2018

WVAHC SERIES REPORT

2018 WEST VIRGINIANS FOR AFFORDABLE HEALTH CARE

Kids' Health

ROUNDTABLE SERIES

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

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 involve 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

Randolph J. Bernard, Esq. –
First Assistant, US Attorney's Office

Patricia Fast –
Vice President of Government Programs, The Health Plan

Amy Gamble –
Executive Director, National Alliance on Mental Illness (NAMI), West Virginia

Susan Harrison –
Executive Director, West Virginia Court Appointed Special Advocates (WV-CASA)

Amanda McCreary –
Social Services Coordinator, West Virginia Department of Health & Human Resources (WVDHHR)

Marta McElhoes –
Probation Officer, Ohio County Drug Court

Dee Nazzaro, PhD –
Clinical Psychologist, Private Practice

Judy Romano, MD, FAAP – Wheeling Hospital

Kathy Szafran, MA, LPC –
President and CEO, Crittenton Services

Jessica Watt, M.Ed. –
Licensed Professional Counselor, Ohio County Schools

The following report is a summary of the discussion held at the September 26 Roundtable, hosted by the YWCA in Wheeling

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The Conversation

Panel Discussion: The panelists began by discussing the larger context in which West Virginia finds itself, after years and generations of struggling with addiction. They agreed that our systems—health care, schools, courts—do not look like they did 20 years ago. 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.

And so, the panelists agreed that the paradigm must change. Currently, West Virginia has the highest rate of removal of children from their families in the country. We must "move our focus and resources upstream," meaning that state-funded programs and services should prioritize keeping families intact, before the child welfare system is involved. Removing children from their homes is traumatizing; placing children in multiple environments—whether they are residential facilities or foster care homes—further traumatizes them.

They also agreed that kids should be much more of a priority on both the state and community level. As one panelist said: "We're not treating children. We're treating mothers and fathers."

To better treat children, panelists recommended a focus on early intervention. The discussion focused on the science of early development and what trauma

does to the developing brain. While some school in Ohio County offer mental health services and are trauma-informed, panelists believed we must begin much earlier—providing services in child care centers and pre-k facilities.

As a number of panelists worked either in or with the school system, a conversation about the "new normal" involved stories of elementary school children recounting violent acts at home as if they are ordinary occurrences. A panelist said, "These kinds of tragedies aren't happening in isolation, like they used to. It's now a daily routine."

Similarly, panelists shared stories of children "given" to strangers—physically and sexually abused—by their parents for drugs.

Inevitably, schools must act to mitigate the effects of trauma for the health and welfare of its students. This is a significant undertaking and will take a concerted effort and state resources.

Panelists also agreed that many in the general public are unaware of the devastating reality in which these children live, while it is impossible for those that work with these children who separate themselves from it—since they see these children at school events, football games, and at other community occasions with their own families. We must work together to bring awareness of this "inconvenient truth" if we're going to work together to promote social reform on behalf of these children and families.

Finally, the panelists emphasized the importance of treating families as a whole, acknowledging trauma as a shared, generational issue. We must provide early intervention services and support structures, with the intention of keeping families together, if possible. Regardless of outcomes, we have a responsibility to face and respond to the dire situation the drug epidemic has put these kids in. As one panelist put it, "This is our village, and these are our children."

Audience Discussion: Those in attendance came prepared with a variety of issues to discuss. Three prevailing issues emerged:

1. Human Trafficking: Panelists detailed an in-depth, realistic description of how children are trafficked within their families. They are often utilized as an economic means to get drugs. For example, methamphetamine use is on the rise in our state. Rural communities are seeing an increase in families "cooking" the drug and competing for customers. A family may use the child as an incentive to increase their customer base. Sometimes, the child may not report this, in fear of being taken from her or his family. And so, it is difficult to share accurate statistics on how often children are trafficked.

Both the audience and panelists agreed that the state needs to become more engaged in tracking and disseminating data specific to trafficking. Panelists expressed that it happens more often than the public realizes.

2. Oversight of Foster Care Families: Concerns were raised regarding oversight of foster care families. A panelist recounted hearing abuse accusations, raised by a child after he had aged-out of the system, and considered whether

we, as a state, with such an urgent need for foster families, weren't appropriately vetting or monitoring them.

Panelists agreed that this situation can happen. A panelist said that a unit within the West Virginia Department of Health and Human Services, named the Institutional Investigation Unit (IIU), oversees and evaluates reports or tips of potential abuse or improprieties in foster homes and residential facilities.

