Meeting Minutes
Treatment, Health Systems, and Research Subcommittee of the Governor's Council on Substance Abuse Prevention and Treatment
Tuesday, August 18, 2026, *Unapproved*

Attendees:

Subcommittee Members Attending: Rebecca Alley, Dr. Thomas Bailey, Dr. Jim Berry, Dr. Jorge Cortina, Ashli Cottrill, Candace Facemyer, Ken Fitzwater, Dr. Deb Koester, Dr. Garrett Moran, Charles Mullins, Brienne Taylor, Josh Titlow, Beth Welsh
Invited Subcommittee Members Not Attending: Shawna Chapman, Jennifer Fields, Heather Jarrett, Constance Harvey, Emalene Heaton, Keith King, Heidi Life, Anita Mallett, Raj Masih, Amy Proffitt, Victoria Swain, 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: Christina Adkins
Marshall University Staff Attending: 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, August 18, 2026, and was conducted by Google Meet conference. Deb Koester approved the June 9, 2026 meeting minutes. There was no further discussion. The purpose of the meeting was to discuss key performance indicator (KPI) progress.

Agenda:

Town Hall Meeting Overview

- Remaining virtual Town Hall Meetings are scheduled for the following dates and times. There are approximately 120 people registered for each remaining meeting and 20-30 for each breakout group on Treatment, Health Systems, and Research.
    - Wednesday, August 19, 2026, 1:00-3:00
    - Wednesday, August 26, 2026, 10:00-12:00
    - Thursday, September 3, 2026, 1:00-3:00

2026 State Plan Key Performance Indicators (KPIs)

- **Goal 1, Strategy 1, KPI 3:**
    - The Quick Response Team (QRT) survey analysis is complete and under final review. Of the total 36 counties with a QRT, 27 responded. One new QRT that is in early implementation that covers 3 counties did not respond. Another health department that covers 5 counties did not respond. The response rate for this survey is 75%. Training and membership vary significantly across QRTs.
    - Dr. Koester shared that while the final report has not been sent out, results demonstrate that there is not consistency for QRT staff onboarding and ongoing training for professional development among QRTs in West Virginia.

- The Subcommittee discussed strategies for advancing the standardizing services and operations of across the state. These included:
    - Identification of elements of fidelity and competencies for QRTs
    - Development of a white paper that can be disseminated on what is needed
    - 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)
    - PRSS/QRT statewide peer networking meetings (i.e., quarterly)
- It was noted that some teams in the field are unable to contact individuals following overdose due to incomplete notifications from law enforcement and Emergency Medical Services (EMS). The notification of overdoses can also vary depending on law enforcement engagement and partnership.
- In some counties, QRTs also function like a community outreach model doing harm reduction and getting referrals by word of mouth.

- **Goal 1, Strategy 2, KPI 3 and 4:** West Virginia University is continuing to develop digital health tools. Dr. Berry provided an update, and Raj Masih was not present on today's call to share an update. The Subcommittee does not plan additional activity on this Strategy in 2026 but will add activities and next steps for 2027.
- **Goal 2, Strategy 1, KPI 1:** The contingency management survey is active and open with 11 responses. The expected original denominator was 28 organizations; however, the Subcommittee noted this is a survey that could be completed by any provider or organization treating substance use disorder. The survey link and a PDF of the survey will be sent out to all Subcommittee members for additional distribution to increase the sample size.
- **Goal 2, Strategy 2, KPI 1:** The mobile unit survey is active and open with 8 known providers of mobile unit services and 8 completions. The survey link and a PDF of this survey will also be shared with Subcommittee members for additional distribution to increase the sample size and data to understand the use of mobile services in WV.
- **Goal 2, Strategy 3, KPI 1:** Dr. Koester will reach out to the Bureau for Public Health for any updates and ask if there is additional information/updates to share with the Subcommittee mid-fall. The Subcommittee noted the greatest need continues to be in rural areas.
- **Goal 2, Strategy 4, KPI 1:** Following Subcommittee discussion, three virtual roundtables will be scheduled for October and November. They will be similar to Town Hall Meetings with facilitators and breakout groups, as well as a facilitator guide that is approved by the Subcommittee. Dr. Koester and Bradley will begin planning and share a flyer, the schedule, facilitator guide, etc.
- **Goal 2, Strategy 5, KPI 3:** The Subcommittee will discuss addressing stigma in healthcare, communities, and corrections in September.

Adjournment:

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