



2019 WEST VIRGINIANS FOR
AFFORDABLE HEALTH CARE

Kids' Health

ROUNDTABLE SERIES



2019

KIDS, HEALTH CARE & THE **DRUG CRISIS**

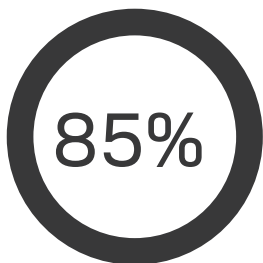
MORGANTOWN | REPORT (1 OF 4)

About the Roundtable Series

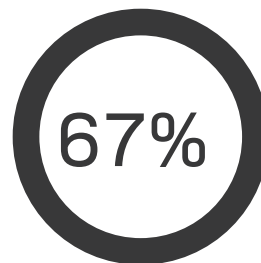
2019



Nearly
7,000
West Virginia
Children are in
State Custody



Of Children Taken into Custody Results from Parental Drug Abuse



Increase in No. of Children Taken into State Custody

The most adversely affected casualties of the drug crisis are its youngest. According to the West Virginia Department of Health and Human Resources (WVDHHR), since 2014, our state has experienced an increase of 67% in the number of number of children taken into state custody; 85% of these removals are due to drug use. We remain first in the nation for the percentage of children removed from their homes by the state and currently second in the country for grandfamilies raising their grandchildren. Currently, there are nearly 7,000 children in state custody.

Parental drug use has created a crisis in child health. Never before in the history of our state have our children been so profoundly harmed and traumatized seeing their parents impaired, arrested and even dying before their eyes. The likelihood that they will use or abuse drugs is very high, so too do these adversities

increase the risk of long term health problems like heart disease, stroke and cancer. Our children need access to comprehensive primary and mental health care, yet the health care system has been slow to respond to the growing need for services, referral to services, and connections between health care, public education and social supports.

How can we ensure that this demographic of children remains healthy and has access to comprehensive health care? With this question in mind, West Virginians for Affordable Health Care (WVAHC) planned the 2019 Kids' Health Roundtable Series. The following report is a summary of the discussion held at the September 11 Roundtable on the campus of West Virginia University, facilitated in partnership with the WVU Center for Excellence in Disabilities.

Panelists



Joshua Austin (Moderator)

is the Director of Provider Strategic Initiatives for the Health Plan of West Virginia, Inc.

Gina Graziani, DDS, MS

is the Chair of Pediatric Dentistry at WVU.

Tim Lefeber, MD

is the Assistant Professor and Residency Program Director in the Division of Pediatric Hospitalist Medicine at WVU.

Chris Plein, PhD

is a Professor in the Department of Public Administration at WVU.

Lauren Swager, MD

is an Associate Professor of Behavioral Medicine and Psychiatry in the Department of Behavioral Medicine and Psychiatry at WVU.

Courtney Sweet, PharmD, BCPPS

is the Inpatient Pharmacy Manager for the WVU Medicine Children's Hospital.

Discussion Highlights

20
19



“Most kids don’t want to be bad kids. They struggle with their own emotional needs.”

– Lauren Swager, MD

Summary

Children of all ages who are affected by the drug crisis—whether exposed to drugs in-utero, neglected or abused, or living in toxic environments -- usually have elevated health care needs, as healthy human development requires our needs for physical and emotional care to be met. Chronic stress, for example, effects pathways in the brain and can result in poor self-control and emotional regulation. Fragmented transitions between the child welfare system, foster care placements, living with grandparents and other family members--these threaten a child’s needed sense of safety and stability and can perpetuate traumatic experiences.

Panelists agreed that despite these adversities, what is often in the child’s best interest is keeping her or his family together. Even our most rural communities should provide services and supports that address family and parent trauma, substance use disorder, mental health and domestic violence issues. Also, reunification of children with their parents, when possible, should be prioritized.

Many parents with substance use disorder are terrified of losing their children, which can create a barrier to children accessing preventive care. We must collectively address the role that stigma plays in not only inhibiting individuals from accessing care, but also inhibiting us, as a community, from putting the needed investment in more resources and services. Trauma-informed family care is a concept that can be adopted in the clinical and social service settings. Once parents stop fearing removal of their children, and feel supported in a trusted environment, their receptivity toward treatment shifts.

