca Alley, Jennifer Fields, Ken Fitzwater, Constance Harvey, Heather Jarrett, Keith King, Heidi Life, Anita Mallett, Amy Proffitt, Victoria Swain, Brienne Taylor, Timothy Watson, Jessica Whitmore, Lisa Zappia

**Guests Attending:** Tristan Spitsnaugle

**Office of Drug Control Policy (ODCP) Staff Attending:** Olivia Fox, Jessica Smith

**Marshall University Staff Attending:** Deb Koester, Bradley McCoy

#### Opening:

Deb Koester provided welcome and opening remarks of this meeting of the Governor's Council on Substance Abuse Prevention and Treatment, Treatment, Health Systems, and Research Subcommittee. The meeting was called to order on Tuesday, February 17, 2026, and was conducted by Google Meet conference. Deb Koester approved the January 8, 2026 meeting minutes. There was no further discussion. The purpose of the meeting was for guest speakers Raj Masih and Dr. Jim Berry to present on remote therapeutics and to review progress on key performance indicators.

#### Agenda:

##### Guest Speaker – Raj Masih (CravAlert)

- Raj presented on the CravAlert system. Literature supports heart rate and other physiological symptoms' association with substance cravings. There was previous work in the field of remote physiological monitoring (RPM) for arrhythmia and COPD, so Potomac Highlands Guild sought funding to do the same with substance craving because they know that cravings are a precursor to overdose and potentially death.
- A wearable biopatch was developed that attaches to the chest and uses Bluetooth connection with a phone to stream data to a dashboard and alert a Peer Recovery Support Specialist (PRSS).
- There are three pillars to the alert system: 1) speech pattern recognition using technology like Canary, 2) remote physiological monitoring, 3) geofencing, which users can opt out of.
- PRSSs are available to answer the phone and receive alerts 24/7.
- Raj presented a breakdown of the 100 participants' demographics and their alert type.
- The program was initially only anomaly detection but is now using machine learning and artificial intelligence (AI) to do predictive modeling. They can create individual digital phenotypes.
- A user experience survey showed that participants felt safe and supported by the program.
- Codes have been identified that could be used for billing.

- It is believed this program will reduce hospital visits, infectious diseases, and increase other long-term return on investments to the system as a whole.
- The biopatch was the most economical option compared to devices such as Fitbit or Oura Ring. They were not funded by the First Foundation and have been previously grant funded. The cost is \$248 per person.
- The biopatch's battery life is 14 days with a three-hour recharge. The phone is charged like any other phone.
- The mean length of program adherence was 128 days.
- The Subcommittee discussed how a randomized prospective study could demonstrate findings needed to support its necessity and provide additional metrics.

#### **Guest Speaker – Dr. Jim Berry (RNI Digital Health Intelligence Platform Overview)**

- Dr. Berry presented on WVU's real-time personalized health-monitoring system.
- The three areas of this program are: 1) the Electronic Medical Record (EMR) which is Epic at Ruby Memorial Hospital, 2) wearable health trackers, 3) the RNI app. These all send data to be analyzed by AI that will then develop personalized case management feedback and identify danger zones for potential relapse.
- Epic sends their data to a cloud. Wearables track physiological data with the most frequently used device being the Oura Ring because it is the most comfortable for the user and provides the most data. The app also monitors the user and asks for purposeful survey data for personalized feedback. There is a gamification of cognitive assessments so that it tracks mood while giving users badges.
- There were 350 patients in the initial sample study with a publication submitted and under review currently. They are deploying the app and dashboard to their general clinic spaces now.
- A major point of this program is that there are 3 data recipients: 1) the user/patient, 2) the researcher, 3) the health care team.
- The user will also have a personalized disease management dashboard.
- The Subcommittee again discussed the use of a prospective comparison group study and Dr. Berry responded that it could be potentially done in their own clinic but has not been discussed yet.

#### **2026 State Plan Key Performance Indicators (KPIs)**

- Goal 1, Strategy 1, KPI 1: Deb Koester and Bradley McCoy have mapped the operating QRTs by county across the state. The map will be included below. It should be additionally noted that Kanawha County has two operating QRTs, one is SOR funded operated by the Kanawha County Emergency Ambulance Services, and the other is funded by the City of Charleston and operates in the city only. The Subcommittee discussed differences in implementation and consistency between QRTs.
- Goal 1, Strategy 1, KPI 2: Bradley McCoy is developing a draft QRT survey based on the Ohio Deflection Inventory published by NeoMed. He can send a copy of Ohio's Deflection Inventory to the Subcommittee. By the March meeting, a draft survey will be distributed to the Subcommittee for review and to reflect the work that will be completed in 2026.
- Goal 1, Strategy 2, KPI 1: This KPI was completed by Raj Masih's presentation. The Subcommittee will not begin meeting with MCOs at this time and this KPI will be edited and submitted to ODCP.
- Goal 1, Strategy 2, KPI 2: This KPI was completed by Dr. Berry's presentation, but the Subcommittee will continue work in this space even if the KPI is not revised in the final version approved by the Governor's Office.

- Goal 2, Strategy 2, KPI 1: ODCP’s map of treatment resources is not currently on their website and pending internal review. The Shatterproof Atlas list of resources should be up-to-date according to Dr. Jorge Cortina. The website is: [https://shatterproof.org/findtreatment?\\_gl=1\\*1u75wwn\\*\\_gcl\\_au\\*MTE1NTk4NTUwNS4xNzcxMzUONTEEx\\*\\_ga\\*ODEyMjE5MjE4LjE3NzEzNTQ1MTE.\\*\\_ga\\_LCP7PTS89G\\*\\_czE3NzEzNTQ1MTAKbzEkZzAkdDE3NzEzNTQ1MTAKajYwJGwwJGgw](https://shatterproof.org/findtreatment?_gl=1*1u75wwn*_gcl_au*MTE1NTk4NTUwNS4xNzcxMzUONTEEx*_ga*ODEyMjE5MjE4LjE3NzEzNTQ1MTE.*_ga_LCP7PTS89G*_czE3NzEzNTQ1MTAKbzEkZzAkdDE3NzEzNTQ1MTAKajYwJGwwJGgw)
- Goal 2, Strategy 3, KPI 1: A representative from the Bureau for Public Health (BPH) will join the April 21, 2026 meeting to discuss loan repayment options.
- Goal 2, Strategy 5, KPI 1 and 2: Stephanie Thornton from the Courts and Justice-Involved Populations Subcommittee will join the March 25, 2026 meeting to discuss stigma in the courts.

**Additional Discussion**

- Josh Titlow shared the following link to an innovative mental health treatment funding source. <https://arpa-h.gov/news-and-events/arpa-h-invest-leading-edge-approaches-mental-health-treatment>

**Adjournment:**

Deb Koester closed the meeting by thanking all Subcommittee members for their attendance. The Subcommittee will meet again on Wednesday, March 25, 2026 at 1:00 PM.

