

**PATH Minutes**  
**July 7, 2015, 11:30-2:00 PM**  
**Education Building**  
**LewisGale Hospital, Pulaski**

**Present:**

Beth Bailey, Pulaski Co. DSS  
Harvey Barker, Cooper House  
Michelle Brauns, CHCNRV  
Kim Collins, VT  
Vicky Collins, Radford City DSS  
Shenika Dillard, Carilion Clinic  
Mary Beth Dunkenberger, VT IPG  
Deena Flinchum, NRV Agency on Aging  
Laura Guilliams, NRV Cares  
Tina King, NRV Agency on Aging  
Holly Lesko  
David Moore, Smart Beginnings  
Laura Nelson, VT  
Patrick O'Brien, NRVRC  
Beth O'Connor, VRHA  
Kelsey O'Hara, NRCA FOC  
Wanda Osburn, Carilion EAP  
Carol Peters, NRCA CHIP  
Trina Porterfield, NRCA  
Carlin Rafie, VCE/VT  
Pam Ray, NRHD/VTCPPHR  
Rhonda Seltz, DMAS  
Terry Smusz, NRCA  
Bob Suddarth, LGHP  
Rosemary Sullivan, NRVCS  
Mary Beth Wisniewski, Smart Beginnings

**WELCOME/INTRODUCTIONS**

Vicky Collins called the meeting to order at 12 PM, welcomed the group, and facilitated introductions of the PATH members and other guests. Thanks were extended to Bob Suddarth and LewisGale Hospital Pulaski for hosting the meeting and providing lunch.

**AGENDA ITEMS**

**1. 3 Branch Initiative**

Vicky Collins, Beth Bailey and Rosemary Sullivan presented information about a new learning collaborative and initiative. The Three Branch Initiative focuses on access to primary health and dental services, timely behavioral screenings and assessments, and appropriate use of psychotropic medications. As part of this initiative, Montgomery and Pulaski DSS are pilot agencies for Trauma Informed Care (TIC). Beth outlined the initiative and gave background information on what has taken place to date.

The goal of the Trauma Informed Care initiative is to enhance engagement with families, provide good customer service and be mindful of trauma/crisis that is taking place in families, in order to better serve those involved. There are 3 conferences held throughout the year to focus on TIC and best practices for dealing with TIC. The March conference had discussions of efforts to increase family involvement and engagement. Customer service surveys were developed and will be used throughout the training period to help improve customer service to the clients at every level of contact. The May conference had a focus on psychotropic

medications and TIC. Staff training has been initiated to increase their awareness of TIC, especially with the social workers. Training should be completed by December 2015. The last conference will be held in the fall and it will be open to the community members, those in independent living situations and foster families. There will probably be a seminar so that everyone involved has a better understanding of the TIC concept.

General information from the May TIC conference:

It was noted that for foster care children and residential care children there are numerous medications being administered, at rates higher than children not in either care setting. (Note: more details on this provided below in Vicky's presentation.) In foster homes it is easier to monitor because families are required to document medications better and include changes in prescriptions/dose, etc. However, in residential care it is more difficult to monitor and more medications seem to be prescribed. Action steps to be taken: If medications are added or increased, the social worker who reviews the case must be notified at the time of prescription changes. Decreasing medications will also require monitoring the child for changes as a result of the decreased medication.

- Vicky noted that they hope to have cross training in TIC for agencies in the New River Health District so that everyone in leadership can use common language for conversations.

- Rosemary Sullivan added that they hope to increase training at NRVCS for TIC and also determine how to change practices for treatment, especially PTSD. Their goal is to have 75% of staff trained in TIC within 1 year, and she stressed that the training is not just the clinical staff but everyone.

- David Moore described a bigger project/goal, and that is having the New River Valley as a TIC community. There is a facebook page (Trauma Informed NRV) that lists various trainings with different agencies and will have information for upcoming events. He noted that the goal of the Trauma Informed NRV initiative is to promote awareness of the effects of trauma and how the community can benefit by reducing trauma and responding appropriately to traumatized individuals. He added that the larger seminar event in the fall will have major speaker(s) and it will be targeted to all who are in contact with at risk clients and who can make a difference through the training. Smart Beginnings is looking at how to measure levels of trauma in young children. Radford University and VT faculty are providing input and assistance.

- Laura Guilliams, the new director at NRV Cares, noted that they are working with other agencies and partnering/collaborating as well.

## **2. Psychotropic Medications and Foster Care Populations: Vicky Collins**

Vicky provided a handout and shared information/data comparing national/state and local details about the use of the medications in foster care populations. Key information nationally: 30% of foster children are on at least 1 psychotropic medication and almost 1/2 are on 3 or more medications. Factors impacting trauma on foster children are numerous and many are due to the environment and circumstances over which they have no control. Major concerns about the medication are the side effects, lack of concurrent treatment for trauma, use of the meds to make the children more manageable in foster care, and the lack of psychiatrists to provide primary care--physicians are often the prescribers. There also seems to be a progression from medicating to overmedicating due to addition of medications, not necessarily changing medication and off-label use is becoming an issue. The Virginia data is similar to what is happening in the US. Notable details: 40% of all foster children are on more than one psychotropic medication and out of the top 10 medications prescribed to foster children, #1-8 are psychotropic.

She described the 4 principles of best practice of the American Academy of Child and Adolescent Psychiatry and how improvement can be achieved for the foster care setting, based on what other states are doing. Consent--having the right people give consent (those most informed and qualified); Oversight--have better forms and improved tracking; Consultation--increase phone and telemedicine consultations with child psychologists; and Information--look at the big picture before changing or adding any medications.

