

PATH
January 7, 2014, 11:30 noon – 2:00 pm
Carilion Giles Community Hospital

Present:

Harvey Barker, Cooper House
Michelle Brauns, Free Clinic of NRV
Vicky Collins, Radford City Department of Social Services
Susan Dalrymple, Pulaski County United Way
Amy Epperley, Carilion NRV Medical Center
Deena Flinchum, RSVP/NRV Agency on Aging
Elizabeth Fontaine, NR Health District
Bob Hendrickson, NRCA
Tina King, NRV Agency on Aging
Holly Lesko, VT Institute for Policy and Governance
Suzanne Lo, VT Institute for Policy and Governance
Richard Mastalski, Carilion Giles Community Hospital
Marya McPherson, Mental Health Association NRV
Beth O'Connor, VRHA
Molly O'Dell, NR Health District
Wanda Osburn, Carilion NRV Medical Center/EAP
James Pritchett, NRVCS
Sheila Roop, IDA
Rhonda Seltz, RU School of Social Work
Melanie Smith, TOH/VICPP
Rosemary Sullivan, NRVCS
Bev Walters, NRV CARES
Wanda Wylam, NR Health District

Welcome and Brief Introductions

Vicky Collins, Co-Convener, thanked James Pritchett and Carilion Giles Community Hospital for hosting PATH and providing lunch. James welcomed attendees and offered to conduct a tour of the hospital following the meeting. The PATH attendees introduced themselves.

Meeting Schedule for 2014

The proposed 2014 meeting schedule was distributed. Vicky asked members to incorporate the dates (April 1, July 1, October 7) into their schedules so PATH can be a priority.

Update on Steering Committee Members and Terms

A list of PATH Steering Committee members and Co-Conveners along with their terms for 2014-2016 was distributed. Vicky explained that this is part of the Steering Committee's plan to bring a more formal structure to PATH. She asked members to think about recruiting new members for the Steering Committee. She stated that when the Committee comes together, it's a shared experience—no one walks away with a pile of homework. So, don't hesitate to join the Steering Committee—express your interest and come to the next Steering Committee meeting. Marya stated that she is interested. At the last meeting, Rhonda volunteered to serve.

Updated List of PATH Members

A list of PATH members was distributed. Vicky stated that member recruitment has been a topic of discussion. There are key people/organizations missing from the table. There are no requirements for membership; we just ask for an RSVP for each meeting as a courtesy to our hosts who need a head count for lunch. A copy of the list was passed around so that members could edit. Molly suggested sending out an email to the proposed members to invite them to the April meeting. The minutes from today's meeting and a description of PATH will be included.

Vicky addressed a question about whether other DSS directors need to be invited. She said that the NRV DSS directors are having a parallel conversation and plan to define which group meetings they are attending and whether they represent a locality or NRV DSS at those meetings.

Medicaid Expansion Update

Rhonda explained that Medicaid expansion is part of the Affordable Care Act—it's a package deal. When Medicaid expansion is taken out, it affects folks 100% or below poverty. If an individual goes into the exchange, he/she can't get a tax subsidy through the exchange. The Medicaid Innovation and Reform Commission consists of five members from the House and five members from the Senate. An affirmative vote by three of the five members of the Commission from the House and three of the five members of the Commission from the Senate is required for the Commission to endorse Medicaid expansion. Rhonda stated that we're basically looking at politics. We need to continue to advocate for Medicaid expansion. Gov. McDonnell suggested to sunset any Medicaid expansion after two years, during which time the feds would cover 100% of the increased cost. Terry McAuliffe is supportive of Medicaid expansion. We have to continue to be vocal—faces, stories and statistics regarding effectiveness in the media. Those at 100%-400% poverty may not have to pay a fine because of exceptions. Beth mentioned deals made at the federal level—hospitals to accept less from Medicare to take more Medicaid. Virginia had 24 rural hospitals; now there are 23. Comments included: Until we stop electing ideologues, it's not going to change and until redistricting is taken out of the hands of politicians, it's not going to change. Beth suggested an op ed in *The Roanoke Times* and letters to our GA members. Talking points can be found on the Reform Commission, Healthcare for All Virginias and AARP websites. It was suggested that PATH join Healthcare for All Virginians.

