Meeting Minutes
Treatment, Health Systems, and Research Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment
Tuesday, September 15, 2026, Approved

Attendees:

Subcommittee Members Attending: Dr. Jim Berry, Dr. Jorge Cortina, Candace Facemyer, Ken Fitzwater, Dr. Deb Koester, Dr. Garrett Moran, Josh Titlow, Beth Welsh
Invited Subcommittee Members Not Attending: Rebecca Alley, Dr. Thomas Bailey, Shawna Chapman, Ashli Cottrill, Jennifer Fields, Heather Jarrett, Constance Harvey, Emalene Heaton, Keith King, Heidi Life, Anita Mallett, Raj Masih, Charles Mullins, Amy Proffitt, Victoria Swain, Brienne Taylor, Timothy Watson, Jessica Whitmore, Danielle Woods-Huffman, Lisa Zappia
Office of Drug Control Policy (ODCP) Staff Attending: None
State Opioid Response (SOR) Regional Coordinators Attending: None
Marshall University Staff Attending: Deb Koester

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, September 15, 2026, and was conducted by Google Meet conference. Deb Koester approved the August 2026 meeting minutes. There was no further discussion. The purpose of the meeting was to discuss key performance indicator (KPI) progress.

Agenda:

2026 State Plan Key Performance Indicators (KPIs)

- **Goal 1, Strategy 1, KPI 3:**
    - With the QRT survey completed and shared with the Subcommittee, discussion was focused on developing recommendations to strengthen and make consistent QRT implementation for optimal outcomes statewide (i.e., standards, training curriculum, etc.). Discussion and recommendations included the following which will guide the KPIs in the 2027 State Plan:
        - Identify elements of fidelity and competency for QRTs
        - Develop a 'Community of Practice' (CoP) for all QRTs/PRSSs regardless of their funding source.
        - Development or modification of a toolkit for WV where components could include:
            - Recommended standardized training/onboarding upon hire
            - Opportunities for experiential learning for new PRSSs hired to QRTs to spend time with experienced PRSSs on other QRTs.
            - Recommended policies, processes, and procedures for QRT programs including data collection and notification of overdoses in the county/jurisdiction.

        - Billing for PRSS services on QRTs under the 1115 waiver (when possible)
    - Complete development of the white paper on what is needed (above).
- **Goal 2, Strategy 1, KPI 2:**
    - With the contingency management survey complete, and results shared with the Subcommittee, discussion and recommendations included the following which will guide the KPIs in the 2027 State Plan:
        - Recommendation 1: Assure technical assistance and support for initial training, ongoing support (programmatic, administrative, and clinical, and a statewide network and Community of Practice on Contingency Management.
            - Define and disseminate elements of fidelity for a Contingency Management program model.
            - Develop a Community of Practice for organizations interested in or implementing Contingency Management with the first virtual meeting to be a statewide facilitated panel discussion (i.e., starting new, sustaining, etc.).
            - Offer periodic virtual meetings for administrators to support implementing and sustaining a Contingency Management Program (i.e., regulatory perspectives, incentives, data collection, sustainability, etc.).
            - Promote the 'hub and spoke' model for providers using ECHO with a focus on Contingency Management.
        - Recommendation 2: Develop approaches to sustain Contingency Management programs and their elements of implementation (i.e., incentives).
            - Explore other models that provide incentive-based and/or value-based payments.
            - Engage payers to explore integration of a model in West Virginia.
            - Explore integration of stimulant use disorders into Contingency Management programs.
- **Goal 2, Strategy 2, KPI 2:**
    - With the mobile services survey complete, and results shared with the Subcommittee, discussion and recommendations included the following which will guide the KPIs in the 2027 State Plan:
        - Create an additional map for mobile unit services based on organizational coverage.
        - Develop a Community of Practice for organizations offering mobile unit services that can discuss success and challenges (i.e., connectivity issues) and can share ideas on cost saving strategies.
        - Develop a white paper that seeks to address the return on investment of mobile units and includes, but is not limited to, depreciation and maintenance costs, return on investment based on up front, ongoing, and sustainability costs.
- **Additional Topics Discussed**:
    - The Landscape
        - The need for a statewide protocol for EMS coding of overdoses.
        - Increase in metho use with concurrent increase in thought disorders, cognitive and brain damage.
        - Increase in THC with concurrent increase in psychosis and suicide
        - Different outreach approaches needed for those who are homeless and need for community treatment teams with increased use case need for mobile units

Quarterly Progress Report

- Deb will draft responses to submit.

Fall Planning Schedule/Plan (2027 State Plan Draft Due November 20, 2026)

- Deb will draft updates to strategies and KPIs for 2027 to review at October meeting.

Adjournment:

Deb Koester closed the meeting by thanking all Subcommittee members for their attendance. The Subcommittee will meet again in October 2026.