For a local level comparison, Vicky presented the Radford DSS foster care data. Radford has 47% of foster children on psychotropic medications and each child is on at least 2 medications, with one who is on 6 psychotropic medications. Vicky also observed that early medication and over-medication can have a life-long impact on the mental health of patients.

### 3. Medical Homes: Rosemary Sullivan

Rosemary noted that the goal is to improve communications between the patient and the limited number of child psychologists (have 4 on staff) in order to have a smooth transition/re-entry for the patient into the community. Often times it is difficult to wean the patient off of the medications in an unstable environment, and unfortunately the medications are increased or decreased depending on the placement (environment, support, stability, etc.). There are 500 children under the care of the 4 staff child psychologists. This patient to doctor ratio necessitates a high use of teleconferencing to try coordinating the medical care with the psychiatric care & impact. The hope is to increase the integration of psychiatric care into the medical care of pediatric patients. The psychiatric care helps with the intervention and crisis work that often takes place. Rosemary added "this system has been in place for 2 years and hopefully the 3<sup>rd</sup> year will show measurable results."

### 4. CAPE II: Mary Beth Dunkenberger

Mary Beth introduced two colleagues, Kim Collins and Laura Nelson, who are working with her on this project, which came about as a result of the CAPE I study. The CAPE II grant took the issue of Perinatal Substance Abuse that was identified in the CAPE I study and specifically focuses on Neonatal Abstinence Syndrome (NAS). The goal, using best practices, is to establish a surveillance system and partner regionally for data management to establish an early warning system, identifying at-risk pregnant women.

Laura provided a fact sheet (May 2015) from the National Association of State Alcohol and Drug Abuse Directors ([www.nasasad.org](http://www.nasasad.org)) describing NAS. She reviewed the basics about NAS and then explained more about its significance in the NRV and progress to date on the grant initiative. The goal is to build a collaborative network in the NRV (through data sharing) and implementation of the early warning system. Current data in the NRV shows that in 2013, 60/1000 babies had NAS, which is higher than the state average of 4/1000. It was noted that the data may actually not tell the entire story and probably is an underestimate of the true # of cases of NAS. Data will be used to identify geographic hotspots for specific drugs as well as demographic data to include age, education, medical care, etc. Data related to substance abuse and associated health concerns will be collected and tracked through hospitalizations, referrals to clinics or programs, birth records, health insurance information, hospital discharges, etc. Data mapping will be according to census tract information.

Two stakeholder engagement / planning sessions will be held on July 20<sup>th</sup> and August 5<sup>th</sup>. More details will be available and distributed through the PATH listserv. Contact Mary Beth for more details and information about NAS and the project.

### 5. Work Group Reports

#### a. Advocacy:

- Rhonda Seltz--still looking for stories about the impact of Medicaid expansion; handed out a Virginia Consumers Voices for Healthcare story form to share with others.

- Deena Flinchum and Tina King--discussed the impact of the health insurance counseling program (saved over \$495,000 in the NRV through comparative shopping for medications). There is a proposed 42% cut in the State Health Insurance Assistance Program, which would have a severe negative impact for the citizens. Deena and Tina proposed a work group to move forward to increase awareness of the proposed cut and help educate those who will be most affected. Anyone interested in helping, please contact Deena or Tina or let Wanda know.

#### b. Perinatal Substance Abuse: Mary Beth Dunkenberger--see CAPE II info above.

#### c. Healthy Citizens NRV:

- Pam Ray--the strategic planning portion of the obesity prevention grant is moving forward. We had a second meeting of the workgroup in May. The infrastructure improvements (for safe biking and walking) and the outreach campaign are going well in Christiansburg. The access to healthy foods has improved with both the C'burg Farmers' Market and the NRHD Farmacy Garden. The grant funding runs out September 30<sup>th</sup>, but there is a possibility for a sustainability extension through the VDH for another year. Healthy Kids NRV facebook page is getting good activity and will remain as an obesity prevention outreach tool specifically to kids and families.

#### d. Giles CHAT:

- Shenika Dillard--significant progress has been made with the assessment and the official results will be posted in October. Strategy and Implementation information sessions will be held at the Giles Community Center.

## **6. PATHways Sharing**

- Pam Ray: Chronic Disease Self-Management Program (CDSMP)  
Sessions are continuing and there will be a “Train the Trainer” session at the Government Center in Christiansburg on August 24. The training is free and more information will be available from Wanda or Brenda Burrus at the Montgomery County Health Department.  
Tobacco-Free Campuses SWVA meet every other month in Abingdon with representatives from major universities and community colleges in the SW region to develop strategies to end tobacco use.
- David Moore: Smart Beginnings has 2 programs ongoing. The first is through the VFHY, “Al’s Pals: Kids Making Healthy Choices” and the second is a regional childhood obesity prevention program in Early Childcare Education centers (CDC program). There may be positions available through AmeriCorps/Vista for the second program. Please contact David directly for more information regarding these programs.
- Beth O’Connor: Healthcare for all Virginians--press release about “Cover Virginia” from the Governor--program promoting connecting Virginians to affordable health insurance, open enrollment now.
- Michelle Brauns: The Community Health Center has counselors at the clinic--walk in assistance for insurance gap coverage for mental and medical health. There will be a “soft opening” on July 21<sup>st</sup> for the new dental clinic in Pearisburg.

**Next Meeting: October 6<sup>th</sup> in Radford. More details and information will be available later.**

**Meeting adjourned at 1:50 PM.**