Panelists also recommended more ways for systems such as the public education and foster care systems to better engage and involve parents and be more creative in trying to “meet parents where they are,” rather than sticking to rigid structures that don’t encourage participation from nontraditional families who may not have the time or means to participate in school functions.

When asked for a single, meaningful step that the state could take to address the health care needs of this

“We’re using oral histories from foster parents and social workers. How can we best intervene today if we don’t know what happened yesterday?”

- Courtney Sweet, PharmD



demographic of children, panelists agreed that there was not one single step that could be taken; it will take many coordinated steps towards changing systems and behaviors. And so, one legislative session, one systemic change, and one policy agenda won’t “solve” the challenges to the health care delivery system. It will take a coordinated effort between systems, communities, and legislative sessions. What’s important is taking the first in a series of steps.

Panelists agreed that an important first step could be addressing the lack of continuity in medical records and health histories of kids transitioning between systems, such as the health and foster care systems, and care providers—parents, grandparents, kinship care, etc.

Breaking down the silos between systems is crucial to providing continuity of care; so is breaking down the silos within the health care system. Multidisciplinary care is needed with team members working together, as well as with wraparound support services, to ensure that the child is healthy and thriving. However, such care is rare in the rural setting. While potentially achievable in Morgantown, it becomes more difficult in other places around the state.

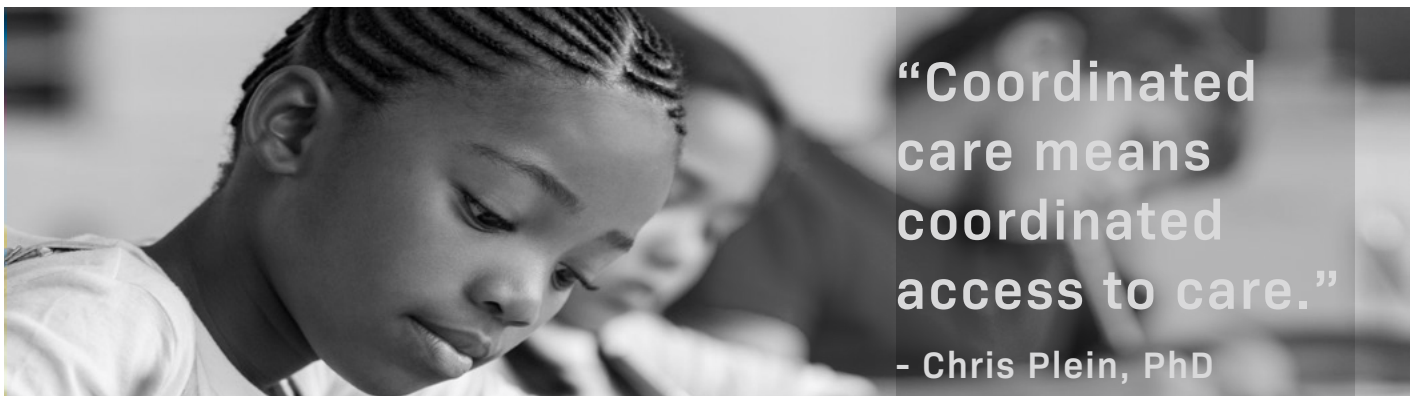
Health inequities abound in Appalachia, and even just a short drive to a provider’s office can be the difference in whether or not a child accesses health care. Disparities don’t strike equally. While our state has worked to ensure children have access to quality health insurance, it needs to do more to ensure all have access to quality,

schools could work more closely with the health care system to ensure services are provided on site.

The panel overwhelmingly agreed that workforce development was key to ensuring that all children have access to care. Increasingly, providers are expected to deal with a myriad of health care issues and social determinants of health within the clinical setting. This isn’t possible. It’s important to use creative strategies. For example, collaborative practice agreements could be better utilized. Collaborative practice agreements create a formal relationship between a pharmacist and a prescriber. The agreement allows the prescriber to delegate certain patient care functions to the pharmacist under negotiated conditions within the agreement—such as chronic medication management.

Other creative strategies include: expanding telehealth care in schools; encouraging schools to allow group therapy with parents on site; ensuring that providers are extending their availability beyond traditional work hours on evenings and weekends; and addressing the challenges of stigma on the community level with more public conversations.

In conclusion, both panelists and audience members agreed that recovery was achievable. Addiction is not the end; families can be successfully reunited and move on to build successful lives. It’s up to us to continue to educate and collaborate on policy reform to ensure that kids and families get the resources they need to thrive.



