



WEST VIRGINIA Early Childhood Planning TASK FORCE

WEDNESDAY, JULY 31, 2013 • 12:00 NOON - 3:00 PM
CHARLESTON AREA ALLIANCE • 1116 SMITH STREET • CHARLESTON

West Virginia Early Childhood Planning Task Force Meeting Summary – Wednesday, July 31, 2013

Task Force Members Present:

Karen Bowling, WV Department of Health and Human Resources
Michelle Foster, Kanawha Institute for Social Research & Action
Kay Goodwin, WV Department of Education and the Arts
Lloyd Jackson, Jackson Gas
Justin Seibert, Direct Online Marketing
Rachel Tompkins
Tanjia Willis-Miller, Jackson Kelly Attorneys at Law

Task Force Resource Team Members Present:

Bruce Decker, Collective Impact
Barbara Gebhard, ZERO TO THREE
Jenny Lancaster, Project Assistant, Terzetto Creative, LLC
Julie Pratt, Project Director, Ridgeline: Ideas in Action
Kim Tieman, Claude Worthington Benedum Foundation

Guests Present:

Dr. Stefan Maxwell, WV Perinatal Partnership
Jackie Newson, Director, WV Home Visitation Program
Michele Baranaskas, Coordinator, Partners in Community Outreach

Introductions, approval of June 21 meeting summary

Secretary Goodwin chaired the meeting and welcomed task force members. A motion to approve the June 21, 2013 meeting summary was made by Rachel Tompkins, and all approved.

Presentation and discussion: Addressing substance abuse during pregnancy

The presentation was given by Dr. Stefan Maxwell, Chair, WV Perinatal Partnership; Chief of Pediatrics and Director, NICU, CAMC Women and Children's Hospital; and Assistant Professor of Pediatrics, WVU School of Medicine, Charleston Division. His slides are available at www.wvecptf.org/docs/Addressing-Substance-Abuse-during-Pregnancy.pdf.

Dr. Maxwell discussed the extent of the drug abuse problem in West Virginia, where an estimated one in five newborns has been exposed to drugs or alcohol, and many have been exposed to multiple substances. The most serious long-term harm to development comes from alcohol and nicotine. Babies exposed to narcotics during pregnancy often experience withdrawal, sometimes severe. There appears to be no long-term damage to the brain, however. The more significant problem for drug-exposed babies is often the environment and caregivers they go home to.

The WV Perinatal Partnership Drug Free Moms and Babies Project seeks to identify and treat pregnant women and newborns for up to two years. It is a three-year project of the WV Perinatal Partnership, funded by the Benedum Foundation, DHHR Bureau for Behavioral Health and Health Facilities, and the Office of Maternal, Child, and Family Health.

The WV Perinatal Partnership advocates for policies that encourage all pregnant women to seek care. Women are often motivated to seek treatment for their substance use when pregnant, but will avoid seeking care if they fear punishment for their addiction/substance abuse. Studies show that even if abusing, there are better outcomes if prenatal care is received. There are significant cost savings when women are treated while pregnant (estimated savings over \$4 million per year).

Specific policy recommendations include:

- Addiction is a mental health issue and should be treated in the healthcare system.
- Increased funding is needed for treatment of pregnant women with substance abuse problems.
- Comprehensive wrap-around services, such as home visits, should be widely available to families.
- More training is needed for medical professionals providing care to pregnant women with substance abuse problems.
- Extensive education to the general public and to medical, nursing, and social work professionals regarding the detrimental effects of drugs and alcohol on a developing fetus and on a pregnant woman's health.

Presentation and discussion: West Virginia's Home Visitation and In-Home Family Education Programs

Presentations were given by Jackie Newson, Director, WV Home Visitation Program, and Michele Baranaskas, Coordinator, Partners in Community Outreach. Their slides are available at www.wvecptf.org/docs/WV-Home-Visitation-Program-Task-Force-Meeting.pdf (Newson) and <http://www.wvecptf.org/docs/WVPartnersInCommunityOutreach.pdf> (Baranaskas).