As the need for both facilities and foster homes escalates, the group agreed that the IIU may need more resources, and children may need more education and direction in how to report if they are being abused while in state's custody.

3. Creating a Statewide Public Relations Campaign to Promote Foster Care: Audience members expressed, at the conclusion of the event, the state is in a child welfare crisis, and such extreme circumstances should warrant funding for a statewide PR campaign to recruit new foster care parents. Development, execution, and supervision of a plan should be housed somewhere within a government system, and a multi-system collaborative should address challenges to promoting change to the Interstate Compact on the Placement of Children (ICPC), so kids can be placed closer to their loved ones and friends.

Audience members echoed the panelists' calls for communities to take responsibility for the wellbeing of children in the child welfare system and suggested an education campaign, in collaboration with the PR campaign, that focuses on community engagement, such as PTAs, churches, and civic groups, for "needed awareness of the direness of the situation." This is where they concluded that the cultural change must begin—at the community-level.

Recommendations

- Invest in programs that serve children, particularly young children, before they begin school. To do this, reinstitute prevention program funding and expand in-home visitation programs.
- Expand programs such as Birth to Three and other federally- and state-funded early intervention programs by promoting to providers and encouraging family participation.
- Ensure that Neonatal Abstinence Services (NAS) or intrauterine drug exposure be a qualification diagnosis for early intervention services.
- Develop a statewide program to educate child first-responders (child welfare workers, child care workers, pre-k teachers, etc.) about the impact of trauma on the developing brain.
- Provide more mental health treatment in schools. Focus on resiliency programming. Develop a trauma-informed curriculum for building resilience and social and emotional skills in the classroom.
- Assist kids who are aging out of the foster care system by preparing them to live on their own through a variety of programs that focus on topics like financial stability, physical and mental health care, housing and other valuable life skills.
- Create a state program that coordinates services to provide continuing education for grandparents and other kinship care providers on basic parenting skills, trauma, and health care literacy—so they know how to enroll kids in health insurance and access services.

- Stop the multi-placements of children into residential facilities and foster care. This adds additional layers of trauma. Establish a mechanism in which child welfare is notified when a child is removed from a placement within a certain time period, as well as if a child crosses a threshold of placements within a specific time period.
- Increase funding to prevent child abuse and neglect.
- Mandate the transition to trauma-informed schools in West Virginia.
- Address billing issues in schools for mental health care services, so both schools can bill Medicaid for services, and organizations partnering with school systems for services have a streamlined process for billing.
- New York is the first state in the U.S. to require mental health to be taught as part of health education. West Virginia should follow suit.
- Pilot more rooming-in programs around the state for moms and newborns with neonatal abstinence syndrome.
- Expand access to medication assisted treatment (MAT) for parents and guardians.
- Expand access to long-term contraceptives and ensure that participants in MAT and harm reduction programs have access to them.
- Provide more community education around "what's working" in our state, such as the Drug Free Moms and Babies program, supported by the West Virginia Perinatal Partnership.
- Incentivize mentoring opportunities in communities.

Many organizations keep lists of children who are in need of mentors. Partner with them for appropriate pairings.

- Create a PR campaign to recruit more CPS workers.
- Since it is important to teach the kids how to tell a trusted adult when they are being abused/neglected, self-advocacy classes should be taught in schools.
- Streamline the certified kinship care process. Consider the age of those willing to provide care for these children and create navigator programs to help them expedite the process.
- Train college students, in relevant disciplines of study, to be trauma-informed. Adapt how we teach future teachers, child care providers, nurses, etc.
- Create a state program that provides rehabilitation and treatment services for child sex trafficking survivors.

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 the YWCA in Wheeling WVAHC

The **YWCA Wheeling** is on a mission to eliminate racism, empower women and promote peace, justice, freedom and dignity for all. Since 1906, the YWCA Wheeling has provided services to individuals regardless of race, gender, age or religion, in the West Virginia Northern Panhandle, including Ohio, Marshall, Brooke, Wetzel, Hancock Counties and Belmont and Jefferson Counties in Ohio. YWCA Wheeling is working every day in our local community and shaping the national polices that affect our community. This combination of advocacy and programming make us uniquely positioned to achieve our mission.

The mission of **West Virginians for Affordable Health Care** is to bring a consumer voice to public policy.

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 **info@wvahc.org**.

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