2018

WVAHC SERIES REPORT

WEST VIRGINIANS FOR AFFORDABLE HEALTH CARE

Kids' Health

ROUNDTABLE SERIES

Pathways to Hope West Virginia's Kids & the Opioid Crisis: A Panel Discussion in Davis, West Virginia

About the Roundtable Series

The drug epidemic's most adversely affected casualties are also its youngest. In February 2018, West Virginia Department of Health and Human Resources (WVDHHR) Cabinet Secretary Bill Crouch told legislators that our state was experiencing a "child welfare crisis." According to WVDHHR, West Virginia is the #1 state in the country for children removed from the homes. Around 85 percent of these Child Protective Services (CPS) cases involved drugs.

This has led to an unprecedented increase of children into the foster care system. As of August 2018, there were 6623 children in West Virginia's system. Comparatively, there were fewer than 6000 in the system just one year ago. There has been a 113 percent increase of adoptions in our state since 2005.

Like other states grappling with the effects of the drug epidemic, West Virginia is literally running out of places to house its displaced children. Stakeholders, community leaders, first responders, parents and caregivers—all want to see these children rise above their adverse circumstance. For this to happen, we must ask ourselves tough questions.

Are we keeping kids safe? Are we keeping them healthy? Are we giving them hope?

With these questions in mind, West Virginians for Affordable Health Care (WVAHC) organized the 2018 Kids' Health Roundtable Series. We are grateful to the hosts, partners, moderators and panelists who volunteered their time and expertise to answer these important questions, address these challenging issues, and recommend next steps to improve the lives of West Virginia's kids.

Kids' Health ROUNDTABLE SERIES

Panelists

Traci Busch - Executive Director, WV Court Appointed Special Advocates Association

Jorge Cortina, MD - Behavioral Health Director, UniCare

Debbie Judy - Region V & VIII Technical Assistance Coordinator, WVDHHR Birth to Three

Amanda Pennington, MD - Pediatrician, Davis Medical Center

Jamie Rice - School Counselor, Franklin Elementary

Rachel Romano, Esq - Prosecuting Attorney, Harrison County

Jennifer Taylor-Ide, LPC- School Mental Health Counselor, Pendleton Community Care

Rebecca Vance - Director, Randolph County Family Resource Network

Mia VanSant - Vice-President of Community-Based Services, Burlington United Methodist Family Services, Inc

The following report is a summation of the discussion held at the September 5 Roundtable at Canaan Valley Resort in Davis, West Virginia

Highlights from the Conversation

Panel Discussion: Panelists discussed the history of addiction in West Virginia—specifically, how the surge of painkillers into our state over the last 20 years affected a demographic already struggling to address challenging addiction issues. Panelists agreed that government systems that provide services for children-- health care, schools, and courts—do not look like they did in the 1990s. More people are dying at earlier ages from overdoses, and more children are displaced from their families. While adverse childhood events aren't the root of all addictions, they play a significant role in cycles of intergenerational family dysfunction. The discussion focused on the cyclical nature of addiction, and how we, as a state, can break the cycle.

The panelists agreed that an initial focus should be on parental engagement, and the lack of parental structure. Panelists cited different causes for this disengagement, such as social media and social isolation, but all agreed that this unforeseen cultural change has left children with attachment issues that manifest in the initial stages of life and follow them into their adolescents. And so, parental engagement should be a primary focus when looking at policies to address the opioid crisis.

While new parents should be a specific focus area, services should be readily available for all parents to meet their needs where they are. Parenting classes should be available afterschool and on weekends, and referrals to social services, such as harm reduction clinics, food banks, and community health centers should be readily made by those who teach the classes. School truancy offices would also be in a

unique position to refer parents to these classes. Panelists also agreed that communities are reacting to the drug epidemic, not preventing future generational substance use. We must put out immediate fires, then work harder and more collaboratively to prevent them.

To prevent these challenges, the panel thought it most important to focus on health care, and on children in their formative first 1000 days of life. Panelists in the health care field discussed the lack of continuity of health care for children transitioning between parents, kinship care providers, and state custody. This lack of continuity could be attributed to medical neglect by parents or guardians, or attributed to multiple placements in different homes and facilities over the years. With such gaps in health histories, it becomes nearly impossible to know if the child was exposed to drugs in-utero, if diagnosed with a developmental disability, if she/he was exposed to trauma, abused/neglected, etc. By focusing more attention and resources "upstream," to in-home prevention services, for example, there is more opportunity—and more funded services—to address issues before they manifest into significant problems. These could be developing emotional intelligence, for example, before a child wrestles with self-regulation issues when attending school.

Panelists delved into the harms of drug exposure in-utero. While they reported that alcohol exposure has become a rare issue, tobacco is still a prevalent concern. Dr. Pennington stated that she sees tobacco use in seven to eight of every 10 deliveries. One of the biggest challenges with the current epidemic is that health care providers rarely know what substances the mom has used, and what long-term effects this will have on the children, as this is unstudied territory. Panelists agreed that it will most likely result in an increase in developmental and learning disabilities that the state must prepare for, and that the public school system must take strides to prepare for it.

The panelists discussed the required drug prevention programming that was recently implemented in West Virginia schools. While they thought it was an important step, they thought that prevention should encompass much more than just this educational component. They called for more comprehensive mental health services in schools, and for programming created in a collaborative effort between school systems and community health care organizations.