Home visitation has a long history and has garnered national attention because of its ability to produce positive outcomes. Many consider home visitors as first responders, who offer timely information, support and referrals to pregnant women and families with infants and toddlers.

The West Virginia Home Visitation Program is funded under the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and located in the WV Bureau for Public Health, Office of Maternal, Child and Family Health. The Program supports voluntary, evidence-based home visiting services to improve:

- Prenatal, maternal and newborn health
- Child health and development, including prevention of child injuries and maltreatment
- Parenting skills
- School readiness and academic achievement
- Family economic self-sufficiency
- Referrals for and provision of other community resources and supports

Currently, there are about 1,200 families in home visiting programs and 130-140 home visitors employed by local agencies. There is an emphasis on enrolling families prenatally, and services are available until at least age three. Only 20 percent of the families projected to need home visiting are being served. Substance abuse is an issue for 60 to 70 percent of families served.

Home visiting services are provided at no cost and with no income eligibility requirements. Participation in home visiting programs is voluntary. One Task Force member suggested that families in need of these services be required to participate. Another member suggested that schools are a good source of referrals for home visiting. Jackie reported that 34 percent of families served involve teen parents.

In West Virginia, evidence-based home visiting programs are also called “in-home family education.” Partners in Community Outreach is a coalition of three in-home family education programs in WV – Healthy Families America, Maternal Infant Health Outreach Workers, and Parents as Teachers.

The vision for home visitation in West Virginia includes:

- Every county in West Virginia has the opportunity to provide evidence-based home visiting services to families if requested.
- Home visiting expands as a gatekeeper for families into early childhood programs.
- Continuum of care for families starting prenatally through entry into school.
- Improved outcomes for families enrolled in home visiting programs.

Another component of the WV Home Visitation Program is Help Me Grow, a free referral service that connects families with critical developmental resources for their children birth through five years. The goal of Help Me Grow is to successfully identify children at risk and link them to the help they need. More information about the program is available at www.dhhr.wv.gov/helpmegrow/Pages/default.aspx.

Study Group Reports

Julie Pratt provided highlights of the three Study Group meetings held in July. A total of 41 people participated, including 5 task force members and 13 representatives from Early Childhood Advisory Council programs. A written summary was provided after the Task Force meeting and is available at <http://www.wvecptf.org/docs/StudyGroupsSummary-July.pdf>. Topics included the follows:

- The Service System Design Study Group examined how the service system currently works from a family perspective. The group identified early childhood services that are available in the state and other services that families need, as well as barriers to receiving needed services.
- The Quality and Evaluation Study Group discussed what quality looks like from a family perspective, identified how West Virginia’s early childhood programs measure quality, and heard presentations about the state’s Quality Rating and Improvement System (QRIS) for child care.
- The Finance and Governance Group examined past and present early childhood system governance in WV at the state and local level, and discussed governance concepts, frameworks and models used in other states. The group also considered the possibility of visits with local programs and families, and Rachel Tompkins raised the idea at the Task Force meeting. Julie will investigate the possibilities.

Study Group participants were quite positive in their feedback after the meetings, though many felt that the compressed time frame of the overall process is challenging, given that the Study Groups must wrap up their work by the end of October.

November Task Force Retreat: November 21-22

The Task Force briefly discussed the November retreat, where members will hear final reports from the Study Groups, consider other research, and draft the Plan goals, priorities and strategies. Concern about the short time frame and how priorities will be determined and funded. Barb described a priority-setting process based on impact and feasibility, and this will be discussed further at the next meeting.

A concern was also raised about the retreat dates. Julie was asked to re-poll the group, but the concern was later resolved and no re-polling was necessary.

Next Meeting:

Wednesday, August 28, 2013

Charleston Area Alliance, 1116 Smith Street

Meeting summary prepared by Jenny Lancaster