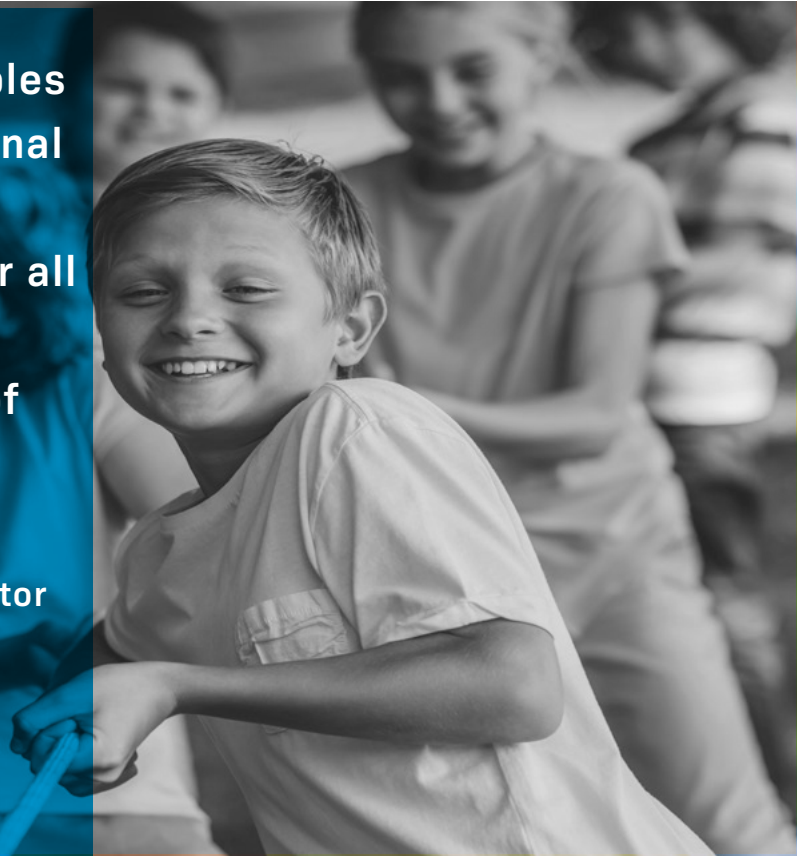
“Coordinated care means coordinated access to care.”

- Chris Plein, PhD

About the Sponsors

2019

“The topic of the state roundtables is significant given the exceptional impact of opioid use among mothers in WV. It’s important for all professionals and families to understand the various pieces of this issue so that we can find efficient and effective solutions together.” - Dr. Lesley Cottrell, Director of the WVU Center for Excellence in Disabilities



WVU - Center for Excellence in Disabilities

The Center for Excellence in Disabilities (CED) is a unit within West Virginia University (WVU) Health Sciences Center and has access and alignment within the Schools of Pharmacy, Public Health, Nursing, Medicine and Dentistry. The WVU-CED vision is to be recognized and trusted as a partner providing knowledge, resources and innovative leadership within a statewide network of professional and community partners. Its mission is to improve the lives of West Virginians with disabilities by supporting more diverse, inclusive communities.

West Virginians for Affordable Health Care

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. For more information, visit www.wvahc.org.

About the Series



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The West Virginia Kids' Health Partnership- a project of WVAHC- was created in 2017 with the mission to build bridges between health care, social supports, and community services, so all of West Virginia's kids have the opportunity to develop to their healthiest potential.

The 2019 Roundtable Series is a continuation of a three-year effort to bring together experts and the community to create dialogue and find solutions on children's health issues in West Virginia.

01

MORGANTOWN

9/11/2019

The following forum was held on Wednesday, September 11, 2019 at the West Virginia University Health Science Center's Fukushima Auditorium.

In participation with:



02

MARTINSBURG

9/16/2019

The following forum was held on Monday, September 16, 2019 at the WVU-Martinsburg Health Science Center's Eastern Auditorium.

In participation with:



03

HUNTINGTON

9/20/2019

The following forum was held on Friday, September 20, 2019, at the Marshall University School of Medicine's Harless Auditorium.

In participation with:



04

CHARLESTON

10/4/2019

The following forum was held on Friday, October 4, 2019 at the Charleston Coliseum & Civic Center.

In participation with:





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