Importantly, panelists agreed that children need compassionate role models to help them through these traumatic times. Children love their moms and dads unconditionally, and they want to see them get better. In order to collectively raise healthy children in our communities, we have to give their families all the tools and resources they need to change behaviors, knowing that it's not a "one-time thing" and usually takes a prolonged period of time, as long-term recovery is a difficult process.

Audience Discussion: The audience's questions and comments focused on the lack of community resources, lack of coordinated efforts in communities, and the importance of preparing for potential opportunities on the national and state levels.

All agreed that there are a lack of community resources for parents—not just for detox, treatment and recovery, but more fundamental things like childcare, or occupational therapy for kids who have developmental needs that should be addressed with specialty care services. This is particularly true in the more rural parts of the state. It becomes especially burdensome on foster and

kinship care providers who care for multiple children.

Despite an acknowledged lack of resources, communities rarely work collaboratively to promote services. For example, an attendee stated that she works for a provider that provides 7-to-10 day addiction treatment in a neighboring community. Due to lack of community knowledge, their services go underutilized. They receive few referrals from health care organizations, such as the local hospital. And so, the group agreed that a collaborative community approach is key to both assessing needs and developing a course of strategic action, or communities stand to lose the few services that they already have.

Part of this collaborative strategic action would be to work with the state on how Medicaid policy changes can help provide more community services. For example, our state was approved for a Medicaid Section 1115 demonstration project to create a a continuum of addiction treatment services that includes residential treatment, supportive housing arrangements, and peer services. We were also the first state in the nation to allow Medicaid to fund treatment for newborns exposed to opioids in the womb.

The conversation concluded around the opportunity for more funding for prevention and parental support services via the Families First Prevention Services Act. This piece of legislation passed in early 2018 and while implementation has been delayed, it calls for a significant overhaul in the child welfare system. Many mental health and community service providers for kids and families will be able to bill for federal dollars. Attendees recommended further community forums to discuss this important piece of legislation as it rolls out over the next year.

Policy Recommendations

• Now that drug prevention education is required in every grade in our public schools, the WVDE should provide annual updates in every county as to what is being taught in each grade.

• Require formal agreements between local substance abuse coalitions and public school drug prevention programming to ensure best practices and consistency between school and community messaging.

• As a state, across sectors, strategically address the lack of behavioral health providers, with an emphasis on pediatric services.

• Require all school staff to receive trauma-informed training, with a focus on adverse childhood experiences.

• Embed trauma-informed care into community programming, as well as schools. Even children should receive education around the effects of trauma and importance of mental health.

• Focus resources and programming on services that address the affects that drug exposure has on children within the first few years of their lives.

• In our schools, focus more on solutions to adverse behaviors that identify and ameliorate distressed behaviors rather than administering punitive discipline or seeking medication to treat these behaviors.

• Revisit our school health model in West Virginia.

Look at how other states are responding to the need for more mental health programming, such as in Pennsylvania.

• Empower children by giving them access to creative outlets, such as educational programming in music and the arts.

• Spend more on recruiting quality foster care parents.

• Adapt the foster care training program to better educate potential parents in dealing with trauma and second-hand trauma.

• Recruit and retain more quality Child Protective Services (CPS) workers.

• Provide more support services for kinship care families in their communities.

• Provide afterschool parenting classes for “fragile” parents, i.e. those who are in the recovery process.

• Educate courts and CPS workers around the benefits of Medication Assisted Treatment.

• Ensure that state-sponsored services are uniform from county to county.

• Develop a state strategic plan to address transportation issues, particularly in our more rural communities.

• Partner more collaboratively with school systems to use their bus systems to transport kids to medical services and social supports services.

• Look at Virginia’s model for providing school-based mental health services in schools and communities.

• Work more closely with state universities. Address recruitment/retainment issues by providing loan forgiveness for professionals who stay in-state. Expand academic curriculum to include trauma-informed education.

• Pilot summer programming for kids during the months when school is closed, to ensure kids have food, programming, mental health services and a safe place to go.

• Promote more child and adult education around stigma, so children aren’t further marginalized at school and by their peers.

• Expand home visitation programing with a robust marketing component.

• Assess rehabilitation programs in communities and ensure that long-term recovery programs/services are more available.

• Provide more community forums around the state to promote the implementation of the Families First Prevention Services Act.

• Develop a state led but community-driven strategic response to the needs of the kids of the opioid crisis.

The mission of West Virginians for Affordable Health Care is to bring a consumer voice to public policy so that every West Virginian has quality, affordable health care and the opportunity to lead an informed, healthy and productive life.

About Pendleton Community Care and WVAHC

Pendleton Community Care, Inc. (PCC) is a Federally Qualified Health Center (FQHC) organization that began its operation in 1982. Since then, they have provided patients with timely, affordable and quality care. Currently, PCC specializes in Emergency Medicine, Family Medicine and Pediatrics with six physicians. It provides school-based health services in every school in Pendleton County.

The mission of **West Virginians for Affordable Health Care** is to bring a consumer voice to public policy so that every West Virginian has quality, affordable health care and the opportunity to lead an informed, healthy and productive life.

We achieve our mission by:

- Working with partners to identify and advocate for positive public policy change.
- Developing and coordinating innovative public education programs.
- Protecting and preserving programs that serve our mission.
- Assisting individual consumers in navigating the health care system.

To learn more, visit **www.wvahc.org** or email

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