After discussion, it was decided that Rhonda and Beth will draft an op ed (including information about PATH). Molly will edit the op ed in two versions. Version one will go to the Medicaid Expansion Committee and will list PATH members. Version two will go to *The Roanoke Times*—it will not list PATH members but will reference the webpage for a list. The draft will be sent to PATH members; agency directors can say whether the name of their agency can be listed.

Vicky noted that on a regular basis PATH under utilizes its power as a large group. It seems like a worthy cause to use our collective voice to impact issues.

Workgroup Updates

Advocacy – CCL Exercise on Advocacy - Molly reminded PATH members that she, Harvey Barker, Cathy Callahan, Charlotte Ramsey and Holly Lesko participated in the Community Coalition Leadership Program (CCLP) last year in San Diego. The skills learned are being integrated into what PATH is doing, including today's CCLP exercise.

Molly reminded PATH members of their agreement that PATH's purpose going forward is to effect system change through networking, projects and advocacy. She said that sometimes we think advocacy means being political, but it doesn't have to mean just that. To get us moving to a shared notion of advocacy, we'll do a fun exercise and see if it will get our advocacy wheels in motion today. We're going to generate a PATH slogan. A great slogan is generative and links information to something worth remembering or fun. It's usually a rhyme or rhythm ("The

quilted picker upper” Bounty), highlights a key benefit (“Great taste, less filling” Miller Lite), explains your commitment (“We try harder” Avis), is honest (“We’re everywhere you want to be” VISA) and is kept short (“Think different” Apple).

Molly gave members time to jot down a slogan for PATH. The members were then divided into groups and asked to take the individual slogans and create one slogan. The slogans created were: PATH-Traveling Toward a Healthier Tomorrow, Health Matters for Living Well, Positive Action Toward Healthier Communities, A Force for Change Toward a Healthier NRV, PATH-On the Trail to Better Health, Join Us on a PATH to a Healthier NRV, The Power Partners Prevail, The Road Best Traveled–PATH, Give Me Health Care or Give Me Death/Debt. Wanda will send the slogans to Rhonda. Anyone who wants to join Rhonda and the Advocacy workgroup, contact Rhonda.

Healthy Kids NRV – Elizabeth stated that Melanie started and did a great job with the Healthy Kids Campaign NRV which is now being folded into PATH. A grant was submitted to support the workgroup, but didn’t get funded. The first meeting was held before Christmas. Monthly workgroup meetings will be held except during the months that PATH meets. The next meeting will be in February. The plan is to build programming in children’s health involving schools, VDOT, recreation, housing, etc. The meeting structure will include spotlighting a project and project work time. Elizabeth is working toward revamping the Healthy Kids NRV website. The workgroup wants to get some projects going. If members know of anyone who might be interested in joining the workgroup, contact Elizabeth.

Perinatal Substance Abuse - Harvey reported that thanks to Holly and Suzanne a grant was submitted to help support the workgroup; however, it didn’t get funded. Molly had a medical student do research on models being used to do this work. A hospital-based outpatient model in Beckley, West Virginia, called Turning Pointe seems to fit best with what we are doing in NRV. The workgroup plans to visit in the next month or so. Harvey noted that the workgroup is looking for other individuals to join. They would like participation by Carilion and LewisGale.

Update on NRV CSB Transition – Since the last meeting, NRV Community Services has gone through some changes. Rosemary, the Interim Director, distributed an organizational chart and reported that in the spring there will be two service units with a more clear delineation. They have been able to branch out so that there is not as long a wait for emergency services. They have blended adult and children’s services; they are based on the same model and philosophy. Before the reorganization, there were 10-12 staff who were burned out and response time was greater. Since the reorganization, response time is down to 2-4 hours. The outcome has been positive. Changes will also shorten deputies’ time. Beds are an issue. A seasoned person who is intimately involved is now on the Task Force. Rosemary noted they are trying to see a mixture of payer sources. They are also trying to spend less time doing paperwork. They have a waiting list. She stated that it’s about level of acuity—substance abuse, clients who have been in our services and dropped out, DSS clients, probation parolees and hospital discharges. Rosemary told PATH members to let her know if they have problems getting someone in.

PATHways Sharing – Those who signed up shared updates about their agencies/organizations.

The meeting adjourned at 1:40 pm.

Upcoming meetings:

April 1, 2014

July 1, 2014

October 7, 2014

Respectfully submitted,
Wanda Wylam
New River Health District